Telmisartan Tablets

20 40 80

In Hypertension & CV risk management

Round the clock, Action ‘n’ Protection

Composition: Telmisartan 40 mg, Telmisartan 80 mg

Indication: Hypertension - Treatment of essential hypertension in adults. Cardiovascular risk management in adults with manifest atherosclerotic cardiovascular disease (history of coronary heart disease, stroke, or peripheral arterial disease) or type 2 diabetes mellitus with dyslipidemia, target organ damage, or other cardiovascular disease.

Dosage and Administration: Essential Hypertension: The effective dose is 40 mg once daily. In cases where the targeted blood pressure is not achieved, the dose of Telmisartan can be increased to a maximum of 80 mg once daily. Cardiovascular Risk Management: The recommended dose is 80 mg once daily.

Contraindications: Hypersensitivity to the active substance or any of its excipients. Second- and third-trimester of pregnancy. Lactation.

Side Effects: Allopurinol, other xanthine derivatives. Severe hepatic impairment. The concurrent use of Telmisartan with olmesartan (combination product) is contraindicated in patients with diabetes mellitus or renal impairment (GFR < 60 ml/min/1.73 m²).

Warnings and Precautions: Renal Toxicity: Use drugs that act on the renin-angiotensin system during the second and third trimesters of pregnancy reduces first-trimester function and can lead to fetal and neonatal morbidity and death. Resulting allopurinol can be administered with first-trimester allopurinol and dialysed or debrayed. Renal function, and the incidence of adverse effects increases for both allopurinol, enalapril, allopurinol, renal failure, and death. When pregnancy is detected, discontinue Telmisartan as soon as possible.

Hypertension in patients with an activated renin-angiotensin system, such as volume or salt depleted patients (e.g., those treated with high doses of diuretics), symptomatic hypotension may occur after initiation of therapy with Telmisartan. Either correct this condition prior to administration of Telmisartan, or start treatment under close medical supervision with a reduced dose of hypertension occurs, the patient should be placed in a supine position and, if necessary, given an intravenous infusion of normal saline. A transient hypernatremic response is not a contraindication for further treatment, which usually can be continued without further difficulty once the blood pressure has stabilized.

Hypokalemia may occur in patients on ACE inhibitor therapy, particularly in patients with advanced renal impairment, heart failure, on renin-angiotensin therapy, or in patients with hypokalemia or hyponatraemia. Cardiovascular side effects are more common with allopurinol, other xanthine derivatives, or other uricosuric agents.

Impaired Hepatic Function: As the majority of Telmisartan is eliminated by biliary excretion, patients with biliary or obstructive disorders or hepatic insufficiency can be expected to have reduced clearance. Telmisartan should be initiated at low doses and titrated slowly in these patients. Impaired renal function is a consequence of inhibiting the renin-angiotensin-aldosterone system, changes in renal function should be anticipated.

Dialysis: All patients on dialysis with end-stage renal disease should be treated with Telmisartan tablets. In patients with severe renal impairment (creatinine clearance 10-50 ml/min), the dose should be reduced to 40 mg once daily. In patients with severe renal impairment (creatinine clearance < 10 ml/min), the dose should be reduced to 40 mg once every 2 weeks.

Dosage in Pregnancy: Telmisartan is not recommended for use during pregnancy.

Geriatric Use: No dose adjustment is needed in elderly patients.
Telvas-βeta
Telmisartan 40 mg + Metoprolol Succinate ER 25/50 mg Tablets

The Primary therapy for prevention of
SECONDARY CV EVENTS

The Alliance for Assured CV Protection

*High blood pressure as in clinical impressions, JCI 12, 446, May 2014.
In Newly Diagnosed Hypertensive Patients,\(^1\)

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In Hypertension with Comorbidities

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  - LVMI reduction at 6 months
  - 12% Metoprolol
  - 28% Telmisartan

- Significantly lowers the risk of all-cause mortality\(^3\)
  - 45% BB + RAASI* in acute MI Patients

---

\(^1\) Metoprolol, Metoprolol succinate, Telmisartan, RAASI, BB, acute MI, LVMI, LVH

\(^2\) Data on file

\(^3\) Meta-analysis of 13 randomized controlled trials showing the benefit of BB + RAASI in reducing mortality in patients with heart failure and reduced ejection fraction.

---

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## Association of Physicians of India

**GOVERNING BODY (2023-2024)**

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<th>President Elect</th>
<th>Vice Presidents</th>
<th>Hon. General Secretary</th>
<th>Jt. Secretary (HQ)</th>
<th>Hon. Treasurer</th>
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**Members**

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<tr>
<td>Manish Prabhakar (Gurgaon) (2024)</td>
<td>Sreenivasa Kamath (Kochi) (2024)</td>
<td>Narayan Deoangaonkar (Nashik) (2024)</td>
<td>Sekhar Chakraborty (Siliguri) (2024)</td>
<td>DP Singh (Bhagalpur) (2024)</td>
<td>Amit Verma (Dehradun) (2024)</td>
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**Zonal Members**

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<tr>
<th>North Zone</th>
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<th>Central Zone</th>
<th>North East Zone</th>
<th>South Zone</th>
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<tr>
<td>Atul Bhasin (New Delhi) (2026)</td>
<td>Ashok K Taneja (Gurugram) (2026)</td>
<td>GD Ramchandani (Kota) (2026)</td>
<td>PS Karmakar (Kolkata) (2025)</td>
<td>Pradeep Bhaumik (Agartala) (2025)</td>
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**Invited Members**

<table>
<thead>
<tr>
<th>Editor-in-Chief, API Text Book</th>
<th>Jyotirmoy Pal (Talpukar) (2024)</th>
<th>Dean Elect</th>
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<tr>
<td>Shashank R Joshi (Mumbai)</td>
<td>RK Singal (New Delhi) (2024)</td>
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**Ex-Officio Members**

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<tr>
<th>Dean</th>
<th>Dean Elect</th>
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<tr>
<td>Y Satyanarayana Raju (Hyderabad) (2024)</td>
<td>RK Singal (New Delhi) (2024)</td>
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<tr>
<td>Jayanta Kumar Panda (Cuttack) (2026)</td>
<td>Alaka Deshpande (Mumbai) (2024)</td>
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**Elected Members**

| MPS Chawla (New Delhi) (2024) | Ghanshyam Pangtey (New Delhi) (2025) | Prakash Keswani (Jaipur) (2026) |
| Soumitra Ghosh (Kolkata) (2024) | Hem Shankar Sharma (Bhagalpur) (2025) | S Chandrasekar (Chennai) (2026) |
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| R Rajasekar (Kumbakonam) (2024) | SV Kulkarni (Raigad) (2025) | Devi Ram (Puneera) (2026) |

## Indian College of Physicians

**FACULTY COUNCIL (2023-2024)**

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<tr>
<th>Chairman</th>
<th>Vice Deans</th>
<th>Dean</th>
<th>Dean Elect</th>
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<tr>
<td>Girish Mathur (Kota) (2024)</td>
<td>Y Satyanarayana Raju (Hyderabad) (2024)</td>
<td>Jyotirmoy Pal (Talpukar) (2024)</td>
<td>RK Singal (New Delhi) (2024)</td>
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**Jt. Secretary and Dean (H.O.)**

| Ashit M Bhagwati (Mumbai) (2025) | Nandini Chatterjee (Kolkata) (2024) | Amit Saraf (Mumbai) (2026) |

**Ex-Officio Members**

<table>
<thead>
<tr>
<th>President Elect</th>
<th>Editor-in-Chief, JAPI</th>
<th>Director - PRF</th>
<th>Editor-in-Chief, API Text Book</th>
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<tbody>
<tr>
<td>Milind Nadkar (Mumbai)</td>
<td>Mangesh Tiwaskar (Mumbai)</td>
<td>GS Wander (Ludhiana)</td>
<td>Shashank R Joshi (Mumbai)</td>
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## Physicians Research Foundation

**BOARD OF DIRECTORS (2023-2024)**

<table>
<thead>
<tr>
<th>Chairman</th>
<th>Director</th>
<th>Past Director</th>
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<tbody>
<tr>
<td>Girish Mathur (Kota) (2024)</td>
<td>GS Wander (Ludhiana) (2025)</td>
<td>YP Munjal (Gurugram) (2024)</td>
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**Hon. General Secretary**

<table>
<thead>
<tr>
<th>Agam C Vora (Mumbai) (2025)</th>
<th>Jt. Secretary (Director's Place)</th>
<th>Hon. Treasurer</th>
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<tbody>
<tr>
<td>MM Mehndiratta (New Delhi) (2024)</td>
<td>Rajender Bansal (Ludhiana)</td>
<td>Amit Saraf (Mumbai) (2026)</td>
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**Members**

| MM Mehndiratta (New Delhi) (2024) | Sandeep Garg (New Delhi) (2025) | Prabhhat Pandey (Durg) (2026) |
| Satyabrata Ganguly (Kolkata) (2024) | Sudhir Mehta (Jaipur) (2025) | Liyakhat Ali Gouri (Bikaner) (2026) |

**Invited Members**

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IN23DI00089
Dear esteemed colleagues,

As we stand on the threshold of the much-anticipated APICON 2024 happening at the most renowned and famed Bharat Mandapam, New Delhi, a gathering that promises to be a beacon of medical knowledge and collaboration, I am honoured to extend my heartfelt appreciation to the distinguished individuals who have played pivotal roles in making this event a reality.

