7. INTERNATIONAL

MEDITERRANEAN

SCIENTIFIC RESEARCH AND INNOVATION CONGRESS

19-20 April 2025

ANTALYA

EDITORS:

Prof. Dr. Sezai ERCİŞLİ

Prof. Dr. Baki ÇİÇEK

www.isarconference.org

İKSAD Publishing House

CONGRESS BOOK

INDEX

CONGRESS ID

CONGRESS TITLE

7. INTERNATIONAL MEDITERRANEAN SCIENTIFIC RESEARCH AND INNOVATION CONGRESS

DATE AND PLACE

19-20 APRIL 2025, ANTALYA/TURKEY

ORGANIZATION

ISARC INTERNATIONAL SCIENCE AND ART RESEARCH CENTER

GENERAL COORDINATOR

Uzm. Yasemin AĞAOĞLU

EDITOR

Prof. Dr. Baki ÇİÇEK
Prof. Dr. Sezai ERCİŞLİ

ORGANIZING COMMITTEE

Prof. Dr. Cenk YAVUZ
Prof. Dr. Mahire HÜSEYNOVA
Prof. Dr. İbrahim BAYRAMOV
Prof. Dr. Mehmet DEMİR
Prof. Dr. Neslihan ŞAHİN
Prof. Dr. Serpil ÜNVER SARAYDIN
Prof. Dr. Tolga ULUSOY
Prof. Dr. Yadigar GÜLSEVEN SIDIR
Assoc. Prof. Dr. Ahmet AKKÖSE
Assoc. Prof. Dr. Çiğdem BOGENÇ
Assoc. Prof. Dr. Elif Feyza TOPDAŞ
Assoc. Prof. Dr. Erhan ERDEL
Assoc. Prof. Dr. Filiz RANDA ZELYÜT
Assoc. Prof. Dr. Gamze Ebru ÇİFTÇİ
Assoc. Prof. Dr. Gönül HASANOVA
Assoc. Prof. Dr. Hüseyin Murat IŞIK
Assoc. Prof. Dr. Kübra YAZİCİ
Assoc. Prof. Dr. Malik YILMAZ
Assoc. Prof. Dr. Nursen IŞIK
Assoc. Prof. Dr. Özlem ÜLGER DANACI
Assoc. Prof. Dr. Sancar BULUT
Assoc. Prof. Dr. Seda BENGİ
Assoc. Prof. Dr. Şükrü KALAYCI
Assoc. Prof. Dr. Zamıg TEHMEZOV
Assoc. Prof. Dr. Zeynep Deniz ŞAHİN İNAN
Dr. Elvan CAFEROV
Dr. Fatma AZİZOĞLU
Dr. Gönül GÖKÇAY
Dr. Hayri YILDIRIM

ISBN: ''978-625-378-231-3''

