

LASL & LSGE

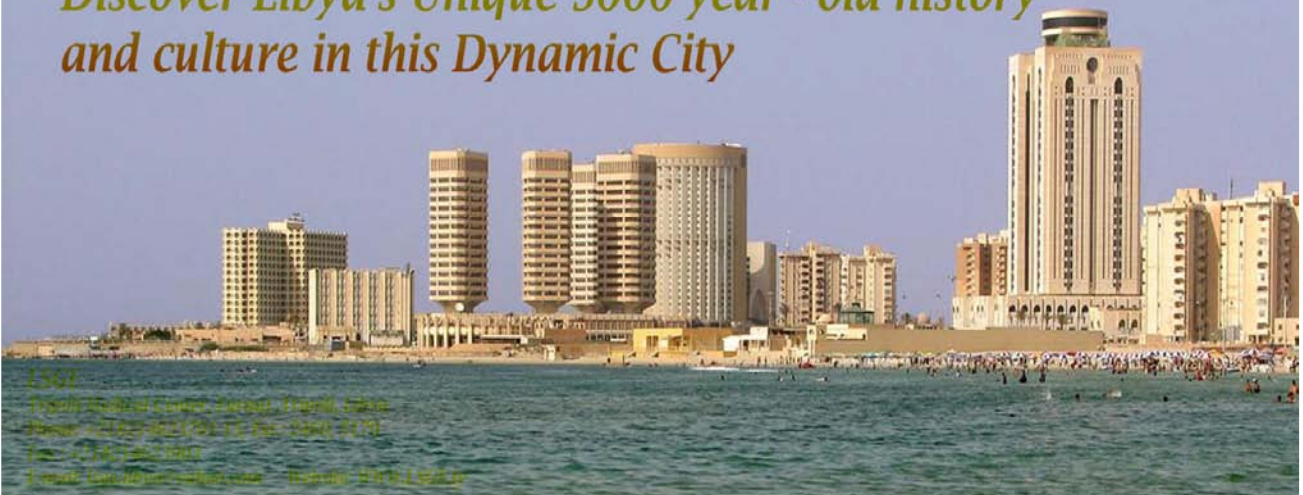
2009

LSGE Welcomes You to Tripoli, Libya



Tripoli, LIBYA

*Discover Libya's Unique 5000 year - old history
and culture in this Dynamic City*



LSGE
Tripoli Medical Center, P.O. Box 11700, Tripoli, Libya
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3rd Libyan Endoscopy Workshop



Therapeutic endoscopy & mini liver symposium

Proudly endorsed by



Program of the activities



Tripoli Medical Centre
 Endoscopy department & main lecture hall
 SATURDAY, October 17, SUNDAY, October 18, 2009

Directory

1- Tripoli Medical Centre TMC:

TMC is located in Tripoli city (the capital) in Furnaj Street, it's about 15 minutes away from Tripoli international airport through the high way.

Tel: +218 21 4623701-15

Fax: +218 21 46233403

Web site: www.tmc.ly

2- Libyan Society of Gastrointestinal Endoscopy LSGE:

Located at Tripoli Medical Centre, Endoscopy Department

Tel: +218 21 4623903

+218 21 4623701-15 extension: 5170, 2460

+218 21 4623903

Web site: www.lsgc.ly

Email: lsgc.libya@yahoo.com

3- Libyan Association for Study of Liver LASL:

Located at Tripoli Medical Centre, Endoscopy Department

Tel: +218 21 4623903

+218 21 4623701-15 extension: 5170, 2460

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Email: lasl.libya@yahoo.com

4- Corinthia Tower Hotel (Tripoli):

Located at Tripoli down town

Tel: +218 21 3351870-90

Fax: +218 21 3351992

Web site: www.corinthiahotels.com

Email: Tripoli@corinthiahotel.com

5- Alsaraya Hotel:

Tel: +218 21 3345083-84

Fax: +218 21 3345082

Web site: www.stc.com.ly

Email: info@stc.com.ly

6- Bab Al-bahr Hotel:

Tel: +218 21 3350676-710

Fax: +218 21 3350711

Dear Colleagues,

It is our great pleasure to launch THE 3rd LIBYAN, ESCGE endorsed WORKSHOP ON THERAPEUTIC ENOSCOPY & MINI LIVER SYMPOSIUM organized by the Libyan Society of GI Endoscopy (LSGE), and Libyan Association for Study of the Liver (LASL) that will be held in Tripoli, Libya at Tripoli medical center during the period October 17th – 18th ,2009

We planned to have a two-day core program to provide an overview of GIT diseases with live demonstration of therapeutic endoscopy procedures as well as state of the art lectures.