We all are aware that Bharat Mandapam recently hosted the G20 Summit—India’s most cherished summit which stamped India’s authority on the global milieu under the visionary leadership of our most revered Honorable Prime Minister—Shri Narendra Bhai Modiji. We, Team Association of Physicians of India (API), and Team APICON 2024 are eagerly waiting to welcome you all to join this scientific extravaganza of knowledge and updates in the fields of medicine.

I would like to congratulate Dr Rajesh Upadhyaya, the Organizing Secretary of APICON 2024 and his team, for their exceptional dedication and tireless efforts in ensuring the success of organizing this conference. I am sure that their commitment to excellence will set a standard that will undoubtedly contribute to the conference’s impact on the medical community.

A profound acknowledgment is also owed to Professor Dr Milind Nadkar, the Scientific Chairman and President-Elect, whose visionary leadership has shaped a Scientific Program that stands as a testament to intellectual rigor and scholarly excellence. Together with Professor Dr Jyotirmoy Pal, the Dean of the Indian College of Physicians (ICP), they have created a dynamic and enriching scientific feast for all participants.

In the forthcoming February issue of Journal of the Association of Physicians of India (JAPI), dedicated to APICON 2024, we are proud to present the comprehensive Scientific Program, including Abstracts of the Free Papers and Posters. This special edition aims to capture the essence of the groundbreaking research and insights presented during the conference.

I extend my sincere commendations to Professor Dr Girish Mathur, the dynamic President of API, Professor Dr Agam Vora, our most adored Honorable General Secretary, Professor Dr Amit Saraf, bundle of energy and Treasurer of API, and Professor Dr GS Wander, visionary Director Physicians Research Foundation (PRF), for their outstanding leadership and contributions to the JAPI, APICON 2024, and API as a whole. Special recognition goes to Professor Dr Rakesh Bhadade for his exemplary work in the Scientific Committee.

Furthermore, I would like to express my heartfelt gratitude to the Advisory Board and Reviewers of JAPI, whose expertise and commitment to maintaining the highest standards of academic publishing have been invaluable. Your rigorous review process ensures the quality and integrity of the content we present to the medical community.

I extend my sincere thanks to the entire Governing Body, Faculty Council, and board members of PRF of API for their guidance and support. Dr YP Munjal, Dr BB Thakur, Dr Shashank Joshi, Dr KK Pareek and all my seniors and colleagues—your unwavering commitment has been instrumental in navigating the complexities and ensuring the smooth selling of our prestigious organization.

I will pen off now. I wish APICON 2024 a great success, and may it serve as a platform for the exchange of knowledge, collaboration, and innovation. Your collective efforts contribute significantly to the advancement of medical science and benefit humanity.

Warm regards,

Dr Mangesh Tiwaskar
Hon. Gen. Secretary’s Message

Agam Vora
Hon. General Secretary

Dear esteemed colleagues and honored guests.

Get ready to immerse yourself in the refreshing downpour of knowledge at APICON 2024!

As the clouds of anticipation gather over the horizon, we invite you to join us in Delhi at Bharat Mandapam from February 22nd to 25th, 2024, for an extraordinary scientific experience. APICON 2024 promises not just a conference but a symphony of insights, collaborations, and transformative moments.

Picture this - a state-of-the-art venue, a vibrant atmosphere, and the scent of innovation in the air. This year, we’re stepping into a new era of conferences with the integration of barcode technology. Bid farewell to traditional printed programs and welcome the future at your fingertips. Navigate the scientific feast seamlessly, all with the touch of your mobile device. This groundbreaking initiative, spearheaded by Dr Milind Nadkar and his dedicated team, reflects not only progress but also our commitment to sustainability.

The pages of the JAPI accompanying this event aren’t just paper; they’re a portal to the future. Dive into abstracts, insights, and knowledge that transcend the physical limitations of printed materials. This is your opportunity to embrace the future of conferences with convenience and efficiency.

But that’s not all! Dr Jyotirmoy Pal has crafted a preconference CME adorned with multiple workshops, a treasure trove of practical insights ready to help you navigate the challenges of your day-to-day cases. The excellence of the faculties promises an enriching experience that goes beyond the ordinary.

Dr Rajesh Upadhyaya has spared no effort in selecting a conference venue that promises to leave an indelible and captivating memory on your mind.

As we dance into the rhythm of medical progress, we urge each member to embrace this technological evolution collectively. Let’s make APICON 2024 an unforgettable downpour of knowledge, enhancing our experience and creating lasting memories.

Our heartfelt thanks to President Dr Girish Mathur, Dean Dr Jyotirmoy Pal, PRF Director Dr Wander, and our friends Dr Mangesh Tiwaskar, Dr Amit Saraf, Dr Rakesh Bhadade, Dr Shashank Joshi for their unwavering support.

To every member of API, your faith in us has fueled this journey, and we’re excited to share this rain of knowledge with you.

May APICON 2024 exceed your expectations, becoming an indelible memory etched in the tapestry of your professional experiences.

I, along with the entire organizing and scientific committee, will be waiting eagerly to meet you.

See you in Delhi, where the rain of knowledge awaits!!

Best regards

Dr Agam Vora
Dear esteemed members of the Association of Physicians of India,

As we approach the much-anticipated 79th Annual Conference of the Association of Physicians of India APICON 2024, I extend my heartfelt greetings to each member of our esteemed organization. It brings me great pleasure to share my thoughts with you through this message in the Journal of the Association of Physicians of India (JAPI).

This year’s conference, slated to convene in the vibrant city of New Delhi, under the dynamic leadership of Organizing Chairman Dr YP Munjal and Organizing Secretary Dr Rajesh Upadhyay marks a significant milestone in our collective journey toward advancing medical knowledge, fostering collaboration, and embracing innovation in healthcare.

Our profession has faced unprecedented challenges in recent times, and yet, the unwavering dedication of our members has been a beacon of hope. As we gather at APICON 2024, let us reflect on our shared accomplishments, learnings, and the path forward in overcoming the evolving landscape of healthcare.

The scientific sessions curated for this conference, designed by President-Elect, Association of Physicians of India (API) and Chairman Scientific Committee Dr Milind Nadkar promise to be intellectually stimulating, covering a spectrum of topics ranging from cutting-edge research to practical clinical applications. This conference serves as a platform for us to exchange ideas, share experiences, and contribute to the collective wisdom that defines our community.

In addition to the academic aspect, I encourage each of you to actively participate in the various networking opportunities available during APICON 2024. The connections forged at this conference often transcend professional boundaries, fostering lifelong collaborations and friendships.

As president of the Association of Physicians of India, I am immensely proud of the strides we have taken together. Let us continue to uphold the values of our noble profession, champion the cause of patient care, and inspire the next generation of physicians.

I eagerly anticipate the intellectual fervor and camaraderie that will characterize APICON 2024 in New Delhi. May this conference be a testament to our shared commitment to excellence in medicine.

Wishing you all a fulfilling and enriching experience at APICON 2024!

Warm regards,

Dr Girish Mathur
Dear Colleagues and Friends,

It is my proud privilege to extend a warm welcome to all the faculties and delegates attending the Annual Conference of the Association of Physicians of India (API) (APICON 2024) to be held in New Delhi from 22nd to 25th February 2024.

It is my duty to first pay tribute to my mentor Dr Siddhrath N Shah, who has sculpted my API career to reach this peak position I enjoy today. I also thank Dr Y P Munjal for the guidance through my journey in API. I thank Dr K K Pareek also for being a guiding force from time to time and writing the Foreword for “Medicine Update 2024.”

My entire team in Mumbai has been helping me to put the Scientific Program of APICON 2024 in place. It was a mammoth task to prepare a scientific program spread over 2.5 days in which I had great help from Dr Rakesh Bhadade and Dr Anupam Prakash.