SCIENCE AND ADVISORY COMMITTEE

Prof. Dr. Ali OKATAN
İstanbul Aydın University
Prof. Dr. Anwar Ali Shah G. SYED
University Of Sindh Jamshoro
Prof. Dr. Ivan PAVLOVİC
Scientific Institute of Veterinary Medicine of Serbia
Prof. Dr. Morakeng EDWARD
Kenneth LEBAKA University Of Zululand
Prof. Dr. Mukadder MOLLAOĞLU
Cumhuriyet University
Prof. Dr. Jaın SADHNA
Unıversıty Of Delhı
Prof. Dr. Manole COJOCARU
Titu Maiorescu University
Prof. Dr. Mustafa Fedai ÇAVUŞ
Osmaniye Korkut Ata University
Prof. Dr. Mustafa Onur ALADAĞ
Selçuk University
Prof. Dr. Nurdan KALAYCI
Gazi University
Prof. Dr. Mustafa METE
Gaziantep University
Prof. Dr. Neslihan ŞAHİN
Sivas Cumhuriyet University
Prof. Dr. Orhan ZEYBEK
Balıkesir University
Prof. Dr. Selahattin YAVUZ
Erzincan Binali Yıldırım University
Prof. Dr. Seyfi ŞEVİK
Hitit University
Prof. Dr. Sevi ÖZ
Ankara Hacı Bayram Veli University
Prof. Dr. Songül ÇAKMAKÇI
Atatürk University
Prof.Dr. Yadigar GÜLSEVEN SIDIR
Bitlis Eren University
Prof. Dr. Zharkynbıke SULEIMENOVA
Kazakh Natıonal Women's Pedagogıcal Unıversıty
Assoc. Prof. Dr. Abdulkerim DİLER
Atatürk University
Assoc. Prof. Dr. Armel MBON
Marien Ngouabi University
Assoc. Prof. Dr. Azimbaeva GULBAYRA
Kazakh National Women's Pedagogical University
Assoc. Prof. Dr. Betül GÜZELDİR
Atatürk University
Assoc. Prof. Dr. Çiğdem BOGENÇ
Karabük University
Assoc. Prof. Dr. Elif Feyza TOPDAŞ
Atatürk University
Assoc. Prof. Dr. Hasan TELLİ
Mersin University
Assoc. Prof. Dr. Oqtay QULİYEV
Azerbaycan Devlet İktisat University
Assoc. Prof. Dr. Ömer Faruk RENÇBER
Gaziantep University
Assoc. Prof. Dr. Sahure YARİŞ
Dicle University

ISARC

7. INTERNATIONAL MEDITERRANEAN SCIENTIFIC RESEARCH AND INNOVATION CONGRESS

19-20 APRIL 2025

ANTALYA

CONGRESS PROGRAM

JOIN ZOOM MEETING:

19.04.2025

Meeting ID: 850 5127 1111 Passcode: 010024

https://us02web.zoom.us/j/85051271111?pwd=2TR75haHhv0EvS8usx33GE8fX75nXu.1

20.04.2025

Meeting ID: 825 8270 2407 Passcode: 378145

https://us02web.zoom.us/j/82582702407?pwd=tFR23axBa42Hub5V1nXPe2w4XRImGO.1

PARTICIPATING COUNTRIES

Algeria/Argentina/Azerbaijan/Ecuador/Fas/Georgia/Jordan/Kosova/India/Indonesia/Iran/Malaysia/Mexico/ Moldova/Nigeria/Pakistan/Philippines/Serbia/Sri Lanka/Uzbekistan/Vietnam

ÖNEMLI, DIKKATLE OKUYUNUZ LÜTFEN

- Kongremizde Yazım Kurallarına uygun gönderilmiş ve bilim kurulundan geçen bildiriler için online (video konferans sistemi üzerinden) sunum imkanı sağlanmıştır.
- Online sunum yapabilmek için **https://zoom.us/join**sitesi üzerinden giriş yaparak "Meeting ID orPersonal Link Name" yerine ID numarasını girerek oturuma katılabilirsiniz.
- Zoom uygulaması ücretsizdir ve hesap oluşturmaya gerek yoktur.
- Zoom uygulaması kaydolmadan kullanılabilir.
- Uygulama tablet, telefon ve PC'lerde çalışıyor.
- Her oturumdaki sunucular, sunum saatinden 5 dk öncesinde oturuma bağlanmış olmalarıgerekmektedir.
- Tüm kongre katılımcıları canlı bağlanarak tüm oturumları dinleyebilir.
- Moderatör – oturumdaki sunum ve bilimsel tartışma (soru-cevap) kısmından sorumludur.

DIKKATEDILMESIGEREKENLER- TEKNİK BİLGİLER

- Bilgisayarınızda mikrofon olduğuna ve çalıştığına emin olun.
- Zoom'da ekran paylaşma özelliğine kullanabilmelisiniz.
- Katılım belgeleri kongre sonunda tarafınıza pdf olarak gönderilecektir
- Kongre programında yer ve saat değişikliği gibi talepler dikkate alınmayacaktır

IMPORTANT, PLEASE READ CAREFULLY

- To be able to attend a meeting online, login via **https://zoom.us/join**site, enter ID "Meeting IDor Personal Link Name" and solidify the session.
- The Zoom application is free and no need to create an account.
- The Zoom application can be used without registration.
- The application works on tablets, phones and PCs.
- The participant must be connected to the session 5 minutes before the presentation time.
- All congress participants can connect live and listen to all sessions.
- Moderator is responsible for the presentation and scientific discussion (question-answer) section of the session.