The mini liver symposium, organized by LASL, has grown as the leading meeting focusing on remarkable progress in viral liver diseases, including B, C viral hepatitis & HCC which provide an excellent opportunity to share and exchange experience between our colleagues from the Mediterranean countries and overseas to pave a way for better development of Hepatology.

We look forward to welcoming you in Tripoli, Libya. Come to join us

Prof : abdufatah shaban

The organizers wish to warmly thank the following companies for having sponsored the 3rd Libyan endoscopy workshop and thus having contributed to its success:

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National program of Organ transplantation

Chairman



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Guest Speakers

Prof. Guido Costamagna



Professor, head of digestive endoscopy unit
Largo A .Gemelli 8 University cattolica del
sacro cuore
Policlinico A.Gemelli
IT – 00168 ROMA
Italy

Prof Ibrahim Mustafa



gastroenterology and hepatology
Theodor Bilharz Research Institute
Cairo, Egypt

Prof. Ghassan Abou-Alfa



MD, American University of
Yale University School of Medicine
Internal Medicine; Medical Oncology
Gastrointestinal Oncology; Pancreas, Gall
Bladder, and bile duct tumors, 1ry liver
cancer

Prof. Thierry ponchon



Digestive Endoscopy and Gastroenterology Unit
, A.O. "Istituti Ospitalieri di Cremona", Viale
Concordia 1, 26100 Cremona, Italy

Prof. Federico Buffoli



Executive Chief and doctor of the Digestive Endoscopy and Gastroenterology Business Service. Hospital Corporation of Cremona, Viale Concordia, 1.

Prof. Dr. med. E. G. Hahn



Medizinische Klinik 1. Universitätsklinikum Erlangen. Friedrich-Alexander-Universität Erlangen-Germany

Prof. A-Elzouki



Gastroenterology & hepatology department. Algomhuria Hospital. Benghazi- Libya

Dr. A. Aboutwerat



Consultant hepatologist, national organ transplant centre, Tripoli central hospital, Tripoli- Libya

Dr. A. Burwaiss



Gastroenterology, hepatology & endoscopy department. Tripoli Medical Centre, Tripoli- Libya

Dr. A. Abughrara



Head of radiology department, Tripoli Medical Centre, Tripoli- Libya

THE FACULTIES

- O. Elshemam (Libya)

- E. Ehtuish (Libya)

- N. Belhaj (Tunisia)

- F. akhederi (Tunisia)

- A. Ghorbal (Tunisia)

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1. *Prof. Abdulfatah Shaban.*
2. *Dr. Ali Aboutwerat.*
3. *Dr. Abdullah Burwaiss.*
4. *Dr. Abdulehamid Bani*
5. *Dr. Adnan Bisheya.*
6. *Dr. Abdulwahab Hamid.*
7. *Dr. Dalia Khair.*

Scientific program

Day 1 Saturday 17.10.2009

Time Events

08:15 – 08:45 am Registration , Opening Ceremony

Session I

**Chairpersons : G. Costamagna (Italy) , T. Ponchon (Italy) , Bashir rumih (UK),
F. Lekhderi (Tunisia), A. mestiri , A. Shaban ,A. Bani, A. Burwaiss**

**08:45 – 09:15 am Endoscopic Management of Injuries of Biliary System
Prof G. Costamagna**

09:15 – 10:30 am Live Video Demonstration

10:30 – 11:15 am Coffee Break and visit Exhibition

Session II

**Chairpersons : E. G. Hahn (Germany), F. Buffoli (Italy), A. Ghurbal (Tunisia),
I. Mustafa (Egypt), M. Jafer (UK), A. Tawati , A. Aboutwerat.**

