Coalesce Research Group

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8th European Congress on

Infectious Diseases

Advancing Infectious Disease Research: Shaping the Future of Global Health

September 24-25, 2026 | Budapest, Hungary



Contact Us:
Phone: +1-718-543-9362
Whatsapp: +1-864-275-0927

Coalesce Research Group
33 Market Point Dr,
Greenville, SC 29607, USA

Floor Map



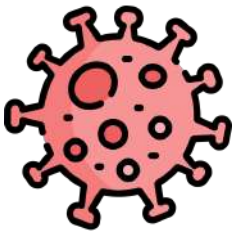
Conference Hall -Astor

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Scientific Program

Day-1



Infectious Diseases 2026

Sep 24-25 | Budapest, Hungary

DAY 01

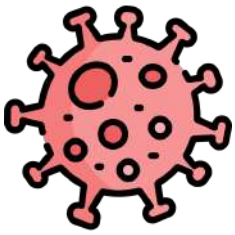
Scientific Program

Conference Hall: Astor

08.00 -08.45	**Registrations**
08.45 -09.00	**Introduction**
Keynote Presentations	
9.00 -9.40 **Keynote Presentation**	**A Sustainable Blood System – What are The Fundamental Pillars?** **Cees Th. Smit Sibinga,** University of Groningen and IQM Consulting, Netherlands
9.40 -10.20 **Keynote Presentation**	**WHO Pandemic Treaty Gets Green Light: Can The New Treaty Provide Equitable Treatment in Next Pandemic?** **Yaeko Mitsumori,** Osaka University, Japan
Oral Presentations	
Chair	**Cees Th. Smit Sibinga,** University of Groningen and IQM Consulting, Netherlands
Chair	**Peter Stoemmer,** Pathology Augsburg Hermanstr, Germany
Co-Chair	**Dalton Luiz Rivabem Junior,** Hospital do Rocio, Brazil

Sessions: Infectious Diseases | Bloodstream Infections | Pediatric Infectious Diseases | Food & Water Borne Infectious Diseases | Preventive Medicine | Emerging Infectious Diseases | Tuberculosis | Clinical Infectious Diseases | Epidemiology | Infectious Diseases Pathology | HIV, AIDS, STD's & Clinical Research | Hepatitis | Bacteriology and Parasitology

10.20 -10.45 **Oral Presentation**	**The Most Suitable Riboswitches as Targets for Antibacterial Drug Discovery -Bioinformatics, Genomic and Laboratory Analyses** **Nikolet Pavlova,** Sofia University "St. Kliment Ohridski", Bulgaria
10.45 -11.10 **Oral Presentation**	**Ventilator-associated Pneumonia: Shifts in Microbial Patterns and Clinical Implications** **Dalton Luiz Rivabem Junior,** Hospital do Rocio, Brazil



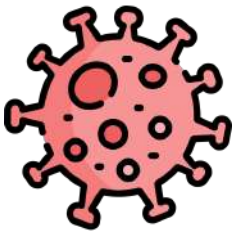
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Scientific Program

Networking & Refreshment Break 11.10 -11.30 @ Pre-conf	
11.30 -11.55 **Oral Presentation**	**Clinical Spectrum and Outcomes of Paediatric Typhoid Fever: A One-Month Audit from A Tertiary Care Children's Hospital in Sri Lanka** **BRRN Gunaratne,** Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka
11.55 -12.20 **Oral Presentation**	***M. Paratuberculosis:* From Cows to Crohn's and Colorectal Cancer and What Can We Do About It?** **Coad Thomas Dow,** University of Wisconsin-Madison, USA
12.20 -12.45 **Oral Presentation**	**Acute Compartment Syndrome after Viper Bite of The Genus Bitis: The Role of The Surgeon in The Fight Against Viper Venom** **Kristian Chrz,** General University Hospital in Prague, Czech Republic
Group Photo (12.45 -13.00)	
Lunch 13.00 -14.00 @ Simmer Restaurant	
14.00 -14.25 **Oral Presentation**	**Ehrlichiosis and Anaplasmosis; Chronic Inflammations Related to Hepatocellular Carcinoma** **Maria Jose Tintel Astigarraga,** Pathvet-Veterinary Specialty Center, Paraguay
14.25 -14.50 **Oral Presentation**	**A Clinico-Epidemiological Study of Scrub Typhus Cases in A Tertiary Care Center of A Non-endemic Area** **Anirudh Mukherjee,** All India Institute of Medical Sciences (AIIMS), Raebareli, India
14.50 -15.15 **Oral Presentation**	**Analysis of The Application of Medical Thoracoscopy in The Diagnosis of Tuberculous Pleuritis** **Xiaopeng He,** Xianyang Central Hospital, China
15.15 -15.40 **Oral Presentation**	**Subacute Spinal–brainstem–cerebellar Syndrome: A Previously Unrecognised Neuroinflammatory Phenotype with Shared Environmental Exposure: Evidence for A Previously Unrecognized Infection-Associated Syndrome** **Yi Li,** Qilu Hospital of Shandong University, China
15.40 -16.05 **Oral Presentation**	**Fungal Infection in ICU of A Medical University of Bangladesh** **Montosh Kumar Mondal,** Bangladesh Medical University [BMU], Bangladesh



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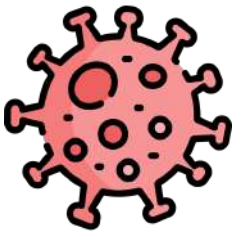
DAY 01

Scientific Program

Networking & Refreshment Break 16.05 -16.30 @ Pre-conf	
Poster Presentations	
IDP-001	**Atypical Presentation of Cerebral Abscess in A Child with Trisomy 21 and Tetralogy of Fallot** **BRRN Gunaratne,** Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka
IDP-002	**Rare Hepatobiliary Obstruction Following Induction Therapy for Disseminated Histoplasmosis in AIDS** **Luis Colon Bererios,** Universidad Central del Caribe, Puerto Rico
E-Poster Presentations	
IDEP-001	**Alternative and Investigational Therapies for Genital Trichomoniasis: Lessons from A Challenging Case** **Siham Mahgoub,** Howard University, USA
IDEP-002	**When Blurred Vision Reveals Neurosyphilis: A Case Report** **Eftychia Charatsi,** Amalia Fleming Hospital, Greece
IDEP-003	**Clinical Impact of Basal Core Promoter Mutations (A1762T/G1764A) in Genotype a Chronic Hepatitis B Reactivation** **Siham Mahgoub,** Howard University, USA
IDEP-004	**Veillonella Atypica Bacteremia** **Karolina Viquez Beita,** Indiana University, USA
Day 1 Concludes followed by Certificate Distribution	

Scientific Program

Day-2



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DAY 02

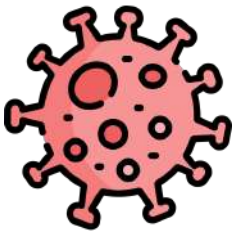
Scientific Program

Conference Hall: Astor

10.00 -10.40 **Keynote Presentation**	**Cows, MAP and Type 1 Diabetes: The Case for An Infectious Trigger of β-Cell Autoimmunity**
	Coad Thomas Dow, University of Wisconsin-Madison, USA
10.40 -11.20 **Keynote Presentation**	**Cysts of The Yaws: Structure, Inflammation and Bacterial Colonization as Promotors of Pathogenesis**
	Peter Stoemmer, Pathology Augsburg Hermanstr, Germany
Networking & Refreshment Break 11.20 -11.40 @ Pre-conf	
11.40 -12.20 **Keynote Presentation**	**Therapeutic Outcomes of Marecipe AV, An Herbal Therapy on Neuroinflammatory Associated with Viral Infections**
	Jiangnan Feng, Tongrun Tang TCM Clinic, China
Oral Presentations	
Chair	**Cees Th. Smit Sibinga,** University of Groningen and IQM Consulting, Netherlands
Chair	**Peter Stoemmer,** Pathology Augsburg Hermanstr, Germany
Co-Chair	**Dalton Luiz Rivabem Junior,** Hospital do Rocio, Brazil

Sessions: Infectious Diseases | Emerging Infectious Diseases | Pediatric Infectious Diseases | Corona Virus & SARS-CoV-2 | Tuberculosis | Clinical Infectious Diseases | Epidemiology

12.20 -12.45 **Oral Presentation**	**Audit on Presenting Symptoms of Dengue Fever and Dengue Haemorrhagic Fever in Paediatric Patients at A Tertiary Care Hospital**
	BRRN Gunaratne, Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka
12.45 -13.10 **Oral Presentation**	**ABO Blood Group and Outcomes in Patients with COVID-19 Admitted in The Intensive Care Unit(ICU): A Retrospective Study in A Tertiary-Level Hospital in Bangladesh**
	Mohammad Rabiul Halim, Asgar Ali Hospital, Bangladesh
Lunch 13:10 -14:00 @ Simmer Restaurant	



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Scientific Program

14.00 -14.25 **Oral Presentation**	**Accessing The Composite Reference Standard in Female Genital Tuberculosis** **Sona Dharmendra,** All India Institute of Medical Sciences (AIIMS), India
14.25 -14.50 **Oral Presentation**	**In The Zone of Silence: A Case of Hearing Loss Due to Herpes Zoster** **Alexandra Soares,** UCSP Alcains, ULS Castelo Branco, Portugal
Video Presentations (14.50 -15.30)	
IDVP -01	**A Critical Assessment of Dengue Fever in Cambodia, Singapore and Thailand: Examining The Role of Social Determinants in Determining Effectiveness and Sustainability of Vector Control Programmes** **Holly Broughton,** The University of Edinburgh, United Kingdom
IDVP -02	**A Broader Narrative on Respiratory Diseases. A Citizens and Patients Perspective towards the Development of an EU Respiratory Health Plan** **Mariano Votta,** Responsible EU Affairs at Cittadinanzattiva, Italy
Day 2 Concludes following with Vote of Thanks	

Note:

Day-1
Keynote Presentations

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INFECTIOUS DISEASES

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A SUSTAINABLE BLOOD SYSTEM-WHAT ARE THE FUNDAMENTAL PILLARS?

Cees Th. Smit Sibinga

University of Groningen and IQM Consulting, Netherlands

Abstract

Background: Operational and managerial institutions in advanced societies are based on legislative frameworks, societal cadres and ethical-moral boundaries, which form the pillars on which an organization is built. This presentation highlights three essential fundaments for a sustainable Health Care integrated Blood System.

Study Design/Methods: Narrowing the principles down to the current global healthcare and blood system, three strong and effective pillars need to be developed as a fundament for healthcare and supportive blood supply to allow sustained quality, safety, efficacy and access of healthcare and its transfusion support based on a national blood system.

Results/Findings: Legislative and regulatory structure and authoritative oversight; organizational structure with its governance, leadership and stewardship focused on the objectives (mission statement and vision); and a 24/7 quality culture as an expression of civilization are the three fundamental pillars.

1) Policies based on a well-defined mission statement and clear vision, political and financial commitment anchored in a proper, timely and implementable legislative and regulatory framework, overseen by a competent national regulatory body authorized to inspect, control and license health care and supportive institutions.

2) Good governance, competent leadership and stewardship are essential to operate hospitals, blood transfusion services and blood establishments securing a continuous, adequate and uninterrupted supply of quality blood products and plasma derived medicinal products (PDMP) to meet the need of a community. In primary processes (administrative and operational) effectiveness, quality-assurance and professionalism play a dominant role, whether bedside transfusion or manufacture.

3) Quality is more than just compliance with standards and specifications. Quality is a 24/7 culture, developed, nurtured and owned in full understanding and stewardship of the value representing.