The scientific committee has tried to put comprehensive, interactive, and clinical-oriented scientific sessions under the theme “Clinical to Digital.” We have invited faculties from across the country who are pioneers in their fields to share their expertise and experiences. I hope all the delegates will have a fruitful interaction with this faculty and enrich their knowledge and skills. Due weightage is given to other aspects like communication skills, physicians’ health, medical ethics, etc.

For Free Paper Presentation, we have received over 1,500 papers. These are mainly being presented by postgraduate students and young physicians. Dr Kaustubh Salagre has been instrumental in coordinating poster and platform presentations of free papers. I appreciate help rendered by Dr Ghanshyam Pangtay for free paper presentation.

Two volumes of Medicine Update book are being published which includes articles written by the distinguished faculty based on their topic of deliberation. There are over 280 articles in the book which will serve as a reference book with updated knowledge.

Venue of the APICON 2024 conference is the state-of-art “Bharat Mandpam” which is the latest addition to the prestige of Bharat which was used for holding the G20 summit recently. Historic capital city of New Delhi gives opportunity to explore many places for the delegates.

The APICON 2024 Organizing Committee under the dynamic leadership of Dr Rajesh Upadhay is leaving no stone unturned to make the conference memorable.

Looking forward to interact with you in New Delhi.

Regards,

Dr Milind Y Nadkar
It is a pleasure and an honor to welcome you all for the APICON 2024 from 22nd to 25th February. We will be having a 1 hour 20 minute session on "Research Methodologies and Medical Writing" on 24th February from 10:00 to 11:20 am in Hall C. It will give the Physician Research Foundation an opportunity to share knowledge with postgraduate students and young physicians. This is a landmark step since we will be having a session by the Public Relations and Fundraising (PRF) wing of the Association of Physicians of India (API) for the first time. I must thank Dr Milind Nadkar, President-Elect and the governing body of API for this initiative. It is our effort to inculcate good and ethical research methodologies among physicians in India. We need to do clinical research and publish our findings regarding the special illnesses our patients suffer from. The PRF will also have a director’s oration for the first time in this APICON at Delhi. We have collected data on patients of mucormycosis from across the country and will be publishing this retrospective work shortly. We will be keen on doing prospective registries and case series from across the country. Those of you who have any topics in mind can please share them with us so that we can deliberate upon them and then start collecting data.

Looking forward to meeting you all in Delhi.

Dr Gurpreet S Wander
Dean ICP's Message

Jyotirmoy Pal
Dean, Indian College of Physicians

It is my pleasure and honor to write this congratulatory message for the Abstract Issue of Journal of the Association of Physicians of India (JAPI) which contains the abstracts for free papers and posters presented in APICON 2024, New Delhi.

The Association of Physicians of India (API) has always endeavored to uphold and uplift medical knowledge and education and the annual conference is the perfect setting for meaningful presentation of clinical wisdom and information about latest advancements in medical science.

The free papers are also a revelation in the mindboggling variety and ingenuity of our students and medical fraternity from all over the country.

I sincerely wish the scientific program of APICON 2024 is successful in empowering the Indian physician. For decades the JAPI has been the vehicle and mouthpiece for dissemination of creative and significant knowledge that helps in updating oneself and utilizing it in daily practice for better patient care. My heartfelt good wishes and congratulations to the editorial team for their efforts in putting together this issue in such an excellent way.

Dr Jyotirmoy Pal

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ANNOUNCEMENT

DR. VR JOSHI API AWARD FOR OUTSTANDING REFEREE FOR THE YEAR 2023

- Dr. Abhay Bhave, Mumbai
- Dr. Bidita Khandelwal, Sikkim
- Dr. Nirupam Prakash, Lucknow
Dear Members,

JAPI plans to Go Green. It is the time we go environment conscious. All the members will continue to receive physical copies of your favourite journal, should you opt to receive only e-copy, please write to us on:- onlinejapi@gmail.com/mangesh.japi@gmail.com.

I, on behalf of the entire editorial team, assure that you will receive your soft copy on the 1st week of every month on your screen through the JAPI website.

Prof. Dr. Mangesh Tiwaskar
Editor-in-Chief, JAPI
Dear Esteemed Colleagues,

On behalf of the organizing committee, it is my pleasure to extend a heartfelt welcome to each one of you to the 79th Annual Conference of the Physicians of India, APICON 2024 scheduled to take place at the iconic venue, Bharat Mandapam in the vibrant city of Delhi. Your presence adds immense value and we are thrilled to have you join us for this intellectual gathering.

Our team has worked diligently to ensure that every aspect of the conference enhances your experience, from the choice of venue to the selection of topics and the seamless organization of events. We are confident that you will find the conference both enlightening and enjoyable.

We have been working very closely with the Chairman Scientific, National, and the Chairman CME to curate an outstanding scientific program at APICON 2024 as we strive to foster a collaborative environment for intellectual exchange, our conference agenda is packed with engaging sessions, cutting-edge research presentations, orations, and thought-provoking discussions.

Delhi, with its rich history, cultural diversity, and modern charm, serves as the perfect backdrop for our conference. Skyscrapers, educational institutions, and technological hubs coexist harmoniously with the serene greens of parks and historical landmarks. Delhi, with its spirited spirit, encapsulates the essence of India—a harmonious blend of tradition and modernity, heritage and progress.

Let us come together to make this conference a remarkable gathering of medical minds, where knowledge blossoms, collaborations thrive and friendships endure.

Thank you for being a part of this prestigious event. I look forward to welcoming you to Delhi.

See you at APICON 2024!

Warm regards,

Dr Rajesh Upadhyay
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## TENTATIVE SCIENTIFIC PROGRAMME (APICON CME 2024)

