

Y M J M

MEDICUS

ISSN 1409-6366 UDC 61 Vol · 20 (2) · 2015

Original scientific paper

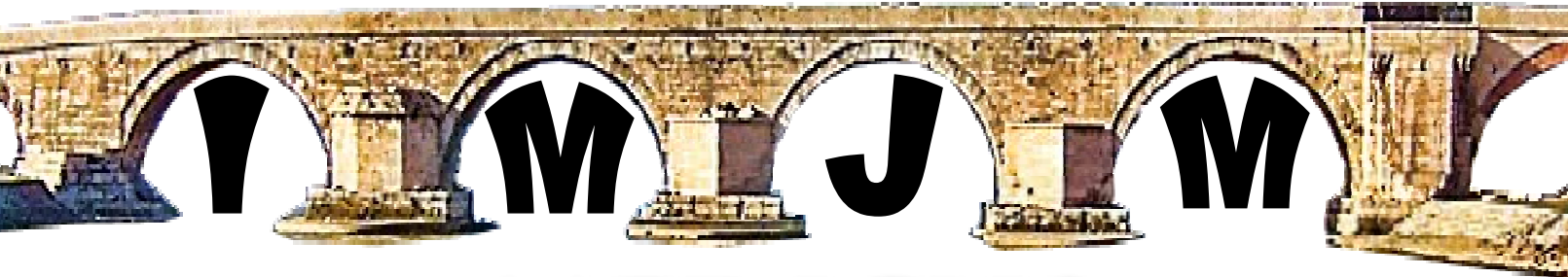
- 155** POLYMORPHISMS OF THE FSH RECEPTOR AND PREGNANCY RATES IN WOMEN OF DIFFERENT AGES IN THE OOCYTE DONATION PROGRAM
Gashi Z., Elezaj Sh., Zeqiraj A., Fazliu I., Gruda B., Dervishaj I., Nikqi S., Gashi F.
- 165** ACCESS TO TREATMENT OF PEOPLE LIVING WITH HIV IN R. MACEDONIA
Velikj Stefanovska V., Zafirova Ivanovska B., Stefanovska Petkovska M., Mikic V.
- 170** SURGICAL TREATMENT OF LOCALLY ADVANCED PROSTATE CANCER
Galiqi G., Tartari F., Pasha A., Ymeri Sh., Bajri L., Ferko Sh., Ndoj A.
- 175** FIBROZA PULMONARE IDIOPATIKE E KOMBINUAR ME EMFIZEMË; NJË SINDROMË E RE
Nikolla J., Zajmi A., Vyshka G., Hafizi H.
- 181** СКРИНИНГ ЗА ПРЕМАТУРНА РЕТИНОПАТИЈА ВО РЕПУБЛИКА МАКЕДОНИЈА
Татешки Б., Исјаноски И., Димовска-Јорданова В., Голубовик М.
- 188** PROTOCOLS FOR DETECTION AND PREVENTION OF RHD ALLOIMMUNISATION DURING PREGNANCY
Velkova E., Ismaili A., Useni S., Dejanova Ilijevska V., Mitevska L.
- 195** GESTATIONAL DIABETES AS A RISK FACTOR FOR PREECLAMPSIA
Ajazi R., Alikaj A., Golemi D.
- 203** HOST AND VIRAL FACTORS IMPACT ON VIROLOGICAL RESPONSE IN PATIENTS WITH CHRONIC HEPATITIS C, GENOTYPE 1B TREATED WITH STANDARD SCHEME
Kristo A., Leka N., Čela J., Rapi E., Deda Xh., Sadiku E., Basho J.
- 208** A COMPARING THE TREATMENT OF PAIN WITH CONTINUOUS EPIDURAL ANALGESIA VERSUS SYSTEMIC ANALGESIA IN PATIENTS WITH HIP FRACTURE
Temelkovska-Stevanovska M., Kuzmanovska B., Kartalov A., Panovska Petrusheva A.
- 215** URINARY STONE DISEASE IN CHILDREN OF ELBASAN - A SINGLE CENTER EXPERIENCE
Palloshi I., Xhepa R., Bullo A., Daka A.
- 221** EVALUATION AND MANAGEMENT OF NEONATAL INDIRECT HYPERBILIRUBINEMIA AT THE UNIVERSITY PEDIATRIC CLINIC IN SKOPJE, REPUBLIC OF MACEDONIA
Papazovska Cherepnalkovska A., Piperkova K., Palcevska Kocevska S., Aluloska N., Zdravetska N., Gruev T. and Krzelj V.
- 230** ВКУПНИ ХИДРОПЕРОКСИДИ – МАРКЕР ЗА ЛИПИДНА ПЕРОКСИДАЦИЈА КАЈ КОРОНАРНА АРТЕРИСКА БОЛЕСТ
Камчева Г., Рушковска Т., Атанасова М., Здравковска М., Стикова Е., Чакалароски К., Симоновска Љ.
- 238** ASSOCIATION OF PROGNOSTIC FACTORS WITH OVERALL SURVIVAL IN MYELODYSPLASTIC SYNDROMES: A COHORT STUDY
Sotirova T., Genadieva Stavric S., Krstevska Balkanov S., Pavkovic M., Amzai G.
- 245** ПРОЦЕНКА НА РИЗИК ОД ПОЈАВА НА МАСОВНИ МЕДИЦИНСКИ ИНЦИДЕНТИ СО ХБИР АГЕНСИ ВО РЕПУБЛИКА МАКЕДОНИЈА
Ивчев Ј., Бекароски Н., Ивчева Н., Стикова Е.
- 253** THE PILOT STUDY ABOUT DENTAL CARIES EXPERIENCE AMONG 15-YEARS OLD (SECONDARY SCHOOL) CHILDREN IN THE SOUTHEAST REGION OF THE REPUBLIC OF MACEDONIA
Ambarkova V., Panova O.
- 261** EFFECT OF SYMBIOTIC SOYMILK ON INTESTINAL MICROBIOTA AND LIPID PROFILE IN ADULT SPONTANEOUSLY HYPERTENSIVE RATS
Jurhar Pavlova M., Panovski N., Mladenovska K., Petreska Ivanovska T., Tosevska K., Cekovska S., Petrovska M.

Case report

- 269** APENDEKTOMIA LAPAROSKOPIKE NË TRETMANIN E APENDICITIT AKUT
Kosumi M., Kosumi E., Sherifi F., Zylbeari L.
- 274** SITUS AMBIGUS I SHOQËRUAR ME FORMË TË RËNDË TË ANOMILSË NË ZEMËR
Bejiqi R., Retkoceri R., Bejiqi H., Beqiraj R., Beha A.

Brief communications

- 278** ADVANTAGES OF STERRAD 100S STERILIZATION SYSTEM COMPARED TO GAS PLASMA STERILIZATION SYSTEM
Saneva J.
- 281** ВЛОШУВАЊЕ НА КЛИНИЧКАТА СЛИКА НА ПАРКИНСОНОВАТА БОЛЕСТ ПРИ ПОДОЛГОТРАЕН ТРЕТМАН СО ЛЕВО-ДОПА
Петров И., Таравари А.
- 287** ТРАЈТИМИ И ДЕПРЕСИОНИТ МАДХОР ПËРМЕС СЕКС ТЕРАПИСË
Ичка Е., Фејза Н.



MEDICUS

ISSN 1409-6366 UDC 61 Vol · 20 (2) · 2015

Original scientific paper

- 155 POLYMORPHISMS OF THE FSH RECEPTOR AND PREGNANCY RATES IN WOMEN OF DIFFERENT AGES IN THE OOCYTE DONATION PROGRAM**
Gashi Z., Elezaj Sh., Zeqiraj A., Fazliu I., Gruda B., Dervishaj I., Nikqi S., Gashi F.
- 165 ACCESS TO TREATMENT OF PEOPLE LIVING WITH HIV IN R. MACEDONIA**
Velikj Stefanovska V., Zafirova Ivanovska B., Stefanovska Petkovska M., Mikic V.
- 170 SURGICAL TREATMENT OF LOCALLY ADVANCED PROSTATE CANCER**
Galiqi G., Tartari F., Pasha A., Ymeri Sh., Bajri L., Ferko Sh., Ndoj A.
- 175 FIBROZA PULMONARE IDIOPATIKE E KOMBINUAR ME EMFIZEMË; NJË SINDROMË E RE**
Nikolla J., Zajmi A., Vyshka G., Hafizi H.
- 181 СКРИНИНГ ЗА ПРЕМАТУРНА РЕТИНОПАТИЈА ВО РЕПУБЛИКА МАКЕДОНИЈА**
Татешки Б., Исјаноски И., Димовска-Јорданова В., Голубовик М.
- 188 PROTOCOLS FOR DETECTION AND PREVENTION OF RHD ALLOIMMUNISATION DURING PREGNANCY**
Velkova E., Ismaili A., Useni S., Dejanova Ilijevska V., Mitevska L.
- 195 GESTATIONAL DIABETES AS A RISK FACTOR FOR PREECLAMPSIA**
Ajazi R., Alikaj A., Golemi D.
- 203 HOST AND VIRAL FACTORS IMPACT ON VIROLOGICAL RESPONSE IN PATIENTS WITH CHRONIC HEPATITIS C, GENOTYPE 1B TREATED WITH STANDARD SCHEME**
Kristo A., Leka N., Ćela J., Rapi E., Deda Xh., Sadiku E., Basho J.
- 208 A COMPARING THE TREATMENT OF PAIN WITH CONTINUOUS EPIDURAL ANALGESIA VERSUS SYSTEMIC ANALGESIA IN PATIENTS WITH HIP FRACTURE**
Temelkovska-Stevanovska M., Kuzmanovska B., Kartalov A., Panovska Petrusheva A.
- 215 URINARY STONE DISEASE IN CHILDREN OF ELBASAN - A SINGLE CENTER EXPERIENCE**
Palloshi I., Xhepa R., Bullo A., Daka A.
- 221 EVALUATION AND MANAGEMENT OF NEONATAL INDIRECT HYPERBILIRUBINEMIA AT THE UNIVERSITY PEDIATRIC CLINIC IN SKOPJE, REPUBLIC OF MACEDONIA**
Papazovska Cherepnalkovski A., Piperkova K., Palcevsko Kocevsko S., Aluloska N., Zdravenska N., Gruev T. and Krzelj V.
- 230 ВКУПНИ ХИДРОПЕРОКСИДИ – МАРКЕР ЗА ЛИПИДНА ПЕРОКСИДАЦИЈА КАЈ КОРОНАРНА АРТЕРИСКА БОЛЕСТ**
Камчева Г., Рушковска Т., Атанасова М., Здравковска М., Стикова Е., Чакалароски К., Симоновска Љ.
- 238 ASSOCIATION OF PROGNOSTIC FACTORS WITH OVERALL SURVIVAL IN MYELODYSPLASTIC SYNDROMES: A COHORT STUDY**
Sotirova T., Genadieva Stavric S., Krstevska Balkanov S., Pavkovic M., Amzai G.
- 245 ПРОЦЕНКА НА РИЗИК ОД ПОЈАВА НА МАСОВНИ МЕДИЦИНСКИ ИНЦИДЕНТИ СО ХБИР АГЕНСИ ВО РЕПУБЛИКА МАКЕДОНИЈА**
Ивчев Ј., Бекаровски Н., Ивчева Н., Стикова Е.
- 253 THE PILOT STUDY ABOUT DENTAL CARIES EXPERIENCE AMONG 15-YEARS OLD (SECONDARY SCHOOL) CHILDREN IN THE SOUTHEAST REGION OF THE REPUBLIC OF MACEDONIA**
Ambarkova V., Panova O.
- 261 EFFECT OF SYMBIOTIC SOYMILK ON INTESTINAL MICROBIOTA AND LIPID PROFILE IN ADULT SPONTANEOUSLY HYPERTENSIVE RATS**
Jurhar Pavlova M., Panovski N., Mladenovska K., Petreska Ivanovska T., Tosevska K., Cekovska S., Petrovska M.