Conclusion: The more fragmented the Health Care System, the higher the need for pragmatic reform based on supportive pillars each with a specific function grounded on a proper down to earth policy:

1) Legislative and regulatory framework, as an integral part of the national healthcare structure setting cadres of the supportive and safe blood supply and use.

2) To implement such structure adequate governance, competent and dedicated leadership and stewardship are needed along the principle of 'service above self'.

3) To guarantee completion of the healthcare mission of blood transfusion a 24/7 quality culture is needed, focused on continual improvement of expected outcomes-quality, safety and efficacy of products and services to mitigate preventable patient harm e.g., transmissible infectious diseases (bacterial, viral, parasitic, prions).

Biography

Cees Th. Smit Sibinga is a University of Groningen graduate (1965), clinical haematologist (1971), PhD University of Groningen (1972) and specialist of Transfusion Medicine (1975); FRCP Transfusion Medicine Edinburgh 1992, FRCPath Transfusion Medicine London 1995. He is special professor of International Development of Transfusion Medicine at the University Medical Centre Groningen and University of Groningen. He has been involved in the development of Transfusion Medicine and quality systems and management for economically restricted (poor economics) countries since 1980 through his work with the World Health Organization (WHO), the World Federation of Haemophilia (WFH) and the International Consortium for Blood Safety (ICBS). He is the former Medical Director and founder of the Dutch Regional Blood Bank in Groningen (1976, northern part of the Netherlands), IQM Consulting for International Development of Quality Management in Transfusion Medicine (2001), the Dutch Sanquin Consulting Services and the Academic Institute for International Development of Transfusion Medicine in Groningen (2001) and the AABB Consulting Services Division, Bethesda, MD, USA (2002), all non-for-profit. For 28 years he has served as the Managing Director of Sanquin Division Blood Bank Noord Nederland in Groningen, the Netherlands (1976-2004). Since 1993 his Blood Bank did incorporate the WHO Collaborating Centre for Blood Transfusion and the WFH International Hemophilia Training Centre (cryoprecipitate) in Groningen. In 2001 the Blood Bank became the first Collaborating Centre of the International Consortium for Blood Safety (ICBS). When he left in 2004, these functions were no longer continued.



WHO PANDEMIC TREATY GETS GREEN LIGHT: CAN THE NEW TREATY PROVIDE EQUITABLE TREATMENT IN NEXT PANDEMIC?

Yaeko Mitsumori
Osaka University, Japan

Abstract

The COVID-19 pandemic, which started in late 2019 in Wuhan, China, resulted in over 705 million infections and approximately 7 million deaths worldwide. In response to the profound inequities exposed during the crises-particularly in vaccine access between the Global North and Global South-world leaders announced "an initiative for a new treaty on pandemic preparedness and response." After three years of discussions, the 78th World Health Assembly adopted the WHO Pandemic Agreement on May 20, 2025, approved by a vote of 124 in favor, with zero objections and 11 abstentions. However, the ratification of the Agreement remains contingent on the finalization of the Pathogen Access and Benefit-Sharing (PABS) Annex, outlined in Article 12. After the decision, Dr. Tedros Adhanom Ghebreyesus, World Health Organization (WHO) Director General, said, "The agreement is a victory for public health, science and multilateral action. It will ensure we collectively can better protect the world from future pandemic threats." The United States, formerly the WHO's largest financial provider, did not participate in the vote. Mean while, various non-governmental organizations have voiced concerns about the Agreement. This presentation reviews key challenges that arose during the COVID-19 pandemic (2020-2023), including inequitable vaccine distribution, vaccine nationalism, vaccine diplomacy and persistent North-South divides. It then presents an analysis of the newly adopted WHO Pandemic Agreement and the current development of the PABS system.

Biography

Yaeko Mitsumori is currently a guest professor of the Center for Education and Exchange at Osaka University and has been teaching innovation-related subjects at Osaka University. She obtained her PhD (Eng.) from Tohoku University's Department of Management Science and Technology (MOST) and Mater of Public Administration (MPA) from Kennedy School of Harvard University. Before joining Osaka University, she taught in Tsukuba University's Graduate School of Business (all-English MBA program at Tsukuba University). She also teaches at Tsukuba University's Graduate School Medicine and Toyo University as an adjunct professor. She is a member of IEEE, American Association for the Advancement of Science (AAAS), Portland International Center for Management of Engineering and Technology (PICMET), Japan Society for Research Policy and Innovation Management, Japan MOT Society, the Japan Association for Management Systems and the Japan Society for Production Management Before she started her teaching career at a university, she serviced as a Coordinator for International Research Cooperation at the National Institute of Science and Technology Policy (NISTEP), Ministry of Education, Sports, Culture and Science and Technology (MEXT), Coordinator for Research Collaboration at RIKEN and Coordinator for Academy-Industry-Government Collaboration at Tokyo Institute of Technology (Tokyo Tech).

Day-1
Oral Presentations

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THE MOST SUITABLE RIBOSWITCHES AS TARGETS FOR ANTIBACTERIAL DRUG DISCOVERY-BIOINFORMATICS, GENOMIC AND LABORATORY ANALYSES

Nikolet Pavlova

Sofia University "St. Kliment Ohridski", Bulgaria

Abstract

Background: Antimicrobial resistance is a direct and escalating threat to the treatment of amrinfectious diseases, transforming once-manageable conditions back into life-threatening crises, responsible for over 39 million deaths globally between 2025 and 2050-averaging three deaths/minute. It complicates the management of common infections, such as pneumonia and urinary tract infections and makes critical medical procedures, such as chemotherapy and organ transplants, more difficult.

Objective: This is an innovative, rational approach for selecting the most suitable targets within the bacterial genomes of human pathogenic bacteria that cause the most common and critical infectious diseases and for designing antisense oligonucleotides with antibacterial activity.

Methods: The selection of a suitable riboswitch-target and the subsequent design of the antisense oligonucleotides are guided by a series of bioinformatics and genomic analyses, including sequence analysis, multiple alignments, motif searches, BLAST analyses, RNA folding and *in silico* and *in vitro* analyses.

Results: Several bacterial riboswitches are considered highly suitable drug targets for antibacterial drug target discovery-FMN, TPP, GlmS, PreQ1, SAM riboswitch, MocoRNA riboswitches. The *Staphylococcus aureus* FMN riboswitch regulates both *fmnP* (transporter) by preventing translation and the *ribD* (synthesis) operon via transcription termination. A designed antisense oligonucleotide can target both, demonstrating strong bacteriostatic effects at 700 nM (4.5μg/mL) with no cytotoxicity in A549 human cells. Another antisense oligonucleotide designed to target the FMN riboswitch demonstrated antibacterial activity against methicillin-resistant *Staphylococcus aureus* (MRSA). It showed the most potent effect with MIC50 and MIC90 values of 1.25 and 7.5nM, respectively.

Conclusion: The rational method for selecting targets from the bacterial genome, as well as the subsequent method for designing antisense oligonucleotides, allows us to find the most suitable targets to which to direct agents and achieve an antibacterial effect-bactericidal or bacteriostatic. This allows us to work towards overcoming antimicrobial resistance and tackling infectious diseases.

Biography

Nikolet Pavlova is the newest Laboratory of Synthetic Biology and Bioinformatics member in the Faculty of Biology. She is a graduate specialist in molecular biology at the Faculty of Biology of Sofia University "St. Kliment Ohridski". She obtained a master's degree in Genetics and Genomics and a doctoral degree in Genetics-Bioinformatics from Sofia University "St. Kliment Ohridski" under the scientific supervision of Prof. Robert Penchovsky. Her works in applied bioinformatics, analyzing the composition of bacterial riboswitches and other RNAs as targets for creating new antibacterial agents.

VENTILATOR-ASSOCIATED PNEUMONIA: SHIFTS IN MICROBIAL PATTERNS AND CLINICAL IMPLICATIONS

Dalton Luiz Rivabem Junior

Hospital do Rocio, Brazil

Abstract

Ventilator-associated pneumonia (VAP) remains one of the most common and serious infections in the intensive care unit, contributing to prolonged hospitalization, increased antimicrobial use and higher mortality. While its pathogenesis has long been understood, the epidemiology of causative pathogens is evolving, raising new challenges for prevention and treatment. Historically, *Pseudomonas aeruginosa, Klebsiella pneumoniae* and *Staphylococcus aureus* have dominated the microbiological profile of VAP. However, recent surveillance data indicate significant shifts in pathogen prevalence, with increasing reports of multidrug-resistant Gram-negative bacilli such as *Acinetobacter baumannii* and extended-spectrum β-lactamase (ESBL)-producing *Enterobacter*. The emergence of *Candida spp*. and viral reactivations in immunocompromised or critically ill patients further complicates the landscape. These epidemiological shifts have significant clinical consequences. Empirical antimicrobial therapy must be tailored to local resistance profiles, but indiscriminate or prolonged use inevitably drives further resistance. The integration of rapid diagnostic tools and structured antimicrobial stewardship programs is therefore critical to guide early and targeted interventions. At the same time, preventive measures-including subglottic secretion drainage, oral hygiene protocols and optimized ventilatory strategies-remain key components to reducing VAP incidence and improving patient outcomes. VAP exemplifies how shifting microbial patterns in the ICU directly influence patient outcomes and resource utilization. Understanding these trends is crucial to guide evidence-based interventions and improve prognosis in critically ill patients.

Biography

Dalton Luiz Rivabem Junior is an intensivist physician with 27 years of clinical practice. He currently serves as Head of the Intensive Care Unit and the Department of Internal Medicine at Hospital do Rocio, one of the largest and most active hospitals in Brazil. Throughout his career, Dr. Rivabem has been dedicated to advancing critical care medicine, leading multidisciplinary teams and improving outcomes for critically ill patients. He has also contributed to medical education as a former faculty member at Universidade Positivo and continues to engage in clinical research and professional development initiatives in intensive care medicine.

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CLINICAL SPECTRUM AND OUTCOMES OF PAEDIATRIC TYPHOID FEVER: A ONE-MONTH AUDIT FROM A TERTIARY CARE CHILDREN'S HOSPITAL IN SRI LANKA

BRRN Gunaratne

Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka

Abstract

Background: Typhoid fever remains endemic in South Asia and continues to contribute significantly to paediatric morbidity. Although many children present with uncomplicated disease, severe and atypical complications such as ileal perforation, secondary *haemophagocytic lymphohistiocytosis* (HLH) may occur, emphasizing the importance of early diagnosis and appropriate management.

Objective: To describe the demographic profile, clinical presentations, microbiological confirmation, management strategies, complications and outcomes of paediatric typhoid fever cases admitted to Lady Ridgeway Hospital for Children (LRH), Colombo, Sri Lanka over a one-month period.

Methods: A retrospective descriptive audit was conducted of children with confirmed typhoid admitted to LRH over one calendar month, corresponding to a documented typhoid outbreak in Sri Lanka. Only six cases were identified in the audit, as uncomplicated cases were managed at peripheral hospitals, while only complicated cases were referred to tertiary care. Data were collected from clinical records, including geographic origin, presenting symptoms, blood culture results, treatment regimens, complications and clinical outcomes.

Results: Six children were identified, all from Kalutara district (Ahangama, Panadura, Horana, Piliyandala and Meegahathenna). Common presenting features included pyrexia of unknown origin, abdominal pain and loose stools. All had positive blood cultures for Salmonella typhi. One child with ileal perforation had an initial blood culture positive for *Escherichia coli*, with a subsequent culture confirming *Salmonella typhi*. He required emergency laparotomy and intravenous meropenem for 14 days and metronidazole for 7 days. One child developed HLH secondary to typhoid and responded favorably to intravenous ceftriaxone and corticosteroids. Less complicated cases responded to ceftriaxone. All patients recovered fully and were discharged without sequelae.

