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# SICOT

Société Internationale de Chirurgie Orthopédique et de Traumatologie  
International Society of Orthopaedic Surgery and Traumatology

## ■ Newsletter

Heian Shrine, Kyoto

Courtesy of www.bigfoto.com

## Country to country: Japan

In this issue

- Evidence based orthopaedics 2
- Editorial by Dr Chadwick Smith 3
- Country to country: Japan 4
- Committee life: CSAC – Congress Scientific Advisory Committee 6
- Young surgeons: The first German SICOT Fellowship 7
- A brief history of the International Hip Society 10
- Peer-reviewers for the Fifth SICOT/SIROT AIC 2007 11

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# Operative versus non-operative treatment for thoracolumbar burst fractures without neurological deficit

**Background:** Spinal burst fractures result from the failure of both the anterior and the middle columns of the spine under axial compression loads. Conservative management is through bed rest, and immobilization with a brace once the acute symptoms have settled. Surgical treatment involves either anterior or posterior stabilization of the fracture with screws, often with decompression, an operation to remove bone fragments which have intruded into the vertebral canal.

**Objectives:** To compare operative with non-operative treatment for thoracolumbar burst fractures without neurological deficit.

**Search strategy:** We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialized Register (May 2005), the Cochrane Central Register of Controlled Trials (The Cochrane Library Issue 2, 2005), MEDLINE (January 1966 to April 2005), EMBASE (January 1988 to April 2005)

**Selection criteria:** Randomized controlled trials (RCTs) comparing operative with non-operative treatment of thoracolumbar burst fractures without neurological deficit.

**Data collection and analysis:** Two review authors assessed trial quality and extracted data independently. Pooling of data was not carried out as only one small, poor quality trial was included.

**Main results:** We included one trial comparing operative with non-operative treatment (53 participants). There was no statistically significant difference in pain and function-related outcomes, rates of return to work, radiographic findings or average length of hospitalization at final follow up. The rate of compli-

cations was higher for the patients treated operatively. The degree of kyphosis or the percentage of correction lost did not correlate with any clinical symptoms at the time of the final follow up. Average costs related to hospitalization and treatment in the operative group appeared to be more than in the non-operative group.

**Authors' conclusions:** There was no statistically significant difference on the functional outcome two years or more after therapy between operative and non-operative treatment for thoracolumbar burst fractures without neurological deficit. However, this review was able to include only one randomized controlled trial with a small sample size and poor quality, which precluded firm conclusions. More research with high quality trials is needed.

**Reference:** Yi L., et al.

*The full text of the review is available in The Cochrane Library (ISSN 1464-780X).*



Dear SICOT Members,

SICOT was well represented at the 2007 AAOS Meeting in San Diego, California. While there, the United States Section addressed its membership requirements! The section previously only accepted the top 2% of certified orthopaedic surgeons, and also required these to have twenty peer recommendations, but it will now allow all certified orthopaedic surgeons to apply for membership. This will exponentially expand the number of members for the US section.

An "ambassador" for SICOT for the Eastern European area, which includes Russia, was appointed. His responsibility will be to stimulate membership, increase outreach and education, and possibly develop support for SICOT Education Centres.

It has been my pleasure to meet with a delegation of orthopaedists from Thailand to discuss the possibility of combining their annual local orthopaedic society meeting with our upcoming SICOT Annual International Conference scheduled for the year 2009. This collaboration could provide positive opportunities for both organisations. The final details are to be decided at the SICOT Executive Meeting at the Brussels headquarters at the end of March. However, the benefit to SICOT could be a guaranteed income for SICOT as well as having a large attendance at this Annual International Conference.

Again, the Executive Committee and I look forward to meeting all of you at our SICOT Annual International Conference in Marrakech, Morocco. The number and quality of free papers and other scientific presentations that have been submitted has been quite outstanding, and this fact points to a very strong scientific learning experience.

Please keep in mind that if each SICOT member enlists a new member, our ability to enhance and implement worldwide orthopaedic education would double!!

