

Imam Reza General Hospital Newsletter

Tabriz University of Medical Sciences

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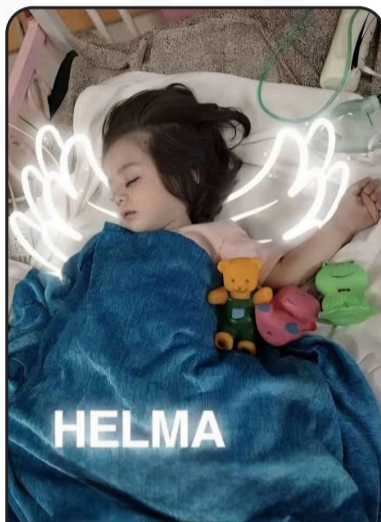
Tabriz University of
Medical Sciences,
Tabriz, Iran



Imam Reza General Hospital,
Tabriz University of Medical
Sciences, Tabriz, Iran

In This Issue We Read

An overview of the events of the center, and
the international educational programs



Her father, mother, brother, and sister, were martyred in the Israeli child-killing regime's attack on a residential complex in Tabriz-Iran



The blood of the martyrs of the Shajarah Tayyebah School in Minab, these victims of the war crime, are a living document to the suffering, innocence, and perseverance of the people of Iran.

Martyr Saeed Mazhar Gharamaleki

Operating room specialist at Imam Reza General Hospital, Tabriz

Saeed Mazhar Gharamaleki was martyred while defending the country and the recent brutal airstrikes and bombings by the criminal America and the Zionist regime. May his memory live on and may his path be filled with blessings.



A Message of Condolence from the Head of Imam Reza General Hospital, Tabriz

With deep sorrow, we extend our condolences to the scientific community and the people of Iran on the passing of a respected leader, Ayatollah Imam Khamenei, as well as several members of his esteemed family, whose years of service, ethics, and dedication have been a source of inspiration.

The memory of this individual will remain alive for his role in promoting human values and fostering responsibility, patience, and commitment within society.

After a lifetime of dedication and wise leadership of this nation, he attained the grace of martyrdom at the hands of the most despicable criminals on earth.

May God grant his soul eternal peace and mercy, and bestow steadfastness upon the Iranian nation as it faces this profound and irreparable loss. We remain confident that the Islamic Republic of Iran and its noble people, by relying on God, will continue along the path of honor and dignity with even greater resolve.

Moreover, I extend my sincere congratulations on the advent of the Solar Hijri year 1405 (Nowruz), which coincides with the blessed month of Ramadan, a time of mercy, reflection, and spiritual elevation—and I pray that the martyrs be granted the highest ranks in paradise, that their survivors be blessed with patience, and that the Iranian nation be endowed with enduring security, dignity, and peace.

I would like to express my deep appreciation to all physicians, nurses, faculty members, experts, and dedicated staff of Imam Reza General Hospital, Tabriz, who's responsible and committed efforts play a vital role in safeguarding public health.

Indeed, the continuity of high-quality healthcare services and the ongoing scientific advancement of this institution are made possible through collective dedication, professionalism, and exemplary teamwork.

I sincerely hope that in the year ahead, with trust in Almighty God and by drawing upon the spiritual blessings of the holy month of Ramadan, we will witness continued progress, further enhancement of healthcare services, and greater satisfaction among patients and visitors. I wish all colleagues good health, enduring success, and the acceptance of prayers and acts of worship during this blessed month.

Introducing the International Research Project between World Health Organization and Imam Reza General Hospital, Tabriz

We are pleased to announce that the Imam Reza General Hospital, Tabriz served as an implementing center for the World Health Organization's international research project entitled Medical oxygen and respiratory support requirements¹.

The researchers and collaborators involved in this project are as follows:

- Prof. Hassan Soleimanpour (Principal Investigator, and Co-author)
- Prof. Ata Mahmoodpour (Co-Principal Investigator and Co-author)

Other participants:

Dr. Zahra Sheikhalipour, Dr. Maria Bahramian, Dr. Negar Mokabber, Dr. Roghayeh Mansoori and Dr. Majid Tagizadeh.

It is also worth mentioning that the Imam Reza General Hospital, Tabriz has completed most of the procedures required for collaborating with the World Health Organization, and it is hoped that this affiliation will be fully finalized in the near future.