Conclusion: This audit demonstrates the varied clinical spectrum of paediatric typhoid fever, ranging from uncomplicated illness to life threatening complications. Prompt diagnosis, culture-guided therapy and multidisciplinary management resulted in excellent outcomes. Continued surveillance and public health measures remain crucial in endemic regions.

Biography

BRRN Gunaratne is a Senior Registrar in Paediatrics with over eight years of clinical experience in the care of children across a broad range of settings. She has a special research interest in paediatric infectious diseases, with a focus on improving early recognition, evidence-based management and clinical outcomes in resource-limited settings. Alongside her clinical work, she has been actively involved in undergraduate medical education and postgraduate paediatric training, contributing to curriculum delivery, bedside teaching and academic mentoring. Her professional work reflects a strong commitment to integrating clinical practice, research and education to strengthen paediatric infectious disease care and to promote high-quality services.

M. PARATUBERCULOSIS: FROM COWS TO CROHN'S AND COLORECTAL CANCER AND WHAT CAN WE DO ABOUT IT?

Coad Thomas Dow

University of Wisconsin-Madison, USA

Abstract

Background: *Mycobacterium avium subspecies paratuberculosis* (MAP), the causative agent of Johne's disease in cattle and other ruminants, has emerged as a zoonotic pathogen with implications extending far beyond animal health. MAP has been detected in retail dairy products, water supplies and human tissues raising concerns regarding widespread human exposure. Over the past three decades, accumulating microbiological, molecular, immunological and epidemiological evidence has linked MAP to Crohn's disease, while more recent studies suggest possible roles in other chronic inflammatory and autoimmune disorders, including type 1 diabetes, multiple sclerosis and colorectal cancer.

Objectives: This presentation will review the current evidence supporting MAP as a One Health pathogen capable of influencing both animal and human health. Emphasis will be placed on the growing body of literature associating MAP with Crohn's disease and colorectal cancer, two disorders characterized by chronic intestinal inflammation and immune dysregulation. Emerging mechanistic pathways involving microbial persistence, molecular mimicry, immune activation and carcinogenesis will be discussed.

Methods and Findings: Published studies demonstrating both MAP molecular presence and viable organisms in human tissues will be reviewed alongside recent investigations linking MAP infection to colorectal carcinogenesis. Data supporting MAP-induced inflammatory signaling, epithelial barrier dysfunction and interactions with the intestinal microbiome will be examined. The presentation will also highlight advances in diagnostic approaches, rapid antigen-detection technologies via lateral flow assay targeting MAP-specific biomarkers, which may facilitate earlier identification of infected animals and exposed humans.

Translational Opportunities: Beyond disease association, practical intervention strategies will be discussed. These include improved livestock surveillance, food-chain risk reduction, rapid diagnostic testing and emerging therapeutic approaches. Attention will be given to the potential role of *Dietzia* species as a biologically based intervention for MAP infection, as well as the development of point-of-care diagnostic platforms designed to support population screening and disease monitoring.

Conclusion: MAP represents a compelling example of a pathogen that challenges traditional boundaries between veterinary and human medicine. While important questions regarding causality remain, the convergence of evidence across multiple disciplines warrants renewed investigation and coordinated One Health strategies. Improved detection, targeted intervention and collaborative research efforts may ultimately reduce the burden of MAP-associated disease in both animals and humans.

Biography

Coad Thomas Dow, MD is a retired ophthalmologist, entrepreneur with a background in medical microbiology. He is a self-described "theoretical microbiologist" whose research focuses on the role of infectious agents in chronic human disease. As President of Paralab, LLC and Chief Medical Officer of Protibea Therapeutics, he has devoted much of his recent work to investigating Mycobacterium avium subspecies paratuberculosis (MAP) as a zoonotic pathogen involved in Crohn's disease, type 1 diabetes, multiple sclerosis and colorectal cancer. Dr. Dow has authored numerous peer-reviewed publications exploring microbial triggers of autoimmunity and cancer and has

been an advocate for applying a One Health framework to emerging infectious disease challenges. His current interests include rapid diagnostic technologies, host-pathogen interactions, microbial heat shock proteins and novel immune-modulating therapies. Through research, innovation and scientific collaboration, he seeks to bridge veterinary and human medicine to improve public health outcomes.

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ACUTE COMPARTMENT SYNDROME AFTER VIPER BITE OF THE GENUS BITIS THE ROLE OF THE SURGEON IN THE FIGHT AGAINST VIPER VENOM

Kristian Chrz[1,2]

[1]*General Teaching Hospital, Czech Republic*
[2]*Charles University, Czech Republic*

Abstract

Background: Venomous snakebites caused by exotic species are rare in Europe and clinical experience with certain taxa, particularly *Bitis nasicornis* and *Bitis gabonica*, remains limited. These giant vipers possess highly potent venoms with pronounced cytotoxic, hemotoxic and myotoxic effects and their bites may lead to severe local and systemic complications. One of the most controversial and insufficiently documented complications is acute compartment syndrome (ACS), for which clear management guidelines are lacking.

Methods: We present a case series of two adult male patients bitten on the upper limb by *Bitis nasicornis* and *Bitis gabonica*, respectively, in a domestic breeding setting. Both patients were admitted to intensive care units, received early administration of species-appropriate antivenom within the recommended therapeutic window and were managed according to current WHO-based supportive care guidelines. Clinical progression, laboratory findings, surgical interventions and outcomes were retrospectively analyzed.

Results: In both cases, rapid progression of limb swelling, severe pain, neurological symptoms and circulatory instability led to the clinical diagnosis of acute compartment syndrome within 8 hours of envenomation. Despite timely antivenom administration, urgent surgical fasciotomy followed by repeated debridement was required. Postoperative management resulted in gradual stabilization of hemodynamic parameters, regression of local symptoms, preservation of limb viability and favorable functional outcomes without permanent disability.

Conclusion: These cases demonstrate that acute compartment syndrome may develop early after bites by *Bitis species*, even when antivenom is administered promptly. Our findings support the role of timely surgical intervention in selected patients and challenge the notion that fasciotomy should be categorically excluded in snakebite management. Incorporation of intracompartmental pressure measurement and systematic data collection may improve diagnostic accuracy and therapeutic decision-making in this rare but potentially limb-threatening complication.

Biography

Kristian Chrz, M.D. is a specialist in general surgery and trauma surgery. He works at the Surgical Department of the General University Hospital in Prague. He serves as Head of Surgical and Trauma Assessment Services and as Head of Surgical Education at the First Faculty of Medicine, Charles University. His professional focus includes general and trauma surgery, surgical education and academic activities. His areas of interest include the implementation of 3D printing technologies in surgery and traumatology.

EHRLICHIOSIS AND ANAPLASMOSIS; CHRONIC INFLAMMATIONS RELATED TO HEPATOCELLULAR CARCINOMA

Maria Jose Tintel

Pathvet-Veterinary Specialty Center, Paraguay

Abstract

Background: *Hepatocellular carcinoma* (HCC) is a rare cancer, affecting approximately 1% of dogs. However, a significant increase in cases has been reported in recent months. The liver is a key immune organ, maintaining a balance between tolerance and the immune response to fight infections. Ehrlichiosis and anaplasmosis are zoonotic, tick-borne bacterial diseases with a worldwide distribution. These bacteria evade the immune response, resulting in a persistent and ineffective immune reaction. These diseases develop in three phases: acute, subclinical and chronic. The chronic phase is characterized by the persistence of the bacteria in the body, leading to a persistent increase in globulins, an indicator of chronic inflammation.

Objective: The association between chronic inflammation from Ehrlichiosis and anaplasmosis with the development of HCC.

Methods: Retrospective data were collected from canines with a cytological diagnosis of HCC from a laboratory in Asunción, Paraguay, during the period from August 2024 to October 2025. The dogs were of mixed sex and age, ranging from 4 to 10 years. They had a prior history of Ehrlichiosis and/or Anaplasmosis within the previous 6 to 12 months.

Results: A total of 22 cases of HCC. 13 males, 9 females. 2 died. 5 did not receive chemotherapy by decision of their guardians and 15 have received chemotherapy treatment to date.

Conclusion: Ehrlichiosis and anaplasmosis, as virulence mechanisms, are capable not only of reducing the production of inflammatory cytokines such as IL-1, IL-6 and TNF-α, but also of increasing the production of immunosuppressive cytokines such as interleukin-8. The increase in IL-8 in HCC is a component of the chronic inflammatory microenvironment that promotes cancer development and progression. It is not a primary cause, but rather a consequence of underlying factors such as chronic infections that cause liver inflammation. This chronic inflammation releases pro-inflammatory mediators, such as IL-8, which promote cell transformation, tumor proliferation and angiogenesis.

Biography

Maria Jose Tintel, Graduated from the National University of Asunción (UNA). Complementary training in the Department of Pathophysiology at the University of the Center of the Province of Buenos Aires (UNICEN). Training in the Veterinary Pathology service at the Paulista State University (UNESP). Postgraduate in Oncohematology in small animals at the Center for Veterinary Medical Specialties (CEMV). Member of the Argentine Society of Veterinary Oncology (SAOV). Postgraduate Professor in Veterinary Cytology for Veterinarians on the web. Specialist in Veterinary Anatomohistopathological Diagnosis at the National University of the Northeast (UNNE). PhD candidate in Health Sciences, Oswaldo Cruz Foundation (Fiocruz). Founder of the Center for Veterinary Pathology of Paraguay (PATHVET), responsible for the Department of Pathology. PRONII-CONACYT researcher. Research Line; Vector-Transmitted Diseases (VTE) with several relevant publications and presentations. Author of the books Ehrlichiosis; an Emerging Zoonosis (2017) and Feline Leishmaniasis: often forgotten, other times unknown (2022).

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A CLINICO-EPIDEMIOLOGICAL STUDY OF SCRUB TYPHUS CASES IN A TERTIARY CARE CENTER OF A NON-ENDEMIC AREA

Anirudh Mukherjee

All India Institute of Medical Sciences, Raebareli, INDIA

Abstract

Background: Scrub typhus is a re-emerging mite-borne rickettsial infection, traditionally endemic to hilly regions with scrub vegetation. Recent reports indicate an atypical spread into non-endemic areas. Given its common presentation as AUFI, it often remains underdiagnosed in these areas even by astute physicians.

Objective: The study was undertaken to evaluate the socio-epidemiological characteristics of scrub typhus at a non-endemic region and determine the prognostic significance of clinical features and biomarkers.

Methodology: This retrospective study included 69 patients diagnosed with scrub typhus using IgM ELISA between September 2023 to Deccember 2024. Medical records were reviewed for seasonal patterns, presentations and predictors of mortality.

Results: Seroprevalence was 15.5% among tested patients. Cases occurred predominantly between August-November. Common presentations included cough/dyspnea (36%), gastrointestinal symptoms (29%) and altered sensorium (16.0%). Eschar, a pathognomonic painless necrotic well-defined lesion at the site of mite-bite, was observed only in 7%. MODS developed in 39%, with one-third mortality among these patients. ARDS occurred in 28%. Laboratory abnormalities included transaminitis (58%), jaundice (29.0%) and acute kidney injury (30%). Overall mortality was 13.0%. Neutrophil-to lymphocyte ratio, hypoalbuminemia and hyperuricemia were discovered as laboratory predictors of complication. Encephalopathy and shock were independent predictors of mortality increasing the odds of death by approximately 74-fold and 64-fold, respectively.

Conclusions: Scrub typhus in non-endemic regions presents with significant multi-organ involvement. Low eschar frequency and diverse presentations contribute to diagnostic challenges. Early empirical doxycycline or azithromycin therapy should be considered for AUFI patients to prevent complications from delayed diagnosis.