### Day 1: Thursday 22nd February, 2024

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<td>08:30–09:30</td>
<td>Inauguration</td>
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<tr>
<td>09:30–10:30</td>
<td><strong>Session 1</strong>&lt;br&gt;&lt;br&gt;Chairpersons: B R Bansode, Pritam Gupta&lt;br&gt;09.30–09.50 Hepatitis in the immunocompromised&lt;br&gt;Bharat Bhushan Rewari&lt;br&gt;09:50–10:00 Microalbuminuria in CV Risk Stratification&lt;br&gt;Jayanta Panda&lt;br&gt;10.10–10:30 Caring for the Elderly in the Intensive Care Unit&lt;br&gt;Y S N Raju</td>
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<tr>
<td>09:30–10:30</td>
<td><strong>Session 2</strong>&lt;br&gt;&lt;br&gt;Chairpersons: Y P Munjal, Alka Deshpande, R K Singhal&lt;br&gt;10.30–11:10 Dean’s Oration&lt;br&gt;Jyotirmoy Pal</td>
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<tr>
<td>10:30–11:00</td>
<td><strong>Session 3</strong>&lt;br&gt;&lt;br&gt;Chairpersons: A Muruganathan, D P Singh, P C Manoria&lt;br&gt;11:10–11:30 Medicine Past, Present n Future&lt;br&gt;Alka Deshpande&lt;br&gt;11:30–11:50 Improving Communication Skills in the Practice in Medicine&lt;br&gt;R K Singal&lt;br&gt;11:50–12:10 Trigeminal Autonomic Cephalgias&lt;br&gt;Amit Saraf</td>
</tr>
<tr>
<td>12:10–13:00</td>
<td><strong>Session 4: Rabindranath Tagore Oration</strong>&lt;br&gt;&lt;br&gt;Chairpersons: Girish Mathur, Manotosh Panja&lt;br&gt;12:10–12:30 Key Note Address—GINA Guidelines—Whats New?&lt;br&gt;Paul Bryne&lt;br&gt;12:30–14:00 Critical Care Nutrition—How Nutrition Practices Changed over The Decade&lt;br&gt;Subhal Dixit</td>
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<td>13:00–14:00</td>
<td><strong>Session 5</strong>&lt;br&gt;&lt;br&gt;Chairpersons: G S Wander, Ashok Mukherjee&lt;br&gt;01:00–1:20 Honor Lecture&lt;br&gt;YP Mujal&lt;br&gt;01:20–1:40 Approach to Resistant Hypertension&lt;br&gt;B B Thakur&lt;br&gt;01:40–2:00 Heart failure with Preserved Ejection Fraction (HFPEF)—What is new?&lt;br&gt;Amal Kumar Banerjee</td>
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<td>02:00–3:00</td>
<td><strong>Session 6</strong>&lt;br&gt;&lt;br&gt;Chairpersons: Sashank Joshi, Mangesh Tiwaskar, Giridhari Kar&lt;br&gt;02:00–2:20 Hypoglycemia and Cardiovascular Disease—Current Understanding&lt;br&gt;Apurba Kr Mukherjee&lt;br&gt;02:20–2:40 Hepatic Steatosis and Obesity—An Approach from Internal Medicine&lt;br&gt;Ricardo Gomez Huelgas&lt;br&gt;02:40–3:00 Very Late complications of Cardiac Intervention&lt;br&gt;Manotosh Panja</td>
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<td><strong>Session 7</strong>&lt;br&gt;&lt;br&gt;Chairpersons: M K Roy, R R Chowdhury, G Narasimulu&lt;br&gt;03:00–3:20 Medical Reconciliation&lt;br&gt;Arunima Goswami&lt;br&gt;03:20–3:40 Prescribing Cascade&lt;br&gt;Nandini Chatterjee</td>
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<td>Laboratory Investigations in Rheumatology—Challenges in Interpretation&lt;br&gt;Alokendu Ghosh</td>
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<td>04:00–5:00</td>
<td><strong>Session 8</strong>&lt;br&gt;&lt;br&gt;Chairpersons: V Palaniappan, Ananda Bagchi&lt;br&gt;04:00–4:20 Artificial Intelligence and ECG&lt;br&gt;S B Gupta&lt;br&gt;04:20–4:40 Epilepsy Syndromes&lt;br&gt;Gagandeep Singh&lt;br&gt;04:40–5:00 Unravelling the Mind-Epilepsy Connection: Psychiatric Disorders in Epileptic Patients&lt;br&gt;P K Maheswari</td>
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<td>09:00–10:00</td>
<td><strong>Session 1</strong>&lt;br&gt;&lt;br&gt;Chairpersons: Namitha Narayanan, S B Ganguly, S Chakraborty&lt;br&gt;09:00–9:20 How Benign is Benign Tertian Malaria?&lt;br&gt;Swaroop Kumar Banarh&lt;br&gt;09:20–9:40 Approach to Transient Unconsciousness .5&lt;br&gt;MPS Chawla&lt;br&gt;09:40–10:00 Hypertensive Emergency&lt;br&gt;Kamlesh Tiwary</td>
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<td><strong>Session 2: Global Summit 1</strong>&lt;br&gt;&lt;br&gt;Chairpersons: Shyam Sundar, Anil Virmani, Sanjay Tandon, Ganaka Senaratne&lt;br&gt;10:00–10:20 Very Late Complication of Cardiac Intervention&lt;br&gt;Manotosh Panja&lt;br&gt;10:20–10:40 Hypertension Mediated Organ Damage&lt;br&gt;Kumudini Jaysinghe&lt;br&gt;10:40–11:00 Approach to a Case of Unknown Poisoning&lt;br&gt;Surajit Tarafdar&lt;br&gt;11:00–11:30 Panel Discussion (Case-based)&lt;br&gt;Chairpersons: Surjit Tarafdar, Anna Duke, Balaji Kalaband, Rajini Lal&lt;br&gt;11:30–12:30 High Bleeding Risk Management (Panel Discussion)&lt;br&gt;Chairpersons: J S Hiremath, Manish Bhatnagar, Ramesh Patankar, Raj Mandot</td>
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### Time Session

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01:30–02:00 ABG ANALYSIS - Rational Approach
SV Ramanamurty

01:30–02:00 Point of Care—Ultra Sonography in Rheumatology
Bhaskar Dasgupta

01:30–02:00 Session: RCP Glasgow
Chairperson: Nandu Silwal Poudyal
Obstructive Sleep Apnoea and Cardiovascular Risk
Eric Livingston
Holistic Approach to Ischaemic Heart Disease
Hany Eteiba
Panel Discussion
E Livingston and Hany Eteiba
Chairpersons:
Debasis Bhattacharya, Pradip Kumar Maitra, Uttam Biswas

01:30–02:00 Lupus and Infection Difficult to Deal with
Quazi Tarikul Islam
Care of CKD in an Antenatal Women
Manisha Sahay
Sleep Circadian Rhthyms and Diabetes
Rakesh Sahay

05:00–06:00 Care Giver Communication/Counselling in Dying Patients
Krishna Prashanti
Principles of Geriatric Prescribing
Parvati Nandi
Mitochondria as a New Target for Managing Diabetic Complications
Vitull K Gupta
Auto-immune Encephalitis—An Update
K K Sawalani

12:00–12:20 Deflazacort in Clinical Practice
Dr Sujoy Ghosh

12:20–12:40 Diabetes and Sarcopenia
N K Soni

12:40–01:00 MAFLD—Old Wine in New Bottle?
Mamun-Al-Mehtab

01:00–02:00 Session 4
Chairpersons: Pardip Bhowmik, Ashish Kr Basu, Mallik Arjun H
Guideline-directed Medical Therapy for Heart Failure: How Far are We Serious About It?
Mrinal Kanti Das
Filariasis Update 2024
Santosh Kumar Swain
Why We Fail in Managing Hypertension?
Hem Shanker Sharma

02:00–03:00 Session 5
Chairpersons: Udas Ch Ghosh, R N Sarkar, R K Dalai

02:00–02:20 Biomarkers in Rheumatology
Arup Kundu

02:20–02:40 Environmental Influences on Rheumatology
Partha Sarkar

02:40–03:00 Sepsis Mimics
A M Bhagwati

03:00–04:00 Session 6
Chairpersons: H S Pathak, Manojit Mookherjee, Prasanna K Das

03:00–03:20 Hypertension in Elderly
B R Bansode

03:20–03:40 Pregnancy and Autoimmune Rheumatic Disease
Ghanshyam Pangtey

03:40–04:00 casts in Urine Analysis
Sanjeev Maheshwari

04:00–05:00 Session 7
Chairpersons: Avijit bhattacharya, Sudarshan Chakraborty, Kartik Ch Rout

04:00–04:20 Surgical Option of Rheumatic Valvular Heart Disease
Shilpa Basu Roy

04:20–04:40 Sick Euthyroid Syndrome—How to Deal with It?
A K Gupta

04:40–05:00 Endocrine Hypertention—Causes and Management
Jayshree Swain

05:00–05:40 Session 8
Chairpersons: Subir Banerjee, Dipankar Sarkar

05:00–05:20 Glycemic Control in Diabetic Kidney Disease
Robin Maskey

05:20–05:40 B12 Deficiency in India
P K Sasidharan

05:40–06:00 SGLT2 Inhibitors beyond Glycemia
Amit Varma

Time
Session

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09:00–10:00 Session 1
Chairpersons: Sanjay Bandyopadhyay, Pijush Kanti Mandal, P M Vinaya Swami

09:00–09:20 A 50 yrs Male with Diabetes Admitted with Abdominal Pain and Bleeding Per Rectum
Ashish Kumar Saha

09:20–09:40 Antiplatelets in High Bleeding Risk Patients
D P Chakraborty

09:40–10:00 Vacular Myolopathy in HIV
Dipanjani Bandyopadhyay

10:10–11:00 Session 2
Chairpersons: Sharad Kumar Parashar, Niladri Sarkar, S Chandrasekar

10:10–10:20 Neuroimaging in Acute Stroke
K Mugundhan

10:20–10:40 Obesity in Elderly
Soumitra Ghosh

10:40–11:00 Out of Hospital Cardiac Arrest
Chandrasekhar Valupadasu

11:00–11:30 Panel Discussion
Chairperson: Nandini Chatterjee

11:30–12:00 Session 3
Chairpersons: Tapas Bandyopadhyay, Jotideb Mukhopadhyay, Jayanta Chakraborty

09:00–10:00 Session 1
Chairpersons: Pradip Kr Mitra, Uttam Paul, Srdhananda Mohapatra, Sunil Bansal