**11:15 – 11:45 am Endoscopic Management of Non Variceal upper GIT Bleeding
Prof I. Mustafa**

11:45 - 12:45 pm Live video demonstration

**12:45 – 13:15 pm Refining the role of ERCP in the management of gall stone pancreatitis
Prof G. Costamagna**

13:15 – 14: 15pm Lunch

Session III

**Chairperson : O. Shamam , G. Abou-Alfa (US), A. Wendi , A. Elserwi (Egypt),
T. Najjar (Tunisia), J. Talhy.**

**14:15 – 14:35 pm Mini – liver symposium
Diagnostic approach and staging of HCC
Dr G. Abou-Alfa**

**14:35 – 14:55 pm Interventional Radiology in Management of HCC
Dr A. Elserwi**

**14:55 – 15:15 pm Targeted drug treatment of HCC
Dr G. Abou Alfa**

**15: 15 – 15:35pm The Experience of Libyan National Program of Transplantation
Dr A. Abotweerat**

15:35 – 15:45 pm Coffee break

Session IV

**Chairpersons: I. Mustafa (Egypt), Neumann (Germany) , A. Shaban, M. Aboushaala ,
N. Belhadj (Tunisia), S. Elshtewei**

**15:45 – 16:05 pm Current Diagnostic Strategies in the Management of Hep-B and
Hep-C viral infection
Dr A. Saad**

**16:05 – 16:25 pm The role of non invasive testing (Fibrotest) in chronic Hep-C infection
Pasteur institute**

**16:25 – 16:45 pm Update on Management of Hep-C viral infection
Prof. A-N Elzouki**

**16:45 – 17:05 pm Update on Management of Hep-B viral infection
Prof H. Schmidt**

Day 2 **18.10.2009**

Time **Events**

Session I

**Chairpersons: E. G. Hahn (Germany), H. Ben khalifa (Tunisia), F. Ekhelifa,
A. Burwaiss, S. Sanuk, A. Tomi**

IBD Mini - Symposium

08:30 – 09:00 am **Optical analysis and its impact on Superficial Neoplastic Lesions and
Lesions in IBD.
Prof T. Ponchon**

09:00 – 9:40 am **Live Video Demonstration**

09:40 – 10:10 am **i Scan from Development to Clinical Application
Prof F. Buffoli**

10:10 – 10:30 am **Coffee Break Exhibition**

Session II

**Chairpersons: I. Mustafa (Egypt), E. Ehtwish, M. Frandah, A. Elserwi (Egypt),
G. Bozedi, Manal Gabr.**

10:30 – 11:15 am **Live Video Demonstration**

11:15 – 11:45 am **New Developments in the Clinical Management of Barrett's Esophagus ,
Prof E. Hahn .**

11:45 – 12:30 pm **Live Video Demonstration**

12:30- 13:00 pm **CT Enterography in Patients with IBD
Dr A. Abograra**

Closing Ceremony



Tripoli Medical Centre

TMC is a public hospital with about 1450 beds

The Gastroenterology & Hepatology Department at TMC provides a comprehensive array of diagnostic and therapeutic treatment for digestive and liver diseases. Backed by a team of dedicated specialists, we aim to provide personalized, specialized, and quality care for our patients. We are also constantly engaged in continuous clinical research to stay in the forefront in the field of gastroenterology and hepatology.

As a dedicated facility to the prevention, diagnosis and treatment of gastrointestinal and liver diseases, we are equipped with the state-of-the-art technology and know-how to provide accurate diagnosis as well as management plans for both common and complicated gastrointestinal, liver and biliary conditions. Our dedicated team of highly-skilled Gastroenterologists and Hepatologists are supported by a committed group of trained nurses to ensure quality care for our patients.

We also pride ourselves as a tertiary referral centre for complex clinical cases and an education hub for patients, nurses, medical students and doctors in the principles and practice of digestive and liver diseases. To provide the latest breakthrough treatments and patient care, we are

constantly engaged in continuing research and clinical trial projects of both gastrointestinal and Hepato-biliary diseases.

Services:

- Diagnosis and treatment of gastrointestinal disease
- Hepatic diseases
- Biliary diseases
- Pancreatic diseases
- GI infections
- Diagnosis of cancer of the digestive system

Facilities:

- Inpatient department (includes 78 beds).
- Outpatient department (includes viral hepatitis OPD, IBD OPD, general gastroenterology & hepatology OPD).
- Ultrasonography and Endoscopy department (includes 4 Video endoscopy rooms).