Biography

Anirudh Mukherjee is a physician trained in Internal Medicine at All India Institute of Medical Sciences (AIIMS), Raebareli, Uttar Pradesh, India, with specialized training in Geriatric Medicine. Following his training in Internal Medicine, he pursued a Fellowship in Geriatric Medicine and has since developed a focused clinical and academic interest in Infectious Diseases and Geriatric Medicine. His areas of particular interest include palliative care in older adults and the management of infectious diseases in the elderly, with an emphasis on comprehensive, compassionate and patient-centered care. Currently, he is working at an apex healthcare institute in India and an Institute of National Importance, providing a robust clinical and academic platform to further his work in Geriatric Medicine, Infectious Diseases and palliative care.

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ANALYSIS OF THE APPLICATION OF MEDICAL THORACOSCOPY IN THE DIAGNOSIS OF TUBERCULOUS PLEURITIS

He Xiaopeng

Xianyang Central Hospital, China

Abstract

Background: Tuberculous pleuritis, a common manifestation of pulmonary tuberculosis, often presents as pleural effusion, making its diagnosis challenging. Traditionally, diagnosis relies on clinical examination, imaging and microbiological tests, but these methods can sometimes be inconclusive. Medical thoracoscopy, a minimally invasive technique, has emerged as a valuable tool for diagnosing pleural diseases, including tuberculous pleuritis. By allowing direct visualization of the pleura and enabling biopsies, thoracoscopy improves diagnostic accuracy and aids in differentiating tuberculosis from other causes of pleural effusion. This procedure also provides critical insights into the disease's location, the pleural reaction and the presence of other underlying pathologies. In recent years, with advancements in imaging technology like narrow-band imaging (NBI), medical thoracoscopy has become an essential tool in the clinical management of tuberculous pleuritis. This study aims to analyze the clinical application of medical thoracoscopy in diagnosing tuberculous pleuritis, evaluating its diagnostic efficacy, safety and potential advantages over traditional diagnostic methods.

Objective: This study aims to analyze the application of medical thoracoscopy in the diagnosis and treatment of tuberculous pleuritis, including its diagnostic efficacy, operational safety and clinical indicators, to provide reference for clinical practice.

Methods: A total of 311 patients who visited Xianyang Central Hospital for pleural effusion and underwent medical thoracoscopy between January 2015 and June 2025 were included. A retrospective analysis was performed to assess the location of tuberculous pleuritis, age distribution of patients and the mean levels of ADA (adenosine deaminase) and LDH (lactate dehydrogenase) in pleural effusion patients, as well as the relationship between biopsy methods and diagnostic rates. The diagnostic accuracy of forceps biopsy and cryobiopsy for tuberculous pleuritis was compared. The average depth of pleural effusion indicated by ultrasound, the white light display of pleural findings on medical thoracoscopy and the differences in pleural findings under narrow-band imaging (NBI) were analyzed. Finally, the safety of medical thoracoscopy was evaluated, focusing on the occurrence of complications.

Results: Among the 311 patients, the majority of tuberculous pleuritis occurred in the right pleura. The age distribution was primarily between 20 and 50 years, with more males than females. The mean levels of ADA and LDH in pleural effusion patients were (48.25 ± 5.66) U/L and (405.23 ± 63.12) mmol/L, respectively. The diagnostic rates of forceps biopsy and cryobiopsy were 97.8% and 98.1%, respectively, with a statistically significant difference ($P<0.05$). The average pleural effusion depth indicated by ultrasound was (6.1 ± 3.4) cm. There was a clear difference between the white light and NBI findings under medical thoracoscopy, with NBI providing clearer visualization of the pleura, which helped improve diagnostic rates. The safety of medical thoracoscopy was favorable, with no major complications and only a few patients experienced minor complications such as slight pleural bleeding or pneumothorax, all of which were managed promptly.

Conclusion: Medical thoracoscopy plays an important clinical role in the diagnosis and treatment of tuberculous pleuritis, accurately identifying the location of pleuritis and significantly improving diagnostic rates. Both forceps biopsy and cryobiopsy provide high diagnostic accuracy, with cryobiopsy offering an advantage over forceps biopsy. NBI imaging technology significantly enhances the visualization of pleural lesions and increases diagnostic sensitivity. Medical thoracoscopy is safe and suitable for the early diagnosis and treatment of tuberculous pleuritis.

Biography

He Xiaopeng has strong expertise in respiratory intervention and the diagnosis and treatment of pulmonary tuberculosis and tuberculous pleuritis. He is passionate about improving the health and well-being of such patients. Through the application of medical thoracoscopy in the management of tuberculous pleuritis, he has improved the diagnostic rate for these patients. This minimally invasive procedure allows for early and effective treatment, reducing the complications associated with this condition.

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AN UNRECOGNIZED OF BRAIN STEM-CEREBELLAR POLYRADICULOPATHY CLUSTER ASSOCIATED WITH SHARED ENVIRONMENTAL EXPOSURE: EVIDENCE FOR A PREVIOUSLY UNRECOGNIZED INFECTION ASSOCIATED SYNDROME

Yi Li,

Qilu Hospital of Shandong University, China

Abstract

Background: Despite remarkable advances in molecular diagnostics, patients with severe inflammatory disorders of the central nervous system continue to be encountered without an identifiable etiology. Whether these cases represent missed diagnoses, immune-mediated disorders, or emerging infectious diseases remains uncertain. During routine clinical practice, we recognized an unexpectedly reproducible neurological phenotype occurring in unrelated individuals who shared a common environmental exposure. The striking consistency across epidemiological history, clinical manifestations, laboratory findings, neuroimaging, electrophysiology, treatment response and long-term outcome suggested that these patients represented a single disease process rather than coincidental sporadic cases. We sought to determine whether this reproducible phenotype defines a previously unrecognized neurological disease cluster.

Methods: Between January 2024and June 2026, 35 consecutive patients meeting a predefined clinical phenotype were prospectively enrolled at a tertiary neurological referral center. Nearly all patients had a shared environmental exposure identified before disease onset. Every patient underwent a standardized diagnostic protocol including cerebrospinal fluid (CSF) analysis, brain and spinal MRI, electrophysiological evaluation, autoimmune and paraneoplastic antibody screening, comprehensive microbiological investigations and CSF metagenomic next-generation sequencing (mNGS). Patients were followed longitudinally for approximately twelve months.

Results: The clinical phenotype proved remarkably reproducible. Disease onset was uniformly subacute. Initial neurological involvement consistently affected the brainstem, cerebellum, cranial nerves and spinal nerve roots, producing a highly stereotyped syndrome despite differences in age, sex and medical background. CSF demonstrated inflammatory abnormalities with highly similar profiles among patients. Neuroimaging revealed reproducible infratentorial involvement, while electrophysiological studies consistently supported inflammatory polyradiculopathy. Importantly, no currently recognized neurological disease adequately explained the complete clinical phenotype. Extensive investigations excluded established bacterial, viral, fungal, parasitic, autoimmune, paraneoplastic, vascular and degenerative disorders. CSF mNGS was uniformly negative for all recognized neurotropic pathogens. Most patients experienced rapid neurological improvement after high-dose corticosteroid therapy, indicating a substantial inflammatory component during the early stage of disease. However, this improvement rarely translated into sustained recovery. At one-year follow-up, most patients remained functionally disabled. Moreover, several patients who had recovered almost completely subsequently experienced delayed neurological deterioration after months of clinical stability, suggesting that disease progression continued beyond the initial inflammatory phase. Whether this delayed progression reflects persistent injury caused by an unidentified pathogen, secondary immune dysregulation, or progressive network degeneration following initial infratentorial injury remains unknown.

Conclusion: We identified a highly reproducible neurological disease cluster distinguished by shared environmental exposure, an exceptionally consistent clinicoradiological phenotype, inflammatory CSF abnormalities, reproducible electrophysiological findings, transient corticosteroid responsiveness, delayed neurological progression and uniformly negative comprehensive pathogen detection, including CSF mNGS. Rather than representing atypical presentations of known disorders, these observations strongly support the existence of a previously unrecognized infection-associated neurological syndrome. The consistency observed across 35 consecutive patients argues against coincidence and highlights an important blind spot in current diagnostic algorithms for neuroinfectious diseases. Recognition of this disease cluster provides a clinically identifiable framework for international case ascertainment and collaborative pathogen discovery. Future investigations integrating unbiased metagenomics, long-read sequencing, host transcriptomics, spatial proteomics and multicentre prospective validation may identify the underlying etiology and redefine the spectrum of infection-associated disorders of the human nervous system. An Unrecognized Neurological Disease Cluster Associated with Shared Environmental Exposure: Evidence for a Previously Unrecognized Infection-Associated Syndrome.

Biography

Yi Li, MD, is an Associate Chief Physician at Qilu Hospital of Shandong University. Her clinical and research interests include cognitive disorders, gait disorders and sleep disorders. She is actively involved in professional organisations, serving as Vice Chair of the Sleep Medicine Committee of the Shandong Medical Doctor Association and Vice Chair of the Dementia & Cognitive Disorders Committee of the Shandong Geriatrics Society. She is also a member of several national professional groups in neurology, cognitive disorders, vascular cognitive impairment and neurobiochemistry.

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FUNGAL INFECTION IN ICU OF A MEDICAL UNIVERSITY OF BANGLADESH

Montosh Kumar Mondal

Bangladesh Medical University [BMU], Bangladesh

Abstract

Background: Fungal infections cause significant mortality and morbidity and a major threat to intensive care unit patients.

Objective: To study the pattern of Fungal infection in ICU of a Medical University of Bangladesh.

Methods: This study was conducted in ICU(both adult and neonate) of a Medical University of Bangladesh from June 2024 to March 2025. The samples of respiratory system, blood and urine was collected from the patients admitted in ICU for culture and sensitivity. VITEK-2 automated system was used for culture and sensitivity and sometimes further evaluation done by using VITEL-MS automated system which was done in ICDDR,B.

Results: In adult ICU total number of samples were 152 and in NICU was 32. In adult ICU samples of blood culture was 85, respiratory sample was 50 and urine culture was 17. In NICU only blood culture was taken and number of sample was 32. In adult ICU blood culture was positive in 6(7.4%) cases. Among them *Candida albicans* (n=1), *Candida tropicalis* (n=1), *Candida parapsilosis* (n=1) and *candida auris* was (n=3). In NICU blood culture was positive in 11(36.7%) cases. Among them *Candida blanki* (n=1), *Candida tropicalis* (n=3), *Candida parapsilosis* (n=4), *Candida guilliermondii* (n=1) and *Candida ciferii* was (n=2).

Conclusion: *Candida spp*. are the leading cause of invasive fungal infection in ICU. Both Candidaemia and other forms of invasive fungal infection in ICU cause significant morbidity and mortality.

Biography

Montosh Kumar Mondal, has born in Bangladesh is working as a Professor of Anesthesia, Analgesia and Intensive Care Medicine of Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh. He has obtained his MBBS degree from Mymensingh Medical College under Dhaka University and Diploma in Anesthesiology from Bangabandhu Sheikh Mujib Medical University in 2001. He has obtained Fellowship Degree in Anesthesiology for three year from Bangladesh College of Physicians and Surgeons in 2005. He has also obtained one year Fellowship in Critical Care Medicine from Christian Medical College Hospital, Vellore, Tamil Nadu, India. under World Federation of Society of Anesthesiology (WFSA). He has 25 years experience in Anesthesiology and Intensive Care Medicine. Prof. Montosh is the Vice president of Society of Intensivist Bangladesh and was a member of Society of Anesthesiology of Bangladesh. He is a examiner of Diploma ,MCPS, FCPS in Anesthesiology and MD in Critical Care Medicine. He is the Head of Intensive Care Unit division. He has 30 national and international publications. His enjoys life with wife who is a Gynecologist and two sons.