The article resulting from this project has been published in The Lancet Global Health journal and is available at the following address: [https://doi.org/10.1016/S2214-109X\(25\)00480-2](https://doi.org/10.1016/S2214-109X(25)00480-2)

It is concluded that the accessibility and utilization of oxygen support systems in low and middle-income countries vary widely with notably lower levels observed in the African region. Limited access to medical oxygen may contribute to increase mortality, with disparities across WHO regions and the highest mortality rates reported in Africa. Although the COVID-19 pandemic highlighted critical gaps and provided valuable lessons, unequal access to medical oxygen continues to be a major challenge that WHO and its partners need to tackle in the post-pandemic period to prevent avoidable deaths.


1. O₂CoV₂

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Health system research (HSR) & Medical journalism

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I am Leila Nikniaz, Professor at Tabriz University of Medical Sciences. I hold a PhD in Nutrition, and I am currently the Head of the Student Research Committee at Tabriz University of Medical Sciences.

• Activities of the Student Research Committee

The Student Research Committee is a very active and dynamic center. In this committee, we give students the opportunity to act as principal investigators in their own research projects. In addition, we organize various educational programs, tools, and workshops related to research methodology, academic writing, and scientific communication. This environment provides an excellent opportunity for students to actively engage in research and develop their academic skills.

• Medical Journalism Course

Among the courses introduced in this series, I am pleased to present the Medical Journalism Course. In this session, I will briefly introduce the course and provide an overview of its content and expected learning outcomes.

Medical journalism combines medicine as a science and journalism as an art. It focuses on the art of writing and reporting medical research, which is a crucial yet sometimes underestimated part of the research process. In this course, we help participants learn how to effectively communicate medical and health-related information not only with health professionals and researchers, but also with students and the general public.

I would like to emphasize that even a well-designed and rigorously conducted research project may lose much of its value and impact if it is poorly reported. Therefore, strong skills in scientific writing and reporting are essential.

• Course Content and Structure

The Medical Journalism Course consists of several structured sessions, including:

Medical Terminology in Journalism: Introducing commonly used terms and concepts such as impact factor, h-index, g-index, citation metrics, plagiarism, retraction, acceptance rate, and other key concepts in medical publishing.

Scientific Writing Skills: Teaching participants how to write different sections of a scientific manuscript, including an accurate and informative title, a concise and structured abstract, introduction, materials and methods, results, and discussion.

Types of Articles and Journals: Familiarizing participants with different types of scientific articles and journals, and helping them choose appropriate journals for submission.

Peer Review Process: Explaining the principles of peer review, the characteristics of a good peer reviewer, and how to write a constructive and professional peer-review report.

English Writing for Non-Native Speakers: A dedicated session designed for non-native English speakers, focusing on sentence structure, common grammatical errors, frequent writing mistakes, and practical tips to improve clarity and accuracy in academic English. Overall, this course provides a comprehensive and practical overview of medical writing and journalism.

• Target Audience and Eligibility

The course is designed for a wide range of participants, including medical students, PhD students, postgraduate trainees, and even students from non-medical disciplines who are interested in research, writing, and science communication. Participants at different academic levels can benefit from the content of this course.

• Teaching Team

This course is delivered with the valuable collaboration of several experienced colleagues from Tabriz University of Medical Sciences. I am honored to introduce them:

Dr. Sarvin Sanaei: Aging Research Center

Dr. Hamed Hamishehkar: Drug Applied Research Center

Dr. Zeinab Nikniaz: Liver and Gastrointestinal Diseases Research Center

Dr. Amir Shojaei: Instructor of English writing tips for non-native students

Dr. Saeed Ghaffarifar: Medical Education Research Center

Their diverse expertise greatly enriches the quality and interdisciplinary nature of this course.

• Final Remarks

I encourage students to visit the Student Research Committee website to learn more about our activities and educational programs and to become familiar with the opportunities available at our center. We would be delighted to welcome students and researchers to the Student Research Committee.

Endoscopic and open procedures for penile / bulbar urethra & Implantation in urology

• Farzin Soleimanzadeh

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I am Dr. Farzin Soleimanzadeh, Associate Professor of Urology at the Department of Urology, Imam Reza General Hospital. After graduating and working for several years, I pursued further training in reconstructive urology. I completed a three-month fellowship course in Italy, focusing specifically on penile prosthesis implantation and artificial urinary sphincter implantation for urinary incontinence. Currently, I work at Imam Reza General Hospital as a reconstructive urologist, and I mainly focus on my subspecialty field of reconstructive urologic surgeries.