Case report

- 269 APENDEKTOMIA LAPAROSKOPIKE NË TRETMANIN E APENDICITIT AKUT**
Kosumi M., Kosumi E., Sherifi F., Zylbeari L.
- 274 SITUS AMBIGUS I SHOQËRUAR ME FORMË TË RËNDË TË ANOMILSË NË ZEMËR**
Bejiqi R., Retkoceri R., Bejiqi H., Beqiraj R., Beha A.

Brief communications

- 278 ADVANTAGES OF STERRAD 100S STERILIZATION SYSTEM COMPARED TO GAS PLASMA STERILIZATION SYSTEM**
Saneva J.
- 281 ВЛОШУВАЊЕ НА КЛИНИЧКАТА СЛИКА НА ПАРКИНСОНОВАТА БОЛЕСТ ПРИ ПОДОЛГОТРАЕН ТРЕТМАН СО ЛЕВО-ДОПА**
Петров И., Таравари А.
- 287 ТРАЈТИМИ И ДЕПРЕСИОНИТ МАДНОР ПËРМЕС СЕКС ТЕРАПИСË**
Icka E., Fejza H.

Betimi i Hipokratit

Në çastin kur po hy në radhët e anëtarëve të profesionit mjekësor premtoj solemnisht se jetën time do ta vë në shërbim të humanitetit. Ndaj mësuesve do ta ruaj mirënjohjen dhe respektin e duhur.

Profesionin tim do ta ushtroj me ndërgjegje e me dinjitet. Shëndeti i pacientit tim do të jetë brenga ime më e madhe. Do t'i respektoj e do t'i ruaj fshehtësitë e atij që do të më rrëfëhet. Do ta ruaj me të gjitha forcat e mia nderin e traditës fisnike të profesionit të mjekësisë.

Kolegët e mi do t'i konsideroj si vëllezër të mi.

Në ushtrimin e profesionit ndaj të sëmurit tek unë nuk do të ndikojë përkatësia e besimit, e nacionalitetit, e racës, e politikës, apo përkatësia klasore. Që nga fillimi do ta ruaj jetën e njeriut në mënyrë absolute. As në kushtet e kërcënimit nuk do të lejoj të keqpërdoren njohuritë e mia mjekësore që do të ishin në kundërshtim me ligjet e humanitetit. Këtë premtim po e jap në mënyrë solemne e të lirë, duke u mbështetur në nderin tim personal.

The Oath of Hippocrates

Upon having conferred on me the high calling of physician and entering medical practice, I do solemnly pledge myself to consecrate my life to the service of humanity. I will give my teachers the respect and gratitude which is their due. I will practice my profession with conscience and dignity. The health of my patient will be my first consideration. I will respect the secrets which are confided in me, even after the patient has died. I will maintain by all the means in my power, the honor and the noble traditions of the medical profession.

My colleagues will be my brothers.

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient. I will maintain the utmost respect for human life from its beginning even under threat and I will not use my medical knowledge contrary to the laws of humanity. I make these promises solemnly, freely and upon my honor



ISSN 1409-6366 UDC 61 Vol · 20 (2) · 2015

Revistë Shkencore Nderkombëtare e Shoqatës së Mjekëve Shqiptarë të Maqedonisë
International Journal of Medical Sciences of the Association of the Albanian Doctors from Macedonia

Botues/ Publisher: **SHMSHM / AAMD**

Tel. i Kryeredaktorit / Contact: **+389 (0)31 25 044**

Zhiro llogaria / drawing account: **200-000031528193**

Numri tatimor / tax number: **4028999123208**

Adresa e Redaksisë-Editorial Board Address: **50 Divizija, No 6, 1000 Shkup**

e-mail: **medicus.shmshm@gmail.com**

Kryeredaktori

Prof. Dr. Aziz K. Pollozhani

Editor-in-Chief

Aziz K. Pollozhani, MD. PhD

Redaktorët

Dr. Sci. Besnik Bajrami, Boston, SHBA
Dr. Sci. Atilla Rexhepi, Tetovë, Maqedoni
Lul Raka, MD, PhD, Prishtinë, Kosovë
Doc. Dr. Arben Taravari, Shkup, Maqedoni

Editors

Besnik Bajrami, MD, PhD, Boston, USA
Atilla Rexhepi, MD, PhD, Tetovo, Macedonia
Lul Raka, MD, PhD, Prishtina, Kosova
Arben Taravari, MD, PhD, Skopje, Macedonia

Këshilli Redaktues

Nobelisti Prof. Dr. Ferid Murad, Hjuston, SHBA
Prof. Dr. Rifat Latifi, Arizona, SHBA
Prof. Dr. Alex Leventa, Jerusalem, Izrael
Prof. Dr. Sedat Üstündağ, Edirne, Turqi
Prof. asoc. dr. Avdyl Krasniqi, Prishtinë, Kosovë
Prof. dr. sci. Kirk Milhoan, Texas, SHBA
Dr. sci. Minir Hasani, Gjermani
Prof. dr. sci. Alfred Priftanji, Tiranë, Shqipëri
Prof. dr. sci. Naser Ramadani, Prishtinë, Kosovë
Prof. dr. Yovcho Yovchev, Stara Zagora, Bullgari
Kadri Haxhihamza, MD, PhD, Shkup, Maqedoni
Prof. dr. sci. Elena Qoseska, Shkup, Maqedoni
Prof. dr. Gentian Vyshka, Tiranë, Shqipëri
Prim. dr. Gani Karamanaga, Ulqin, Mali Zi
Prof. dr. Sylejman Rexhepi, Prishtinë, Kosovë
Dr. Shenasi Jusufi, Koordinator, Maqedoni

Editorial Board

Nobel Laureate Ferid Murad, MD, PhD, Houston, USA
Rifat Latifi, MD, PhD, Arizona, USA
Alex Leventa, MD, PhD, Jerusalem, Israel
Sedat Ustundağ, Edirne, Turkiye
Avdyl Krasniqi, MD, PhD, Prishtina, Kosova
Kirk Milhoan, MD, PhD, Texas, USA
Minir Hasani, MD, PhD, Germany
Alfred Priftanji, MD, PhD, Tirana, Albania
Naser Ramadani, MD, PhD, Prishtina, Kosova
Yovcho Yovchev, MD, PhD, Stara Zagora, Bulgaria
Kadri Haxhihamza, MD, PhD, Skopje, Macedonia
Elena Kosevska, MD, PhD, Skopje, Macedonia
Gentian Vyshka, MD, PhD, Tirana, Albania
Gani Karamanaga, MD, Ulcinj, Montenegro
Sylejman Rexhepi, MD, PhD, Prishtina, Kosova
Shenasi Jusufi, MD, Coordinator, Macedonia

Bordi Këshillëdhënës

Prof. Dr. Remzi Izairi,
Prof. dr. Shpëtim Telegrafi, Nju Jork, SHBA
Prof. dr. Gëzim Boçari, Tiranë, Shqipëri
Prof. dr. Donço Donev, Shkup, Maqedoni
Prof. Dr. Isuf Dedushaj, Prishtinë, Kosovë
Prof. Dr. Ramadan Jashari, Belgjikë
Prof. Dr. Holger Tietzt, Gjermani
Prof. Dr. Vjollca Meka-Sahatçiu
Prof. Dr. Florin Ramadani, Austri

Sekretariati i redaksisë

Dr. Besnik Hamiti, Maqedoni
Dr. Sead Zeynel, Maqedoni
z. Armend Iseni, Maqedoni

Këshilli Botues

Prof. Dr. Nevzat Elezi
Prim. Dr. Ali Dalipi
Prim. Dr. Ferit Muça
Prim. Dr. Lavdërim Sela
Dr. Bekim Ismaili
Dr. Nadi Rustemi
Dr. Bedri Veliu
Dr. Arif Latifi
Dr. Gafur Polisi
Dr. Valvita Reçi
Dr. Xhabir Bajrami
Dr. Gazi Mustafa
Prim. Dr. Beqir Ademi
Dr. Murat Murati
Dr. Dukagjin Osmani
Dr. Bari Abazi
Dr. Atip Ramadani

Dizajni & Pamja

Besnik Hamiti

Shtypur në

Shtypshkronjen "Pruf Print", Shkup

Medicus shtypet në tirazh: 600 ekzemplarë
Revista shpërndahet falas

Advisory Board

Remzi Izairi, MD, PhD
Shpetim Telegrafi, MD, PhD, New York, USA
Gezim Bocari, MD, PhD, Tirana, Albania
Donco Donev, MD, PhD, Skopje, Macedonia
Isuf Dedushaj, MD, PhD, Prishtina, Kosova
Ramadan Jashari, MD, PhD, Belgjum
Holger Tietzt, MD, PhD, Germany
Vjollca Meka-Sahatci, MD, PhD
Florin Ramadani, MD, PhD, Austria

Editorial Secretariat

Besnik Hamiti, MD, Macedonia
Sead Zeynel, MD, Macedonia
Armend Iseni, BSc. Macedonia

Editorial Council

Nevzat Elezi, MD, PhD
Ali Dalipi, MD
Ferit Muça, MD
Lavderim Sela, MD
Bekim Ismaili, MD
Nadi Rustemi, MD
Bedri Veliu, MD
Arif Latifi, MD
Gafur Polisi, MD
Valvita Reçi, MD
Xhabir Bajrami, MD
Gazi Mustafa, MD
Beqir Ademi, MD
Murat Murati, MD
Dukagjin Osmani, MD
Bari Abazi, MD
Atip Ramadani, MD

Design & Layout

Besnik Hamiti

Printed in:

Print House "Pruf Print", Skopje

The Journal Medicus is printed and distributed free
of charge with a circulation of 600 copies.

Mjekësia e personalizuar- paradigme e re për shëndetësinë e shekullit XXI

U Mjekësia e personalizuar është një praktikë e re e mjekësisë që përdor profilin gjenetik të një individi për të vendosur hapat e metejmë që duhet ndërmarrë për parandalimin, diagnostikimin dhe trajtimin e sëmundjes.

Përkundër arritjeve në drejtim të njohurive sa më të sakta për të kuptuar sa më thellësisht çfaqjen e sëmundjes në erën post-genomike, akoma shumica e barnave janë efikase vetëm në një numër të limituar të pacientëve. Nga perspektiva klinike, përzgjedhja e terapisë bazuar në metodologjinë shkencore deri tani të njohur dhe në veçanti vendimi se cilin ilaç për cilin pacient duhet përdorur ose si duhet kombinuar ato, akoma mbetet sfida të mëdha. Synimi për të pasur mundësi trajtimi dhe intervenimi më efikas të destinuar për individë ose grupe të caktuara individësh me fenotipe të njëjta molekulare, mbetet i papërbushur për shkak të reagonit të ndryshëm të individëve. Sot në mjekësi, zakonisht vendimin për trajtimin e sëmundjes e bëjnë mbi bazën e eksperimentimit klinik dhe "strategjisë së gabimit" deri sa të gjejnë trajtimin adekuat më efektiv për pacientin e tyre.