Poster Presentations

ATYPICAL PRESENTATION OF CEREBRAL ABSCESS IN A CHILD WITH TRISOMY 21 AND TETRALOGY OF FALLOT

BRRN Gunaratne

Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka

Abstract

Background: Children with trisomy 21 are at increased risk of infections due to immune dysregulation and associated congenital anomalies. Those with cyanotic congenital heart disease, such as Tetralogy of Fallot (TOF), are predisposed to cerebral abscess because right-to-left shunting bypasses pulmonary filtration. Neurological manifestations may be subtle, particularly in children with developmental delay.

Case Presentation: A 10-year-old boy with trisomy 21, TOF and expressive speech delay presented with a three-day history of poor appetite and lethargy. One week prior, he sustained an unexplained fall resulting in an undisplaced fracture of the right radius, managed conservatively with a sling. There was no loss of consciousness or head injury. In retrospect, the fall was considered possibly secondary to evolving subtle neurological weakness. On admission, he was afebrile, preferred to sleep, but remained alert with a Glasgow Coma Scale of 15/15. He refused to walk and followed commands inconsistently. Neurological examination revealed normal tone and reflexes. Power in the right upper limb could not be assessed due to immobilisation, lower limb power was 4/5 on the right and 5/5 on the left. Laboratory investigations showed leukocytosis (15×10^9/L) with neutrophilia and an elevated CRP of 55 mg/L. He had a brief episode of teeth clenching without limb involvement. Urgent CT brain revealed a ring-enhancing lesion in the left cerebral hemisphere with surrounding oedema and midline shift, consistent with a cerebral abscess. Intravenous ceftriaxone and metronidazole were started and burr-hole drainage was performed. Cultures were negative. He completed six weeks of intravenous antibiotics, with follow-up imaging confirming resolution and minimal residual deficits.

Conclusion: This case highlights the need for high suspicion of cerebral abscess in children with cyanotic congenital heart disease. Early subtle neurological signs, including unexplained falls, should prompt timely neuroimaging and multidisciplinary management to ensure favourable outcomes.

Biography

BRRN Gunaratne is a Senior Registrar in Paediatrics with over eight years of clinical experience in the care of children across a broad range of settings. She has a special research interest in paediatric infectious diseases, with a focus on improving early recognition, evidence-based management and clinical outcomes in resource-limited settings. Alongside her clinical work, she has been actively involved in undergraduate medical education and postgraduate paediatric training, contributing to curriculum delivery, bedside teaching and academic mentoring. Her professional work reflects a strong commitment to integrating clinical practice, research and education to strengthen paediatric infectious disease care and to promote high-quality services.

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RARE HEPATOBILIARY OBSTRUCTION FOLLOWING INDUCTION THERAPY FOR DISSEMINATED HISTOPLASMOSIS IN AIDS

Luis Colón Berrios

Universidad Central del Caribe, Puerto Rico

Abstract

Background: Disseminated histoplasmosis is a severe opportunistic infection in patients with HIV/AIDS and remains endemic in parts of the Caribbean. While hepatic and gastrointestinal involvement are common, clinically significant obstructive biliary involvement due to *Histoplasma capsulatum* has been rarely reported and remains poorly characterized.

Case Presentation: A 32-year-old man with perinatally acquired HIV who had been non-adherent to antiretroviral therapy and subsequently progressed to AIDS presented with fever, weight loss, cough and diarrhea. Examination revealed cachexia and generalized lymphadenopathy. Laboratory studies showed a CD4 count of 41.9 cells/μL and an HIV viral load of 61,900 copies/mL, with elevated transaminases but no cholestatic pattern. Imaging demonstrated hepatomegaly, diffuse lymphadenopathy and a 25-mm right adrenal nodule. Urine Histoplasma antigen was markedly elevated at 19 ng/mL, strongly supporting disseminated fungal infection and bone marrow biopsy subsequently confirmed disseminated histoplasmosis. Induction therapy with amphotericin B was initiated, resulting in clinical improvement and resolution of his initial symptoms. At completion of induction, repeat urine antigen decreased to 1.2 ng/mL, consistent with microbiologic response. He was transitioned to oral itraconazole for maintenance therapy at an appropriate therapeutic dose and was discharged in stable condition. Weeks later, he was readmitted with new-onset jaundice and right upper quadrant pain. Laboratory evaluation demonstrated a cholestatic pattern, with total bilirubin of 6.5 mg/dL, alkaline phosphatase of 1898 U/L, AST of 216 U/L and ALT of 307 U/L. ERCP confirmed distal biliary obstruction at the level of the ampulla with associated ductal dilatation and allowed both diagnostic biopsy and therapeutic intervention. Histopathology of the ampullary lesion revealed granulomatous inflammation containing *Histoplasma capsulatum*. This paradoxical worsening during treatment raised concern for immune reconstitution inflammatory syndrome (IRIS) versus persistent localized infection despite systemic response. A second induction course with amphotericin B was administered, followed by resumption of itraconazole maintenance therapy, leading to progressive recovery.

Conclusion: This case highlighted a rare and unexpected evolution of disseminated histoplasmosis, in which ampullary granulomatous obstruction developed despite documented clinical and microbiologic improvement. Although disseminated infection is well recognized in HIV/AIDS, obstructive hepatobiliary complications following therapeutic response remain distinctly uncommon.

Biography

Luis A. Colón Berríos, MD, is a PGY-2 Internal Medicine Resident Physician at Hospital Regional Ramón Ruiz Arnau in Bayamón, Puerto Rico, affiliated with Universidad Central del Caribe. He completed a rigorous rotating internship at Bayamón Medical Center, where he also gained experience in clinical documentation review and utilization management. He has a strong academic interest in Infectious Diseases and Endocrinology, with particular focus on opportunistic infections in immunocompromised patients and endocrine-metabolic complications of systemic illness. His medical approach emphasizes preventive medicine, early risk identification and evidence-based management to improve long-term patient outcomes. He currently trains in a public tertiary care hospital that serves an underserved and socioeconomically vulnerable population, providing broad exposure to complex and advanced-stage pathologies that enrich his clinical experience and academic development.

E-Poster Presentations

ALTERNATIVE AND INVESTIGATIONAL THERAPIES FOR GENITAL TRICHOMONIASIS: LESSONS FROM A CHALLENGING CASE

Siham Mahgoub
Howard University, USA

Abstract

Background: *Trichomonas vaginalis* is the most common non-viral cause of sexually transmitted infections (STIs) worldwide. Metronidazole (MTZ) remains the recommended treatment. However, therapeutic options are limited when patients report severe IgE-mediated MTZ allergy, complicating management and cure.

Objective: To present a case of *T. vaginalis* in a patient with a reported MTZ allergy, describe the treatment approach used and explore alternative therapies currently available or under development.

Methods: We reviewed the case of a 40-year-old woman living with HIV for 26 years, who had been off antiretroviral therapy (ART) for one year due to loss of insurance. She presented to us for ART re-initiation and reported chronic mild vaginal itching that worsened before menstruation. Though not sexually active in the last two years, recent gynecologic evaluation-including nucleic acid amplification testing (NAAT), Pap smear and NuSwab Vaginitis Plus (VG+) revealed *Candida albicans, T. vaginalis,* high-grade squamous intraepithelial lesion (HSIL) and HPV. NAAT STI testing from two years earlier had also been positive for *T. vaginalis;* however, she had not been treated due to a reported history of MTZ allergy from childhood. Additionally, we entertained re-infection and/or resistance.

Results: Upon further evaluation, the patient clarified that her MTZ reaction was limited to nausea and vomiting; suggestive of intolerance, not true allergy. She was treated successfully with MTZ 500 mg twice daily for seven days, along with oral ondansetron 4 mg twice daily to mitigate side effects. A literature review highlighted alternatives for true MTZ allergy: paromomycin, nitazoxanide and tizoxanide in situations when re-challenge is not feasible. New therapies targeting *T. vaginalis* carbonic anhydrase are also in development.

Conclusion: As *T. vaginalis* is curable, accurate allergy history is essential to ensure effective treatment and prevent recurrence. Expanding treatment options will enhance infection control and reduce STI transmission at the population level.

Biography

Siham Mahgoub completed her training at Beth Israel Medical Center and New York Medical College, New York. She is the Medical Director of the Center for Infectious Disease Management and Research. She was the Principal Investigator for the Novavax Vaccine trial, the COVID-19 Variant Immunologic Landscape Trial (COVAIL Trial), Howard University Principal Investigator for the convalescent plasma to treat COVID 19. She was also the co-Investigator for the Howard University Genetic Study. She is currently an Associate Professor at Howard University College of Medicine and the Acting Chief for the Infectious Diseases Division in the department of Medicine.

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WHEN BLURRED VISION REVEALS NEUROSYPHILIS: A CASE REPORT

Eftychia Charatsi

Amalia Fleming Hospital, Greece

Abstract

Background: Neurosyphilis is a rare manifestation of Treponema pallidum infection, occurring in approximately 2-5% of patients with untreated syphilis with a higher incidence among intravenous drug users and HIV-positive individuals. It presents with a heterogeneous spectrum of neuropsychiatric and ophthalmologic manifestations, while ocular involvement constitutes the initial presentation in 9-10% of cases.

Objective: To present a case-report of a high-risk individual admitted for suspected neurosyphilis with ocular manifestations.

Methods: A 54-year-old male intravenous drug user with a medical history of hepatitis C, bladder papillomas, depressive disorder and high-risk sexual behaviour with multiple partners, was admitted for diagnostic evaluation. Physical examination revealed dermatological lesions consistent with syphilis. Progressively worsening vision over several months encouraged an ophthalmologic examination, demonstrating chorioretinopathy typical of syphilitic infection. Laboratory testing revealed positive serological markers for syphilis (reactive anti-Treponema pallidum antibodies). Subsequently, a lumbar puncture was performed and cerebrospinal fluid (CSF) analysis showed elevated total protein levels, positive fluorescent treponemal antibody absorption (FTA-ABS) and negative Venereal Disease Research Laboratory (VDRL) test results. Neurological assessment revealed no neurological deficits, while cognitive evaluation using the Mini-Mental State Examination(MMSE) yielded a score of 26/30. In addition, cardiological evaluation and brain computed tomography were performed to investigate potential cardiovascular disease and cerebral lesions.

Results: The combination of risk factors, dermatological and ophthalmological findings, positive blood treponemal serology and positive CSF immunofluorescence supported the diagnosis of neurosyphilis, as a negative CSF-VDRL result does not exclude the disease. Intravenous benzylpenicillin was promptly initiated, according to international guidelines for neurosyphilis treatment.

Conclusion: Although neurosyphilis is now infrequent in developed countries, it should remain part of the differential diagnosis in high-risk patients presenting with characteristic dermatological and ocular manifestations. Clinical suspicion and timely assessment of serological markers and CSF analysis are crucial for diagnostic confirmation, early treatment initiation and prevention of irreversible neurological or visual damage.

Biography

Eftychia Charatsi is an internal medicine consultant, currently working as the head of an Internal Medicine department in Amalia Fleming Hospital. Our department includes a general medicine and an IVDU ward, where intravenous drug users are hospitalized to get treatment for medical conditions like infections. Neuropsychiatric evaluation, social service assessment and rehabilitation opportunities are available. This multi-disciplinary approach is unique and offers the patient specialized holistic care. She has completed her medical studies and internship in Athens (Greece) and Rouen (France). She has also followed a 6-month training in diabetes at Imperial College of London. Post-graduate studies including Master of Science and PhD were obtained from the Medical Faculty of Kapodistrian University of Athens. She speaks fluently English, French and German.

