# 第十六屆世界超音波暨醫學生物聯盟國際會議 (WFUMB 2017 TAIPEI)

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第九屆亞洲超音波對比劑影像學大會 (ACUCI 2017)

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全球華人超音波論壇

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2017年中華民國醫用超音波學會年會

日期:2017年10月13-17日 地點:台北國際會議中心 (TICC)

# **WFUMB 2017 TAIPEI Awards**

- Delegates who are under 40 years old are welcomed to participate Young Investigator Award (YIA) competition.
- All presenters are eligible for oral and poster awards competition.

### Submit WFUMB 2017 TAIPEI abstract NOW

#### **WFUMB2017 TAIPEI**

#### **Important Date**

2017.03.31 Abstract submission deadline

2017.05.31 Abstract acceptation notification

**2017.06.30** Early bird registration deadline

2017.08.31 On-line registration deadline

### (1) IMPORTANT DATE

Abstract submission deadline March 31, 2017

Abstract acceptation notification May 31, 2017

Early bird registration deadline June 30, 2017

On-line registration deadline August 31, 2017

WFUMB Congress October 13-17, 2017

### (2) INVITED SPEAKERS (We continue to invite other speakers proposed by the Scientific Program Committee.)

Jacques Abramowicz (USA) Jung Hwan Baek (South Korea) Stephen Bird (Australia)

Michael Blaivas (USA) Vito Cantisani (Italy) Qi-Ling Cao (China)

Giovanni Cerri (Brazil) Maria Cristina Chammas (Brazil) Shigao Chen (USA)

Yiu-fai Cheung (Hong Kong) Jeong Yeon Cho (South Korea) Byung Ihn Choi (South Korea)

George Condous (Australia) Christoph Frank Dietrich (Germany) Greggory DeVore (USA)

Leandro Fernández (Venezuela) Giovanna Ferraioli (Italy) Luis Fernando Chavarria Estrada (Costa Rica)

Hassen A. Gharbi (Tunisia) Odd Helge Gilja (Norway) Kenichi Fujii (Japan)

Gail ter Haar (UK) Yoshiki Hirooka (Japan) Adrian Goudie (Australia)

Takehiro Izumo (Japan) Otto Kamps (Netherlands) Christy Holland (USA)

Michael Kawooya (Uganda) Seung Hyup Kim (South Korea) Manoj Kumar Karmakar (Hong Kong)

Noriaki Kurimoto (Japan) Won Jae Lee (South Korea) Masatoshi Kudo (Japan)

Daniel A. Lichtenstein (France) Harald Lutz (Germany) Jae Young Lee (South Korea)

Jonathan Mamou (USA) Antonio Carlos Matteoni (Brazil) Andrej Lyshchik (USA)

Samer Narouze (Egypt) Delwyn Nicholls (Australia) Franca Meloni (Italy)

Christian Pállson Nolsøe (Denmark) Dieter Nürnberg (Germany) Harvey Nisenbaum (USA)

Adrian Saftoiu (Romania) Joaquin Santolaya-Forgas (USA) Jorge Rabat Salgh (Venezuela)

Tsuyoshi Shiina (Japan) Paul Sidhu (UK) Yusef Sayeed (USA)

Masaaki Takeuchi (Japan) Juan Tu (China) Kofo Soyebi (Nigeria)

Hiroki Watanabe (Japan) Susan Campbell Westerway (Australia) Sudhir Vinayak (Kenya)

Hairong Zheng (China) Marvin Ziskin (USA) Armando Zamora (Mexico)

### (3) TENTATIVE PROGRAM AT A GLANCE

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102	Pre-Congress Workshop Breast Ultrasound			W	-Congr orksh t Ultra	ор		Pre-Congress Workshop Breast Ultrasound				W	-Cong orksh Breast trasou	op t			
103	Pre-Congress Workshop: Echocardiography			Pre-Congress Workshop: Echocardiography				Pre-Congress Workshop: Echocardiography				W	-Cong orksho cardic hy	op:			
105	Pre-Congress Workshop: Fetal Echocardiography				Pre-Congress Workshop: Fetal Echocardiography				W	Pre-Congress Workshop: Fetal Echocardiography			Pre-Congress Workshop: Fetal Echocardiograp hy				
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3F North Lounge	Pre	e-Congr	ess				ress		Pre-Congress			Pre	-Cong	ress			
4F VIP Room	Pre	e-Congr	ess		Pre			LS 2 (12:15- 13:15)	Pre	-Cong	ress		Pre	-Cong	ress		
4F Elegance Lounge	Pre	e-Congr	ess		Pre	Pre-Congress			Pre	-Cong	ress		Pre	-Cong	ress		
4F Joy Lounge	Pre	e-Congr	ess		Pre-Congress				Pre	-Cong	ress		Pre	-Cong	ress		