Chadwick F. Smith  
SICOT President





The Annual Congresses of the Japanese Orthopaedic Association (JOA) of 2006 and 2007 mark the 100th anniversary of the year orthopaedic surgery courses were introduced in Japan for the first time, namely 1906. Historically, Tokyo University and Kyoto University are the oldest universities to undertake this effort. In 1926, 20 years later, the first general meeting of the JOA was held in Tokyo University when it had only 118 members. A hundred years later, the JOA now has more than 20,000 members including doctors from universities, general hospitals, medical practices and clinics. The JOA is involved in presenting research, study results, providing lectures, publishing bulletins and books in both Japanese and English. The association's official journal, the Journal of Orthopaedic Science, documents debates and research. The Association also maintains communication and creates ties with scientific organisations in the country and abroad. It undertakes studies concerning various activities of orthopaedic surgery. The 79th Annual Congress of the JOA in 2006, which was held in Yokohama, maintained an interchange with the Korean

Orthopaedic Association (KOA). The Association aims to continue interchange with other associations abroad and has organised a joint symposium with the British Orthopaedic Association (BOA) at the 80th Annual Congress in Kobe this year.

The Tokugawa shogunate (military government) ruled Japan for almost 300 years from 1603 to 1868. During this time, Japan was isolated from the rest of the world. Western medicine could only enter little by little via the Netherlands into Dejima, an artificial island in the bay of Nagasaki. On the whole, the country had almost completely cut trade with Western society and there was no cultural exchange until the American, Admiral Perry, visited the shores of Yokohama in 1853 and opened diplomatic relations with Japan.

A considerable number of areas (literary arts, living theatre) of Japa-

nese culture, which are today praised worldwide, were established during this time, including Kabuki (traditional theatre), calligraphy, Japanese food, lacquer tree art, ceramic art, outfitting, and music. Bushido, the Japanese code of conduct and way of life which had been cultivated for many centuries, was formalised into the national Feudal Law during the national seclusion. It later helped to shape modern Japanese society as well as the martial arts and sciences.

There are words like “Wakonyousai”, which means Japanese spirit with Western learning, representing an acceptance and harmonisation. It is the idea of developing Western technology while still valuing Japanese traditions from ancient times. Departments of orthopaedic surgery in Japan are characterised by many unique aspects even those under Western influence. Generally, the Japanese people prefer conservative treatment rather than surgical treatment and tend to prefer biological surgery and self-recovery rather than artificial implants and allotransplantation. As a result, out of the around 20,000 members of JOA, about 5,000 private practitioners deal only with diagnosis and conservative treatment.



*Cormorant fishing on the Nagara River*

In spine surgery, ossification of the posterior longitudinal ligament (OPLL) is frequent, a laminoplasty has been developed. The artificial disk is to date still not accepted socially at all. In joint surgery, an artificial joint replacement is frequently performed as is osteotomy, especially high tibial, femoral, and acetabular. The invention of arthroscopy and the development of replantation of digits are examples of Japanese originality contributing to the orthopaedic world.

An important Japanese insurance system was developed and helped bring about the country's miraculous reconstruction after defeat in World War II. It also contributed to the world-famous longevity of its people. The system maintained high quality health care at low cost. However, due to globalisation and the principles of the free market economy, the foundation of this system has become unstable.

The Japanese section became part of SICOT in 1951 when Prof Miki from Tokyo University, Chairperson of the Japanese Orthopaedic Society, presently known as JOA, participated as the National Delegate of Japan. In 1978, the 14th SICOT Triennial World Congress, which celebrated SICOT's 50th anniversary, was held in Kyoto and Prof T. Amako was the Congress

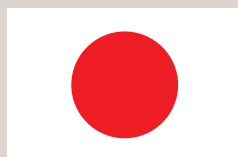


*The World Heritage, Shirakawa-go, in Gifu*

President. In 1993, Prof Yamamuro took office as President of SICOT, a position he held for three years.

The number of SICOT members from Japan has increased greatly.