09:00–09:15 Reactive Arthritis—An Overview
Pradip Sharma

09:15–09:30 Diabesity
Rajeev Awasthi

09:30–09:45 Psychological Needs when Diagnosed with Diabetes
K P Chandra
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<td>Chairpersons: Arnab Bhattacharya, Ashok Ku: Singh, J M Bhatnagar, A K Anuragi</td>
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<td>10:00–10:15</td>
<td>Digital Medical Technology: Pros &amp; Cons</td>
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<td>Sjogrens Syndrome—A Grossly Missed Diagnosis</td>
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<td>Debasish Danda</td>
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<td>10:30–10:45</td>
<td>Approach to Bladder Dysfunction</td>
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<td>M Satishkumar</td>
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<td>Organs-on-Chips: Past, Current, and Future</td>
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<td>Hypertension</td>
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<td>Newer Therapies in Obesity</td>
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<td>LETM Differential Diagnosis</td>
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<td>12:30–12:45</td>
<td>Paraneoplastic Arthropathy</td>
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<td>Newer Insights into Vascular Dementia</td>
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<td>Diabetic Nephropathy—An Update</td>
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<td>Suresh Damotharan</td>
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<td>13:15–13:30</td>
<td>Peripheral Vascular Disease—A Surrogate of CVD Risk</td>
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<td>Memory Assessment and Detection of Early Dementia</td>
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<td>Mohit Goyal</td>
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<td>Fever with AKI</td>
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<td>14:00–15:00</td>
<td>Monogenic Diabetes Mellitus</td>
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<td>15:00–16:00</td>
<td>Newer Insights into Hypothyroidism</td>
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<td>Prabhat Pandey</td>
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<td>Peripheral Vascular Disease—A Surrogate of CVD Risk</td>
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<td>Caregiver Burnout in Clinical Practice</td>
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<td>Monogenic Diabetes Mellitus</td>
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<td>Ravi Kant</td>
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**Session 1**

Chairpersons: Nani Gopal Singha, Ayandyuti Bora, A K Das, Aruna Das

09:00–10:00 Submassive Pulmonary Embolism Hyperreactive Spleenomegaly Syndrome
Gandharva Ray Cuttack
10:00–10:15 Transporter-mediated Drug–Drug Interactions
Shamso S Namad
10:15–10:30 Thyroid Replacement in Patients with Comorbidities
Semanti Chakraborty
10:30–10:45 When to Treat Subclinical Hypothyroidism
Pradip Kumar Chowdhury
10:45–11:00 Approach to Obstructive Jaundice in 2023
Gaurav Chawla

**Session 2**

Chairpersons: Basab Bijay Sarkar, Sampa Jain, Gautam Ahiwalia

11:00–11:15 Hyperprolactinaemia: Approach
Shriram Mahadevan
11:15–11:30 Adrenal Crisis in Infection
Suresh Damotharan
11:30–11:45 Rituximab in Neurological Disorders
V Arulselvan
11:45–12:00 Monogenic Diabetes Mellitus
Srinath KM

**Session 3**

Chairpersons: Debmalya Sanyal, Amit Kalwar, Rajib Kumar Baruah, Kapil Gupta

12:00–12:15 The Pros and Cons of ABPM
Anuradha Deuri
12:15–12:30 Peripheral Vascular Disease—A Surrogate of CVD Risk
B C Kalita
12:30–12:45 Memory Assessment and Detection of Early Dementia
Tribeni Sharma
12:45–13:00 Fever with AKI
Chiranjita Phukan

**Session 4**

Chairpersons: Santa Subhra Chatterjee, Kaushik Saha, Sanjeev Mittal, Praveen Kumar Yadav

13:00–13:15 The Pros and Cons of ABPM
Anuradha Deuri
13:15–13:30 Peripheral Vascular Disease—A Surrogate of CVD Risk
B C Kalita
13:30–13:45 Memory Assessment and Detection of Early Dementia
Tribeni Sharma
13:45–14:00 Fever with AKI
Chiranjita Phukan

**Session 5**

Chairpersons: Nitya Gogoi, Ripun Borpuzari, Uttam Nath, Jyoti Prakash

01:00–12:00 Combination Therapy in Hypertension—the Dos and Don'ts
Prabhat Pandey
01:00–12:15 Spectrum of Plasma Cell Dyscrasias
S Usha
01:30–1:45 Interstitial Lung Disease in Rheumatic Diseases: Bird's Eye View
Mohit Goyal
01:45–2:00 Caregiver Burnout in Clinical Practice
Surendra Daga
02:00–3:00 Monogenic Diabetes Mellitus
Srinath KM
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<td>A Practical Approach to Acute Vestibular Syndrome</td>
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<td>Roe of Anticoagulant in Clinical Medicine</td>
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<td>Cardiac Imaging for Physicians</td>
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<td>Bone Metabolism in Chronic Liver Disease</td>
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<td>Happy Heart Syndrome</td>
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<td>Awareness of Tribal Population about Malaria</td>
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<td>Pitfalls in Interpretation of Thyroid Function Tests</td>
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<td>TB-associated HIV: Where are We?</td>
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<td>Combination Therapy in Lipid Management</td>
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<td>Alcoholic Hepatitis—What a Physician Should Know</td>
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<td>Gut Microbiome and Diabetes</td>
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<td>Drug-induced Hepatitis</td>
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<td>Prosthetic Valve Thrombosis</td>
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<td>Alkaptosurina—A Case-based Discussion</td>
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<td>SS Lakshmanan</td>
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<td>Red Flag Sign in Headache</td>
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<td>Hydroxyurea Still Gold Standard Treatment Option for Sickle Cell Disease</td>
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<td>Sachin ChHosakatti Hubballani</td>
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<td>Living with Congenital Heart Disease: Beyond Second Decade</td>
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<td>Manisha Chakraborty</td>
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<td>Vitamin D Deficiency and Ischemic Heart Disease</td>
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<td>Expanded Dengue Syndrome—The Spectrum</td>
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<td>Management of Alcoholic Hepatitis—Recent Updates</td>
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<td>Crystal Arthritis—Recent Advances</td>
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<td>Recent Advancements in Management of Obesity—Pharmacotherapy</td>
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<td>Thrombocytopenia in Elderly</td>
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<td>Vaccination during Travel to Tropical Countries</td>
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<td>Adenovirus: An Overview</td>
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<td>SGLT1 and Gli—How to Tackle in Clinical Practice</td>
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<td>Feature of Medical Education in India</td>
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<td>Healthy Ageing—Our Mantra in This Decade</td>
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<td>Inhalation Therapy in the Elderly—Choosing the Ideal Device</td>
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<td>Risk Factor Evaluation for CKD</td>
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<td>Prevention of Complications of Diabetes Mellitus</td>
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<td>Cardiac Pacemaker Follow Up &amp; Troubleshooting</td>
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<td>Rheumatoid Arthritis in Pregnancy</td>
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<td>MAS the Great Masquerade</td>
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<td>ECG-based Interesting Case Presentation</td>
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<td>Substance Abuse among Medical Professionals</td>
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<td>Stress Incontinence in Elderly Women</td>
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<td>Rheumatological Manifestations of HIV AIDS</td>
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<td>Current Scenario of End of Life Care in India</td>
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<td>Health Problems of Health Workers—A Concern</td>
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<td>Metabolic Complications in PLHIV</td>
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<td>Drug-induced Cholestasis</td>
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<td>Hydroxyurea Still Gold Standard Treatment Option for Sickle Cell Disease</td>
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<td>Malaria—Updates Based on New Guidelines</td>
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<td>A Note of Paraquat Poisoning</td>
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<td>Osteoporosis—Causes and Management</td>
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<td>Intrahepatic Cholestasis</td>
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<td>Gestational Diabetes—An Update</td>
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<td>DMARDs in Pregnancy and Lactation</td>
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<td>Role of Vasoconstrictors in Cirrhosis</td>
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<td>Recent Advances in IBD</td>
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<td>Hyperreactive Splenomegaly Syndrome</td>
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<td>Sudden Cardiac Death in the Young</td>
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<td>Acute febrile Illness—An Update</td>
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<td>Infections Causing Nephrotic Syndrome</td>
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<td>Metabolic Complications in Autoimmune Diseases</td>
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<td>Thyroid Storm—Overview</td>
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<td>Neurological Involvement in Long COVID Syndrome</td>
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<td>Reemerging Zoon osis—A Challenge to Medical Fraternity</td>
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<td>An Approach to Galactorrhoea</td>
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**Session 3**  
*Chairpersons: Nilesh R Patel, Kunal Sahai, Gaurav Singh, Harish Gupta*  
11:00–11:15  
Nonpharmacological Therapy in COPD  
Visvesvaran Balasubramanian  
11:15–11:30  
Nutrition in Chronic Liver Disease  
Rishabh Gupta  
11:30–11:45  
Update on Scrub Typhus  
Kaushik Kumar Das  
11:45–12:00  
Epidemiology of AES in India  
R K Shahi

12:00–01:00  
**Session 4**  
*Chairpersons: Sunil Mathew, MK Madnani, Vineet Agarwal, Vineet Agarwal*  
12:00–12:15  
Tumor Markers in Clinical Practice  
Govindababu  
12:15–12:30  
CAD: Genetics vs Lifestyle, What Wins?  
Sameer Dani  
12:30–12:45  
Sleep Medicine: Insights into Its Scope  
Vikas Mittal  
12:45–01:00  
Patient with Cramp in Leg while Walking  
Arkadip Choudhury