• Male Urethral Reconstructive Surgery

I am going to provide two training courses, and I will briefly explain each of them. The first course is on *male urethral surgery*, specifically urethral strictures or stenosis. This is a relatively prevalent condition, and it even seems that its prevalence is increasing.

I am subspecialized in performing surgeries for urethral strictures caused by different etiologies. We use different reconstructive techniques depending on the individual case. In some patients, we perform end-to-end anastomosis, and in longer strictures we use buccal mucosa grafts. These grafts are harvested from different parts of the oral cavity, mainly the cheek, to increase the diameter of the urethra at the affected segment. This is a fascinating and technically demanding type of surgery.

This course focuses on the detailed surgical aspects of urethral reconstruction. Many urologists tend to avoid these surgeries because of their technical complexity and the many important details that must be considered. The course will be at least three months long and is designed for urologists or senior residents who are interested in reconstructive urethral surgery.

• Objectives of the Course

As a prerequisite, participants should be certified urologists or at least senior residents. We assume that they already have sufficient surgical background and can handle intraoperative challenges without the need for basic surgical training. Therefore, the course focuses on technical details and decision-making, including how to choose the most appropriate surgical technique for each individual patient.

The course covers patient evaluation, anatomical and etiological considerations, age-related factors, and other important elements involved in selecting the best treatment option. By the end of the course, participants are expected to be able to manage different urethral stricture cases independently.

• Duration and Patient Load

Based on our patient volume, I believe that a minimum of three months is necessary for participants to become competent decision-makers regarding technique selection and surgical planning. Due to the hands-on nature of the course, participants will actively assist in surgeries, especially in the later stages of the program. Depending on the participant's needs and preferences, the course may be extended up to six months.

These are relatively long surgeries, usually lasting three to five hours, so we cannot perform multiple cases in a single day. However, we typically have one to three cases per week. This patient load is sufficient for participants to observe and assist in more than 30 cases over a three-month period, covering a wide variety of urethral pathologies and management strategies.

• Team Collaboration

I work closely with several colleagues in our department. Some fo-

cus on endoscopic treatments for short or minimally invasive urethral strictures. Female urethral and functional urology cases are managed collaboratively with our department head, Prof. Sakineh Hajebrahimi, and Dr. Elham Jahantabi, who specialize in female and functional urology. However, complex reconstructive urethral surgery is primarily my own field of focus.

The course is hands-on and begins with lectures on anatomy and patient selection, followed by direct surgical involvement. The level of hands-on participation depends on each participant's baseline skills and abilities, and decisions are made collaboratively during the course.

• Gender-Affirming (Sex Reassignment) Surgery

The second course focuses on "surgery for transgender patients", commonly referred to as sex reassignment or gender reassignment surgery. I prefer the term "sex reassignment surgery" because it is more precise.

These surgeries are performed on transgender patients who have already completed extensive psychological and medical evaluations. By the time patients are referred to us, surgery is usually the final step in a long treatment process. We began performing these surgeries about five years ago, and today our center is considered one of the few such centers in the country, and the only center in northwest Iran offering these procedures.

We perform both female-to-male and male-to-female surgeries, using different techniques tailored to the patient's anatomy, expectations, and desired outcomes. Understanding the patient's goals and expectations is absolutely crucial and must be addressed clearly before surgery.

• Advanced Surgical Techniques

In recent years, we have introduced vaginoplasty using a sigmoid colon segment, which provides greater vaginal depth and improved functional outcomes. However, this technique involves bowel surgery and anastomosis, which may increase the risk of complications.

To optimize both functional and cosmetic outcomes, we began performing "totally laparoscopic sigmoid vaginoplasty" one year ago in collaboration with my esteemed colleague, Dr. Marziyeh Parizad, a laparoscopic gynecologic surgeon. So far, we have successfully performed six fully laparoscopic vaginoplasty procedures. To the best of our knowledge, this is the first time this technique has been performed in the country, and only a few centers worldwide offer it.

As a result, patients are now referred to our center from southern, northeastern, and central regions of Iran, as we offer a wide range of surgical techniques.

• Objectives and Duration of the Course

This course is designed for surgeons who are genuinely interested in undertaking these highly challenging procedures. These are physically demanding surgeries, often lasting six to seven hours without interruption. Surgeons must be mentally and physically prepared for prolonged operative times.

Based on our current patient volume—approximately one to three cases per month—a participant with adequate baseline surgical skills may become competent in assisting and performing these surgeries within three to six months. While three months may be optimistic, six months is generally sufficient for most participants.