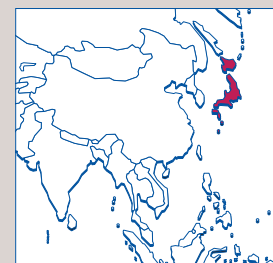
However, there is a general tendency now to participate in subspecialty associations rather than in an international society dealing with orthopaedics in general. This is the reason for the recent decrease in members in the Japanese section. Nonetheless, it is expected that there will be an increase in the number of young orthopaedists becoming members as they begin their careers and seek new opportunities.



- ▶ **Country name:** Japan
- ▶ **Capital:** Tokyo
- ▶ **Location:** Eastern Asia, island chain between the North Pacific Ocean and the Sea of Japan
- ▶ **Surface area:** 377,835 km<sup>2</sup>

- ▶ **Population:** 127,463,611 people (July 2006 est.)
- ▶ **Population growth rate:** 0.02% (2006 est.)
- ▶ **Birth rate:** 9.37 births/1,000 population (2006 est.)
- ▶ **Death rate:** 9.16 deaths/1,000 population (2006 est.)
- ▶ **Language:** Japanese
- ▶ **Religion:** Shinto and Buddhist 84%, other 16% (including Christian 0.7%)
- ▶ **Type of government:** constitutional monarchy with a parliamentary government

- ▶ **No. of doctors:** 251,889
- ▶ **No. of orthopaedic surgeons members of JOA:** 21,725
- ▶ **No. of hospital beds:** 129.4/10,000 population
- ▶ **No. of medical schools:** 80



Source: *The World Factbook*



This Committee is chaired by the President Elect and its members are the former congress president, Prof Bartolome Allende,

and the upcoming congress presidents Dr Thami Benzakour for Marrakech 2007 and Prof Keith D-K Luk for Hong Kong 2008, the Immediate Past President, Prof John C.Y. Leong, the Executive Director of SICOT, Mrs Beatrice Chaidron. The members at large are Prof Erdal Cila and Dr Cyril Toma.

The main objectives of the CSAC are to establish the scientific programme for the SICOT conferences and congresses and to ensure a high level of science and overall financial balance of their activities. Over the past six years, we have experienced an increasingly greater number of submitted abstracts, an indication of the raised scientific level of our meetings and a confirmation of SICOT's important role as a forum for young orthopaedic surgeons all over the world. The scientific programmes are a cocktail of free paper sessions, lectures by invited speakers, plenary sessions, instructional courses, symposia and industrial workshops. We aim to have a trainees' meeting and combined activities with SIROT at each con-

gress. The topics selected for each event reflect the regional differences in orthopaedics and, moreover, the current focus of the subspecialties participating, such as IF-POS, SRS, Hip Society, Haemophilia Society, Sports Medicine, SIROT and others.

Having improved the fully electronic handling of our scientific papers through a double review process, we still face problems in completing the scientific programme in good time. We have an unfortunate number of absentee speakers, which we try to minimise by requiring payment of congress registration fees prior to printing the programme. We want to limit the number of parallel sessions and achieve the perfect match between space and audience. The scientific part of our work has been rewarding and great fun.

A more serious and frustrating element has been the lack of financial success of the congresses despite the high number of participants. Our income from sponsors through exhibitions and workshops has not reached an acceptable level. We have not been able to motivate our industrial partners to invest in our activities. At the same time, congress expenses have not been able to be adjusted in time from a lack of communication on budgets. Our Society must

have a financial surplus from the congresses. We need, therefore, to improve our contacts with industry, through the Executive Committee, CSAC, and all SICOT members. Within the CSAC the establishment of a strict ongoing budgeting system is mandatory but still must prove to be successful.

SICOT congress activity will remain one important brand trademark of SICOT and the place for exchange of orthopaedic science and knowledge in order to improve patient care all over the world. At the same time, congresses provide us with the opportunity to establish friendships and important relationships for the future. We must all care for this by every possible means and our leadership has to fulfil its responsibilities.