POINTS TO TAKE INTO CONSIDERATION - TECHNICAL INFORMATION

- Make sure your computer has a microphone and is working.
- You should be able to use screen sharing feature in Zoom.
- Attendance certificates will be sent to you as pdf at the end of the congress.
- Requests such as change of place and time will not be taken into consideration in the congressprogram.

ÖNEMLİ NOT: SUNUMLARINIZI HEM TÜRKÇE HEM İNGİLİZCE HAZIRLAMANIZI RİCA EDERİZ

19.04.2025

SATURDAY / 14:30-16:30

SESSION-2 HALL-6

MODERATOR: Prof. Dr. Gökçe DEMİR

AUTHORS	AFFILIATION	TOPIC TITLE
Prof. Dr. Gökçe DEMİR Akile EREN	Kırşehir Ahi Evran University	A Review On Behavioural Addiction And Nursing Practices
Akile EREN Prof. Dr. Gökçe DEMİR	Kırşehir Ahi Evran University	Pathological Skin Picking Disorder And Nursing Practices
Lamiya MAHMUDOVA Sibel GÜNEŞ BAĞIŞ Ayla EKER SARIBOYACI Tayfun ŞENGEL	Eskişehir Osmangazi University	Investigation of the immunomodulatory effects of preconditioned Wharton's gel-derived mesenchymal stem cells
Aytən İlham qızı Alışanlı	Baku State University	Characteristics Of Emotional Intelligence In Convicts Who Have Committed Crimes Against Life And Health
Hacı Mehmet ÇALIŞKAN Ömer JARADAT	Kırşehir Ahi Evran University, Kırşehir Training and Research Hospital	Atypical Unilateral Contrast-Induced Nephropathy In A Patient With Peritoneal Carcinomatosis: A Case Report
Hacı Mehmet ÇALIŞKAN	Kırşehir Ahi Evran University	Polyarteritis Nodosa Presenting As Splenic Infarction: Diagnostic Challenge
Assist. Prof. Dr. Enes DALMANOĞLU	Balıkesir University	A Case Of Brucellosis Presenting As A Thigh Abscess

DALAK İNFARKT İLE PRESENTE OLAN POLİARTERİTİS NODOZA: TANISAL ZORLUK

Hacı Mehmet ÇALIŞKAN
Kırşehir Ahi Evran University, Faculty of Medicine, Department of Emergency Medicine, 40100, Merkez, Kırşehir, Türkiye
ORCID: 0000-0001-7370-420X