Kjo qasje, sipas shumë të dhënave, ka rezultuar me efikasitet të dobët të shumë barnave. Përveç që është treguar si një ndër shkaktarët për rezistencën në rritje të rezistencës antimikrobiale, metodologjia aktuale e përzgjedhjes së terapisë ka shkaktuar edhe uljen e efikasitetit terapeutik edhe të shumë barnave tjerë dhe sidomos të atyre për trajtimin e sëmundjeve degenerative, tumoreve etj. (është konstatuar se 65% e grave shkaktojnë rezistencë për Tamoxifenin si rezultat i strukturës së ndryshme gjenotipale). Rëndësia e madhe e njohurive për strukturën gjenetike të tumoreve me qëllim të përshtatjes së terapisë sa më adekuate, ka determinuar edhe zhvillimin e një fushe të veçantë në këtë drejtim - Oncogenomics.

Me mjekësi të personalizuar, këto trajtime mund të jenë të përshtatura në mënyrë më specifike për individin duke dhënë një pasqyrë të përbërjes gjenetike të tij dhe kështu duke përshatur terapinë në përputhje me gjenotipin e tij. Gjenomi personal për çdo individ do t'u mundësojë mjekëve që të kenë informacion më të detajuar mbi strukturën e tij gjenetike që do të behet bazë për vendimmarrje në aplikimin e terapisë për secilin person veç-e-veç. Përveç efikasitetit terapeutik, kjo formë e përcaktimit të barnave do të ketë edhe efektet e veta edhe në çmimin e trajtimit të sëmundjeve (cost-benefit). Pra, sikurse edhe është e shkruar në një artikull të publikuar në Pharmacogenomics me titull "Premtimi i Mjekësisë së personalizuar", ku thuhet: "...terapi, me barin e duhur, me dozë të duhur dhe për pacientin e duhur" duke i përshkruar kështu mundësitë e reja që hap mjekësia e personalizuar që padyshim paraqet një paradigme të re në mjekësinë e shekullit 21.

Bazuar mbi të dhënat e shumta dhe kredibile nga Institucionet ndërkombëtare shkencore sikurse janë: International Cancer Genome Consortium, International Human Epigenome Consortium dhe të tjera, në kuadër të Programit për hulumtime shkencore të BE-së, HORIZON 2020, në vitet që vijnë do të realizohet një hulumtim në të gjitha vendet e Evropës, duke synuar stratifikimin e grupeve përkatëse të

Personalized medicine - new paradigm for the health of the XXI century

Personalized medicine is a new practice of medicine that uses the genetic profile of an individual to decide the next steps to be taken for the prevention, diagnosis and treatment of disease.

Despite the achievements in terms of more accurate knowledge to understand as deep as possible the emergence of the disease in the post-genomic era, most drugs are still effective only in a limited number of patients. From the clinical perspective, the choice of therapy based on scientific methodology known so far and in particular the decision about which medication to which patient should be used or how to combine them, they still remain as big challenges. Target to have treatment options and more effective intervention intended to certain individuals or groups of individuals with similar molecular phenotypes, remains unfulfilled because of different reactions of individuals.

Today in medicine, usually the decision to make the treatment of the disease is based on clinical experimentation and "error strategy", until they find adequate treatment and more effective one for their patients.

This approach, according to many data, has resulted of poor efficiency of many drugs. Besides being shown as one of the causes for the increasing resistance of antimicrobial resistance, current methodology for the selection of therapy has caused the reduction of the therapeutic efficacy of many other medicines, especially those for the treatment of degenerative diseases, tumors etc. (it was concluded that 65% of women cause resistance to Tamoxifen as a result of the different genotype structure)

The importance of the knowledge of the genetic structure of tumors in order to adapt the most appropriate therapy, has determined the development of a particular area in this direction - Oncogenomics.

With personalized medicine, these treatments can be adapted specifically to the individual by providing an overview of one's genetic composition and thus accommodate the therapy in accordance with one's genotype. Personal genome to each individual will enable physicians to have more detailed information on one's genetic structure that will become the basis for a decision on the application of therapy for each person separately. Besides therapeutic efficacy, this form of determining the drugs will have its effects in the treatment of drug price (cost-benefit). So, as it is written in an article published in Pharmacogenomics entitled "The Promise of Personalized Medicine", which states: "... therapy, with proper medication, the right dose and the right patient" thus describing the new opportunities that personalized medicine opens which undoubtedly represent a new paradigm in medicine of the 21st century.

Based on the numerous and credible data from international scientific institutions such as: International Cancer Genome Consortium, International Human Epigenome Consortium and the others, under the programme of the scientific research of EU, HORIZON 2020, in the coming years there will be realized a research in all European countries, aiming relevant stratification of the population groups based on

popullacionit mbi bazë të gjenotipit të tyre, që do t'i shërbejë krijimit të metodologjisë dhe praktikave të reja klinike për vendimmarrjen në përcaktimin e terapisë për secilin individ (Personalized Medicine) që me siguri që do të jetë një arritje e madhe në trajtimin e sëmundjeve me efekte të pritshme pozitive për shëndetin e njeriut dhe në drejtim të uljes së kostos së trajtimit si për individin po ashtu edhe për sistemet shëndetësore.

Prof. Dr. A. Pollozhani



their genotype, which will serve to create new methodology and clinical practices for decision-making in determining the therapy for each individual (Personalized Medicine) that will certainly be a great achievement in the treatment of diseases of expected positive effects on human health and in direction of reducing the cost of treatment for the individual as well as for the health systems.

Prof. Dr. A. Pollozhani



POLYMORPHISMS OF THE FSH RECEPTOR AND PREGNANCY RATES IN WOMEN OF DIFFERENT AGES IN THE OOCYTE DONATION PROGRAM

POLIMORFIZMI I FSH RECEPTORËVE DHE NORMA E SHTAZANIVE TEK GRATË NË MOSHË TË NDRYSHME NË PROGRAMIN E DHURIMIT TË QELIZAVE VEZË

Gashi Z.¹, Elezaj Sh.², Zeqiraj A.³, Fazliu I.⁴, Gruda B.⁵, Dervishaj I.⁶, Nikqi S.⁷, Gashi F.⁸

¹Polyclinic -IVF CENTER, Peje, Kosovo

²Regional hospital, Peje, Kosovo

³Polyclinic -IVF CENTER, Peje, Kosovo

⁴Polyclinic "Biolab-Zafi"-Klina, Kosovo

⁵Regional hospital, Peje, Kosovo

⁶Regional hospital, Peje, Kosovo

⁷Regional hospital, Peje, Kosovo

⁸Faculty of Medicine, University of Prishtina, Kosovo

Medicus 2015, Vol. 20 (2): 155 -164

ABSTRACT

Objective: The aim of the study was to investigate the association between follicle-stimulating hormone receptor (FSH) polymorphism at position 680 and pregnancy rates in women in the oocyte donation program (IVF-ET).

Materials and Methods: This research was conducted in the period from March 2011 to February 2013 in a group of 42 women who entered the IVF procedure. The group of 42 women was composed on 21 women who were donor oocytes and the same number (21) embryo recipient who underwent IVF clinic, IVF CENTER, in Peja Republic of Kosovo. All donors underwent controlled ovarian stimulation (n=21) using rFSH in a „long protocol,, and receiving a GnRH agonist triggering. Basal FSH, LH, E2 concentrations, taken on day 2 or 3 of the menstrual cycle, were measured routinely in our biochemical laboratory. FSHR polymorphism was examined by polymerase chain reaction (PCR). Women from all groups were classified based on polymorphisms at Position 680, occupied either by asparagines (Asn) or serine (Ser) as Asn/Asn, Asn/Ser, and Ser/Ser genotype.

Result: In total (n=42) women the frequency distribution FSHR genotypes was; 30.9 % for the Asn/Asn variant, 40.4 % for the Asn/Ser variant, and 28.5% for the Ser/Ser variant. Differences in the AFC were observed between the genotypes 12.3 ± 4.7 Asn/Asn, 11.2 ± 2.7 Asn/Ser, 10.5 ± 2.5 Ser/Ser, with a statistical significance (P 0.001). The basal levels of FSH were significantly higher in Ser/Ser group (7.61 ± 3.21 mIU/ml) versus to those of the Asn/Asn (5.20 ± 2.65 mIU/ml). The overall pregnancy rate for all patients who entered the program of IVF / ET were 30.9% (42/13).

Conclusion: FSH receptor polymorphism is associated with different ovarian response to controlled ovarian stimulation (COS), but is not an important factor in increasing the degree of pregnancy.

Keywords: Follicle-stimulating hormone receptor, ovarian response, ovarian stimulation, polymorphisms.

INTRODUCTION

Evaluation of ovarian reserve has been the focus of much clinical research over the past several years (1).

Knowing that there is a high risk of a poor outcome of the IVF treatment may help physicians as well as patients decide to withdraw from IVF treatment and to search

VOLUNTEER MEDICAL MISSION “AMERICAN WOMEN’S HOSPITALS” IN MACEDONIA AND KOSOVO DURING AND IMMEDIATELY THE GREAT WAR

ДОБРОВОЛНА МЕДИЦИНСКА МИСИЈА „AMERICAN WOMEN’S HOSPITALS” ВО МАКЕДОНИЈА И КОСОВО ЗА И НЕПОСРЕДНО ПОСЛЕ ПРВАТА СВЕТСКА ВОЈНА

Josimovska V.

Fakultey for education ;Univerzity “Goce Delcev” Stip, R. Macedonia

ABSTRACT

This paper generally is about the difficult period for Macedonia and Kosovo dating back in time of the First World War and the years right away it. Actually, that is the period when this territory was under occupation of the Allied and Central army for about four years. Also, in the same time the life of the people became unbearably tough due to the pressure for the daily requisitions for food, livestock, housing and forced work for those who were capable of working.

The presence of the international sanitary missions in The Kingdom of Serbia during the Great War and several years afterwards was welcomed and necessary. The Great War that brought great sufferings, did not only changed the world forever, but also put the international solidarity on a test and without it the number of the victims from the epidemic and pandemic diseases, famine and poverty would be more tragic and bigger.

The international sanitary missions represented a huge saviour and one of them belong to the mission ‘Hospitals of the American women’ and its director, the legendary d-r Eta Grey. They give the population enormous healthy-social protection at times when was decisive whether to be or not.

Purpose of the paper: The purpose of this paper is to present the role of the international solidarity of the “American Women Hospitals” mission in providing medical prevention in during the hard years after the First World War.

For writing this paper it was used historical-researching method while the subject of research is the problem with the chronological order and analysis of the researched material. Except the written material it is used photo-documentation, reports, letters, working reports and newspaper articles

Key words: Macedonia, Kosovo, First World War, hospitals, contagious diseases, sanitary missions.

Introduction

With the First World War which started in 1914 and lasted until 1918, it also started the biggest and the hardest military discord in the history of the mankind. There were 60 million mobilized people, 15 million people were dead and 20 million wounded people only in Europe. Moreover, one third of the Serbian population has died

together with Kosovo and Macedonia and shortly after the war, 500 000 children were left parentless as well.