### **Important dates for the administrative meetings in Marrakech, Morocco:**

- > 27 August: Executive meeting
- > 28 August:
  - Committees meetings
  - Geographical sections
  - Board of Directors
  - National Delegates banquet
- > 29 August: International Council meeting
- > 30 August: General Assembly

# The first German SICOT Fellowship, 5 June-2 July 2006

Young  
surgeons

Dr Ahmed Mohamed El Basyuni



I was awarded this Fellowship, along with a colleague, Vaibhav Bagaria, from India, for having achieved the top scores in the

SICOT Diploma Examination in Istanbul, Turkey, in September 2005. This Fellowship has been a state-of-the-art orthopaedic experience as well as a fascinating life encounter.

It extended over a month in ideal spring weather during the ecstasy of the World Cup. It involved a mix of professional, social, fun, and tourist experiences. No one could dream of achieving such a mix in a single mission.

On a professional level, we were very honoured to visit the country of Perthes, Kuntscher and Kirschner, to visit Würzburg, the town where X-rays were invented, and to visit five top orthopaedic centres. We were also privileged to meet with some of their world-renowned surgeons, professors and “*Chefarzts*” in orthopaedics, and to be escorted by enthusiastic, friendly and hospitable colleagues who graciously joined us for social, tourist and sporting events. The luxurious hotels, meals, social events and sightseeing trips, added to a generous stipend and cover of travel costs, to and inside

Germany, for both of us (including my colleague’s return ticket to his home town in India), enabled us to enjoy every minute.

It was all organised by Prof Dr Jochen Eulert, the German National Delegate of SICOT, Director of the Orthopaedic Unit at the University of Würzburg, *Orthopädische Klinik König-Ludwig-Haus* (university hospital). We fully appreciated the extensive efforts and generous budget put into our Fellowship to maximise our interest and benefits. It was a great live learning orthopaedic experience.

We were assigned to highly impressive “megacentres”, a striking innovation in orthopaedics, attached to outstanding surgeons in fascinating state-of-the-art theatres. They are huge hospitals with hundreds of beds and completely dedicated to orthopaedic surgery. These “megacentres” can be of any status: university, state, charity, or even private, yet geographically tied to each other. They are uniquely designed with pools of theatres for cost-effective, safe, comfortable and efficient practice for diversified procedures, with stylish infection control and the latest surgical and managerial measures. Each centre is operated and run by a pyramidal hierarchy of surgeons with a Professor at the top, deputised by a second-in-com-

mand Professor/*Chefarzt*, then *Uberarzt* (consultants) and assistants down to the trainees. We spent a week in each of these centres during which we had every chance for clinical, operative and academic exposure.

In **Würzburg**, we were assigned to the *Orthopädische Klinik König-Ludwig-Haus*, where we were cared for by Prof Dr Eulert and his team, joining their clinical and surgical activities and assisting them in operations on complex hip and knee arthroplasties. It was so rewarding to have the chance to tour the four orthopaedic theatres and follow different operations going on at the same time.

(Cont. on next page)



The two fellows at the *Orthopädische Klinik König-Ludwig-Haus* of the University of Würzburg



# The first German SICOT Fellowship, 5 June-2 July 2006 (cont.)

We also joined the deputy, Prof Gohlke, an internationally known shoulder surgeon, and his team, in surgery and participated in ward rounds and clinic sessions.

In addition to sightseeing in Würzburg and visiting its Residence Palace, we joined a party of colleagues and their families at one of their houses to dine and watch the first World Cup match when the German team took us all through a four-goal clinical winning match. It was a great first week.

Our next assignment was at the *Orthopädische Klinik* in **Rummelsberg**, a 260-bed charity hospital in scenic Bavaria, where we were cared for by Prof Günther Zeiler, Chefarzt Wilhelm Baur, and their great teams.

We saw the uniquely designed pool of theatres where you can follow many operations at the same time, an efficient service and teaching opportunity, and yet very tactful management. At the *Rummelsberg Klinik*, we had a chance to see special orthopaedic cases normally referred to as tertiary centres.

We also saw Chefarzt Baur using his latest femoral stem implant called "Metaphyseal" that could be inserted through a small minimally invasive type incision. We also assisted in cases of high tibial osteo-



*The team at the orthopaedic clinic at Krankenhaus Rummelsberg*

tomy, from the lateral side, in varus arthritic knees.