ÖZET

Poliarteritis nodoza (PAN), orta çaplı arterleri tutan, anevrizma, tromboz ve iskemik komplikasyonlara yol açan nadir bir sistemik vaskülittir. Bu olgu sunumunda, ani başlangıçlı sol üst ve orta karın ağrısı ile başvuran 36 yaşında bir erkek hasta tartışılmaktadır. İlk değerlendirmede stabil vital bulgular, lokalize hassasiyet ve elektrokardiyografide sinüs taşikardisi saptandı. Kontrastlı abdominal BT'de, çölyak arter bifurkasyonundan hepatik ve splenik arterlere uzanan diseksiyon ve splenik enfarkt görüldü. Ancak sonraki anjiyografi ve histopatolojik inceleme, hepatit B virüsü (HBV) ve antinötrofil sitoplazmik antikor (ANCA) negatifliğine rağmen PAN'ı doğruladı ve mikroanevrizmalar ile transmural enflamasyon gösterdi. Tedavide kortikosteroid (prednizon 1 mg/kg/gün), azatiopürin (2 mg/kg/gün) ve dual antiplatelet tedavi (aspirin ve klopidogrel) ile semptomatik düzelme sağlandı. Olgu, PAN'ın tanısal zorluklarını, özellikle arteriyel diseksiyonu taklit edebilme özelliğini vurgulamakta ve yanlış tanıyı önlemek için multimodal görüntüleme (anjiyografi) ve histopatolojinin gerekliliğini ortaya koymaktadır. PAN'da gastrointestinal tutulum (%14–65) sıklıkla iskemi veya enfarkt şeklinde görülürken, splenik enfarkt nadirdir (%5–10). Şiddetli ağrıya rağmen peritonit bulgularının olmaması, PAN'ın subakut iskemik patolojisini yansıtmaktadır. İmmünosupresyon tedavinin temelini oluştururken, antiplatelet ajanlar trombotik komplikasyonlarda kullanılabilir. Bu vaka üç önemli ders sunmaktadır: PAN'ın diğer vasküler patolojileri taklit edebilmesi, geniş ayırıcı tanı gerektirir; BT tek başına yanıltıcı olabilir, anjiyografi tanıda altın standarttır; İmmünosupresyon ve antiplateletlerin kombine kullanımı, trombotik komplikasyonlarda sonuçları iyileştirebilir. PAN'ın değişken klinik tablolarına yönelik farkındalık, tanı gecikmelerini azaltmak ve prognozu iyileştirmek için kritik öneme sahiptir.

Anahtar Kelimeler: Polyarteritis nodosa, vaskülit, splenik enfarkt

POLYARTERITIS NODOSA PRESENTING AS SPLENIC INFARCTION: DIAGNOSTIC CHALLENGE

ABSTRACT

Polyarteritis nodosa (PAN) is a rare systemic necrotizing vasculitis primarily affecting medium-sized arteries, leading to aneurysms, thrombosis, and ischemic complications. This case report describes a 36-year-old male presenting with sudden-onset left upper and mid-abdominal pain, initially suggestive of arterial dissection. Clinical evaluation revealed stable vital signs, localized tenderness, and sinus tachycardia on electrocardiogram. Contrast-enhanced abdominal CT showed dissection extending from the celiac artery bifurcation to hepatic and splenic arteries, with splenic infarction (Figure 1). However, subsequent angiography and histopathological analysis confirmed PAN, demonstrating microaneurysms and transmural inflammation, despite negative serology for hepatitis B virus (HBV) and antineutrophil cytoplasmic antibodies (ANCA). Treatment with corticosteroids (prednisone 1 mg/kg/day), azathioprine (2 mg/kg/day), and dual antiplatelet therapy (aspirin and clopidogrel) led to symptomatic improvement and discharge. The case underscores PAN's diagnostic challenges, particularly its mimicry of arterial dissection, emphasizing the need for multimodal imaging (angiography) and histopathology to avoid misdiagnosis. Gastrointestinal involvement, seen in 14–65% of PAN cases, often manifests as ischemia or infarction, but splenic infarction remains rare (5–10%). The absence of peritoneal signs despite severe pain highlights PAN's subacute ischemic pathology. Immunosuppression remains the cornerstone of therapy, with antiplatelet agents reserved for thrombotic complications. This report highlights three key lessons: PAN's ability to mimic other vascular pathologies necessitates broad differential diagnoses; CT alone may be misleading, underscoring angiography's diagnostic supremacy; and tailored therapy combining immunosuppression and antiplatelets can optimize outcomes in thrombotic complications. Increased clinician awareness of PAN's varied presentations is critical to reduce diagnostic delays and improve prognosis.