In the period from 1912 to 1918, three wars occurred on the Macedonian territory in its ethnic borders. Firstly, the First Balkan War occurred which was followed by the Second Balkan War and afterwards without time

breaks, the First World War started together with all the disasters and misfortunes which were brought by the bloody conflicts of the world's great powers and their struggle for world domination and colonial empires.

Namely, the First World War as a global armed conflict was centered among several fronts and many continents. One of them or the Southern Front was spread on the Macedonian territory and therefore, it was also called as Macedonian Front.

This war has caused far-reaching political, social and civilization changes in the history of the Balkans and the other European nations. Before the First World War, there was no war which has altered the European map such dramatically as the World War I.

In that time, through the territory of Macedonia and Kosovo went by a variety of troops from the entire world such as: the Austrians, British troops, the Australians, Albanians, the Americans, Bulgarians, Russians, Croatians, Dalmatians, Germans, French troops, Greeks, Turkish troops, Senegalese and many other various colonial armies. What is more, they also destroyed all the property owned by the people living in those regions. As passing through the populated areas, they used to remove the windows, doors and other type of carpentry in order to satisfy the needs of their camps. Consequently, the houses remained in miserable condition due to their similarity with skeletons.

Finally, the Macedonian Front stopped to exist at the end of September in 1918 with the victory of the Triple Entente. The first days after the end of the Great War were outstanding and extremely difficult for the people in Vardar Macedonia and Kosovo.

What is more, during the war and immediately after it, numerous charitable organizations with their hard work saved lives of many unfortunate people including thousands of children in their toughest moments.

More specifically, on the territory of Macedonia and Kosovo during the war, the care for the sick and injured people was in the hands of the following organizations: the English mission - The Serbian Relief Fund-SRF, Scottish women's hospitals-SWH, and after the war, the care was taken by the American mission - The American

Women's Hospitals - AWH and the American Red Cross which actually is the subject of this paper.

The end of the First World War the founders of the mission "Hospitals of American women" meant only the end of military operations, but not the end of the diseases, poverty and hunger. The necessity of medical care in the post-war years in the Balkans was more than necessary because of the presence of typhoid fever, influenza, malaria, tuberculosis, venereal diseases, pneumonia, smallpox, cholera, various leather, surgical and ophthalmic diseases.



American Women's Hospitals Hospitals physicians, nurses and chauffeurs, before leaving for Europe

TWO ELMIRA DOCTORS BORN WOMEN WHO PROVIDED CARE FOR REFUGEES

During and after the World War I the doctors Regina Flood Keyes and her cousin Frances M. Flood¹, both natives of Elmira, were the first to serve in an American Woman's Hospital uniform. They were provided with uniforms in December 1917 and accredited to the American Red Cross for duty near the Salonika front. On the invitation of Colonel Jourdan, medical officer of the Seventeenth Colonial Division, French Troops, Dr. Keyes, with all the supplies she could muster, she served in the medical corps on the Salonika front during the offensive of the Allied forces in 1918.

Eventually, they opened a hospital in Vodena, Greece. This hospital was a refuge to Serbian and other displaced persons as well as to sick and helpless Greek villagers.

In addition to the care of inpatients, about 3,000 visits were recorded monthly in the outpatient department. Dr. Keyes and Dr. Flood, with two American nurses and a corps of local assistants were on double duty most of the time.²

Dr. Keyes was the director and surgeon of the hospital that held 60 beds. In addition to the wounds from the war, they were faced with epidemics of the deadly typhus fever. Dr. Flood dealt with the non-surgical cases which included typhus and the infamous influenza epidemic that cost so many lives in 1918. During the influenza epidemic they treated Greek, French and Serbian soldiers as well as the refugees.

In the Balkan Peninsula there was no plan which involved transportation that worked out according to schedule, and if supplies were not forthcoming it was necessary to improvise substitutes. Submarine activities in the Mediterranean sea prevented the delivery of equipment for the Vodena Hospital. Fortunately, Dr. Keyes was well supplied with instruments, and, with the aid of carpenters, thinners, and whitewashers, the hospital, which had been opened some time before in a Turkish schoolhouse, was renovated and put in working order. Dispensaries were opened in connection to this hospital and Dr. Keyes, Dr. Flood, and their two American nurses, with a staff of native assistants, were kept busy from dawn until dark during 1918. About three thousand treatments were given monthly in these dispensaries, and the hospital was a haven of refuge for the desperately ill. The Balkans had never been well supplied with physicians, and many of those who had practiced in that country lost their lives during the Balkan and World wars.³ For these reasons there was a large number of neglected surgical diseases, and great was



Dr. Regina Flood Keyes



Dr. Frances Mabel Flood Heath



Medical woman's journal, Volume XXIX, Number 5 1922.

the joy among those with bona fide operative disorders, because, with only fifty hospital beds, the preference was given to such cases. "There is some soul of goodness in things evil," and a hernia, cured by an operation, which incidentally provided a patient with food and a bed for three weeks, or a month, was not altogether bad in a country where food and beds were daily problems of vital importance. This was the only hospital in Vodena at that time where major operations were performed. There was a large variety of cases, and of nationalities-Albanians, Dalmatians, Greeks, Macedonians, Romanians, Serbians and Turks.

When the Serbian refugees returned to their country after the Armistice in 1918, after the war was over, the Vodena Hospital was transferred to Monastir, and the two doctors ran a hospital in Monastir.⁴ There were present large numbers of war prisoners, returning from Bulgaria, who were suffering from typhus.

An anti-insect campaign was conducted in this hospital with the result that insect-borne diseases were reduced to a minimum and the place became widely known as the Flyless Hospital of the Balkans.

Insects have had an enormous influence in the history of the Balkans and other parts of the world. Flies, lice, fleas, gnats and mosquitoes are among the greatest enemies of mankind. They are allies of war and famine, retainers of pestilence, carrying typhoid, typhus, sand fly fever, tuberculosis, malaria and many other forms of disease. They worked there under very difficult conditions. They had no coal for heat and very little wood. Food was also very scarce. The hospital was one of the few buildings left standing in the city after the war.⁵

Dr. Etta Gray, of Los Angeles, President of the Medical Women's National Association, was sent to the Balkans as organizer and director of the work of the Association in that country. She was young, strong, a well-trained physician and surgeon, with a gift of the uncommon quality known as common sense.⁶

Dr. Gray made a careful survey of the country. The seemingly neediest section was finally found in Macedonian Serbia and Kosovo, and the announcement of her intention to establish a medical service in the district, with a central hospital and headquarters at Veles, was received with pathetic expressions of gratitude and organizations had surveyed that field, but had gone away and never returned. The buildings for headquarters and a central hospital, granted by the local government,



Dr. Gray and Mrs. Cruikshank, of the American Women's Hospitals, at Veles, Serbia

registered seven years' warfare. They were without windows, doors and woodwork, but the damage was not all due to explosives. Troops and refugees passing to and fro after military victories, or defeats, destroy all movable property. The doors and other woodwork of houses were used to keep their camp fires burning. This accounted thousands of skeletons of houses in the Balkans and near eastern countries.⁷

When the matter of location was definitely decided, Dr. Gray went to Belgrade to complete arrangements. The government agreed to transport hospital supplies and personnel of the Association, without charge, wherever trains were running.

With several carloads of such material, Dr. Gray returned to Veles about the middle of November, 1919, and with the help of Dr. Laura Myers and Miss Freda Frost the central hospital and headquarters for Serbia (Macedonia and Kosovo) were opened at that town, in the heart of a desert of destitution and utter wretchedness. This place was rarely visited by travellers. Practically the only contacts for almost three years were contacts with the sick and

hungry, and the variety of life was made up largely of variety in diseases, some of which were experienced personally by the head of the hospital service and her assistants in that district.

Headquarters might have been opened in the nearest large city, or in the capital of the country, but Dr. Gray had a fine sense of the fitness of things, and from her standpoint it was not fit that the head of a hospital service should live in safety and comfort while her staff lived in danger and discomfort. Besides, the object of the American Women's Hospitals was to care for the sick among those in greatest need, incidentally to carry on a health educational service, and to do as much as possible with the funds contributed for the purpose. Headquarters at Belgrade would have been advantageous in some respects, but the cost would have reduced the work in the field.

Getting the headquarters and personnel house in order at Veles was no small job. The court was cleared of debris and cleaned to its bedrock of cobblestones. The building was scrubbed, fumigated and whitewashed, a water supply provided, and shower baths improvised by the ingenious use of Standard Oil cans. Iron beds were set up, prim as Priscilla, their four little feet resting in milk cans with an inch of Creso solution.

Weeks before the hospital was opened, the sick began to apply for admission. A temporary clinic and dressing station was arranged to care for those suffering from painful minor ailments.

In one report, dated from December 13, 1919, Dr. Gray wrote: „ Before moving into the house, the patients began to come and they were coming in increasing numbers . . . Such pitiful sights!-people with neglected sores and wounds who had had no treatment whatever for weeks. Terrible infections of all sorts and appalling eye diseases. It was terrible to look into the upturned faces of human beings who were sightless from neglect and to know that proper care at the right time would have had saved them. There were a large number of tubercular cases, and many undernourished children ready to develop the disease. Their parents were told to feed them, but they didn't have the food. We should put in a feeding station for these sick children and we should have soon had a large number of day boarders.

A great many surgical cases were seen at the clinic every day, but nothing could be done to help these people until the hospital was ready to receive them.....“

Chronic surgical cases had been accumulating in that district for years and all kinds of hernias resulted, some of which were of enormous size, containing part of the abdominal viscera. Without treatment these unfortunate people got worse or died. If the rupture was small and an intestinal loop became strangulated, the victim suffered agony and died promptly. But where strangulation did not occur, the abdominal contents escaped, little by little, through the opening, and the hernia increased in size month after month and year after year.

Dr. Gray, in her surgical cap and gown, with a choice selection of scalpels, forceps, scissors, needles and thread, bandages and anæsthetics, was a popular lady with the hernia brotherhood. One after another they came to be operated upon and sometimes sat in the court for a week waiting for a bed.

„ It is further said in Etha Gray report that for seven years, beginning from 1912, this town and the surrounding country had been the theatre of the military activities of three wars, and at the time hospital personnel arrived on the scene the town might more appropriately have been called Ichabod. The first and second Balkan Wars were closely followed by the World War, and for this section of the earth's surface it was a World War in all the horror of actual experience. During the years of these three wars, soldiers from far and near, friend and foe, occupied this territory in turn. In alphabetical order there were Albanians, Americans, Australians, Austrians, British, Bulgarians, Cretans, Croatians, Dalmatians, French, Germans, Greeks, Senegalese, Turks, and Satan only knows how many others.

Wherever soldiers occupy a country they leave their blood not only on the battlefields but in the veins of the population for ultimate good or harm, according to its quality. In some of the Macedonian towns which were very completely occupied by the Central and other forces, the evidence of this occupation could be seen in ruined buildings and in striking types of fair children here and there.“

Plans for development of a chain of hospitals and dispensaries in Macedonian Serbia and Kosovo were subject of the rapidly changing conditions of a country recovering after years of warfare and enemy occupation.

Permanent hospitals had been opened at Monastir by Serbian agencies, and the urgent need at that point had been relieved, but at Strumica and Prilep no provision for the sick had been made.