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105	Free Paper Fetal Echocardiography				Free Paper Fetal Echocardiography				Free Paper Fetal Echocardiography				Free Paper Fetal Echocardiography				
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4F VIP Room		ee Pap			Free Paper			LS 8 (12:15- 13:15)	Free Paper				Fre	ee Pape	er	ES-6 (17:15- 18:15)	
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4F Joy Lounge	Fi	ree Pap	er						Fr	ee Pap	er		Fı	ree Pap	er										

# **Call for Abstract**

Submission Deadline: March 31, 2017



Visit Congress Website for more Information http://www.wfumb2017.org

# **Abstract Category:**

- 1.Basic Science, Instrumentation and Quality Control
- 2.Breast Ultrasound
- 3.Chest Ultrasound
- 4.Contrast-Enhanced Ultrasound
- 5. Echocardiography
- 6.Education in Medical Ultrasound
- 7. Elastography
- 8. Emergency and Critical Care Ultrasound
- 9. Endocrinology Ultrasound
- 10.Fetal Echocardiography
- 11. Gynecologic/Obstetric Ultrasound
- 12.General and Abdominal Ultrasound

- 13. Head and Neck Ultrasound
- 14.Interventional/Intraoperative/Anesthesiologic Ultrasound
- 15. Musculoskeletal Ultrasound
- 16.Nephro-/Urologic Ultrasound
- 17. Neurosonology
- 18. Ophthalmologic Ultrasound
- 19.Pediatric Ultrasound
- 20.Preclinical Ultrasound
- 21. Therapeutic Ultrasound
- 22. Ultrasound in small parts
- 23. Vascular Ultrasound
- 24. Veterinary Ultrasound

## **Award**

- (A.) Young Investigation Award (Open to presenters younger than 40)
- (B.) Best Oral Presentation Competition Award (Open to all Oral presentations)
- (C.) Best Poster Presentation Competition Award (Open to all Poster presentations)

# Instructions for Abstracts Submission

The WFUMB requires a structured abstract. You will need to complete the following segments:

- Objective: Begin with a clear, concise statement of the precise objective or question put forth in the study;
- Methods: Indicate the primary study outcome measurement(s) as planned before data collection
  began. If the manuscript does not report the main planned outcomes of a study, this fact should be
  stated and the reason indicated. State clearly if the hypothesis being tested was formulated during or
  after data collection. Explain outcomes or measurements unfamiliar to a general medical readership.
- Results: Describe the methods of assessing patients and state the key results; this section must include data, even if preliminary.
- **Conclusion:** State clearly the conclusions and clinical applications that are supported by the data.

  Advice if additional study is required before this information should be used in clinical settings.

# **Abstracts Sample**

### **Original Research**

#### Sample of (original research) abstract

Is The "I"-Sign In The Three-Vessel Tracheal View a Valid Tool for Prenatal Diagnosis of Dextro-Transposition of The Great Arteries?

Anna Palatnik,<sup>1</sup> Nina Gotteiner,<sup>2</sup> William Grobman,<sup>1</sup> Leeber Cohen<sup>1</sup>

<sup>1</sup>Department of Obstetrics and Gynecology, Northwestern University, Feinberg School of Medicine,
Chicago,, IL, United States, <sup>2</sup>Department of Pediatrics, Northwestern University, Feinberg School of
Medicine, Chicago, IL, United States

**Objectives:** Prenatal diagnosis of d-transposition of the great arteries (d-TGA) remains low compared to other major congenital heart defects. One study from Japan (Ishi Y. et al, 2013) found that three-vessel trachea(3-VT) view was abnormal and in the shape of I-sign in most of the fetuses with prenatal diagnosis of d-TGA. In this study we examined how often the 3-VT view was abnormal in large case series of prenatally diagnosed d-TGA in large single insitution.

**Methods:** This was a review of all d-TGA cases that were diagnosed in our institution between November 2007 and May 2014. Fetuses with 1-TGA and double outlet right ventricle with malposed great vessels were excluded. Routine anatomic surveys, including outflow tract views were performed between 18-22 weeks. The short axis of the right ventricle was obtained by rotating the transducer to the fetal left shoulder is the standard right ventricular outflow view used on routine examinations at our institution; targeted sonographic exams add the crossing, aortic arch, and SVC-IVC views. The 3-vessel view at the level of the pulmonary bifurcation was added to both exams in 2010. All patients with suspected cardiac anomaly were referred to a pediatric cardiologist, who performed a fetal echocardiogram that included the 3-VT view

**Results:** A total of 24 fetuses were diagnosed with d-TGA prenatally. The large majority of the d-TGA cases were isolated anomalies. There were 70,000 deliveries during the study time period, which gave d-TGA frequency of 3.4 per 10,000. The 3-VT view was obtained in 22 fetuses, all of whom (i.e., 100%) had an anteriorly displaced aortic arch in a shape of an "I". In the remaining two patients the 3-VT view could not be obtained. In one case this was due to a fetal "back-up" position and in the other a flexed fetal head with shadowing of the mediastinum.