Keywords: Polyarteritis nodosa, vasculitis, splenic infarction

1. INTRODUCTION

Polyarteritis nodosa (PAN) is a systemic necrotizing vasculitis affecting primarily medium arteries, leading to aneurysm, thrombosis, and tissue ischemia (Pagnoux et al., 2010). Described first in 1866, the yearly incidence of PAN has been estimated at 3–4.5 cases/million population, with a moderate male predominance (Lightfoot et al., 1990; Mohammad et al., 2007). The etiology is unknown, though associations with infection with hepatitis B virus (HBV), genetics, and immune

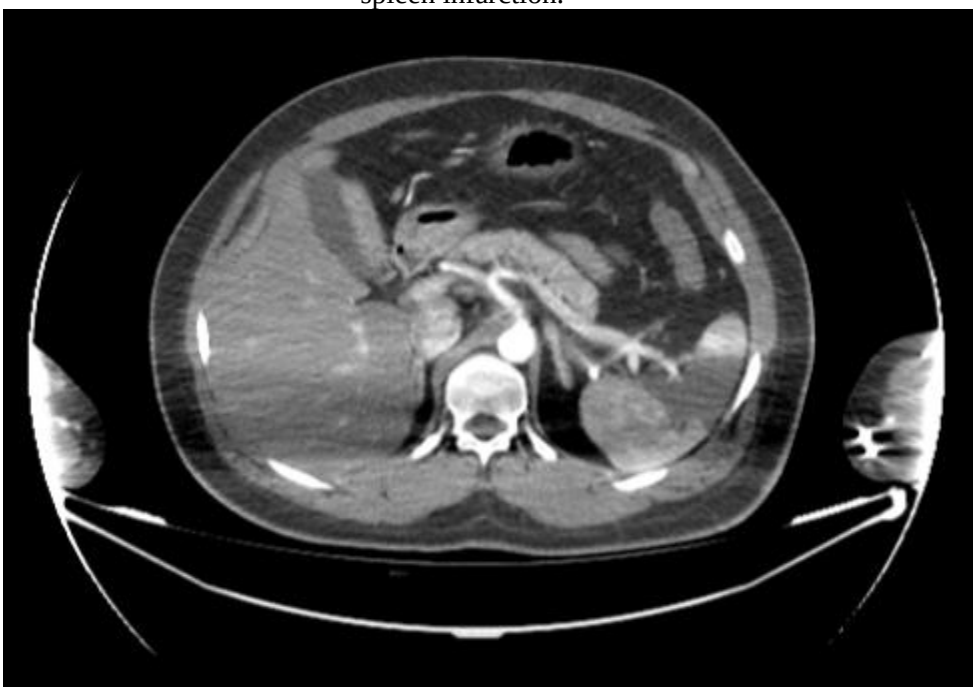
dysregulation have been postulated (Guillevin et al., 2011). PAN has a clinical picture of nonspecific constitutional symptoms (e.g., fever, weight loss) and organ-specific manifestations, such as skin lesions, neuropathy, renal ischemia, and gastrointestinal sequelae (Hernández-Rodríguez et al., 2014). Diagnosis relies on histopathological evidence of vasculitis or angiographic visualization of aneurysms and stenoses, supported by the American College of Rheumatology (ACR) criteria (Lightfoot et al., 1990). Early diagnosis is important because untreated PAN carries a high mortality rate from vascular events (Stone, 2002). The following case of PAN presenting as arterial dissection highlights the difficulty in diagnosis and the necessity of considering vasculitis in atypical presentations.

2. MATERIALS AND METHODS

A 36-year-old male presented to the emergency department with sudden onset of left upper and mid-abdominal pain. Alert (Glasgow Coma Scale 15) with stable vital signs: blood pressure 150/90 mmHg, heart rate 92 bpm, respiratory rate 22/min, and oxygen saturation 96%. Local tenderness but no rebound or guarding on physical exam, and otherwise normal abdominal, cardiac, and neurologic exams. The electrocardiogram showed sinus tachycardia.

Contrast-enhanced CT abdomen revealed dissection from celiac artery bifurcation to the hepatic and splenic arteries with segmental spleen infarction (Figure 1).

Figure 1. Contrast-enhanced CT abdomen demonstrates dissection in the splenic arteries with segmental spleen infarction.