Transport of the wounded and sick people from home to hospital

Plans for development of a chain of hospitals and dispensaries in Macedonian Serbia and Kosovo were subject of the rapidly changing conditions of a country recovering after years of warfare and enemy occupation. Permanent hospitals had been opened at Monastir by Serbian agencies, and the urgent need at that point had been relieved, but at Strumica and Prilep no provision for the sick had been made.



Dr. Tognazzini with patient in Pristina hospital

The work of the AWH mission in Southern Serbia increased rapidly, and by the end of 1920 thousands of cases were being reported monthly. Dr. Lilla Ridout had been placed in charge of the hospital at Prelip; Dr. Mary Elliott of Chicago was head of the Strumica Hospital, and Dr. Irene Tognazzini was running the Pristina Hospital with the help of two American nurses.

In connection with our hospitals, outlying clinics were conducted at Giljiane, Podujevo, Gratchnitza, Frisovitch and Urasavitch by Dr. Ellen Cover and Miss Nora Hollway.

The hospitals, clinics, dispensaries, and distributing stations for clothing were in full swing Serbia in August, 1921.⁸

Under the direction of Dr. Gray, assisted by Drs. Hazel D. Dr. Bonness, May T. Stout, Marguerite White, Mary N. Bercea and Miss Freda Frost, head nurse and general supervisor, with a corps of American nurses, Veles became an important medical centre, especially for surgical work and children's diseases. Patients came from all directions, sometimes walking for miles and reaching the hospital in a state of complete exhaustion.

There was a report of one boy who walked fifteen days slowly leading his sister, who could not see, to the eye clinic. Many of the sick and disabled came in ox-carts, or on donkeys, and those who could not afford to pay for lodgings at the world's worst hotels sat outside the hospital walls and waited until beds were vacated.

A great many surgical cases were seen at the clinic every day, but nothing could be done to help these people until the hospital was ready to receive them. Before moving into the house, the patients began to come and they were coming in increasing numbers . . . Such pitiful sights!---people with neglected sores and wounds who had had no treatment whatever for weeks. Terrible infections of all sorts and appalling eye diseases. It was terrible to look into the upturned faces of human beings who were sightless from neglect and to know that proper care at the right time would have had saved them. There were a large number of tubercular cases, and many undernourished children ready to develop the disease. Their parents were told to feed them, but they didn't have the food. We should put in a feeding station for these sick children and we should have soon had a large number of day boarders.⁹



Dr. Mary Elliott



Dr. Lilla Ridout



Dr. Irene Tognazzini

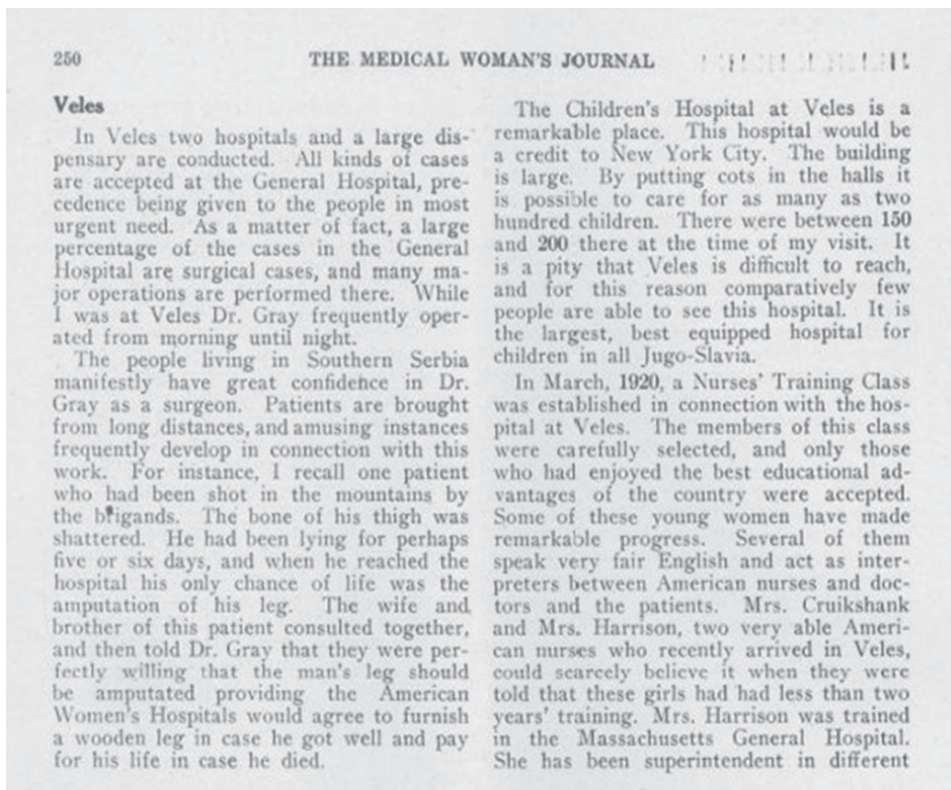
Dr. Gray, in her surgical cap and gown, with a choice selection of scalpels, forceps, scissors, needles and thread, bandages and anæsthetics, was a popular lady with the hernia brotherhood. One after another they came to be operated upon and sometimes sat in the court for a week waiting for a bed.

The story of the Children's Hospital at Veles is the best and brightest page of the history of the work in Serbia. When countries declare war, they declare war chiefly on

their children. These little ones are not killed with shot and shell--nothing so merciful. Famine and pestilence are their portion. They die slowly from diseases incident to malnutrition. Maimed and suffering, many of those who were hard to kill came to the Children's Hospital on the hill with bone, joint and glandular disorders resulting from protracted undernourishment.

Hospital physicians had been trained in America, where most people had enough to eat all the time, and they were

amazed to see children with seemingly incurable diseases begin to get well as soon as they got half a chance. The following is taken from a letter received from Dr. Gray in the spring of 1921: There were about 160 children and they were able to take at least 30 more. They came from all over Serbia, but most of them from Macedonia, where there was the greatest need . . . It would have been a pity to close, for they did not know what to do with those pathetic little children. There was a lot of Pott's disease, and tuberculosis of the joints, and those cases were doing so well.



Medical woman's journal, Volume XXIX, Number 5 1922.



In home visits

They improved more rapidly than such cases do at home, and it was a great gratification to watch them day after day. The poorest, skinniest little things came in, and as soon as they got proper food and care, they gain so fast. These little patients had all been kept in close quarters, and at first their mothers strongly objected to their sleeping out of doors. It was useless to argue with them. The improved condition of the children soon silenced their objections. They had good food, clean beds, warm clothing, playthings, a wonderful sun court, and a Christmas tree with presents at the proper season.



Dr. May T. Stout, oculist and a group of cataract patients. Over four hundred operations were performed in our Serbian hospitals for the relief of blindness due to cataract during the years 1920-22.

SPECIAL CLINIC FOR CATARACT AND OTHER EYE DISEASES

Patients with appalling eye diseases were among the first to appeal for help when the clinics opened in Serbia. There had never been an oculist in the country, and cataract cases had accumulated. People do not die of cataract. They gradually go blind while remaining in good physical health. The fact that this condition is curable adds greatly to the tragedy of it when it is impossible to get proper treatment.

One of the most tragic views was the black hair and white eyes. In Macedonian Serbia and Kosovo, a large number of people had black hair and white eyes, and many of them sat in darkness day after day by the wayside begging like blind Bartimaeus. Ages of disappointment had not destroyed their hope and faith. They, too, believed in miracles, and their prayer was always the same: "Lord, that I might receive my sight."

And in the district round about Veles, this prayer was answered. A woman was sent from America who could give them back their sight. And the man with the greatest faith came first. A slight but skilful operation was performed, and after a few days, the light which had been shut away for so many years reached his centre of vision and he could see. The story of this seeming miracle

was passed from person to person. The blind came in increasing numbers, and over four hundred were operated upon for cataract and their sight restored.

The emergency nature of the American Women's Hospitals' service in different countries has precluded the possibility of keeping complete records. The available reports, covering about two-thirds of the work actually done in Serbia, show that 3,996 eye and ear cases were cared for, and that 1,068 operations were performed for the relief of eye diseases.¹⁰

DENTAL PROTECTION OF THE ARMY AND POPULATION IN MACEDONIA AND KOSOVO IN ORGANIZATION OF THE AWH MISSION

Dr. Mary N. Bercea was the head of the dental work. She was the only dentist in the Veles district. Children were preferred patients at the dental clinic, but young soldiers, especially officers, appreciated the value of good teeth, and there was always a waiting list of such men, and a long line of other people, including Turkish women wearing black tcharchaffs and heavy veils.¹¹

Dental laboratory in Prilep, 1919, in which war prisoners worked



THE MEDICAL WOMAN'S JOURNAL 291
THE DENTAL SERVICE IN SERBIA

Doctor Mary A. Bercea at Work

Doctor Mary A. Bercea is now in her third year of service with the American Women's Hospitals in Serbia. Thousands of children who pass through these hospitals and clinics are taught how to care for their teeth.

A Tooth Brush Drill

Mlle. Marie Jeanne Bassot
Head of the Health and Social Center, Levallois-Perret, France

The American Women's Hospitals are helping to develop a model health center in connection with the Residence Socials at Levallois-Perret, a factory district on the outskirts of Paris. This will tend to give permanence to the American Women's Hospitals work in France, and the generosity of those who made it possible will be commemorated in the health and well-being of the children reached through this center.

Dr. Irene Tognazzini

Head of the Pristina Hospital, applying plaster cast for spinal curvature. Dr. Tognazzini has improvised apparatus, instruments, sterilizers and all sorts of contrivances for medical and surgical work.

Medical Woman's Journal,
Volume XXIX. Number
8,1922



Evangeline Cavan, M.D.
Child Welfare Assoc



Dr. Mary A. Vercea, head of
the W.H. dental service, Veles
1919-22 Welfare Assoc



Dr. May T. Stout, oculist
with the A.W.H. in Serbia
1920-1922

TRAINING FOR MEDICAL NURSES FROM MACEDONIA ORGANIZED BY THE AWH MISSION 1920

From the beginning of the work in Southern Serbia, nurses were trained to take care of the sick. This plan conserved the funds and gave the work a permanent value. A large number of young women applied for service in the hospitals, and the best educated and most intelligent were selected.

Eight years of warfare had left most of them so poor that they were without shoes. These girls were grateful for food and clothing, and particularly for instruction. Nurses' training was an innovation. There was a strong prejudice against nursing, due to a Mohammedan point of view, and to the social status of women in that country who served in hospitals. This attitude was modified in regard to the hospitals of the Association for the reason that a measure of chaperonage was afforded which protected the reputations of the girls in our service, to the end that their matrimonial prospects were not jeopardized.

Miss Lucy Morhous was the head of our first nurses' training class, which was started in Veles in January, 1920. The student nurses were not up to the standard of that time American student nurses, but they were up to the standard of student nurses at the time of the beginning of nurses' training in the United States as a nationwide educational movement. Some of these young women displayed remarkable aptitude, and in a short time learned to take orders in English and to care for minor cases. A picture of Miss Morhous and her class of nurses was sent.

There were fourteen of them and they looked so well in their blue dresses and white aprons. They had been in training a little over a month, and they do practically all the routine work in the dispensary and hospital, under the supervision of American nurses.