Various diagnostic and Interventional Gastroenterological procedures available are:

Diagnostic Facilities:

- Diagnostic Upper GI Endoscopy for Peptic Ulcer, Cancer, Polyp, GI bleeds...etc,
- Diagnostic Colonoscopy for Lower GI Bleeding Polyps, Colitis, Tumors...etc,
- Endoscopic biopsy
- Liver Biopsy

Therapeutic Facilities:

- Endoscopic Sclerotherapy
- Endoscopic Variceal Ligation
- Endoscopic Injection/Thermal coagulation methods for bleeding
- Endoscopic endoclip placement for bleeding control
- Endoscopic argon plasma coagulation
- Endoscopic Removal of Foreign Bodies
- Endoscopic Dilatation of Esophageal Strictures and pyloric , duodenal and colonic stenosis
- Endoscopic Placement of Self-expandable Metallic stent
- Balloon dilation of Achalasia Cardia
- PEG - Percutaneous Endoscopic Gastrostomy
- Endoscopic Removal of gastro Intestinal Polyps including endoloop placement.
- Therapeutic ERCP:
 1. Endoscopic Removal of CBD Stones including mechanical lithotripsy.
 2. Endoscopic Papillotomy.
 3. Biliary Stent Placement.
 4. Balloon dilatation of biliary strictures.
- Percutenous abscess drainage under U/S guide.
- Percutenous cholecystostomy under U/S guide.
- PTD.

Further additions of new techniques in near future are on the cards.

Associated to the department is the national postgraduate training center with services of endoscopy, ultrasonography and hepatology.

The national postgraduate training center

As demand for diagnostic services increases due to the 18-week targets, there is an identifiable need to improve service provision and delivery in many areas of healthcare. This requires people to work together and to work differently. By extending the skills of the available workforce, some aspects of practice can be delivered more efficiently.

Endoscopy and ultrasonography services have been under significant review in recent years due to increasing demand and perceived inadequacies.



The dramatic and accelerating developments in gastrointestinal endoscopy and sonography have increased the demands for structured post-graduate training. The national endoscopic Training center, offers a structured endoscopy and sonography as well as hepatology training program with clear goals for proper "Hands On" training which serves to alleviate apprehensions in the minds of trainees regarding this crucial area of body. It also ensures that training is acquired not in isolation but in the setting of ongoing patient care, so that the emphasis is on how the procedure fits into the overall management plan for the patient. The end-product of such training is that the certified doctor should be capable of performing all standard diagnostic and therapeutic procedures.

Rationale for Establishment :

The National Endoscopic Training Centre (NETC) was established in April, 2009 by the Libyan society of gastrointestinal endoscopy (LSGE) and the Libyan association for study of the liver (LASL), the center received support from Tripoli medical center. The center will serve as a nucleus for doctors and nurses interested in hepatology, ultrasonography and gastrointestinal endoscopy.



Objectives:

1. To promote the highest standards in training in hepatology, sonography and endoscopy in the region.
2. To develop a curriculum for training in hepatology, sonography and endoscopy in the region based on current science, ethical principles and relevant to local and regional care needs
3. To expose young gastroenterologists-in-training to the most current knowledge in hepatology, sonography and endoscopy in the region
4. To promulgate best practice guidelines in hepatology, sonography and endoscopy in the region
5. To provide excellent teaching and training for the resident and fellowship training programs in the fields of multidisciplinary diagnostic and therapeutic endoscopy , diagnostic and interventional ultrasonography and hepatology
6. To perform basic and advanced research in the field of multidisciplinary diagnostic and therapeutic endoscopy , diagnostic and interventional ultrasonography as well as in hepatology
7. To develop creative thinking in producing and testing new instruments.
8. To provide excellent multidisciplinary diagnostic and therapeutic endoscopy , diagnostic and interventional ultrasonography and hepatology
9. To provide opportunities for meaningful educational and cultural exchanges between doctors and nurses of diagnostic and therapeutic endoscopy , diagnostic and interventional ultrasonography and hepatology.

