

Abstracts of the papers submitted for the competition:

Monograph:

Medical humanities. Themes, terms, translation

Having made an attempt at defining medical humanities, the current research paper, although focused on linguistic problematics, lays an emphasis on translatability in a wider aspect: of medical knowledge related to the discourse of entirely new areas and directions in contemporary science, such as transhumanism, the relationship between intercultural communication and medical knowledge, and in general, medicine and health, and their translatability in a present-day context. It is in this light that the study views translators of medical texts, who, similar to all other translators are thought of as “cultural intermediaries”.

Attention has been given to the history of the problem, since medical translation had originated its practice in the Antiquity, and has thus been among the first forms of translation. The study deals with the roots of medical terminology, which lay in ancient Greek and Latin, and with their transformation, as well as with the fact of the English language becoming the *lingua franca* in terms of medical terminology.

The main emphasis has been laid on the techniques of medical translation and some of the most problematic areas that non-specialist translators may

encounter. For even experienced translators admit having difficulties when working with medical terminology, including with the specifics of the terms, the existing general change or shifting of meaning, as well as the constant expansion of the medical vocabulary. The dynamics of language, the accelerated entry of new medical terms make the need of access to online resources of medical terminology of utmost interest to the translators of medical texts. Since medical information has been continually expanding globally, the quick access to the current linguistic, thematic and specific terminology is of paramount significance. The study outlines the hidden difficulties in the translation of medical terminology and gives possible translating solutions. The main emphasis has been laid on synonyms, eponyms, abbreviations and acronyms, false friends, etc. After the end of the study an appendage has been added that contains several translations from Bulgarian into English of the author's own texts in the field of cardiology (and commentaries related to them) that translators may use as a practical guide of sorts in their work, especially translators who do not have a degree in Medicine.

Articles:

Medicine and the question about the future

This text discusses one of the multiple usages of medical translation, and namely its ability to carry out the transfer of knowledge. In that capacity, medical translation is directly linked to the topic about the future and the development of transhumanism. The article in question examines some of the pillars of transhumanism with regard to medicine, such as the idea about genetic improvements and the technologically conditioned evolution of individuals, futuristic utopias and dystopias, and the discussion surrounding immortality.

On one of the types of specialized translation

As many researchers have come to understand well, when speaking about medical translation, we imply the double meaning of the word 'translation': as translation between different languages, but also as a transfer of knowledge. However, as a type of specialized translation, medical translation supposes working with medical terminology, including with the specifics of the terms, with the existing general change or shifting of meaning and with the constant expansion of the medical vocabulary.

To put it briefly, medical translation is not only one of the most difficult types of specialized translation, but also one of those requiring the most responsibility, because every mistake in a hospitalization report or

diagnosis is not merely attesting to the poor work of the translator, but it can also cost the health and the life of a human being.

This article examines some of the dangers a translator of such texts faces, especially if they lack medical qualification, such as working with secondary terms, medical metaphors, and false friends.

Medical connotations to the term ‘crisis’

This article tries to showcase how medical terminology and medical connotations mark terms that have become leading notions in the philosophical, culturological, political, and social discourse. In this case, the term of choice is ‘crisis’, which has been key to medicine ever since the Antiquity, has marked with meanings all ensuing periods of mankind’s history, and has become an emblem of our present-day. In short, the article reveals **how medical connotations refer to the unlimited usages in the wider context of language, and the term ‘crisis’** is widely open to usages of various scope and in various contexts, until coming to the conclusion that its use as a metaphor depicting states of decline, failure, degeneration, and destruction becomes predominant. We say ‘crisis’, but just as in the medical context, what we actually envisage is ‘deterioration, aggravation’.

Transcatheter aortic valve implantation in patients with high-grade aortic regurgitation and terminal respiratory failure

This article presents the case of a 73-year-old patient with combined damage of the aortic valve with predominant high-grade symptomatic aortic regurgitation and concomitant respiratory failure at a terminal stage, with forbiddingly high surgical risk, who has had a successful implantation of an off-label self-expandable Medtronic Core Valve aortic valve prosthesis, whereby the so-called minimalistic approach has been applied. The clinical case reveals that the self-expandable Medtronic CoreValve Evolut R prosthesis can be implanted without tissue damage and migration into a moderately calcified tricuspid aortic valve with predominant regurgitation against the backdrop of low-grade stenosis, and can lead to satisfactory hemodynamic results with improvement of the functional class of the heart failure in a patient with concomitant severe respiratory failure.