01:00–01:30  
**Session 5**  
*Chairpersons: Manoj Kumar Mathur, Rajesh Kumar, Tridip Kumar Das, Deependra Rai*  
01:00–1:15  
Obstructive Sleep Apnoea  
Suresh Kushwaha  
01:15–01:30  
Rheumatology—Leprosy Interface  
Tapas Kumar  
01:30–01:45  
Fungal Endocarditis—An Update  
Varun Kumar  
01:45–02:00  
Art of Clinical Medicine  
K N Padhiary

02:00–03:00  
**Session 6**  
*Chairpersons: Satish Kumar, Parveen Bhardwaj, Rakesh Aran, Bhavatosh Roy*  
02:00–02:15  
A 74yrs Old Diabetes, HTN Male Presence with Dizziness  
Boudhayan Dasmunshi  
02:15–02:30  
Magnesium Homeostasis—An Oft Forgotten Issue  
Indranil Sinha Roy  
02:30–02:45  
Approach to a Case of Refractory Seizures  
Uma Sinha Roy  
02:45–03:00  
Oncological Emergencies  
Hemant Malhotra

03:00–04:00  
**Session 7**  
*Chairpersons: Taruni Ngangbam, Tanu Arora, Manoj Jain, Ganaka Senaratne*  
03:00–03:15  
Autoimmune Epilepsies—Clinical Spectrum and Management  
Arun Kumar Agrawal  
03:15–03:30  
Anemia in Chronic kidney Disease—Newer Insights  
Saif Quaiser  
03:30–03:45  
Oral Peptide in Management of T2DM—New Paradigm  
Jibesh Sarkar  
03:45–04:00  
Delayed Puberty—a Clinical Approach  
Prem Prakash Patidar

04:00–04:50  
**Session 8: Session of Critical Care**  
*Chairpersons: Soumadipta Banerjee, Devi Ram, M C Baby, Vishwanath Nowbade*  
04:00–04:15  
Initial Management of Sepsis and Septic Shock  
Sheila Mayatra  
04:15–04:30  
Noninvasive Respiratory Support in AHRF  

04:30–04:45  
Recent Guidelines on Management of ARDS—What has Changed  
04:45–05:00  
Airway Management in Critically Ill  
05:00–05:15  
Role of Autophagy in Health and Disease  
P Gandiah

**Time**  
**Session**  
**Hall: New Hall**

09:00–11:00  
Quiz

11:00–12:00  
**Session 1**  
Antibiotic resistance in H.pylori: A probable public health problem with grave consequences  
Kunal Das  
Challenges in nutritional assessment in Chronic Liver Diseases  
Ms Charu Dua  
Highlights of ESH 2023 new guidelines  
S K Goyal

12:00–01:00  
**Session 2**  
AI application in Cardiac and Coronary Imaging: The Future?  
Vinod Sharma  
CAD in Women - How it is different?  
Sunil Sathe  
Home blood pressure monitoring...what is new?  
Pankaj Nand Chaudhary

01:00–02:00  
**Session 3**  
Tuberculosis & Diabetes  
Bhavesh Patel  
Challenges in the diagnosis and management of Heart Disease in Women  
Akash Singh

**Time**  
**Session**  
**Hall A: WORKSHOP**

A1—10:00–11:00  
Intra-articular Injection Workshop  
*Resource Person: Anupam Prakash, Sameer Gulati, Ghan Shyam Pangtey, Princi Jain*

A2—11:00–1:00  
POCUS for Physicians  
Basics of Ultrasound Machine and Principles  
N P Singh  
POCUS Lung and Volume Assessment  
Vineet Behera  
Basics of Echocardiography  
R Ananthakrishnan  
POCUS Kidneys and Abdomen  
Dinesh Khullar  
POCUS Central Veins  
Garima Aggarwal

A3—02:00–03:00  
Symposium on Nontuberculous Mycobacteria  
Alladi Mohan, S K Sharma, and YSN Raju

A4—03:00–05:00  
Inhalational Devices  
Agam Vora

**Time**  
**Session**  
**Hall B**

B1—09:00–11:00  
Neuroimaging in Clinical Practice  
Aminur Rahman

B2—11:00–01:00  
OSCE Workshop  
Jalil Chaudhury
The SCIENTIFIC PROGRAMME of APICON 2024 [23rd to 25th February 2024] will be uploaded on website by 1st February 2024.

**Update Mobile Number / Email ID**

Members are requested to update their address, mobile numbers and email ID.

All are requested to send the above details to the Hon. General Secretary of API for postage of JAPI, API communications by email to api.hdo@gmail.com.

Dr. Agam C Vora  
Hon. General Secretary
Cardiology

Introduction: Left-sided valvular lesions presenting acutely can cause sudden onset heart failure similar to patients with reduced left ventricular compliance. Acute aortic regurgitation (AR) is one of the notorious causes of acute left ventricular failure. In patients with acute severe AR, the left ventricle cannot dilate to maintain stroke volume and left ventricular diastolic pressure rises rapidly in severe dyspnea and hypotension due to reduced stroke volume and raised left atrial pressure. Diagnosing acute AR and establishing its etiology is difficult in acute settings. One of the causes of acute AR is aortic dissection and its retrograde progression will be fulminant if untreated.

Care report: A 46-year-old hypertensive male presented with New York Heart Association (NYHA) class IV breathlessness and atypical chest pain for 1 day. His electrocardiogram (ECG) shows sinus tachycardia with no ST-T changes and transthoracic echocardiography shows normal left ventricular function with an ejection fraction of 55% and severe AR. In search of the etiology of AR, probably of acute onset, there was a dissecting flap giving a clue for dissection in the ascending aorta which is probably extending retrogradely causing this acute valvular event. Further, it was confirmed on computed tomography (CT) aortogram as Stanford type A aortic dissection, the cause of acute AR and hence the heart failure.

Conclusion: The majority of left heart failure patients present with abnormal left ventricular function and chronic valvular disease. Patients with acute valvular lesions presenting with normal left ventricular function are rare, in this case, the cause of heart failure was acute AR due to aortic dissection of the ascending aorta with retrograde extension to aortic root, where the origin of the aorta is a crucial step in deciding the line of management.

Effect of Sacubitril/Valsartan Combination Therapy on the Cardiovascular Parameters (Left Ventricular Ejection Fraction and NT-Pro-BNP) and Clinical Status of the Patient (New York Heart Association Class)

Garumol Singh Dhillon, Janu S Kumar, RP Ram
Jaydev Hospital & Research Center, Mumbai, Maharashtra, India

Introduction: The novel combination of sacubitril/valsartan represents a new therapeutic approach in the management of heart failure with reduced ejection fraction (HFrEF). This combination represents a more effective method in reducing morbidity and mortality and provides a novel tool in preserving a safety profile comparable to standard angiotensin-converting enzyme inhibitors (ACEIs). The drug is reported to significantly reduce cardiovascular (CVS) mortality, admissions due to heart failure and significant improvement in CVS parameters (New York Heart Association (NYHA) grade and left ventricular ejection fraction (LVEF) while having reduced incidence of adverse effects.

Objective: To identify the patients of HFrEF (LVEF <40%) and to observe the effect of sacubitril/valsartan combination therapy on the CVS parameters (LVEF and NT-Pro-BNP) and clinical status of the patient (NYHA class). To observe the effect of sacubitril/valsartan combination therapy on death and adverse events from heart failure.

Methods: It is a single-center observational prospective follow-up study with a sample size of 100 (as per inclusion and exclusion criteria). All subjects received sacubitril/valsartan, initial data was collected every month for 6 months follow-up, both clinical as well as investigative parameters were recorded. The compiled data was analyzed as to whether sacubitril/valsartan combination has had any impact on the above CVS parameters.

Results:
- Comparison of NYHA grading revealed a statistically significant improvement (p = 0.004) at follow-up which translates to an overall improvement in quality of life.
- NT-Pro-BNP levels showed a statistically significant decrease at follow-up (p = 0.001).
- Post initiation of the drug, repeat LVEF values also showed a significant improvement (p = 0.001).
- During the study, cardiac resynchronization therapy pacemaker/implantable cardioverter-defibrillator (CRT/PICD) or implantable cardioverter-defibrillator (ICD) were inserted in 15 patients. Biventricular assist device and extracorporeal membrane oxygenation (ECMO) were done in a single patient.
- After enrolling in the study, four of the subjects underwent orthotopic heart transplants.
- Eleven patients succumbed to their illness even after initiation of the treatment.
- Four patients discontinued the medication due to side effects, most commonly persistent hypokalaemia followed by worsening renal function. None of the patients who discontinued the medication had any irreversible damage.