The training class grew with the hospital and dispensary service. Mrs. Ella W. T. Harrison was sent to Veles in February 1921, as general supervisor, and Mrs. Marian P. Cruikshank went out as Dr. Gray's



Ella W. Harrison, R. N., with Serbian student
nurses

surgical nurse, and took over the surgical training of the student nurses. On account of exceptional ability, some of these girls were sent to Belgrade when the Government training school for nurses was established, and the first probationer accepted at Veles Hospital without shoes on her feet, was one of the leading pioneer trained nurses in Serbia at that time.

From the beginning to the end of the service in Serbia the American Red Cross was generous in gifts of supplies, in many instances delivering carloads of material at headquarters of the Association, and relieving it the cost and responsibility of transportation. Without this help, it would have been impossible for the American Women's Hospitals to have functioned so promptly and effectively.

REFERENCES

1. Dr. Keyes and Dr. Flood were descendants of Dr Patrick R. Flood of Elmira. He was surgeon for the 107th New York Volunteer Infantry during the Civil War and later served two terms as mayor of Elmira. Prior to World War II Dr. Keyes married and accompanied her husband to Samoa where he was U. S. Consul. She was interned by the Japanese during World War II and died at sea on her way home after her release.
Dr. Flood met her husband to be, Alfred Heath, in England and settled in Elmira after the war. In 1923 Dr.
2. Ellen More Singer, *Women Physicians and the Profession of Medicine, 1850-1995*, Cambridge: Harvard University Press, 1999, 147.
3. Garstang, A., *Welfare work in Macedonia*, *The British Journal of Nursing*, 25 November 1922., 348.
4. Arhiv Srbije, MUD S, P 25 FI/1918.
5. Papa Simeon dr.Prodrom, *Nešto o bolnicama u Bitolju*, *Novi Sjjaj*, decembar 1936.
6. JAMA, November 1, 1919, Vol 73, No. 18.
7. *Medical Woman's Journal*, Volume XXIX. Number 8,1922.,281.
8. *Medical Woman's Journal*, Volume XXIX. Number 8,1922.,199.
9. *Medical Woman's Journal*, Volume XXIX. Number 8,1922.,200.
10. Annual AWH Report to Medical Women s National Association, May 1921, Box 3, Folder 21, AWH Papers.
11. *Medical Woman's Journal*, Volume XXIX. Number 8,1922.,201

Flood-Heath died following an appendicitis operation. She was survived by her husband and infant daughter.

In 1928 her daughter, then aged 5, received her mother's war honors. Little Miss Marjorie Louise Heath received the Order of St. Sava by direction of King Alexander of Yugoslavia. Sadly little Marjorie succumbed to pneumonia just two years after she received the medal for her mother. (Source: Flood family biographical file).

ДОБРОВОЛНА МЕДИЦИНСКА МИСИЈА „AMERICAN WOMEN'S HOSPITALS" ВО МАКЕДОНИЈА И КОСОВО ЗА И НЕПОСРЕДНО ПОСЛЕ ПРВАТА СВЕТСКА ВОЈНА

Јосимовска в.

Факулте за образовни науки, Универзитет "Гоце Делчев" Штип, Република Македонија

Апстракт

Трудот обработува еден тежок период за Македонија и Косово од Првата светска војна и годините непосредно после неа. Тоа е времето кога оваа територија во период од четири години, била под окупација на Сојузничките и Централната армија. Овде животот под притисок на секојдневните реквизиции на храна, добиток, покуќнина и принудна работа на се што било работоспособно, станал неподносливо тежок.

Присуството на меѓународните санитарни мисии во Кралството на Србија за време на Големата војна и неколку години потоа било за поздравување и повеќе од потребно. Големата војна која донела големи страдања, го променила не само светот но ја ставила на тест и меѓународната солидарност, без која бројот на жртвите од болести, глад и сиромаштија би бил потрагичен и поголем. Меѓународните санитарни мисии претставувале огромен спасител, а еден од нив припаѓаат на мисијата Болниците од американските жени" и нејзин директор, легендарниот д-р ЕТА Греј. Тие даваат на населението огромна здравено социјална заштита во време кога било во прашање да се биде или не.

Клучни зборови: Македонија, Косово, Прва светска војна, болници, заразни болести, санитарски мисии.

UDHËZIME PËR AUTORËT

*Këto të dhëna janë në pajtim me
“Kërkesat uniforme për Dorëshkrimet e Pranuara në
Revistat Biomjekësore”*

Dokumentin komplet mund ta gjeni në www.icmje.org

Medicus është revistë ndërkombëtare që boton punime origjinale shkencore, vështrime revyale, punime profesionale, prezente rasti, kumtesa të shkurtra, recensione librash, raporte nga tubime shkencore, letra dhe editoriale nga fusha e mjekësisë, stomatologjisë, farmakologjisë si dhe nga fusha tjera të përaferta biomjekësore.

Revista është organ i “Shoqatës së Mjekëve Shqiptarë në Maqedoni.”

Gjuha e botimeve është në Gjuhë Shqipe dhe Angleze (këshilli redaktues mund të vendosë nëse botimet do të jenë edhe në gjuhë tjera). Autorëve u kërkohet të lektorojnë dhe të redaktojnë unimin e tyre vetë, në gjuhën përkatëse.

Ju lutemi përdoreni madhësinë standarde të punimit në format: *Word për Windows*, Times New Roman 12.

Dorëshkrimet dërgohen në format elektronik, qoftë me

CD ose përmes e-mailit tek Kryeredaktori,
Prof. Dr. Azis K. Pollozhani,
Zyra e Redaksisë, rr. 50 Divizija, No 6, 1000
Shkup, apo në
e-mail: medicus.shmshm@gmail.com

Revista për një numër pranon jo më shumë se një artikull nga një autor, dhe jo më shumë se dy si ko-autor.

Autorët duhet të deklarojnë se kontributi i tyre nuk është publikuar apo pranuar për publikim diku tjetër, përderisa nuk përfundon procedura vlerësuese në Revistën tonë.

Autorët gjatë aplikimit duhet të përmbushin formën e kërkuar nga Komiteti Ndërkombëtar i Redaktorëve të Revistave Mjekësore (ICMJE) për **kriteret e autorësisë**, respektivisht “*Kërkesave uniforme për Dorëshkrimet e Pranuara në Revistat Biomjekësore*”, cilën mund ta gjeni në www.icmje.org.

Revista do të **njoftojë pranimin** e artikullit tuaj brenda shtatë ditësh dhe do t’ju bëjë me dije se kur do të informoheni për vendimin e këshillit redaktues.

Artikujt për t’u botuar në **Medicus do të recensohen**. Këshilli redaktues do të marrë parasysh komentet e recensuesit dhe pastaj mund të kërkojë nga autori ndryshime apo plotësim të punimit.

INFORMATION FOR AUTHORS

*These guidelines are in accordance with the
“Uniform Requirements for Manuscripts Submitted
to Biomedical Journals”*

(The complete document appears at www.icmje.org)

Medicus is an international journal of that publishes papers from all areas of medical research. Furthermore, the journal intends to bring educational material of high quality to its members for continuous medical education (CME), by publishing original research, professional and review papers, case reports, brief communications, literature summary articles and editorials.

The *Journal* is official organ of the »Association of Albanian Medical Doctors from Macedonia«.

The language of publication is Albanian and English (the editorial board may decide whether other language will be used for publications). Authors are requested to have their paper proof-read and edited for the respective language.

Please use standard-sized paper and submit your article in the following format: *Word for Windows*, Times New Roman 12.

Manuscripts should be submitted in electronic format, either on disc or by e-mail to the Editor-in-Chief,

Azis K. Pollozhani, MD. PhD
Editorial Office, Str. 50-ta Divizija, No 6, 1000
Skopje,
Email: medicus.shmshm@gmail.com

The *Journal* allows submission of no more than one article as an author, and at most two, being a co-author per issuance.

The authors attest that their contribution has neither been published nor submitted for publication elsewhere, until the editorial procedure is over.

Authors should adhere to the International Committee of Medical Journal Editors (ICMJE) **authorship criteria** in so far as they apply. These can be found at www.icmje.org.

The *Journal* will **acknowledge receipt** of your article within seven days and let you know when you will be informed of the editorial board’s decision.

Articles to be published in *Medicus* will be **peer-reviewed**. The editorial board will take into account the reviewer’s comments and may then prompt the author for changes or further work.

Numri i faqeve (përfshirë tabelat dhe/ose figurat/ilustrimet) varet nga lloji i artikullit:

punim origjinal hulumtues –deri ne12 faqe dhe jo më shumë se 6 tabela dhe/ose grafikone/fotografi;

punim profesional ose punim revyjal – deri ne 8 faqe dhe jo më shumë se 4 tabela dhe/ose figura/imazhe;

prezantim rasti apo kumtesë e shkurtër – deri 6 faqe dhe maksimum 3 tabela dhe/ose figura/imazhe.

Letër redaksisë - deri 2 faqe

Së bashku me dorëshkrimin, dorëzoni një faqe me **titullin** e artikullit; **emrin/at e autorit/ve**, duke përfshirë emrin me jo më shumë se dy tituj shkencor; emrin e departamentit dhe institucionit në të cilin është bërë punimi; institucioni ku punon (për secilin autor); si dhe emri dhe adresa e autorit të cilit do ti adresohen kërkesat nga ana e Redaksisë (shihni Informacionet plotësuese për autorët)

Abstrakti duhet te jete me jo më shumë se 250 fjalë. Duhet të konsistojë në katër paragrafë, i klasifikuar në Hyrje, Metodot, Rezultatet dhe Diskutimi (Përfundimet). Ato duhet të përshkruhen shkurt, respektivisht, problem qenësor i studimit, se si është kryer studimi, rezultatet e fituara, dhe perfundimi.

Tabelat, figurat dhe legjendat (shihni Informacionet plotësuese për autorët)

Fjalët kyqe -Tri deri pesë flaje apo fraza te shkurtëra duhet t'i shtohen pjesës së fundme të faqes së abstraktit.

Citatet e referencave në tekst duhet fillimisht të jenë nga revistat e indeksuara në **PubMed**. Stili i referencave që kërkohet nga Medicus është i formatit Vancouver (shihni Informacionet plotësuese për autorët).

Shkurtimet (akronimet) përdoren për njësitë matëse, kurse në raste tjera kur përmendet për herë të parë, ai duhet të jetë i sqaruar me fjalën bazë bashkangjitur.

Për të gjitha barnat duhet të përdoren **emrat gjenerik** ndërkombëtar. Nëse në hulumtim janë të përdorura brendet e patentuara, përfshini emrin e brendit në kllapa në paragrafin e Metodave.

Dorëshkrimi i dërguar tek botuesi duhet të shënohet nga autorët , nëse janë në seksionin e “punimeve origjinale shkencore” apo në pjeset tjera përmbajtësore të revistës.

Autorët marrin dy kopje të botimit përkatës.

The number of pages (including tables and/or figures/illustrations) is dependent upon the type of the article:

original research paper - up to 12 pages and no more than 6 tables and / or graphs / pictures;

professional or review paper - up to 8 pages and no more than 4 tables and / or figures / images;

case report or brief communication - up to 6 pages and a maximum of 3 tables and / or figures/images.

Letter up to 2 pages

With the manuscript, provide a page giving the title of the paper; the name(s) of the author(s), including the first name(s) and no more than two graduate degrees; the name of the department and institution in which the work was done; the institutional affiliation of each author; and the name and address of the author to whom reprint requests should be addressed. (see Additional Information for Authors)

Provide an **abstract** of not more than 250 words. It should consist of four paragraphs, labeled Background, Methods, Results and Conclusions. They should briefly describe, respectively, the problem being in the study, how the study was performed, the salient results, and what the authors conclude from the results.