CLINICAL IMPACT OF BASAL CORE PROMOTER MUTATIONS (A1762T/ G1764A) IN GENOTYPE A CHRONIC HEPATITIS B REACTIVATION

Siham Mahgoub,

Howard University, USA

Abstract

Background: Basal core promoter (BCP) mutations in the hepatitis B virus (HBV), particularly A1762T and G1764A, are known to downregulate HBeAg expression while maintaining or enhancing viral replication. These mutations have been implicated in fluctuating viral activity and may predispose patients to hepatic flares, especially under conditions of immune suppression or treatment interruption. HBV genotype A has been associated with higher rates of chronicity and distinct mutational patterns within the core promoter region.

Case description: A 60-year male patient with HIV and chronic hepatitis B coinfection, initially diagnosed in 2018, had achieved sustained HBV viral suppression on antiretroviral therapy (ART) containing tenofovir, with HBV DNA undetectable as of July 2022. The patient discontinued ART for one month (Mid-September to Mid-October 2023) due to insurance issues, during which HBV DNA rose to 187,000 IU/mL (November 2023), declined to 2,610 IU/mL (December 2023) and became undetectable by March 2024 upon reinitiation of therapy. There is immune mediated hepatic flare with transiently elevated AST and ALT levels [**Figure 1**]. HBV genotyping performed in December 2023 identified genotype A with BCP mutations A1762T and G1764A, but no polymerase resistance mutations.

Discussion: BCP mutations A1762T and G1764A reduce HBeAg synthesis by decreasing precore mRNA transcription but paradoxically enhance viral replication efficiency. These mutations have been linked to immune-mediated hepatocellular injury and may contribute to transient flares during immune reconstitution or treatment lapses. In genotype A, BCP variants occur less frequently than in genotypes B or C but, when present, may lead to more pronounced ALT flares and higher risk of progression to liver injury during viral reactivation [**Table 1**]. In this case, interruption of ART likely resulted in loss of HBV suppression and subsequent viral rebound driven by replication-competent BCP mutants.

Conclusion: This case highlights the dynamic interaction between immune control, antiviral therapy and viral genomic variation in HBV/HIV coinfection. BCP mutations can potentiate HBV flares even in genotype A, underscoring the importance of maintaining continuous antiviral suppression and genotypic monitoring in coinfected individuals.

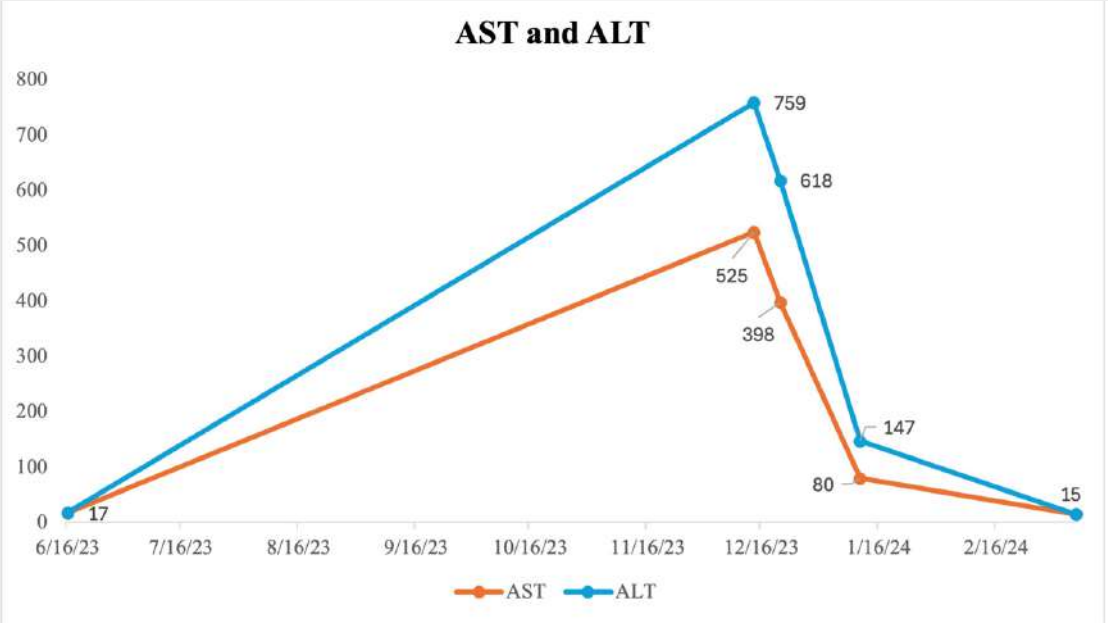


Figure 1: Liver function test trend pre and post re-initiation of treatment.

Mutation	Location	Effect on HBV Expression	Clinical Implication
A1762T	Basal Core Promoter	↓ Precore mRNA	↓ HBeAg expression
G1764A	Basal Core Promoter	↑ pgRNA transcription	↑ HBV DNA replication
Combined effect		Immune escape with persistent replication	Risk of flare or hepatic injury

Table 1: Mechanism of HBV basal core promoter mutations (A1762T, G1764A) and their effects on viral transcription and replication.

Biography

Siham Mahgoub completed her training at Beth Israel Medical Center and New York Medical College, New York. She is the Medical Director of the Center for Infectious Disease Management and Research. She was the Principal Investigator for the Novavax Vaccine trial, the COVID-19 Variant Immunologic Landscape Trial (COVAIL Trial), Howard University Principal Investigator for the convalescent plasma to treat COVID 19. She was also the co-Investigator for the Howard University Genetic Study. She is currently an Associate Professor at Howard University College of Medicine and the Acting Chief for the Infectious Diseases Division in the department of Medicine

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VEILLONELLA ATYPICA BACTEREMIA

Karolina Viquez Beita

Indiana University, USA

Abstract

Background: *Veillonella atypica* is a Gram-negative anaerobic coccus that is part of the normal human gastrointestinal and genitourinary microbiota. It is an uncommon cause of infection, with relatively few cases reported in the literature. The majority of reported infections occur in immunocompromised hosts; however, several reports have also described bacteremia in immunocompetent individuals. Diagnosis remains challenging due to its commensal nature and frequent coexistence with other organisms. Therefore it may complicate to determine its pathogenicity. Clinical suspicion and exam is key in guiding the diagnosis and if suspicion the recommendation is treatment. Imaging can help identify potential complications such as deep infections.

Objective: To recognize *Veillonella atypica* as an emerging clinically relevant pathogen capable of causing invasive infection in both immunocompromised and immunocompetent hosts.

Methods: We performed a retrospective review of a clinical case of *Veillonella atypica* infection and conducted a focused literature review of reported cases using PubMed. Clinical, microbiologic, imaging, treatment and outcome data were analyzed to assess pathogenicity in immunocompetent and immunocompromised hosts.

Discussion: *Veillonella species* have been implicated in invasive infections including bacteremia, endocarditis and osteomyelitis, although these presentations remain rare. Most published cases involve patients with underlying immunosuppression, such as malignancy or alcohol-related liver disease. Nonetheless, an increasing number of reports document infection in immunocompetent hosts, suggesting that *Veionella atypica* may act as a true pathogen under certain conditions. Clinical presentation is often nonspecific, with fever being the most common symptom. Identification of *Veillonella* is difficult because it is a commensal organism and often coexists with other bacteria, including *Streptococcus*, *Fusobacterium* and *Actinomyces*. Isolation in pure culture raises questions regarding its independent pathogenic potential. Due to limited reported cases, no standardized treatment guidelines exist. Empiric therapies have included beta-lactams, metronidazole, cephalosporins and macrolides, although emerging resistance to metronidazole has been described. Imaging may be useful following bacteremia to evaluate for deepseated infections, even in the absence of focal symptoms.

Conclusion: *Veillonella atypica* should be recognized as a growing pathogen capable of causing invasive infection in both immunocompromised and immunocompetent hosts. Increased awareness is essential to improve diagnosis and management.

Biography

Karolina Viquez Beita is a board-certified Internal Medicine physician and a faculty member at Indiana University. With a deep passion for research and medical literature, she believes that research, case reports and conferences offer exciting opportunities to both learn and share knowledge with colleagues globally. Additionally, she takes great pleasure in mentoring students and medical residents.

Day-2
Keynote Presentations



COWS, MAP AND TYPE 1 DIABETES: THE CASE FOR AN INFECTIOUS TRIGGER OF B-CELL AUTOIMMUNITY

Coad Thomas Dow
University of Wisconsin-Madison, USA

Abstract

Background: Type 1 diabetes (T1D) results from immune-mediated destruction of pancreatic β-cells in genetically susceptible individuals, yet the environmental event initiating or accelerating this process remains incompletely defined. In 2006, *Mycobacterium avium* subspecies *paratuberculosis* (MAP), the cause of Johne's disease in ruminants, was proposed as a candidate infectious trigger based upon human exposure to MAP, genetic susceptibility to intracellular mycobacterial infection and molecular similarity between mycobacterial heat-shock protein 65 (HSP65) and the β-cell autoantigen glutamic acid decarboxylase 65 (GAD65).

Evidence: During the subsequent two decades, several additional lines of evidence have emerged. MAP DNA, viable organisms and humoral responses to MAP antigens have been reported disproportionately in individuals with T1D. A 2022 meta-analysis found an approximately eight-fold association between anti-MAP seroreactivity and T1D, although substantial geographic and methodological heterogeneity remains. Mechanistically, antibodies directed against MAP3865c epitopes cross-react with homologous regions of the β-cell zinc transporter ZnT8, while additional MAP epitopes share homology with proinsulin. Particularly provocative are observations in genetically at-risk children in whom antibodies recognizing MAP and homologous β-cell peptides have preceded conventional islet autoantibodies. More recent studies link MAP immune responses with activation of human endogenous retroviruses (HERVs), suggesting a second pathway by which persistent microbial exposure might amplify interferon signaling, antigen presentation and β-cell autoimmunity. In 2026, MAP/HERV-associated antibody signatures were also demonstrated in newly diagnosed Tunisian children, extending the observation beyond the populations in which the association was originally described.

Conclusion: Current evidence does not establish MAP as the cause of T1D, but it supports MAP as a biologically plausible and testable environmental trigger in a subset of genetically susceptible individuals. Resolving this question will require prospective birth cohorts incorporating direct MAP detection, exposure assessment, longitudinal islet autoantibodies, cellular responses to homologous MAP/β-cell epitopes, host genetics and HERV activation. If an infectious contribution is confirmed, T1D would become not only an autoimmune disease to treat after autoimmunity develops, but potentially a One Health disease with opportunities for primary prevention through control of an environmental microbial exposure.

Biography

Coad Thomas Dow, MD is a retired ophthalmologist, entrepreneur with a background in medical microbiology. He is a self-described "theoretical microbiologist" whose research focuses on the role of infectious agents in chronic human disease. As President of Paralab, LLC and Chief Medical Officer of Protibea Therapeutics, he has devoted much of his recent work to investigating Mycobacterium avium subspecies paratuberculosis (MAP) as a zoonotic pathogen involved in Crohn's disease, type 1 diabetes, multiple sclerosis and colorectal cancer. He has authored numerous peer-reviewed publications exploring microbial triggers of autoimmunity and cancer and has been an

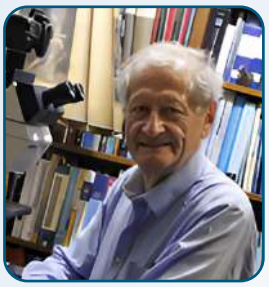
advocate for applying a One Health framework to emerging infectious disease challenges. His current interests include rapid diagnostic technologies, host-pathogen interactions, microbial heat shock proteins and novel immune-modulating therapies. Through research, innovation and scientific collaboration, he seeks to bridge veterinary and human medicine to improve public health outcomes.