Conclusion: The clinical observational study conducted at our tertiary care center yields similar results in comparison to the PARADIGM-HF trial. This study confirms that sacubitril/valsartan, which is an angiotensin receptor neprilysin inhibitor (ARNI), has been introduced in HFrEF patients, in whom even after optimal therapy the symptoms persist, significant improvement in ejection fraction, reduction in NT-Pro-BNP values and significant symptom relief, that is, reduction in NYHA grade is observed.

Cardiovascular Scintigraphy with Technetium-99m-Labeled Pyrophosphate Scintigraphy for Diagnosing Suspected Cardiac Amyloidosis of Transthyretin Amyloidosis Type A

Harika K Prabhu, Shailaja B, Karthikeyan M, Nivas M, Yogeshwararao S, Lakshmaiah K, Prasanna V, Bagadi Rachana
Department of General Medicine; Department of Cardiology, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Akash Institute of Medical Sciences and Research Centre

Introduction: Cardiac transthyretin amyloidosis (ATTR-CA) is an often undiagnosed disease that can lead to significant morbidity and mortality for patients. In recent years, technetium-99m pyrophosphate scintigraphy (PyPPi) imaging has become a standard-of-care diagnostic tool to help clinicians identify this disease. Since nuclear scintigraphy is underused, diagnosis and treatment of transthyretin amyloidosis cardiac amyloidosis (ATTR-CA) are often delayed.

Data from India are lacking regarding cardiac amyloidosis except for isolated case reports. Most diseases in India have a different profile compared to the West.

With newly emerging therapies for ATTR cardiomyopathy, it is critical to identify patients who are eligible for therapy as early as possible. At our institution, we sought to describe the frequency of PyPPi scanning and how often it has led to the diagnosis of a patient suspected to have amyloid cardiomyopathy. While endomyocardial biopsy is considered a gold standard for diagnosis, this procedure poses potential risks including pericardial tamponade, arrhythmia, hematoma, and other morbidities. Thus, noninvasive studies are crucial to evaluate patients for the presence of cardiac amyloidosis.

Findings: Among 5,493 patients referred to nuclear medicine for PyPPi imaging, 100 patients were found to have ATTR amyloidosis cardiac amyloidosis, but on their own are not diagnostic. In recent years, the use of amyloidosis imaging with cardiac amyloidosis imaging including cardiac biomarkers, have been associated with cardiac amyloidosis, but on their own are not diagnostic. In recent years, technetium-99m pyrophosphate scintigraphy (PyPPi) imaging has emerged as a sensitive and specific imaging modality to diagnose ATTR cardiac amyloidosis. This noninvasive nuclear imaging study poses little to no risk to the patient and is an important diagnostic tool.

Case series: This case series discusses various clinical profiles and investigational features of technetium-99m pyrophosphate scintigraphy (PyPPi) imaging in 10 patients who presented with cardiac involvement of wild-type ATTR amyloidosis in a tertiary care center in South India.

Conclusion: Transthyretin amyloidosis cardiac amyloidosis (ATTR-CA) was thought to be a rare disease, and work over the last decade has shown that it is far more common than was previously suspected. Most patients with cardiac amyloidosis (CA) see multiple physicians over a period of months before a diagnosis is made. The benefits of ATTR-stabilizing therapy are likely higher in patients with earlier-stage disease before extensive end-organ damage has occurred. Hence, technetium-99m pyrophosphate scintigraphy (PyPPi) helps in timely diagnosis and management.

Introduction: Invasive coronary angiography is generally used to diagnose significant coronary artery disease (CAD). Coronary physiology tests can be integrated into the diagnostic strategy to create a visual assessment of a lesion and its physiological significance. Fractional flow reserve (FFR) measures the pressure in a healthy proximal coronary segment. The resting full-cycle ratio is the lowest pressure distal to the stenosis during the entire cardiac cycle. Aim: The assessment of “intermediate” blockages in young patients using FFR/resting full-cycle ratio (RFR), to identify functionally significant coronary stenosis.

Objective: To examine the selected cases and determine the mode of treatment using FFR/RFR.

Materials and methods: This is a case series of 10 cases. Patient age groups vary from 40 to 50 years diagnosed with myocardial infarction (MI) using electrocardiogram (ECG) and two-dimensional (2D) echo. Invasive coronary angiography (ICA) is done to know the stenotic lesions. Further FFR/RFR is done in CTO intermediate stenotic lesions to plan the treatment protocol.

Results: Values of ≤0.80 for FFR and ≤0.89 for instantaneous wave-free ratio (IWR) for RFR were considered positive for ischemia. Patients with these values can be diverted to medical therapy safely without surgical interventions.

Conclusion: The ability of FFR to determine lesions benefits from stenting or medically offers the possibility of a patient-tailored approach.

Rationale and Study Design of Real-World Effectiveness and Safety of Torsudime and Spironolactone Fixed Dose Combination in Indian Heart Failure Patients (RESTORE-HF Study): A Prospective, Longitudinal, Multicentric, Observational Study

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Background: Heart failure (HF) is responsible for 1.8 million hospitalizations annually in India. Effective control of congestion or fluid accumulation is a cardinal objective of HF management. Recent HF guidelines recommend the use of loop diuretics (such as torsemide) as the principal pharmacologic therapy for decongestion in HF management. Mineralocorticoid receptor antagonists (MRAs) such as spironolactone blocks aldosterone to minimize fluid retention, relieve symptoms, and lower HF mortality and hospitalizations. The MRAs are recommended by the European Society of Cardiology (ESC) and American College of Cardiology (ACC) guidelines (class I-A) for the management of HF with reduced ejection fraction (HFrEF). When taken as a fixed-dose combination (FDC), torsemide and spironolactone may synergistically manage fluid retention and improve HF outcomes. While torsemide and spironolactone are widely administered individually for HF, evidence of their usage as an FDC is limited.

Methods: Real-world effectiveness and safety of torsemide and spironolactone FDC in Indian heart failure patients (RESTORE-HF study) is a prospective, longitudinal, multicenter, observational study. The objective of the study is to evaluate the effectiveness and safety of torsemide and spironolactone FDC in HF. Overall, 3,000 HF patients will be included from 150 study sites across India. The primary endpoint of this study is to evaluate the change in body weight from baseline to 3 weeks. The second endpoint is to evaluate the functional effectiveness through a change in the New York Heart Association (NYHA) functional class from baseline to 3 weeks.

Abstracts: Free Papers - Platform Presentation (APICON-2024)

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Abstracts: Free Papers - Platform Presentation (APICON-2024)

Geriatric Heart Failure Patients Management: Indian Perspective
RK Gupta1, S Gupta2, DG Prapagani3
1Agra Medicity Hospital, Agra; 2Autonomous State Medical College, Firozabad, Uttar Pradesh

Background: As per the United Nations (UN) world’s population prospect 2022, India’s elderly population is growing faster than before. The percentage of the elderly population is projected to double in the next 40 years from 6% in 2001 to 13% in 2050.1 Heart failure (HF) is a prevalent cardiovascular condition among the elderly, with a major proportion of admissions involving individuals aged 75 years or older. More than 80% of HF patients are aged 75 and above. The prevalence of HF increases with a decline in renal function. Prevalence of LVH increases with a decline in renal function. The discrepancy between the age of patients in clinical trials and the actual geriatric population prospect 2022, India’s elderly population is expected to be 20% of the total population by 2050.1 Agra Medicity Hospital, Agra; Autonomous State Medical College, Firozabad, Uttar Pradesh

Aim: To analyze the challenges and solutions related to HF management in geriatric age cohorts in India.

Case summary: Analysis of existing literature and medical databases was performed to gather data on the management of geriatric HF patients in India. The study also involved an assessment of clinical guidelines and literature relevant to this demographic. A wide range of sources was examined to provide a comprehensive overview of the challenges and strategies associated with HF management in the geriatric population. The results of this study indicated several key findings specific to the Indian geriatric population with HF. Notably, there was a significant underutilization of guideline-recommended medications for four fundamental drugs (i.e., sodium-glucose cotransporter-2 inhibitors, beta-blockers, angiotensin receptor blockers with neprilysin inhibitors, and mineralocorticoid receptor antagonists) leading to an increased rate of hospitalization and mortality.2 Most of the patients were managed on a FDC of torsemide and a beta-blocker, with angiotensin receptor blockers being used in 67% of patients. Although the chronic heart failure (CHF) patients were aged 75 and above, the clinical trial data for geriatric patients has been notably younger, with an average age of 61 years. This lack of comprehensive data complicates the decision-making process for healthcare providers when it comes to treatment choices.3 Beyond relying solely on pharmacological interventions, there is a distinct need for a holistic approach to managing geriatric HF patients. The study concluded that an increase in elderly patients with HF is a significant concern that necessitates urgent action to improve management and outcomes.