The patient was transferred to a tertiary care facility, and recurrence imaging excluded dissection. Serological tests for HBV, ANCA, and anti-nuclear antibodies were negative. In view of evidence from the angiogram of microaneurysm development and transmural inflammatory changes on biopsy of arteries, PAN with vasculitis was diagnosed. Treatment with corticosteroids (prednisone 1 mg/kg/day), azathioprine (2 mg/kg/day), aspirin (300 mg), and clopidogrel (75 mg) resulted in symptomatic improvement and discharge in stable condition.

3. RESULTS AND DISCUSSION

PAN is characterized by medium artery transmural inflammation with fibrinoid necrosis, aneurysm formation, and end-organ damage (De Virgilio et al., 2016). Three of ten items in the 1990 ACR criteria are required, such as weight loss, livedo reticularis, testicular pain, myalgias, neuropathy, hypertension, renal dysfunction, HBV seropositivity, defects on angiogram, or biopsy-proven vasculitis (Lightfoot et al., 1990). In the current scenario, although HBV was absent, angiography and clinical findings fulfilled diagnostic criteria. Gastrointestinal presentation occurs in 14–65% of PAN cases and typically occurs as perforation, mesenteric ischemia, or infarction (Gayraud et al., 2001). Splenic infarction, as in this case, is rare but in 5–10% of patients (Pagnoux, 2016). The absence of guarding or rebound tenderness in the presence of severe pain may be secondary to the subacute process of ischemic injury as opposed to acute surgical etiology. This example shows how PAN can be imitative of other vascular diseases. Initial CT findings in favor of dissection underline the similarity of imaging characteristics between vasculitis and arterial dissection. Dissection is rare in PAN but can occur as a consequence of vessel wall weakening secondary to inflammation (de Menthon & Mahr, 2011). Angiography is still the gold standard for discriminating aneurysms (PAN) from dissections, which do not have the typical "string of beads" appearance (Jennette et al., 2013). Treatment is corticosteroid immunosuppression and cyclophosphamide or azathioprine in extensive disease (Stone, 2002). In this patient, the addition of aspirin and clopidogrel was to prevent the thrombotic hazards of splenic infarct. Though not routinely recommended for PAN, antiplatelet therapy could be appropriate for thrombosis or high ischemic burden situations (De Virgilio et al., 2016).

This case highlights three important points: one, the danger of misdiagnosis due to the ability of PAN to mimic arterial dissection that requires keen differential diagnosis among those with catastrophic abdominal pain; two, limits of imaging only as CT findings could be misleading and highlight the paramount role of angiography and histopathology for diagnosis; three, importance

of individual therapy whereby combination of immunosuppression (i.e., corticosteroids and azathioprine) and antiplatelet agents (e.g., aspirin and clopidogrel) is seen to augment the outcome of thrombotic complication of PAN in particular instances, such as in splenic infarct or arterial ischemia (De Virgilio et al., 2016; Jennette et al., 2013).

CONCLUSIONS

PAN is a rare but potentially fatal vasculitis that requires high clinical suspicion, particularly in patients with atypical abdominal pain and vascular dysfunction. This case also underscores the challenge of distinguishing PAN from arterial dissection and the necessity for multimodal imaging and serologic testing. Immunosuppression as an early measure remains the mainstay of treatment, with adjunctive antiplatelet therapy reserved for carefully selected patients. Increased awareness of PAN's varied presentations can reduce delays in diagnosis and improve prognoses.

REFERENCES

De Virgilio, A., Greco, A., Magliulo, G., Gallo, A., Ruoppolo, G., Conte, M., Martellucci, S., & de Vincentiis, M. (2016). Polyarteritis nodosa: A contemporary overview. Autoimmunity Reviews, 15(6), 564–570. https://doi.org/10.1016/j.autrev.2016.02.015

de Menthon, M., & Mahr, A. (2011). Treating polyarteritis nodosa: Current state of the art. Clinical and Experimental Rheumatology, 29(1 Suppl 64), S110–S116.