Joining Chefarzt Baur and his team on ward rounds, and clinics, added to our appreciation of the operations in which we were involved.

The paediatric orthopaedic surgery of Chefarzt Annemarie Schraml was impressive. She has been travelling for years doing charity work for areas in need. We saw her case collection, which was most educational.

Visiting Prof Dr Raimund Forst in his university orthopaedic unit in **Erlangen** was a rewarding trip. We had long discussions with him on many aspects of science and life. He was kind to present each of us with a copy of his and his colleague's book about hip revisions.

We also visited **Nürnberg** and its World War II historical sites

and museum. On that trip, we watched England's match on a multiple big screen, along with a gathering much larger than that in the nearby stadium itself, and enjoyed the football fun and madness around every corner in the country.

Our assignment in **Berlin** was at the *Vivantes Auguste-Viktoria-Klinikum*, with Prof Heino Kienapfel. We had a tour of the hospital, met with the team, attended morning reports and one of the grand rounds with the Professor.

With Prof Kienapfel and his family, as well as members of our own families who were visiting, we enjoyed Germany's second winning match and then the celebrating capital afterwards.

The last stop was the *Endo-Klinik* in **Hamburg**, a private and impressive centre where we met Prof Joachim Löhr and a huge team



of other eminent surgeons. There we continued to work with the team in challenging shoulder and hip revisions and to enjoy sight-seeing around the city, at one of the prime and fascinating seaports of the world.

The German school of hip arthroplasty is very well known. It continues to introduce new techniques and implants every day. We came to believe that no one could master hip arthroplasty without being through its German School of thoughts and practices.

We had the honour of meeting, working with, learning from and even socialising with some of its contemporary figures and their families such as Professors Eulert, Zeiler, Forst, Kienapfel and Chertartz Baur.

The historical and unique yet evolving pattern of the orthopaedic specialty in Germany is its three tier system of cover; the musculoskeletal trauma handled by trauma surgeons, the elective orthopaedics by orthopaedic surgeons, and the rheumatology-medical orthopaedics handled by orthopaedic physicians. All are trained then crowned by the *Fachartz* qualification at the end of their training.

During the Fellowship we were reminded of the harsh global reality of politicians' failure to appre-

ciate the societal role of doctors, the long hours our colleagues spend to serve their patients and the great efforts they put into serving the public. We witnessed tough negotiations between the Doctors Union in Germany and the politicians about payment to match the hours worked, particularly by juniors. Some doctors had to stop doing extra hours until their voice was heard and a fairer payment was agreed in a firm and democratic way.

This Fellowship was really a great award to win. Through it, we have learned much and acquired many life and career inspirations in addition to having a most enjoyable time.

SICOT was formed to bring the world's orthopaedic surgeons together and to endeavour to serve them and their patients. We feel proud that through the SICOT Diploma Examination we were able to win one of its top awards.

In this increasingly interconnected world, and the Bone and Joint Decade, we believe that SICOT is the way ahead for orthopaedic surgery on global, national and regional levels, and every effort should be made to expand its umbrella and to encourage more surgeons to join. An efficient way to do so, we think, is to recognise its Diploma Examination in most,

if not all, of its member countries. Greater recognition of the examination would lead to larger membership.

The fact that the SICOT Diploma Examination relies on the curriculum of some member countries, runs on the format of another, is panelled by examiners from all over the world, and is hosted by a different country each time, should mean that all these countries agree and accept it to be a qualifying exit exam for the specialty.

This recognition of the SICOT Examination would, surely, add to its value, and have a favourable impact on SICOT membership. This would also help to fill gaps in local training, research, and employment for its different countries, both developed and developing, and overall to provide better services for patients everywhere.

SICOT, with its growing services, would bring the world closer together into more peace and prosperity for mankind as it works on such a humanitarian need and with such a global spirit.

We thank SICOT, its founders, contributors and promoters, and our special thanks go to its German National Delegate and to all other award providers.