• Educational and Research Aspects

The course is fully hands-on, with participants directly involved in surgeries. Although urologists are not primarily responsible for the initial psychological evaluations, understanding differential diagnoses, cultural factors, and sociocultural variations is essential.

I have personally conducted qualitative research on transgender patients, including two academic theses, to better understand their expectations and postoperative experiences. This research perspective is integrated into the course, and participants with an interest in research will have opportunities to conduct clinical or qualitative studies during their training period.



Mechanical Ventilation & Clinical nutrition in the Intensive Care Unit

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 Critical Care Medicine
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 Sciences, Tabriz, Iran
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I am Ata Mahmoodpoor, Professor of Anesthesiology and a Fellowship-trained specialist in Critical Care Medicine. I have nearly 20 years of experience in the field of critical care medicine. Currently, I serve as the Director of the Fellowship Program in Critical Care Medicine at Tabriz University of Medical Sciences, and I am also the Head of the General Intensive Care Unit at Shahid Madani Hospital, Tabriz.

Mechanical Ventilation in Critically Ill Patients

• Importance of the Course

Mechanical ventilation is one of the most common and essential interventions used in critically ill patients. The majority of ICU patients require mechanical ventilation at some point during their ICU stay. The main goals of mechanical ventilation include improving gas exchange, increasing oxygenation, reducing carbon dioxide levels, and decreasing the work of breathing.

Therefore, it is essential for every physician involved in critical care to be familiar with the indications, monitoring, assessment, and best practices of mechanical ventilation throughout the patient's ICU stay. In this course, we aim to provide comprehensive education and hands-on training on these critical aspects for our participants.

• Course Objectives

Upon completion of this course, participants will gain comprehensive knowledge and practical skills in the following areas:

- History and basic principles of mechanical ventilation
- Respiratory physiology and respiratory monitoring
- Types of ventilation, including invasive and non-invasive ventilation
- Organ-organ interactions in mechanically ventilated patients
- Different types of ventilators and ventilation modes (basic and advanced modes)
- Weaning and liberation from mechanical ventilation
- Complications of mechanical ventilation, including barotrauma, volutrauma, and ventilator-induced lung injury¹
- Mechanical ventilation strategies in various diseases and comorbidities such as asthma, COPD, and ARDS
- Adjunctive respiratory therapies, including physiotherapy, aerosol therapy, suctioning, and airway care
- Principles of personalized mechanical ventilation

Course Duration and Structure

The duration of this course is approximately one month (30 days) and consists of two distinct parts:

Theoretical Phase: 10 days of structured theoretical sessions

Clinical Phase: 20 days of hands-on clinical training in the ICU, including bedside education, patient assessment, management, and policy-making in various ICU scenarios

• Target Audience

This course is designed for physicians working in critical care settings, including anesthesiologists, internists, surgeons, and other related specialties. Respiratory therapists are also eligible to participate.

Course 2: Medical Nutrition Therapy in Critically Ill Patients

• Importance of the Course

Malnutrition is one of the most common complications among patients admitted to intensive care units. Appropriate assessment and management of malnutrition—now referred to as Medical Nutrition Therapy²—is a crucial component of critical care.

All physicians, nutritionists, and healthcare professionals involved in ICU care should be familiar with proper nutritional assessment, monitoring, and management strategies. Inadequate nutritional management can increase patient mortality, whereas appropriate MNT can reduce ICU length of stay, hospital length of stay, and overall mortality.

• Course Objectives

In this course, participants will develop essential competencies in the following areas:

- Identification of patients eligible for Medical Nutrition Therapy using validated assessment tools and scoring systems
- Optimal timing of nutrition initiation (early versus late nutrition support)
- Routes of nutrition administration, including enteral, parenteral, and combined approaches
- Determination of energy, calorie, and protein requirements in critically ill patients
- Selection of appropriate nutritional formulas
- Use of specific nutrient supplementation, including immunonutrition (glutamine, arginine), omega-3 fatty acids, and biotics (probiotics, prebiotics, synbiotics, and postbiotics)
- Monitoring of nutrition therapy and management of related complications
- Tailoring and personalization of Medical Nutrition Therapy in critically ill patients

• Target Audience

This course is suitable for all healthcare professionals involved in nutritional care of critically ill patients, including physicians, nurses, dietitians, and nutritionists working in ICU settings.