Poster presentations

01-Inflammatory Bowel Disease: The Libyan experience

A. Shaban, A. Burwaiss , M. Gabr, S. Sanouk, A. Bani, A. Badi, N. Hmeda, M. Fathi, E. Shaban, M. Rumeh, R. Shobar, A. Bisheya, E. Shaladi, A. Hamid, F. Alamari , N. Omran , J. Ohida, S. Abdelkhader, L. Alzwawi, L. Alshatewi, Z. Dabouba, H. Elkekli.

Inflammatory bowel disease (IBD) is a chronic relapsing-remitting immune disorder of unknown etiology that afflicts millions of individuals throughout the world with debilitating symptoms, which impair performance and quality of life. IBD symptoms vary with disease but include abdominal pain, bleeding, diarrhea, and weight loss. The major phenotypes of IBD are Crohn's disease (CD) and ulcerative colitis (UC). IBD was initially recognized as a major health complication in developed countries notably, Northern Europe and North America, but has spread to the rest of the world in the past 50 years Chronic inflammatory bowel disease treatment previously focused on suppression of the inflammatory process, but biologic agents that target the underlying processes of inflammation have begun a new era in IBD treatment.

In this retrospective observational study, the epidemiology, clinical presentation and management of 274 IBD patients, registered in IBD clinic of Tripoli medical center will be presented.

02-Impact of Inflammatory Bowel Disease on quality of life among Libyan patients

A. Shaban, A. Burwaiss, M. Gabr, S. Sanouk, A. Bani, A. Badi, N. Hmeda, M. Fathi, E. Shaban, M. Rumeh, R. Shobar, A. Bisheya, E. Shaladi, A. Hamid, F. Alamari , N. Omran , J. Owhida, S. Abdelkhader, L. Alzwawi, L. Alshatewi, Z. Dabouba, H. Elkekli.

Ulcerative colitis (UC) and Crohn's disease (CD), the two major inflammatory bowel diseases (IBDs), are chronic relapsing conditions that result in debilitating gastrointestinal symptoms and important changes in patients' quality of life (QoL). Although the main factors that affect QoL in patients with inflammatory bowel disease (IBD) appear to be severity of symptoms and the effectiveness of medical or surgical therapies, psychosocial and demographic factors are also important.

To date, up to our knowledge, no any documented study has assessed the effect of IBD on QoL in Libya. Therefore, this ongoing observational study is conducted to evaluate the QoL in IBD patients who are registered in IBD clinic of Tripoli medical center; preliminary data of 97 patients will be presented.

03-Pyoderma gangrenosum of the head in a young female with ulcerative colitis

A. Shaban, A. Burwaiss, M. Gabr, A. Bani, N. Hmeda, R. Shobar, A. Bisheya, A. Hamid, E. Shaladi, S. Abdelkhader, L. Alzwawi, L. Alshatewi.

Pyoderma gangrenosum (PG) is a rare idiopathic inflammatory disease of undetermined cause, most commonly affecting adults between 40 and 60 years of age. PG is characterized by erythematous, edematous, undermined, necrotic skin ulcers. The recurring and destructive ulcerations may begin as pustules, rapidly develop into necrotic ulcers with irregular borders, and may resolve with cribriform scars. PG is associated with certain systemic disorders in up to 75 percent of patients, most commonly inflammatory bowel disease, and head and neck involvement is rather rare.

We report a case of a 26 year-old female with ulcerative colitis who presented with active disease and right temporal and right popliteal erythematous, edematous, undermined, necrotic skin ulcers not responding to local wound care and systemic antibiotics. Following evaluation patient received biologics with remarkable improvement.

04-Abdominal collection caused by fish bone migration

A. Shaban¹, O. Shamam², F. Najjar³, A. Burwaiss¹, A. Aboghrara², E. Abosaoud², A. Hamid¹

1- Gastroenterology department, Tripoli medical center.

2- Radiology department, Tripoli medical center.

3- General surgery department, Tripoli medical center.

Uningested fish bone swallowing is common, but migration of ingested fish bone is an uncommon complication. Fish bone injuries can cause considerable trauma not only to the upper aero digestive tract but also to any other portion of the gastrointestinal tract.