Outside the medical case, the article offers examples of translation of terms from Bulgarian into English, as well as important vocabulary.

Endovascular coronary stenting after transcatheter implantation of an aortic valve prosthesis

Transcatheter aortic valve implantation (TAVI) has become an ever more widely used method of treatment of aortic stenosis, and globally there has been a steady trend of increase in the number of TAVI procedures, as well as a decrease in patients' age. As of today, over 180,000 TAVI procedures are being performed in Europe on an annual basis. The current review aims to evaluate the prognosis for the patient comparing the different approaches, the technical difficulties in the course of the intervention, and to offer useful advice for their successful overcoming.

Outside the medical case, the article offers examples of translation of terms from Bulgarian into English, as well as important vocabulary.

Endovascular treatment in a patient with Takayasu arteritis

Takayasu arteritis is a chronic, rare form of arteritis that causes arterial stenosis/occlusion and dilatation, and affects the aorta and its branches. Most often, it affects the subclavian artery and the common carotid artery. It has been diagnosed mainly in women under 40 years of age. It is most common in Japan, Southeast Asia, India, and Mexico. The articles present a clinical case of a female patient with proven Takayasu arteritis, in whom significant stenosis of the common carotid arteries and the subclavian artery have been found. The Doppler ultrasonography has been used for screening. Endovascular treatment has been applied to the lesions in the

various locations using a stage-by-stage approach. The Takayasu arteritis lesions have been treated successfully with the use of various types of stents. No complications have been observed during the intervention, and no fatal outcome or heavy complications at all in the follow-up period.

Outside the medical case, the article offers examples of translation of terms from Bulgarian into English, as well as important vocabulary.

Successful fibrinolysis after acute left ventricular assist device thrombosis

This article focuses on the working of the Berlin Heart INCOR system, which is a novel left ventricular assist device generating laminar blood flow. One of the patients with implanted INCOR has been hospitalized with clinical evidence of assist device thrombosis. The blood flow through the pump was determined by means of injecting contrast matter into the in-flow cannula. A lack of flow through the pump was found. A decision was made to perform fibrinolysis via reteplase injection in the in-flow cannula. After the intervention, the blood flow through the pump was resumed. The patient was discharged without complications 9 days after the intervention.

Timing of invasive strategy in acute coronary syndrome without ST- segment elevation in groups of patients with or without diabetes mellitus (DM)

Timing of invasive strategy in acute coronary syndrome without ST- segment elevation in groups of patients with different ischemic risk

The articles are dedicated to the acute coronary syndrome without ST- segment elevation and the observations on a heterogeneous group of patients with various levels of risk of occurrence of adverse cardiovascular events. The objective of the surveys is to assess the prognostic value of the early invasive strategy in comparison with the selective invasive strategy.

Timing of invasive strategy in diabetic and non-diabetic patients with non-ST-segment elevation acute coronary syndrome

This article focuses on the patients with acute coronary syndrome without ST-segment elevation, who represent a heterogeneous group in terms of the risk of major adverse cardiac events (MACE). The patient's history of diabetes mellitus (DM) is without doubt one of the factors causing the high risk of the occurrence of this syndrome. The objective is to compare the early invasive strategy with the selective invasive strategy required for patients with or without DM. The survey includes 178 patients with unstable angina pectoris or myocardial infarction without ST-segment

elevation (UA/NSTEMI). 52 of them (29.2%) have DM. Using randomization, patients have been subjected to an early invasive strategy (coronary angiography and percutaneous coronary intervention within 24 hours after the hospitalization) or a selective invasive strategy (at first, these patients were stabilized with the use of medications, and coronary angiography was performed only in the event of recurring angina pectoris and/or evidence of inducible myocardial ischemia). The average follow-up period of the patients was 22.8 \pm 14 months.