# A brief history of the International Hip Society

Dr Harlan C. Amstutz | President of the International Hip Society,  
1999-2002



Perhaps the best way to report the initial discussions that resulted in today's International Hip Society organisation is to quote from Dr Frank E. Stinchfield's letter to Prof Dr Maurice E. Müller on 1 August 1975, since Dr Stinchfield was the catalyst behind this group's formation. He first thanked Dr Müller for attending the organisational dinner at the Scandinavia Hotel in Copenhagen on Tuesday, 8 July 1975, (during the SICOT meeting), and he goes on to suggest that the other attendees of that session nominate the founding members as well as to say: "I...believe that we have started something that will lead to a stimulating and dynamic society. The prime purpose of an International Hip Society would be to promote in-depth presentation of material plus frank and open discussions of all problems pertaining to the hip joint in adults and children." Further in the letter, he suggests that the first organisational meeting be held during the London meeting of the English-speaking countries in September 1976.

Dr Michael Freeman kindly held that meeting at the Faculty of Engineering at Imperial Colle-

ge in London on Wednesday, 15 September 1976, with about 14 attendees. The agenda included a statement of purpose, definition of membership, and so forth. The following men were in attendance and were voted as the organising, founding members: Drs Harlan C. Amstutz, H.W. Buchholz, John Charnley, M.A.R. Freeman, William H. Harris, Floyd Jergesen, Mark G. Lazansky, Irwin S. Leinbach, G.K. McKee, Maurice Müller, Michel Postel, Augusto Sarmiento, Frank Stinchfield, and E.E. LeTournell. The minutes of the meeting also state that Drs Karl Chiari, Mark B. Coventry, Merle Robert D'Aubigne, Robert Judet, Richard Cruess, Philip D. Wilson, Jr., Nas S. Eftekhar, Soren Pilgaard and Robert Salter were excused due to a conflict in obligations, but were also voted as among the 22 founding members of the society.

The first closed meeting of the Society was held in 1977 in Bern, Switzerland, with Dr Müller as host. Dr B. G. Weber and Dr H. Wagner presented papers and added their names to the roster. Although the first three closed meetings were held in Bern, it became the custom to have the open meeting in association with SICOT (the first was held in 1978 in Kyoto) and a closed meeting in

the city of the President in an interim year.

It is the Society's intention to expand membership which remains by invitation only, thus maintaining the criteria of excellence in orthopaedics of the hip, in order to include as many countries as possible. The Society now has 68 active and senior members and 35 emeritus members from 19 countries and five continents, whereas the founders represented only seven countries and were either from North America or Europe. In autumn 2006, the closed meeting was held in Paris where President Laurent Sedel presided with 47 members in attendance from 13 countries. ■

## The new website

In the next issue, we will be publishing information regarding the new, more interactive and user-friendly SICOT website and its new functions, which will be launched in April!

# Peer-reviewers for the Fifth SICOT/SIROT Annual International Conference

SICOT would like to thank the following members of the Scientific Board for their time and effort in reviewing the abstracts submitted for the Fifth SICOT/SIROT Annual International Conference to be held in Marrakech from 29 August to 1 September 2007.