Tables, figures and legends (see Additional Information for Authors)

Three to five **key words** or short phrases should be added to the bottom of the abstract page.

Quotations of references in the text should primarily be from journals indexed in **PubMed** which have proven their significance. The style of references required by **Medicus** is the Vancouver format (see Additional Information for Authors).

Except for units of measurement, abbreviations are discouraged. The first time an abbreviation appears it should be preceded by the words for which it stands.

The international **generic names** should be used for all drugs. When proprietary brands are used in research, include the brand name in parentheses in the Methods section.

All manuscript sent to the editor should be noted by the authors whether they are meant for the “original research papers” section or the rest of the journal’s content.

The authors receive two copies of the relevant issue.

Informacione plotësuese për autorët

I. Faqja e parë - ballina: Duhet të përmbajë: (a) titullin e punimit, të shkurtër, por informativ; (b) emri, inicialet e emrit të mesëm dhe mbiemrit të secilit autor; (c) institucioni; (d) emri i departamentit që i atribuohet punës shkencore; (e) emri dhe adresa e autorit për t'iu përgjigjur në lidhje me dorëshkrimin; (f) burimi/përkrashja në formë të granteve, paisjeve, barnave dhe në përgjithësi.

II. Faqja e dytë - abstrakti dhe fjalët kyqe: Abstrakti duhet të shkruhet me maksimum prej 150 fjalësh për abstraktet e pastrukturuara, dhe me 250 fjalë për abstraktet e strukturuara (pjesët përmbajtësore: objekti/ete studimit ose hulumtimit, procedurat bazë, siç është përzgjedhja e subjekteve apo kafshët laboratorike, metodat vrojtuese dhe analitike, pastaj, rezultatet/gjetjet përfundimtare (të dhënat dhe rëndësia e tyre statistikore, nëse është e mundur), dhe konkluzionet kryesore. Vini theksin mbi aspektet e reja dhe të rëndësishme të studimit apo vrojtimit. Nën abstraktin identifikoni dhe shkruani fjalët kyqe: 3-5 fjalë apo fraza të shkurtëra që do të ndihmojnë në paisjen me tregues të punimit dhe publikimit të abstraktit. Përdorni terme nga lista e Index Medicus për Nëntituj Mjekësor (Medical Sub-Headings [MeSH]); nëse nuk ka term të përshtatshëm në MeSH për disa terme të reja, mund të përdorni termet e dhëna.

III. Faqja e tretë dhe të tjerat - teksti i plotë i artikullit: Teksti i plotë I artikujve hulumtues ose vrojtues normalisht, por jo domosdoshmërisht, duhet të jetë i ndarë në paragraf me këta nëntituj: hyrja, metodat dhe materialet, rezultatet dhe diskutimi.

1. Hyrja: Krijoni një kontekst apo prapavijë(truall) të studimit (që në fakt është natyra e problemit dhe rëndësia e tij). Për të bërë këtë duhet të bëni një hulumtim të literaturës - duke kërkuar, gjetur dhe lexuar punimet përkatëse, që duhet të jenë si referencë në dorëshkrimin tuaj. Sqaroni hipotezat tuaja dhe planifikoni t'i testoni ato, si dhe përshkruani qëllimet tuaja. Kini qëndrim të qartë se çka prisni të gjeni dhe arsyet që ju udhëhoqën tek hipotezat që keni krijuar. Objekti i hulumtimit më së shpeshti fokusohet kur parashtrohet si pyetje. Mos përfshini të dhëna apo rezultate nga puna që do të raportohet.

2. Metodatat & Materialet: Ky paragraf duhet të përfshijë atë informacion që ishte në dispozicion në kohën që plani apo protokoli i studimit po shkruhej. Të gjitha informacionet e marra gjatë studimit i takojnë paragrafit të Rezultateve.

Përshkruani përzgjedhjen tuaj të pjesëmarrësve së vrojtimit ose eksperimentit (pacientët ose kafshët laboratorike, përfshirë kontrollat) qartë, duke përfshirë kriteret e përshtatshme (inkluzive) dhe përjashtuese (ekskluzive).

Parimi udhëheqës duhet të jetë i qartë se si dhe pse studimi është bërë në një mënyrë të caktuar. Jepni detaje të mjaftueshme për metodat, mjetet dhe materialet (jepni emrin dhe adresën e prodhuesit në kllapa), dhe procedurat për të lejuar të tjerët të kuptojnë dhe riprodhojnë rezultatet tuaja.

Nëse një metodë e caktuar që është përdorur është e njohur, atëherë nuk është e nevojshme të jepet përshkrim komplet i saj. Mund t'i referoheni punimit në të cilin së pari herë është përshkruar dhe të

Additional Information for Authors

I. First page - front page: It should contain: (a) title of paper, a short, but informative; (b) the first name, initials of middle name and last name of each author; (c) the institution; (d) the name of the department that is attributable to the scientific work; (e) the name and address of the author with whom to correspond about the manuscript (f) source/support in the form of grants, equipment, drugs, or all.

II. Second page - abstract and keywords: The abstract should be written with a maximum of 150 words for unstructured abstracts and 250 words for structured abstracts (containing parts: objective(s) of study or research, basic procedures, such as selection of subjects or laboratory animals, observational and analytical methods, then, the main findings/results (data and their statistical significance, if possible), and the main conclusions. Emphasize the new and important aspects of the study or observation.

Below the abstract identify and write the keywords: 35 words or short phrases that will assist in indexing the paper and publication of the abstract.

Use terms from the list of Index Medicus for Medical Sub-Headings (MeSH); if there is no appropriate MeSH term for some newly introduced terms, we can use the given terms.

III. Third and further pages - full text of the article: The full text of research or observational articles should normally be, but not necessarily, divided into sections with the following headings: introduction, material and methods, results and discussion.

1. Introduction: Provide a context or background for the study (that is, the nature of the problem and its significance). To do this you must complete a literature review - searching for, finding and reading relevant papers, which must be referenced in your manuscript. Explain your hypotheses and the plan to test them, and describe your aims. Clearly state what you expect to find and the reasoning that led you to the hypotheses that you have made. The research objective is often more sharply focused when stated as a question. Do not include data or conclusions from the work being reported.

2. Methods & Material: This section should include only information that was available at the time the plan or protocol for the study was being written. All information obtained during the study belongs in the Results section.

Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria. The guiding principle should be clarity about how and why a study was done in a particular way.

Give sufficient details of the methods, apparatus and materials (give the manufacturer's name and address in parentheses), and procedures to allow others to understand and reproduce your results.

If a particular method used is well known then there is no need to give a complete description. You can reference the paper in

përmendni ndonjë modifikim/ndryshim që keni bërë. Jepni arsytet për përdorimin e tyre dhe vlerësoni kufizimet e tyre. Në fund, përshkruani se si i keni analizuar të dhënat tuaja, duke përfshirë metodat statistikore dhe pakon programore që keni përdorur.

Autorët e dorëshkrimeve të rishqyrtuara duhet të përfshijnë një paragraf që përshkruajnë metodat që kanë përdorur për lokalizimin, përzgjedhjen, ekstrahimin dhe sintetizimin e të dhënave. Përdorni formën joveprore të foljes, në vetën e tretë, kur dokumentoni metodat, gjë që do të fokusonte vëmendjen e lexuesit tek puna që është bërë e jo tek hulumtuesi (P.sh. Janë marrë, janë realizuar, janë prezantuar etj.)

2. a) Statistikat: Përshkruani metodat statistikore me detaje të mjaftueshme për t'ia mundësuar një lexuesi me njohje në atë fushë t'i qaset të dhënave origjinale për të verifikuar rezultatet e raportuara. Kur është e mundur, përcaktoni sasinë e zbulimeve dhe prezantoni ato me indikatorë përkatës të gabimeve në matje apo pasiguri (siç janë inter-valet e besueshmërisë). Evitoni mbështetjen vetëm në testet statistikore të hipotezave, siç janë vlerat p, që dështojnë të transmetojnë informacion të rëndësishëm mbi madhësinë e efektit. Jepni detaje rreth përzgjedhjes së rasteve (randomizimi) dhe përshkruani metodat dhe sukseset e vrojtimit gjatë realizimit të studimeve të verbuara. Definoni termet statistikore, shkurtesat dhe më së shumti simbolet. Specifikoni programin kompjuterik që është përdorur.

3. Rezultatet: Ky paragraf duhet t'i bëjë gjetjet tuaja të qarta. Prezantoni rezultatet tuaja në rend logjik në tekst, tabela dhe ilustrime, duke dhënë së pari rezultatet kryesore ose më të rëndësishme. Mos i përsërisni të gjitha të dhënat në tabela apo ilustrime, në tekst. Nënvizoni ose përm-bledhni shkurtime vetëm vrojtimit më të rëndësishme.

Kur të dhënat përmbledhen në paragrafin e Rezultateve, jepni rezultate numerike jo vetëm si derivate (për shembull, përqindja) por gjithashtu si numra absolut nga të cilët derivatet janë llogaritur, dhe specifikoni metodat statistikore që janë përdorur për t'i analizuar ato.

Kufizoni tabelat dhe figurat në atë sa janë të nevojshme për të sqaruar argumentin e punimit dhe për të vlerësuar të dhënat ndihmëse. Duke përdorur grafikonet për të reprezentuar të dhënat tuaja si alternativë e tabelave, do të rrisë kuptueshmërinë e lexuesit. Mos i dyfishoni të dhënat në grafikone dhe tabela. Duhet të jeni të qartë se cili lloj i grafikoneve është i përshtatshëm për informacionet tuaja. Për shembull, për të reprezentuar korelimin mes dy ndryshoreve, preferohet grafiku vijëzor, krahasuar me grafikun rrethor apo në formë shtyllash.

Sa i përket të gjitha paragrafeve, qartësia dhe të qëniti i thuktë është kyç. Mos prezantoni të njëjtat të dhëna më shumë se një herë. Kufizojeni veten në të dhënat që ndihmojnë në adresimin e hipotezave tuaja. Kjo është e rëndësishme edhe nëse të dhënat i aprovojnë ose nuk i pranojnë ato. Nëse keni bërë analiza statistikore, duhet të jepni vlerën e probabilitetit (p) dhe të tregoni se është shprehës (sinjig në nivelin që ju po testoni. Varësisht nga analizat e përdorura, gjithashtu mund të jetë e rëndësishme të jepni intervalet e besueshmërisë së rezultateve (Confidence Interval -

which it was first described and mentioned any modifications you have made. Give the reasons for using them, and evaluate their limitations. Finally,, describe how you analysed your data, including the statistical methods and software package used.

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data.

Use the third person passive voice when documenting methods which would focus the readers' attention on the work rather than the investigator.(e.g. Were taken, was performed, were presented itd.)

2. a) Statistics: Describe statistical methods with enough detail to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as p values, which fail to convey important information about effect size. Give details about the randomization and describe the methods and success of observations while using blinded trials. Define statistical terms, abbreviations, and most symbols. Specify the computer software used.

3. Results: This section should make your findings clear. Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat all the data in the tables or illustrations in the text. Emphasize or summarize only the most important observations.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them.