We report the case of a 45 year-old previously fit male who presented to the GIT OPD with non-specific abdominal pain. Ultrasonography and CT had reported the likelihood of a fish bone causing collection. The patient proceeded to undergo laparotomy at which presence of a fish bone surrounded by pus and reactive tissue was then confirmed.

05-Autoimmune liver disease

A. Shaban, A. Aboutwerat, A. Burwaiss, M. Gabr, S. Sanouk, A. Bani, A. Badi, N. Hmeda, D. Khair, M. Fathi, E. Shaban, M. Rumeih, R. Shobar, A. Bisheya, E. Shaladi, A. Hamid, F. Alamari, N. Omran, J. Ewheda, S. Abdelkhader, L. Alzwawi, L. Alshatewi, Z. Dabouba, H. Elkekli.

Autoimmune liver disease encompasses several disorders. Autoimmune hepatitis (AIH) affects mainly women and is characterized histologically by a portal tract mononuclear cell infiltrate disrupting the limiting plate and invading the parenchyma (infiltrate hepatitis) and serologically by the presence of auto antibodies and increased immunoglobulin G (Ig G), in the absence of a known cause. AIH responds to immunosuppressive treatment. It can present insidiously or as an acute hepatitis. The previously accepted requirement of 6-month duration before diagnosis can be made has been abandoned and treatment should be instituted as soon as the disease diagnosed. In this review, we report on 45 Libyan patients: diagnosis, treatment and clinical course.

06-Role of ERCP in the management of bile duct lesions

A. Shaban, A. Burwaiss, M. Gabr, A. Bani, S. Sanouk, A. Badi, N. Hmeda, M. Fathi, E. Shaban, M. Rumeih, R. Shobar, A. Bisheya, E. Shaladi, A. Hamid, F. Alamari, N. Omran, J. Ewheda, S. Abdelkhader, L. Alzwawi, L. Alshatewi, Z. Dabouba, H. Elkekli.

Endoscopic Retrograde Cholangio-Pancreaticography (ERCP) has become one of the major diagnostic procedures for biliary and pancreatic diseases since it was introduced in 1968. The introduction of sphincterotomy and gallstone extraction at 1973 enabled doctors to perform therapeutic Endoscopic procedures for the treatment of biliary and pancreatic diseases. In our study we report on more than 1900 patients who had underwent RECP in endoscopy department of Tripoli medical over a 84-month period; indication, finding, and possible therapeutic approach are discussed.

07-Role of RVR for optimizing HCV management

A. Shaban, A. Burwaiss, M. Gabr, S. Sanouk, A. Bani, A. Badi, R. Almansouri, N. Hmeda, M. Fathi, E. Shaban, M. Rumeh, R. Shobar, A. Bisheya, A. Hamid, E. Shaladi, F. Alamari , N. Omran , J. Ewheda, S. Abdelkader, L. Alzwawi, L. Alshatewi, Z. Dabouba, H. Elkekli.

In the era of increased liver morbidity and mortality in HCV patients, continuing efforts are required to address barriers to successfully treating HCV infection. Effective HCV treatment is available and proven to be successful. Utilizing HCV viral kinetics may play a pivotal role in successfully treating patients. Rapid virological response (RVR; defined as undetectable viral load with qualitative PCR after 4 weeks of treatment) gains big interest as positive predictive value for sustained virological response (SVR). This is a single-center ongoing observational study including screening and treatment Phases to determine the quality of treatment for chronic hepatitis C (CHC) in routine clinical practice, with special emphasis on the role of RVR for optimizing HCV management. Preliminary results of 155 patients with RVR results are discussed.



ABOUT LIBYA

Country Name: Great Socialist People's Libyan Arab Jamahiriya

Area: 1759540 sq kilometer (679360 sq mi)

Population: 5.7 million

Capital City: Tripoli (pop. =1.7 million)

People: Arab (92%), (Berbers 5%), plus Tuareg, Toubou and black Africans

Language: Arabic

Religion: Muslims (100%)

GDP: 45.4 Billion Dollars

GDP/ Head: 8900 \$

Annual Growth: 6.5 %

Major Industries: Petroleum, Food Processing, Textiles, Handicrafts, Cement)

Major Trading Partners: Italy, Germany, France, Tunisia, Spain, Turkey