• Course Duration and Structure

The total duration of this course is approximately 30 days and includes:

Theoretical Phase: 7 days of structured lectures and educational sessions

Clinical Phase: Approximately 3 weeks of hands-on clinical training focused on assessment, evaluation, and management of nutrition therapy in critically ill patients.

Mesenchymal Stem cell and Secretome Therapy

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 & Oncology
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My name is Hossein Ghasemi Moghadam. I am a specialist in Internal Medicine with subspecialty training in Hematology and Oncology. I have also completed advanced training in bone marrow transplantation and a fellowship in cell therapy in France.

Currently, I serve as the Head of the Department of Clinical Medicine and as a senior clinical member of the Stem Cell Therapy and Regenerative Medicine program in northwest Iran at Imam Reza General Hospital.

Regenerative medicine is a relatively modern scientific field that began to expand significantly after the year 2000. Over time, it became clear that many conventional drugs, while effective, are associated with substantial side effects. Most pharmacological agents exert their effects by interacting with cells and influencing intracellular communication pathways.

Regenerative medicine focuses on restoring normal biological function by targeting these cellular mechanisms directly. This field consists of three main pillars: cell therapy, gene therapy, and tissue engineering. Our primary expertise lies in cell therapy, where stem cells are used to repair, regenerate, and restore damaged tissues across various medical disciplines.

In the field of cell therapy, different cell types are used depending on the disease being treated. For example, NK cells and dendritic cells are used in cancer therapy, while immune cells are applied in degenerative and immune-mediated disorders. Among these, mesenchymal stem cells, now more accurately referred to as medicinal signaling cells, play a central role.

These cells are present in nearly all organs of the human body and are fundamental to tissue regeneration. Regenerative capacity varies between tissues: skin cells regenerate within days, cardiac muscle may require months, and neural tissue regeneration can take six months or longer. However, the regenerative potential of stem cells declines with age. Proliferation and functional activity are significantly higher in childhood compared to adulthood and old age.

Mesenchymal stem cells possess several critical properties: they have regenerative capacity, immunomodulatory effects, the ability to regulate immune responses, and the potential to differentiate into multiple cell lineages. In addition to the cells themselves, their secretome and exosomes play a major role in therapeutic effects by delivering bioactive molecules that support tissue repair and immune regulation.

Our university is among the leading academic centers in the Middle East in the field of regenerative medicine and clinical stem cell applications. We offer a focused fellowship-level training program

specifically designed for the clinical application of mesenchymal stem cells.

While comprehensive fellowship programs in regenerative medicine typically exceed two years, our targeted clinical course is structured as a four-month program. The first two months focus on basic sciences, including cell biology, immune cell biology, cell culture techniques, clean room standards, laboratory regulations, preparation of culture media, regulatory frameworks, ethical considerations, and clinical safety principles.

The second two months are dedicated to hands-on clinical training. Participants learn patient selection, clinical indications, premedication protocols, dosing strategies including cell number, exosome quantity, and vesicle counts and application techniques across different specialties. Clinical protocols vary significantly among fields such as orthopedics, urology, oncology, and ophthalmology, and each requires specialized approaches.

Regenerative medicine represents the transformative era of modern healthcare. It is the future of medicine one that emphasizes cellular interaction, gene editing, and tissue engineering rather than traditional drug-based treatments. One of the most exciting emerging areas is reverse aging. Although still in early stages of clinical application, international research teams including collaborators from France, Switzerland, the United States, and Iran are actively working in this field.

While we are still at the beginning of this journey, the potential impact is enormous. In the future, medicine may become largely drug-free, relying instead on targeted cell therapy and gene therapy. Some gene-based treatments already available today are capable of curing diseases with a single intervention, despite their high cost.

Our program is open to general physicians, specialists, subspecialists, and dentists. Any physician interested in applying mesenchymal stem cells within their field of practice is welcome.

Regenerative medicine is one of the fastest-growing scientific fields worldwide, and countries across the globe are investing heavily in its development. We invite physicians who wish to contribute to the future of medicine to join us in this transformative field.

Concepts and Future Direction of Allo-SCT

• **Babak Nejati**
 Associate Professor of
 Hematology & Oncology
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 Sciences, Tabriz, Iran
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My name is Babak Nejati. I am a hematologist-oncologist affiliated with Tabriz University of Medical Sciences. I completed my subspecialty training in hematology and oncology at Tabriz University of Medical Sciences and subsequently received advanced training in hematopoietic stem cell transplantation at Tehran University of Medical Sciences, followed by further specialized training in Turkey. I completed a six-month intensive course in stem cell transplantation in Turkey.