**Conclusions:** In this analysis, we have demonstrated that the 3-VT view could be seen reliably in 92% of examinations, and when visuzlied, it was abnormal in 100% of fetuses with a d-TGA. The 3-VT view We believe this view is easily taught, quick to perform, and could potentially aid greatly in the prenatal diagnosis of d-TGA.

# **Abstracts Sample**

**Case Report** 

#### Sample of (case report) abstract

Role of Ultrasound in The Diagnosis of Uterine NonHodgkin's Lymphoma: A Rare Disease

Danielle Kramer, Rosana Rodriguez, Usha Verma OBGYN, University of Miami/Jackson Memorial Hospital, Miami, FL, United States

**Objectives:** Non-Hodgkin's lymphoma of the uterus is a rare condition, with very few cases published in the literature. The diagnosis is usually made by pathological examination of the specimen. The role of ultrasound in the diagnosis of the uterine lymphomas has not been described in the literature. We present a case of an immunocompromised patient with widespread lymphadenopathy and systemic disease involving the bone marrow, heart, brain, endometrium, uterus, ovary, and vagina, in whom the diagnosis was made with transvaginal ultrasound and endometrial biopsy without surgical intervention.

**Methods:** Case report and literature review.

**Results:** A 41 year old woman with history of HIV presented with myalgia and diffuse bone pain, and was found to have diffuse lymphadenopathy. Ultrasound showed cystic hypoechoic masses in the uterus and left ovary, with posterior acoustic enhancement and internal vascularity, suspicious for gynecologic lymphoma. Endometrial biopsy revealed HIV-associated high grade blastic B cell lymphoma, unclassifiable.

**Conclusions:** This case illustrates that transvaginal ultrasound can be used to aid in the diagnosis of lymphoma which involves the uterus. Utilization of this approach may help to prevent the use of more invasive diagnostic procedures and surgical intervention when a less invasive alternative is feasible.

(4) 國內與會者之註冊費:Domestic Registration Fee (NT\$)

(a) 國際會議註冊費	Early Bird	Regular	On-site
	2017.6.30 之前	2017.7.1-8.31	2017.10.13-17
超音波學會會員(含 2017 年年費)	4500	6000	7000
超音波學會會友(含 2017 年年費)	4000	5500	6000
非會員(醫師)	5500	7000	8000
超音波相關護理技術人員	4500	6000	7000
醫工科相關教授,講師,學生, 住院醫師 R1-R4, Student/Intern/PGY/Resident(R1-R4)	4000	5500	6000
(b) Pre-Congress Fees (一天) /Workshop 工作坊:中華民國醫用起	日音波學會繼續教育和	責分: <b>20 分</b>	
須同時報繳 Congress Fee			
Workshop 工作坊:			
1. <u>Echocardiography</u> 2. <u>Fetal Echocardiography(1)</u> 10.		ocardiography(2)	
4. <u>Musculoskeletal U/A</u> 5. <u>Rheumatology U/A</u>	6. <u>Otolaryn</u> g	gology & Head Ne	eck U/A
訂於2017.02.25 開放報名,名額有限,額滿為止,謝謝.			
超音波學會會員	2000	2500	3000
超音波學會會友	1500	2000	2500
非會員(醫師)	3000	3500	4000
超音波相關護理技術人員	2500	3000	3500
醫工科相關教授,講師,學生, 住院醫師 R1-R4, Student/Intern/PGY/Resident(R1-R4)	1500	2000	2500
(c) Pre-Congress Fees (半天) (須同時報繳 Congress Fee)中華民國	醫用超音波學會繼續	教育積分:10分	-
超音波學會會員	1000	1250	1500
超音波學會會友	750	1000	1250
非會員(醫師)	1500	1750	2000
超音波相關護理技術人員	1250	1500	1750
醫工科相關教授,講師,學生, 住院醫師 R1-R4,	750	1000	1250
Student/Intern/PGY/Resident(R1-R4)	750	1000	1250
(d) Others			
大會晚宴(Gala Dinner)	500	500	500

中華民國醫用超音波學會繼續教育積分: 180分 (WFUMB 2017 TAIPEI)

報名資訊: http://www.sumroc.org.tw/學術活動/2017年 10月 13-17日 WFUMB2017

<mark>大會投稿資訊: http://www.wfumb2017.org</mark>

郵政劃撥帳號:07443686 戶名:中華民國醫用超音波學會

備註: 1. 超音波學會會員、會友,敬請直接劃撥繳費,本會接獲繳費通知,即報名成功。

2. 非本會會員或會友,請直接進入網頁報名,並請劃撥繳費,謝謝。