Stenting of the aortic arch and the supraaortic vessels, in a patient with DeBakey type II dissection

This article deals with the issue of aortic dissection, which is a medical condition requiring immediate surgical intervention for types I and II DeBakey dissection. Despite the progress in the diagnostics and the therapeutical modalities, mortality rates are still high.

Secondary lacerations, the critical compression of the true lumen, and the obliteration causing end-stage organ ischemia could lead to acute and chronic complications following the surgical intervention for aortic dissection. Endovascular treatment with implantation of an uncovered stent is one possible choice of course of action in these cases. The aim of this approach includes a closing of the laceration of the proximal inlet, compression of the false lumen leading to thrombosis, redirection of the blood flow

toward the true lumen, and induction of the process of
“reconstruction of the aorta”.

Late outcomes after interventional treatment - Successful stenting of Takayasu arteritis lesions. Single center experience in Bulgaria

This article summarizes the investigations on a number of patients of various age and both male and female with a follow-up period of at least 1 year. The object is the endovascular treatment of patients with various localization of the lesions, whereas depending on the target lesion a proper endovascular access has been chosen.

TCT-328 Endovascular treatment with Catheter-Directed Thrombolysis in patients with acute massive and submassive pulmonary embolism

This article summarises observations on the endovascular treatment and presents safe and efficient ways of treatment of acute pulmonary embolism.

Recanalization and stenting of total occlusions of the renal arteries for blood pressure control in resistant to treatment hypertension

This article is trying to figure out whether the percutaneous recanalization and stenting of total occlusions of the renal arteries are doable, and whether they can be justified as efficient in decreasing arterial tension in some patients with preserved collateral renal blood flow.

Endovascular treatment of acute aortic dissection Stanford Type A

This article registers possibly the first reported case of endovascular treatment with multi-layered dissection in acute aortic dissection Stanford Type A. Endovascular treatment with MFM happens to be a successful life-saving option and a promising alternative to open surgical treatment in selective patients with Type A aortic dissection.

CAD 4. “Deep-Loop” Technique for Stenting of Left Internal Carotid Artery Using Transbrachial Approach: Single-Center Experience

This pilot study reveals that S100-b could serve as a useful biomarker in carotid revascularizations. The S100-b protein has been introduced as a sensitive biomarker of silent brain damage. The goal of this survey is to

compare its serum levels prior, during, and 24 hours after carotid artery stenting (CAS) and carotid endarterectomy (CEA).

Uneventful Follow-Up 2 Years after Endovascular Treatment of a High-Flow Iatrogenic Aortocaval Fistula Causing Pulmonary Hypertension and Right Heart Failure

Iatrogenic aortocaval fistula is an extremely rare pathological condition that often leads to a clinically significant extracardiac left-to-right shunt. In slowly progressing cases, chronic right-sided heart failure may appear, which in some patients may last several years. This article presents the case of a patient with a long history of aortocaval fistula, which was causing a high-flow left-to-right shunt, tricuspid regurgitation, severe pulmonary hypertension, and right-sided heart failure. Following the complete endoscopic isolation of the aortocaval fistula, the patient feels a dramatic clinical improvement and continues to display excellent diagnostic imagery and clinical results after a 2-year follow-up period.

Comparison of standard renal denervation procedure versus novel distal and branch vessel procedure with brachial arterial access

This article presents a novel approach to percutaneous renal denervation in uncontrolled hypertension consisting of ablation outside the proximal main renal artery (Y-specimen), including the primary branches, and compares that to the standard procedure applied only within the confines of the main vessel. Emphasis has been laid on the safety and practicality of the brachial arterial access approach.

Acute coronary syndrome and thrombophilia in young patients: clinical data, experience

The main conclusion reached in this article is that thrombophilia is an independent risk factor for myocardial infarction in young patients and that it should not be easily neglected. In young patients, screening for thrombophilia could be useful, especially for monitoring of treatment and improvement of the long-term prognosis.

The proper care for elderly cardiac patients before rehabilitation

This article focuses on the increase in the number of elderly people with chronic heart and valve diseases. The objective is to give an answer to the question which diseases and conditions require closer monitoring. The results of the survey could serve as a basis for the creation of a reference database that could be used in the clinical practice and for the onset of rehabilitation in those patients.