Dr Stephen ABELOW, United States

Dr Behrooz A.AKBARNIA, United States

Dr Abdullah AL-OTHMAN, Saudi Arabia

Prof Dr Syed Muhammad AWAIS, Pakistan

Prof Mohamed Salah BENDJEDDOU, Algeria

Dr Thami BENZAKOUR, Morocco

Ass Prof Andrzej BOHATYREWICZ, Poland

Dr Bruce D. BROWNER, United States

Prof Cody BÜNGER, Denmark

Dr Franz BURNY, Belgium

Prof Ivan BUTKOVIC, Serbia & Montenegro

Dr Miguel E. CABANELA, United States

Dr Jacques CATON, France

Prof Erdal CILA, Turkey

Prof El Hadj Ibrahima DIOP, Senegal

Prof John P. DORMANS, United States

Dr Jamal-Dim EL AHMADI, Morocco

Dr Sabri EL-BANNA, Belgium

Dr Wissam EL KHAZZI, Belgium

Dr Ali EL KOHEN, Morocco

Prof Dr Jochen EULERT, Germany

Dr Thamer HAMDAN, Iraq

Dr Simon HERMAN, Slovenia

Prof Maurice HINSENKAMP, Belgium

Prof Pierre HOFFMEYER, Switzerland

Dr Kamal IBRAHIM, United States

Prof Abdelouahed ISMAEL, Morocco

Dr Farid ISMAEL, Morocco

Dr Samir KARRAKCHOU, Morocco

Prof Shoichi KOKUBUN, Japan

Dr Joseph M. LANE, United States

Dr Mohamed LEMSEFFER, Morocco

Prof John LEONG, Hong Kong

Mr Ian LESLIE, United Kingdom

Prof Ping-Chung LEUNG, Hong Kong

Dr Haisheng LI, Denmark

Prof Hwa-Chang LIU, Taiwan

Prof Bo S. OLSEN, Denmark

Dr Horia-Bogdan ORBAN, Romania

Prof Rocco P. PITTO, New Zealand

Dr Jean P. H. QUINTIN, Belgium

Dr Mohammed RAFAI, Morocco

Prof Galal Zaki SAID, Egypt

Prof Laurent SEDEL, France

Prof Katsuji SHIMIZU, Japan

Prof Chadwick F. SMITH, United States

Prof Kjeld SOBALLE, Denmark

Prof Charles SORBIE, Canada

Prof Dr Miklos SZENDROI, Hungary

Dr Garnet Donald TREGONNING, New Zealand

Dr Cyril TOMA, Malaysia

Prof Albert VAN KAMPEN, Netherlands

Prof Dr Vilmos VECSEI, Austria

Prof René VERDONK, Belgium

Prof Gershon VOLPIN, Israel

Dr James Patterson WADDELL, Canada

Dr Said WAHBI, Morocco

Mr Geoffrey WALKER, United Kingdom

Prof Dr Nikolaus WÜLKER, Germany

Prof Dr Chyun-Yu YANG, Taiwan

# Fifth SICOT/SIROT Annual International Conference

**29 August - 1 September 2007**

**Conference Venue: Palais des Congrès  
Avenue Mohammed VI - 40 000 Marrakech, Morocco**

*The rates below are guaranteed until 30 May 2007!*



*HOTEL MANSOUR EDDAHBI - The main conference hotel*

Near the medina's ramparts, this luxurious five-star garden hotel, the Mansour Eddahbi, prides itself on its elegant and refined atmosphere. You will appreciate the tranquillity, comfort and highly personalised service.

#### **29 August – 2 September**

Double Occupancy (breakfast included): MAD 1,242 / EUR 112  
Single Occupancy (breakfast included): MAD 1,174 / EUR 106

Situated in a lush green environment, with gardens and palm trees, Hotel Atlas Asni offers to all those who are discovering the ochre city of Morocco a pleasant stay under the sun, in comfort and tranquillity. Located near the modern city centre, this four-star hotel is perfectly appropriate for both holiday visits and business conferences. Hotel Atlas Asni is located 10 minutes from the Marrakech Menara Airport and is two steps away from the medina and other main tourist attractions of the city of Marrakech.

#### **29 August – 1 September**

Double Occupancy (breakfast included): MAD 1,015 / EUR 92  
Single Occupancy (breakfast included): MAD 810 / EUR 73

#### **1 September – 2 September**

Double Occupancy (breakfast included): MAD 1,400 / EUR 126  
Single Occupancy (breakfast included): MAD 1,090 / EUR 98



*HOTEL ATLAS ASNI MARRAKECH*



*HOTEL RYAD MOGADOR OPERA*

Hotel Ryad Mogador Opera is situated on one of the most prestigious avenues in the heart of Marrakech. From the rooms at the Mogador you will have a spectacular view of the majestic Atlas Mountains. The hotel is located in close proximity to the Gueliz commercial district and the historical medina. **Hotel Ryad Mogador Opera does not serve alcohol.**

#### **29 August – 2 September**

Double Occupancy (breakfast included): MAD 760 / EUR 69  
Single Occupancy (breakfast included): MAD 550 / EUR 50

*\*Prices in euros are approximate*

**To reserve online, please visit <http://www.sicot.org>  
and click on Hotel and Tours Reservation**

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