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CYSTS OF THE YAWS: STRUCTURE, INFLAMMATION AND BACTERIAL COLONIZATION AS PROMOTORS OF PATHOGENESIS

Peter Stoemmer

Pathology Augsburg Hermanstr, Germany

Abstract

Background: Cystic lesions of the gingiva and the jaws are common specimen in oral surgical pathology. Besides of many rare types of neoplastic and nonneoplastic cysts, the greater part are non-neoplastic and consequences either of inflammation (inflammatory periapical radicular cysts) or proliferations of epithelial cells in the dental ligament (Malassez cells) deriving from reduced enamel epithelium, the most important being follicular (dentigerous) cysts. In spite of their common connection to embryologic structures, their pathogenesis and morphology is completely different. We analysed their histology and bacterial colonization.

Methods: 20 cases of odontogenic cysts of different localisations were stained with conventional methods: Hematoxylin-Eosin, Trichrome and IHC for Tenascin C; characteristic parts of them were isolated and bacterial DNA analysed by PCR and hybridized to a strip (reversed line probe assay, AID-stripassay); 12 of the most important oral pathogenic bacteria and interleukins IL1A, IL1B risk factor HLA-DR4 were analysed.

Results: Oral and maxillofacial cysts are devided in cysts of developmental origin, derived from odontogenic, i.e. toothforming embryologic and fetal structures and inflammatory or postinflammatory origin. Their histological structures and the bacteria are completely different even in longstanding cysts: follicular (dentigerous) cysts originate from unerupted teeth, enclose the crown and are connected to the cementoenamel junction. Their epithelium is rather flat with few layers of flat or prismatic non-keratinisized epithelium. Only few pericystic inflammatory cells. Non-aggressive bacteria were found: *Tannerella forsythia* (15% of cases), *Campylobacter rectus* (15%). In contrast: inflammatory radicular cysts are connected to the root of teeth with pulpitis. They show broad, proliferating squamous non-keratinizing epithelium. Massive pericystic inflammation with neutrophilic granulocytes and few lymphocytes. Highly aggressive bacteria found: *Porphyromonas gingivalis* (40%), *Tannerella forsythia* (10%) and *Treponema denticola* (10%). All radicular and follicular cysts contained Fusobacterium nucleatum (100%).

Conclusion: Each type of cyst has its own microbiome, either as cause or-more convincing-as consequence. The presence of Porphyromonas gingivalis in 30% of Druses in Alzheimer`s Disease is a phenomenon deserving further investigation. Further investigation is necessary for the analysis of cause and consequence of the different bacterial colonization.

Biography

Peter Stoemmer is a distinguished Pathologist based in Bavaria, Germany. He received his medical education and training from the Institute of Pathology, University of Erlangen-Nuremberg, under the mentorship of renowned experts including Prof. Dr. V. Becker, Yale Prof. Dr. J. Rosai and Prof. A. B. West. His academic and professional journey includes serving as a Lecturer in Pathology at the University of Erlangen-Nuremberg and holding the position of Prosector of Pathology at Erlangen. He also served with distinction at the Institute of Pathology,

Air Force Munich (Luftwaffe Bundeswehr) with the rank of Oberfeldarzt (Senior Medical Officer). He is the Founder and CEO of Pathology Laboratories, located on Hermanstrasse in Augsburg. He officially retired in 2024. Post-retirement, he continues to share his expertise as a Lecturer at the Academy for Clinicobiological Analysis. His interests include traveling, photography, theater, opera and particularly enjoys the opera, Carmen.

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THERAPEUTIC OUTCOMES OF MARECIPE AV, AN HERBAL THERAPY ON NEUROINFLAMMATORY ASSOCIATED WITH VIRAL INFECTIONS

Jiangnan Feng

Tongrun Tang TCM Clinic, China

Abstract

Background: Neuroinflammation is a prevalent and often severe complication arising from various viral infections, presenting significant challenges for treatment. There is still no therapy that provides significant clinical benefit for this disease. This report examines the outcomes of a herbal compound, Marecipe AV, in treating neuroinflammation associated with viral infections.

Methods: This report summarizes the therapeutic outcomes of Marecipe AV herbal therapy for virus-associated neuroinflammation, includes cases of Herpes Zoster (HZ) and Postherpetic Neuralgia (PHN), Peripheral Facial Nerve Palsy, as well as Canine Distemper (CD) in dogs and Newcastle Disease (ND) in ostriches. All the research and clinical observations were carried out within the framework of traditional Chinese medicine's (TCM) diagnostic and therapeutic model and the principles of traditional Chinese medicine ethics. Most of these studies are retrospective and based on data from outpatient medical records, rather than prospective with experimental designs, limiting the inclusion of well-designed control groups. Moreover, efficacy was assessed using only the chi-square test.

Results Treatment Outcomes in Herpes Zoster and Postherpetic Neuralgia (PHN): All 30 patients with acute herpes zoster who received oral administration of Marecipe AV herbal medicine achieved full clinical recovery; no cases of treatment failure, recurrence after pain relief were observed during the follow-up period. Based on the 21-day follow-up data, the treatment group demonstrated a 100% pain relief rate, whereas the placebo group showed a rate of only 9.60%. There is a significant difference between the two groups. (χ^2=161.33, df=1, p<0.001). In most cases, Marecipe AV herbal therapy achieved complete pain relief within 1-3 days for acute herpes zoster, with complete lesion healing occurring within 3-5 days. There was a 0% incidence of PHN among all 30 treated cases of herpes zoster. In all 59 treated patients with PHN, complete pain relief was observed within 5 to 15 days post-treatment. The study was conducted retrospectively through an analysis of outpatient records, with the limitation of an absence of a control group. Published literature indicates that approximately 30-50% of patients with PHN require up to 12 months of adjuvant therapy to achieve pain relief, while a substantial proportion need even longer. Based on these findings, Marecipe AV demonstrates therapeutic efficacy in treating PHN.

Treatment Outcomes in Peripheral Facial Nerve Palsy: These are efficacy analyses based on outpatient medical records rather than results from prospective clinical studies. Clinical remission was observed within 3-5 days of treatment in all patients (n=9) with Bell's palsy or Ramsay Hunt syndrome. In the literature, achieving a favorable functional recovery in the majority of patients typically requires approximately 6 months. Among the 8 patients treated for sequelae of facial nerve palsy-including one patient with a disease duration exceeding 10 years-all cases achieved complete clinical remission within 5 to 15 days of treatment. The literature indicates that only 10% to 30% of patients attain satisfacto-

ry functional recovery within 3 to 6 months. The results suggest that Marecipe AV therapy may confer therapeutic benefits in the management of these diseases.

Treatment Outcomes in Canine Distemper with Neurological Signs: The clinical remission rates for spasms in dogs with canine distemper were 47% in one trial and 29% in another trial. Given the near-100% mortality rate associated with the disease, no control group was established. Although the clinical remission rate for canine distemper with neurological signs ranges from 50% to 70%, Marecipe AV has been shown to be effective in managing convulsions associated with the disease. Treatment Outcome for Ostriches with Newcastle Disease and Neurological Symptoms: Treatment with Marecipe AV resulted in a 100% clinical remission rate, with complete resolution of neurological symptoms (e.g., hemiparesis) within 2 to 5 days. In contrast, no remission was observed in the placebo group. A statistically significant difference ($p<0.001$) between groups demonstrated the benefits of the Marecipe AV in treating ostriches with neurological signs.

Conclusion: The findings of this retrospective study indicate that Marecipe AV demonstrates pronounced efficacy in treating virus-associated neuroinflammation. These results highlight the potential of Marecipe AV as a promising therapeutic option for managing virus-induced neuroinflammation, particularly in the context of the current lack of effective treatments. Prospective, large-sample and rigorously controlled trials are warranted to evaluate the efficacy of Marecipe AV therapy in managing neuroinflammation associated with viral infections.

Biography

Jiangnan Feng conducted research on antibody-based biologics, recombinant therapeutics, recombinant vaccines, RNAi-based products and cell therapy agents at the Wuhan Institute of Biological Products under the former Ministry of Health of China after graduating from medical school. Over the past fifteen years, his work has centered on identifying antiviral, antibacterial and anticancer active compounds from peptides and natural medicinal plants. Several of the resulting candidate drugs have shown exceptionally potent efficacy and are expected to fundamentally reshape treatment strategies for cancer, viral infectious diseases and lipid metabolism disorders.

Day-2
Oral Presentations

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AUDIT ON PRESENTING SYMPTOMS OF DENGUE FEVER AND DENGUE HAEMORRHAGIC FEVER IN PAEDIATRIC PATIENTS AT A TERTIARY CARE HOSPITAL

BRRN Gunaratne

Postgraduate Institute of Medicine, University of Colombo and Ministry of Health, Sri Lanka

Abstract

Background: Dengue infection remains a major cause of acute febrile illness among children in tropical countries and is increasingly seen in the Northern Hemisphere with climate change. Among the broad spectrum of clinical presentations, while fever remains the most common initial symptom, a subset of paediatric patients may present predominantly with gastrointestinal symptoms, potentially leading to delays in diagnosis. Understanding local patterns of presentation is essential for early recognition and timely management.

Objective: To audit the presenting symptoms of paediatric patients diagnosed with dengue fever or dengue haemorrhagic fever over a six-week period at a tertiary care hospital.

Methods: A retrospective descriptive audit was conducted over six weeks, including all paediatric patients admitted with a diagnosis of dengue fever or dengue haemorrhagic fever. Data were extracted from clinical records, focusing on initial presenting symptoms and laboratory confirmation. Diagnosis was based on clinical features supported by dengue serology, NS1 antigen and IgM antibody testing.

Results: A total of 21 paediatric patients were included. Fever was the primary presenting symptom in 19 patients (90.5%), while 2 patients (9.5%) presented predominantly with gastrointestinal symptoms, including abdominal pain, vomiting and diarrhoea, without fever initially. Platelet counts of these patients varied from 28×10^9/L to 142×10^9/L. Laboratory confirmation revealed NS1 antigen positivity in 12 patients and dengue IgM positivity in 8 patients. One patient had a clinical presentation compatible with dengue infection with negative serology. Despite this, the clinical course and supportive findings were consistent with dengue infection.

Conclusion: Fever remains the predominant presenting symptom of dengue infection in paediatric patients. However, a minority may present with isolated gastrointestinal symptoms, underscoring the importance of maintaining a high index of suspicion for dengue in endemic settings. Awareness of atypical presentations may facilitate earlier diagnosis and improved patient outcomes.

Biography

BRRN Gunaratne is a Senior Registrar in Paediatrics with over eight years of clinical experience in the care of children across a broad range of settings. She has a special research interest in paediatric infectious diseases, with a focus on improving early recognition, evidence-based management and clinical outcomes in resource-limited settings. Alongside her clinical work, she has been actively involved in undergraduate medical education and postgraduate paediatric training, contributing to curriculum delivery, bedside teaching and academic mentoring. Her professional work reflects a strong commitment to integrating clinical practice, research and education to strengthen paediatric infectious disease care and to promote high-quality services.

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ABO BLOOD GROUP AND OUTCOMES IN PATIENTS WITHCOVID-19 ADMITTED IN THE INTENSIVE CARE UNIT(ICU): A RETROSPECTIVE STUDY IN A TERTIARY-LEVELHOSPITAL IN BANGLADESH

Mohammad Rabiul Halim

Asgar Ali Hospital, Bangladesh

Abstract

Back ground: The world is heavily suffering from the COVID-19 pandemic for more than a year, with over 191 million confirmed cases and more than 4.1 million deaths to date.Previous studies have explored several risk factors for coronavirus disease 2019 (COVID-19), but there is still a lack of association with ABO blood type.