Gayraud, M., Guillevin, L., le Toumelin, P., Cohen, P., Lhote, F., Casassus, P., & Jarrousse, B. (2001). Long-term followup of polyarteritis nodosa, microscopic polyangiitis, and Churg-Strauss syndrome: Analysis of four prospective trials including 278 patients. Arthritis & Rheumatism, 44(3), 666–675. https://doi.org/10.1002/1529-0131(200103)44:3<666::AID-ANR116>3.0.CO;2-A

Guillevin, L., Pagnoux, C., Seror, R., Mahr, A., Mouthon, L., & Toumelin, P. L. (2011). The Five-Factor Score revisited: Assessment of prognoses of systemic necrotizing vasculitides based on the French Vasculitis Study Group (FVSG) cohort. Medicine, 90(1), 19–27. https://doi.org/10.1097/MD.0b013e318205a4c6

Hernández-Rodríguez, J., Alba, M. A., Prieto-González, S., & Cid, M. C. (2014). Diagnosis and classification of polyarteritis nodosa. Journal of Autoimmunity, 48-49, 84–89. https://doi.org/10.1016/j.jaut.2014.01.029

Jennette, J. C., Falk, R. J., Bacon, P. A., Basu, N., Cid, M. C., Ferrario, F., Flores-Suarez, L. F., Gross, W. L., Guillevin, L., Hagen, E. C., Hoffman, G. S., Jayne, D. R., Kallenberg, C. G., Lamprecht, P., Langford, C. A., Luqmani, R. A., Mahr, A. D., Matteson, E. L., Merkel, P. A., … Watts, R. A. (2013). 2012 revised International Chapel Hill Consensus Conference Nomenclature of Vasculitides. Arthritis & Rheumatism, 65(1), 1–11. https://doi.org/10.1002/art.37715

Lightfoot, R. W., Jr., Michel, B. A., Bloch, D. A., Hunder, G. G., Zvaifler, N. J., McShane, D. J., Arend, W. P., Calabrese, L. H., Leavitt, R. Y., Lie, J. T., et al. (1990). The American College of Rheumatology 1990 criteria for the classification of polyarteritis nodosa. Arthritis & Rheumatism, 33(8), 1088–1093. https://doi.org/10.1002/art.1780330805

Mohammad, A. J., Jacobsson, L. T., Mahr, A. D., Sturfelt, G., & Segelmark, M. (2007). Prevalence of Wegener's granulomatosis, microscopic polyangiitis, polyarteritis nodosa and Churg-Strauss syndrome within a defined population in southern Sweden. Rheumatology, 46(8), 1329–1337. https://doi.org/10.1093/rheumatology/kem107

Pagnoux, C. (2016). Updates in ANCA-associated vasculitis. European Journal of Rheumatology, 3(3), 122–133. https://doi.org/10.5152/eurjrheum.2015.0043
Pagnoux, C., Seror, R., Henegar, C., Mahr, A., Cohen, P., Le Guern, V., Bienvenu, B., Mouthon, L., & Guillevin, L. (2010). Clinical features and outcomes in 348 patients with polyarteritis nodosa: A systematic retrospective study of patients diagnosed between 1963 and 2005 and entered into the French Vasculitis Study Group Database. Arthritis & Rheumatism, 62(2), 616–626. https://doi.org/10.1002/art.27240
Stone, J. H. (2002). Polyarteritis nodosa. JAMA, 288(13), 1632–1639. https://doi.org/10.1001/jama.288.13.1632

CERTIFICATE

OF PARTICIPATION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

Hacı Mehmet ÇALIŞKAN

In oral and technical presentation recognition and appreciation of research contributions to **7. INTERNATIONAL MEDITERRANEAN SCIENTIFIC RESEARCH AND INNOVATION CONGRESS** 19-20 APRIL 2025 / Antalya/TURKEY with the paper entitled

" Polyarteritis Nodosa Presenting As Splenic Infarction: Diagnostic Challenge "

YASEMIN AĞAOĞLU
HEAD OF CONGRESS GROUP

SEFA SALIH BILDIRICI
HEAD OF ISARC

INTERNATIONAL SCIENCE AND ART RESEARCH CENTER
isarc