Restrict tables and figures to those needed to explain the argument of the paper and to assess supporting data. Using graphs to represent your data as an alternative to tables will improve the reader's understanding. Do not duplicate data in graphs and tables. You need to be clear what type of graphs is suitable for your information. For example, to represent the correlation between two variables, a line graph is preferred to a pie chart or a bar chart.

As with all sections, clarity and conciseness is vital. Don't present the same data more than once. Restrict yourself to the data that helps to address your hypotheses. This is important whether the data supports or disproves them. If you have carried out a statistical analysis, you should give the probability (P) value and state it is significant at the level you are testing. Depending on the analysis used, it may also be important to give the confidence intervals of the results, or the statistical parameters such as the odds ratios. Provide a caption for each figure making the general meaning clear without reference to the main text, but don't discuss the results. Let the readers decide for themselves what they think of the data. Your chance to say what you think comes next, in the discussion.

3. Tables: Each table should be inserted at the point of the text where they have to be placed logically, typed by the same rules

CI), ose parametrat statistikorë si proporcionet e rastit (odds ratio). Bëni përshkrimin tek secila figurë duke bërë të qartë domethënien e përgjithshme pa referencë në tekstin kryesorë, por mos diskutoni rezultatet në të. Lëreni lexuesin të vendosë vetë se çfarë men-don për të dhënat. Mundësia juaj për të thënë se çfarë mendoni, është në vazhdim, tek diskutimi.

3. Tabelat: Secila tabelë duhet të vendoset në vendin e tekstit ku duhet të vihet logjikisht, e plotësuar me të njëjtat rregulla sikur teksti i plotë. Mos i dërgoni tabelat si fotografi. Secila tabelë duhet të citohet në tekst. Tabelat duhet të jenë me numra ashtu që të jenë në koordinim me referencat e cituara në tekst. Shkruani një përshkrim të shkurtë të tabelës nën titullin. Çdo sqarim shtesë, legjendë ose sqarim i shkurtësive jostandard, duhet të vendoset menjëherë poshtë tabelës.

4. Diskutimi: Ky paragraf është pjesa ku ju mund të interpretoni të dhënat tuaja dhe të diskutoni duke ballafaquar dhe krahasuar gjetjet tuaja me ato të hulumtuesve të mëparshëm. Rishikoni referencat e literaturës dhe shihni nëse mund të përfundoni se si të dhënat tuaja përkohë me atë që keni gjetur.

Ju gjithashtu duhet të llogarisni rezultatet, duke u fokusuar në mekanizmat në prapavij të vrojtimit. Diskutoni nëse rezultatet tuaja mbështesin hipotezat tuaja origjinale. Gjetjet negative janë aq të rëndësishme në zhvillimin e ideve të ardhshme sikur gjetjet pozitive.

E rëndësishme është se, nuk ka rezultate të këqija. Shkenca nuk të bëjë me të drejtën dhe të gabuarën, por merret me zgjerimin e njohjeve të reja.

Diskutoni si janë paraqitur gabimet në studimin tuaj dhe çfarë hapa keni ndërmarrë për të minimizuar ato, kështu duke treguar se ju çmoni ku-fizimet e punës tuaj dhe fuqinë e përfundimeve tuaja. Duhet gjithashtu të merrni në konsideratë ndërlikimet e gjetjeve për hulumtimet në të ardhmen dhe për praktikën klinike. Lidhni përfundimet me qëllimet e studimit, por evitoni qëndrimet dhe përfundimet e pakualifikuara, që nuk mbështeten në mënyrë adekuate nga të dhënat. Shmangni prioritetet deklarative apo të aludoni në punën që nuk është krahasuar.

5. Referencimi: Referencat janë baza mbi të cilën është ndërtuar raporti juaj. Shqyrtimi i literaturës dhe leximi i referencave gjithmonë duhet të jetë pikë fillestare e projektit tuaj. Ky paragraf duhet të jetë i saktë dhe të përfshijë të gjitha burimet e informacionit që keni përdorur.

Në formatin “Vancouver”, referencat numërohen një nga një, sikur që shfaqen në tekst dhe identifikohen me numra në bibliografi..

Shënoni të gjithë autorët kur janë gjashtë e më pak; kur janë shtatë ose më tepër, shënoni tre të parët, pastaj shtoni “et.al.” Pas emrave të autorëve shkruhet titulli i artikullit; emri i revistës i shkurtuar sipas mënyrës së Index Medicus; viti i botimit; numri i vëllimit; dhe numri i faqes së parë dhe të fundit.

Referencat e librave duhet të jepen sipas emrit të autorit, titulli i librit (mund të citohet edhe titulli i kapitullit para titullit), vendi i botimit, botuesi dhe viti.

as for the full text. Do not send tables as photographs. Each table should be cited in the text. Tables should be numbered so that they will be in sequence with references cited in the text. Provide a brief explanation of the table below the title. Any additional explanations, legends or explanations of non-standard abbreviations, should be placed immediately below the table.

4. Discussion: This section is where you interpret your data and discuss how your findings compare with those of previous researchers. Go over the references of your literature review and see if you can determine how your data fits with what you have found.

You also need to account for the results, focusing on the mechanisms behind the observation. Discuss whether or not your results support your original hypotheses. Negative findings are just as important to the development of future ideas as the positive ones.

Importantly, there are not bad results. Science is not about right or wrong but about the continuing development of knowledge.

Discuss how errors may have been introduced into your study and what steps you took to minimise them, thus showing that you appreciate the limitations of your work and the strength of your conclusions. You should also consider the implications of the findings for future research and for clinical practice. Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data. Avoid claiming priority or alluding to work that has not been compared.

5. Referencing: The references are the foundation on which your report is built. Literature searches and reading of references should always be the starting point of your project. This section must be accurate and include all the sources of information you used.

In the Vancouver format, references are numbered consecutively as they appear in the text and are identified in the bibliography by numerals.

List all authors when there are six or fewer; when there are seven or more, list the first three, then add “et al.” The authors’ names are followed by the title of the article; the title of the journal abbreviated according to the style of Index Medicus; the year of publication; the volume number; and the first and last page numbers.

References to books should give the names of any editors, place of publication, editor, and year.

In the text, reference numbers are given in superscript. Notice that issue number is omitted if there is continuous pagination throughout a volume, there is space between volume number and page numbers, page numbers are in elided form (51-4 rather than 51-54) and the name of journal or book is in italics. The following is a sample reference:

Në tekst, numrat e referencave jepen me indeks të sipërm. Vëreni se çështja e numrave neglizhohet nëse ka numërtim të vazhdueshëm përgjatë gjithë vëllimit, ka hapësirë mes numrit të vëllimit dhe numrit të faqes, numrat e faqeve janë në këtë formë: 51-4 në vend të 51-54, dhe emri i revistës ose librit është në italic. Në vazhdim është një shembull i referencës:

Artikujt e revistave:

1. Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. *N Engl J Med* 1979;301:1382-5.
2. Nantulya V, Reich M. The neglected epidemic: road traffic injuries in developing countries. *BMJ* 2002;324: 1139.
3. Murray C, Lopez A. Alternative projections of mortality and disability by cause 1990-2020: global burden of disease study. *Lancet* 1997;349: 1498-504.

Librat dhe tekste tjera:

4. Colson JH, Tamour NJJ. Sports in injuries and their treatment. 2nd ed. London: S. Paul, 2006.
5. Department of Health. *National service framework for coronary heart disease*. London: DoH, 2000.
www.doh.gov.uk/nsf/coronary.htm (accessed 6 Jun 2003).
6. Kamberi A, Kondili A, Goda A, dhe bp; *Udhërrëfyes i shkurtër i Shoqatës Shqiptare të Kardiologjisë për parandalimin e Sëmundjes Aterosklerotike Kardiovaskulare në praktikën klinike*, Tiranë, 2006
7. Azemi M, Shala M, dhe bp. *Pediatrics sociale dhe mbrojtja shëndetësore e fëmijëve dhe nënave*. Pediatrics, Prishtinë 2010; 9-25

Shmangni përdorimin e abstrakteve si referenca; “të dhëna të papub-likuara” dhe “komunikime personale”. Referencat e pranueshme, por ende të papublikuara lejohet të merren, vetëm nëse shënoni se janë “në shtyp”.

6. Mirënjohjet: Ju mund të keni dëshirë të falënderoni njerëzit që ju kanë ndihmuar. Këto mund të rangohen prej atyre që ju kanë përkrahur me teknika eksperimentale deri tek ata që ju kanë këshilluar deri në bërjen e dorëshkrimit final.

7. Format i fajllit të të dhënave për ilustrimet (figurat): JPG

Nëse përdoren fotografitë e pacientëve, qoftë subjekti, qoftë fotografitë e tyre nuk duhet të jenë të identifikuara, ato duhet të shoqërohen me lejen e shkruar nga ta për përdorimin e figurës. Format e lejuara janë në dispozicion nga redaksia.

Nëse fajllet e të dhënave janë shumë të mëdha për t'u dërguar me e-mail, rekomandohet dërgimi me CD në adresën tonë.

8. Legjendat për Ilustrimet (Figurat)

Legjenda e tabelës duhet të vendoset mbi tabelë. Referenca e një tabeleje, e cila është marrë nga ndonjë publikim tjetër, duhet të vendoset poshtë tabelës. (Është përgjegjësi e autorit të sigurojë lejen e ribotimit nga botuesit e atij botimi) Legjenda e figurës duhet të vendoset në fund të faqes. Referenca e figurës e marrë nga ndonjë tjetër publikim vendoset në fund të legjendës. (Leja e ribotimit duhet të sigurohet nga botuesi i këtij botimi).

Journal articles:

1. Lahita R, Kluger J, Drayer DE, Koffler D, Reidenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. *N Engl J Med* 1979;301:1382-5.
2. Nantulya V, Reich M. The neglected epidemic: road traffic injuries in developing countries. *BMJ* 2002;324: 1139.
3. Murray C, Lopez A. Alternative projections of mortality and disability by cause 1990-2020: global burden of disease study. *Lancet* 1997;349: 1498-504.

Books and other monographs:

4. Colson JH, Tamour NJJ. Sports in injuries and their treatment. 2nd ed. London: S. Paul, 2006.
5. Department of Health. *National service framework for coronary heart disease*. London: DoH, 2000.
www.doh.gov.uk/nsf/coronary.htm (accessed 6 Jun 2003).
6. Osler AG. *Complement: mechanisms and functions*. Englewood Cliffs: Prentice-Hall, 1976.

Avoid using as references abstracts; “unpublished data” and “personal communications”. References to accepted but yet unpublished articles are allowed to be made, only if you note “in press”.

6. Acknowledgements: You may wish to acknowledge people who have helped you. These can range from those who supported you with experimental techniques to those who read or offered advice on your final manuscript.

7. Data file format for illustrations (figures): JPG

If photographs of patients are used, either the subjects should not be identifiable or their pictures must be accompanied by written permission to use the figure. Permission forms are available from the Editor.

If data files are too big for transmission as an Email attachment submission of a CD to our address is recommended.

8. Legends for Illustrations (Figures)

The legend of a table has to be placed above the table. The reference of a table, which has been taken from another publication, must be placed below the table. (It is the author's responsibility to obtain the permission of reproduction from the publishers of the publication.) Figure legends are to be placed at the end of the paper. The reference of a figure taken from another publication stands at the end of the legend. (Permission of reproduction must be obtained from the publishers of this publication).