Objective: This study aimed to find outthe relationship between the ABO blood group and COVID-19 outcomes in Bangladesh.

Subjects and Methods: This retrospective cross-sectional study was conducted in the intensive care unit (ICU) of a tertiary-level COVID-dedicated hospital in Dhaka city, Bangladesh, between April 2020 and November 2020. Records from 771 critically illpatients were extracted who were confirmed for COVID-19 by reverse transcriptase-polymerase chain reaction (RT-PCR) assay and blood grouping records were available in the health records.

Results: The blood groups were 37.35%, 17.38%, 26.46% and 18.81% for A, B, AB and O type, respectively. Clinical symptoms were significantly more common in patients withblood type A ($p<0.05$). Patients with blood type A had higher WBC counts and peak serum ferritin levels and both were statistically significant ($p<0.001$). Patients with blood typeA had a greater need for supplemental oxygen and they were more likely to die incomparison to the patients with other blood types ($p<0.05$). In multivariable analysis, our primary outcome death was significantly associated with blood type A (AOR: 3.49, 95% CI:1.57-7.73) while adjusting for age, male gender and non-communicable diseases.

Conclusion: Based on this study results, it can be concluded that the COVID-19 patients with blood type A have a higher chance of death and other complications. The authors recommend blood grouping before treating the COVID-19 patients and health care workers should prioritize treating the patients based on that result.Keywords: COVID-19, ICU, ABO blood group, Bangladesh .

Biography

Mohammad Rabiul Halim is a consultant Critical Care Medicine from Asgar Ali Medical College & Hospital, Dhaka, Bangladesh. He was graduated (MBBS) from "Ibrahim Medical College & BIRDEM General Hospital" under Dhaka University. He has completed his 5 years post graduate course, MD (Critical Care Medicine) under Bangladesh Medical University (BMU). Over the 17 years of clinical carrier he Played different role of Critical Care Medicine in various reputed Medical Colleges and Tertiary level Multidisciplinary Hospitals in Bangladesh. He is regularly conducting research works in the field of Critical Care Medicine and at least twenty-two of his research works published in reputed journals. He has actively participated as a speaker and faculty in various national and International workshops, CME and conferences and also successfully organized six International conferences on Critical Care Medicine named 'CRITICON, Bangladesh' as a part of BSCCM. At present, he is holding the post of Cultural Secretary & executive committee member of Bangladesh Society of Critical Care Medicine (BSCCM).

ACCESSING THE COMPOSITE REFERENCE STANDARD IN FEMALE GENITAL TUBERCULOSIS

Sona Dharmendra

All India Institute of Medical Sciences (AIIMS), India

Abstract

Background: Female genital tuberculosis (FGTB) is a major cause of infertility in developing countries. Though its diagnosis is difficult due to its paucibacillary nature, no single test till date has been developed having high sensitivity and specificity. Study focuses on use of Composite Reference Standard (CRS) in diagnosing FGTB.

Objective: To access the Composite reference standard in Female genital Tuberculosis.

Methods: 500 infertile patients were screened for detailed clinical/family history of TB along with menstrual irregularities. Laboratory findings includes Polymerase chain reaction (PCR), acid fast bacilli (AFB) culture/microscopy, Gene Xpert, LAMP (Loop mediated Isothermal Amplification process), urine LAM (Lipoarabinomannan) and histopathological evidence of epithelioid granuloma on endometrial biopsy in premenstrual phase. Laparoscopy and Hysteroscopy were performed in selected cases/positive PCR cases. FGTB patients will be given Category I ATT (anti tubercular therapy) under DOTS (Directly Observed Treatment Shortcourse) for 6 months.

Results: Total 500 infertile women screened, 32 FGTB positive patients were recruited. 24 patients (78%) primary infertility and 7 patients (22%) secondary infertility. Menstrual symptoms were scanty menses (16%), irregular cycle (7%), dysmenorrhea (11%), adnexal mass (6%), tubo-ovarian mass (15%). Laboratory findings include AFB on microscopy or culture 6%, Gene Xpert 9.3%, epithelioid granuloma on histopathology 13%, LAMP 6.25%, Urine LAM 9.3%, positive PCR findings were seen in 45%. Definite findings on laparoscopy like tubercles, caseous nodules and beaded tubes 59.19% while probable findings like straw colored fluid in POD, extensive dense pelvic, hydrosalpinx; mid tubal block; Fitz Hugh Curtis Syndrome; hyperemia of tubes on chromotubation were 46.8% patients. Positive HSG findings were seen in 37.5% cases. FGTB patients were given 6 months of ATT under DOTS under NTEP (National Tuberculosis Elimination Program).

Biography

Sona Dharmendra have over 17 years of expertise in Obstetrics and Gynecology, with a special interest in female genital tuberculosis (FGTB) and epigenetics. She conducted extensive research on the molecular aspects of FGTB and my PhD work identified novel genes linked to gynecological disorders, including tubercular endometritis, with an AUC score of 75% supporting their diagnostic relevance. Her research includes studies on CRS (Composite Reference Standard) and multiple diagnostic modalities such as GeneXpert, TB-LAMP and Urine LAM. She had also contributed significantly to stem cell therapy research in Asherman syndrome associated with FGTB, publishing in both indexed and non-indexed journals. In addition, she have hands-on experience in Whole Genome Sequencing (WGS), including Nanopore and Ion Torrent platforms, along with related bioinformatics analysis.

IN THE ZONE OF SILENCE: A CASE OF HEARING LOSS DUE TO HERPES ZOSTER

Alexandra Soares

UCSP Alcains, ULS Castelo Branco, Portugal

Abstract

Background: Herpes zoster oticus (HZO), or Ramsay Hunt syndrome, is a rare form of herpes zoster characterized by facial nerve paralysis, otalgia and auricular vesicles on the affected side. It results from the reactivation of the varicella-zoster virus (VZV) in the geniculate ganglion of the seventh cranial nerve (facial nerve) and is frequently accompanied by vestibulocochlear deficits due to involvement of the eighth cranial nerve ganglion. Less common clinical presentations, such as vertigo or hearing loss without facial nerve paralysis, have rarely been reported.

Case Report: We describe the case of a 78-year-old woman who consulted her family physician two days after a self-limiting episode of vertigo, followed by decreased hearing acuity and vesicular eruptions on the posterior cervical region and the right auricle, without facial nerve paralysis. The patient also complained of right-sided otalgia. Otoscopy revealed vesicles and erythema in the right ear canal, with no exudate. She was treated with valacyclovir (1000 mg twice daily for 10 days) and prednisolone (60 mg for 5 days, followed by a gradual dose taper over two weeks); this resulted in the resolution of lesions, a reduction in pain and hearing recovery to near-baseline levels.

Conclusion: HZO is characterized by facial nerve paralysis associated with eruptions and cochleovestibular symptoms. Rare cases of a herpes zoster oticus variant involving only the vestibular nerve-presenting with hearing loss but without facial nerve paralysis-have been reported in the literature. Hearing loss caused by herpes zoster has significant consequences for a patient's quality of life, affecting communication and social interaction; therefore, it is essential to remain alert to this diagnostic possibility and to initiate appropriate, timely treatment to minimize potential auditory sequelae of the infection.

Biography

Alexandra Maria Santos Soares was born on March 17, 1990 in Souto da Casa, Portugal. She graduated in Medicine from the Faculty of Health Sciences of the University of Beira Interior in 2018 with an Integrated Masters on the theme "Tuberculosis at Centro Hospitalar Cova da Beira and its relationship with immunosuppression". She is currently working as a specialist in General and Family Medicine in UCSP Alcains-ULS Castelo Branco (Castelo Branco, Portugal) since 1st January 2026.

Video presentations

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A CRITICAL ASSESSMENT OF DENGUE FEVER IN CAMBODIA, SINGAPORE, AND THAILAND: EXAMINING THE ROLE OF SOCIAL DETERMINANTS IN DETERMINING EFFECTIVENESS AND SUSTAINABILITY OF VECTOR CONTROL PROGRAMMES

Holly Broughton

The University of Edinburgh, United Kingdom

Abstract

Introduction: Dengue fever is a mosquito-borne infection which affects millions of people worldwide each year. An overwhelming majority of cases occur in Southeast (SE) Asia. Whilst many cases are asymptomatic, rising severity and mortality highlight the urgent need for effective vector control. Social determinants of health-such as poverty, education and geography-act as barriers to healthcare, influencing the success of vector control measures.

Aim: This dissertation aims to evaluate government-implemented control programmes, analysing how social determinants shape their success and sustainability.

Methods: A thematic literature review was conducted, analysing academic literature regarding the effectiveness of vector control and dengue prevalence. Comparatively, national documents were critically assessed to examine the extent to which determinants were incorporated into dengue control policies.

Results: The literature was separated based on the social determinants it addresses; poverty, education and geography. Evidence illustrates that these social determinants significantly impact prevalence of dengue fever and the effectiveness of vector control programmes. Analysis of policies illustrated the range of challenges faced by governments and differences in approaches to overcome social barriers.

Conclusion: Social determinants of health play a critical role in the success of vector control programmes. Despite government acknowledgement, policies lack future directions and fail to correct for these variables. Previous government failures have contributed to environmental damage, such as unregulated urbanisation, which exacerbates social factors such as poverty and overcrowding. Strengthening infrastructures, whilst addressing social inequalities is essential for sustainable vector control programmes.

Biography

Holly Broughton is a fourth-year medical student with a Bachelor of Medical Sciences with Honours in global health policy and a keen interest in infectious disease medicine. Her recent dissertation explores the complex interplay between social factors and the effectiveness and sustainability of government-led dengue fever vector control programmes in Southeast Asia. Through an extensive literature review and policy analysis, Holly identified critical gaps in current strategies and advocates for an integrated approach which addresses social inequalities alongside infrastructural development. Her research contributes valuable insight into the shortcomings of existing dengue fever vector control programmes and emphasises the need for sustainable public health interventions to reduce the burden of dengue fever in vulnerable communities.

A BROADER NARRATIVE ON RESPIRATORY DISEASES. A CITIZENS AND PATIENTS PERSPECTIVE TOWARDS THE DEVELOPMENT OF AN EU RESPIRATORY HEALTH PLAN

Mariano Votta

Responsible EU Affairs at Cittadinanzattiva, Italy

Abstract

Respiratory diseases represent a major and persistent public health challenge in the European Union, con tributing substantially to morbidity, mortality, healthcare utilisation and health inequalities. Despite existing initiatives, respiratory health remains insufficiently integrated into broader infection, prevention and control strategies, vaccination plans, programmes to fight antimicrobial resistance. For instance, as COVID-19 transitions from a pandemic to an endemic disease, its integration into the broader policy and healthcare framework for respiratory diseases becomes imperative. The presentation will provide a concrete example of activities that CSOs (Civil society organizations) and PAGs (Patients' advocacy groups) can carry out in support of public policy, with a particular focus on vaccine preventable respiratory diseases: main findings from a European qualitative survey-promoted by the Italian NGO Cittadinanzattiva through its EU branch, called “Active Citizenship Network”-conducted among PAGs and CSOs to evaluate progress and gaps in policy, service transformation, public awareness and preparedness for future respiratory health threats; a consen sus-based expert policy analysis conducted through a multidisciplinary European Working Group on Respiratory Care to outline policy priorities to support a more integrated, equitable and resilient European respiratory health strategy; a communication campaing realized with 13 national patient advocacy groups across Europe, calling the EU to move towards a comprehensive EU Respiratory Health Plan.

Biography

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch “Active Citizenship Network”. Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects. Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals. He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare,"-now at its third mandate-endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients’ rights.

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