Currently, I am a faculty member at Tabriz University of Medical Sciences and serve as the Head of the Stem Cell Transplantation Unit at Imam Reza General Hospital.

Development of Stem Cell Transplantation at Imam Reza General Hospital

Although hematology services at our center began more than 30 years ago, hematopoietic stem cell transplantation was not initiated until 2015 due to the complexity of the procedure and infrastructure requirements.

Our first transplant was an autologous stem cell transplantation performed for a patient with multiple myeloma. This patient remains in complete remission to date. Following this success, we expanded our services to include allogeneic stem cell transplantation. Our first allogeneic transplant was performed for a patient with acute myeloid leukemia¹ using a matched sibling donor, and the patient also achieved complete remission.

Subsequently, we progressed to more advanced forms of transplantation, including:

- Allogeneic transplantation from unrelated donors
- Haploidentical stem cell transplantation

The initiation of unrelated donor transplantation enabled us to join a national and international donor registry system connected to the Ministry of Health, allowing donor and patient registration and international collaboration.

(continued on next page)

1. VILI
 2. MNT

1. AML



(Nejati Cont.)

Advanced and Unique Achievements

Haploidentical transplantation represents one of the most advanced forms of allogeneic transplantation, as it allows transplantation from partially matched family donors. Nearly all patients have a haploidentical donor available; however, this procedure is technically demanding and associated with higher risks of complications.

Our center is the first in Iran to successfully perform haploidentical stem cell transplantation for non-malignant diseases, including thalassemia and aplastic anemia. These procedures are performed in only a limited number of centers worldwide and in neighboring countries.

As a result of these advanced capabilities, our center receives patients not only from across Iran but also from neighboring countries such as Iraq, Azerbaijan, Syria, and Saudi Arabia.

Overview of the Training Course in Stem Cell Transplantation

The educational course we offer is a comprehensive, hands-on training program that includes both theoretical and practical components. The course structure includes:

Outpatient clinic sessions: assessment of transplant indications, patient selection, consultation, and pre-transplant laboratory evaluation, including HLA typing and donor selection

Inpatient unit training: patient mobilization, conditioning regimens (myeloablative, non-myeloablative, and reduced-intensity conditioning), and stem cell collection

Transplantation procedures: direct participation in stem cell infusion and peri-transplant care

Post-transplant management: monitoring and management of complications, particularly graft-versus-host disease¹ and infections. Participants also attend journal clubs, grand rounds, and multidisciplinary discussions throughout the course.

1. GVHD

Cell Therapy and Cell Manipulation Training

An important and expanding component of this program is cell therapy and cell manipulation, which forms the foundation of many modern therapeutic approaches. We provide training in cell manipulation in collaboration with specialists from various disciplines, including PhD researchers, internists, geneticists, and biotechnology experts.

Stem cell transplantation is increasingly used for a wide range of indications, with new applications added regularly, including autoimmune diseases such as multiple sclerosis and other immune-mediated disorders.

Following transplantation, patients are discharged and followed closely in the outpatient clinic, with weekly assessments of transplant-related complications. Participants are actively involved in all stages of this process.

Course Duration and Target Audience

The duration of the course ranges from three to nine months, depending on the participant's academic degree, background, and training objectives.

The target audience includes:

- Internists and hematology subspecialists (adult and pediatric) Physicians interested in stem cell transplantation
- PhD graduates in genetics, biotechnology, and related biomedical sciences
- Researchers interested in cell manipulation and advanced cellular therapies

This is a hands-on training course, not merely observational, and participants are directly involved in clinical and laboratory procedures.

Multidisciplinary Approach and Future Vision

All patients undergoing transplantation or cell manipulation are discussed in multidisciplinary team meetings, where factors such as stem cell dose, CD3-positive cells, mononuclear cell count, underlying disease, prior treatments, and overall medical history are carefully evaluated before final decision-making.

Cell manipulation after transplantation is a critical component of successful outcomes, and our center actively collaborates with multiple scientific and laboratory groups, including genetics and biotechnology teams.

Our goal is to further expand this field and strengthen international collaboration in stem cell transplantation and cell therapy.

Final Remarks

Today, all types of stem cell transplantation are performed at Tabriz University of Medical Sciences, Imam Reza Hospital. Patients no longer need to travel abroad for transplantation services. Our center serves patients from across Iran as well as neighboring countries.

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