Table 1: Domain management approach to HF in the geriatric patient

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Domain</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical</td>
<td>Evaluate stage and etiology of HF; Consider challenging in pharmacological treatment; focus on polypharmacy, and therapeutic drug monitoring; identify comorbidities: Sleep apnea, kidney disease, diabetes, hypertension.</td>
</tr>
<tr>
<td>2</td>
<td>Mind and emotion</td>
<td>Evaluate cognition, if impaired; evaluate the impact on self-management skills; Use modality, consider treatment</td>
</tr>
<tr>
<td>3</td>
<td>Physical function</td>
<td>Screen for frailty: Sleepiness, weakness, inattention; Consider fall risk</td>
</tr>
<tr>
<td>4</td>
<td>Social environment</td>
<td>Inquire about the extent of social support at home, and consider engaging in community-based care services</td>
</tr>
</tbody>
</table>

The strategies outlined in this discussion can aid healthcare providers in providing effective care for complex elderly patients suffering from HF. We are of the opinion that clinicians who adopt this approach have the potential to enhance the health outcomes of older adults with HF. We observed when initiating these medicine pills to HF patients after following for a few months we saw improvement in electrocardiogram (EKG) as well as reduced levels of cardiac biomarkers like N-terminal pro-brain natriuretic peptide (NT-pro-BNP) levels also improved in left ventricle (LV) function as well as right ventricle (RV) functions improvement in ejection fraction and quality of life.

Conclusion: Our study on the management of geriatric HF patients in India revealed significant underutilization of guideline-recommended medications, potentially contributing to increased hospitalization and mortality rates. The discrepancy between the age of patients in clinical trials and the actual geriatric population is an important concern that necessitates urgent action to improve management and outcomes. The findings emphasize the need for a holistic domain management approach to address the complex interplay of medical, physiological, cognitive, and socio-environmental factors affecting the health outcomes of elderly HF patients. Implementing these provided management strategies is crucial for effectively caring for this vulnerable and intricate patient population.

References:
1. Agra Medicity Hospital, Agra; Autonomous State Medical College, Firozabad, Uttar Pradesh
cycles per minute; SpO2: 80% on room air. On auscultation, cardiac examination was normal with bilateral crepitus and prelections present.

Investigations: Complete blood count (CBC) — eosinophilia (8%); and total eosinophil count 600 cells/µL. Electrocardiogram (ECG) ST-elevation in anterior chest leads to high sensitive troponin I — 27.2 pg/mL. Chest X-ray showed bilateral patchy infiltrates with prominent hilar and bronchovascular markings. High-resolution computed tomography (HRCT) showed central bronchiectasis with peribronchial hemorrhage. Bilateral pleural effusion: The pleural fluid was straw-colored, hemorrhagic, and exudative. Hemoglobin electrophoresis showed elevated hemoglobin F (90%), and hemoglobin A2 (7%). The patient was admitted to the intensive care unit (ICU) with severe respiratory distress.

Discussion: Allergic bronchopulmonary aspergillosis (ABPA) is an idiosyncratic inflammatory lung disease with a complex hypersensitivity reaction in response to the colonization of the airways with Aspergillus fumigatus. It has immunologic features of immediate hypersensitivity (type 1), antigen-antibody complex (type 3), and cell-mediated immunity (type 4). It can affect nose, throat, and lungs, and can cause respiratory symptoms, chronic cough, and dyspnea.

Conclusion: Any asthma not responding to regular treatment, pulmonary infiltrates with eosinophilia think of ABPA. IgE is worth to get in all asthmatics, serum Aspergillus IgE and IgG are more specific. HRCT is more useful.

A Case of Atrial Septal Defect with Aortic Valve Infection

Endocarditis with aCute isChemi C stroke and sePtiC arthritis is of paramount importance. In such cases, diagnosis is challenging, and a multidisciplinary approach is required. The presenting symptoms of a 23-year-old male included weakness, fatigue, and exertional dyspnea. On examination, the patient had power of 4/5 on right side and 5/5 on left side, with some sensory deficits and right-sided facial paralysis. The patient was admitted to the hospital with a diagnosis of aortic valve endocarditis and was started on medical treatment. However, the patient continued to have episodes of syncope and was referred for surgical intervention.

Case description: A 23-year-old male patient presented with weakness of right limbs (upper limb > lower limb), painfull swelling of the right thumb and index finger, and right-sided facial paralysis. On examination, the patient had power of 4/5 on right side and 5/5 on left side, with some sensory deficits and right-sided facial paralysis. The patient was admitted to the hospital with a diagnosis of aortic valve endocarditis and was started on medical treatment. However, the patient continued to have episodes of syncope and was referred for surgical intervention.

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Conclusion: Atrial septal defect is a common congenital abnormality affecting 1% of the population and results in a shunting of blood through the foramen ovale and ductus arteriosus. Congenital heart diseases are a major risk factor for endocarditis. Left-sided native valve infective endocarditis is known to cause brain infarcts.

A Case of Cardiac Tamponade in the Setting of Anterior Mediastinal Mass (Thyromma)

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Introduction: Thyromma is the most common neoplasm originating in the anterior mediastinum and accounts for a quarter of all mediastinal tumors. A pericardial effusion is an uncommon initial manifestation present in approximately 20% of patients. However, our patient had massive pericardial effusion and was on high doses of diuretics. On further investigation, we found that the patient had a thyroid mass lesion. The patient was referred to the Department of General Surgery for possible resection of the mass.

Case description: A 70-year-old female presented with increasing shortness of breath and chest pain. On physical examination, the patient was in respiratory distress with a heart rate of 120 beats per minute and blood pressure of 90/60 mmHg. The jugular venous distension (JVD) was 4 cm, and the patient had a soft, non-tender mass in the anterior mediastinum. The patient was started on intravenous fluids and antibiotics. The patient was scheduled for an urgent surgery to remove the mass.

Critical Care

Diagnosis and Prognostic Utility of Neutrophil CD64 and Monocyte Human Leukocyte Antigen-DR in Adult Sepsis Patients

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Department of Internal Medicine, Postgraduate Institute of Medical Education & Research, Chandigarh, India

Background: Diagnosis and prognostication of patients with sepsis at the earliest time point is vital for appropriate patient management and judicious resource utilization. Cell surface markers like neutrophil CD64 (CD64), monocyte human leukocyte antigen-DR (mHLA-DR), and sepsis index (SI) (ratio of nCD64 and mHLA-DR) might perform better than conventional biomarkers like procalcitonin.

Objective: To evaluate the prognostic and diagnostic accuracy of CD64, mHLA-DR, and SI in patients with sepsis according to sepsis-3 criteria in a tertiary care center.

Methods: We undertook a prospective observational study among 50 patients with sepsis according to sepsis-3 criteria, 25 nonseptic patients, and 25 healthy individuals as controls. The study was conducted in a tertiary care center. The patients were divided into two groups: patients with sepsis underwent flow cytometric estimation of CD64 and mHLA-DR and sepsis PCR at 24 hours of admission, with the diagnosis of the Severe Organ Failure Assessment (SOFA) and Acute Physiology and Chronic Health Evaluation (APACHE-II) score on the day of admission and after 24 hours. The nonseptic and healthy cohort also underwent flow cytometric estimation of CD64 and mHLA-DR. The patients admitted the following day until discharge from the hospital.

Results: The sepsis cohort had significantly higher nCD64 and lower mHLA-DR expression than both control groups (p-value < 0.001). The sensitivity and specificity of CD64 ABC (antibodies bound per cell) for diagnosis of sepsis with a cutoff of 1152.16 were 94 and 74%, respectively. Similarly, for the SI (cutoff — 11.36), the sensitivity and specificity for the diagnosis of sepsis were 88 and 86%, respectively. Out of 50 patients with sepsis, nCD64 detected 49 patients, and mHLA-DR detected 47 patients (cutoff used — 0.5 ng/mL). Among flow cytometric variables, the SI had a statistically significant association with hospital mortality in univariate analysis. However, overall the baseline SOFA score was independently associated with hospital mortality on multivariate logistic regression analysis. The conclusion: CD64 and SI are good diagnostic markers for early diagnosis of sepsis. Both these variables performed much better than serum procalcitonin. Though the sepsis index performed better, it was not statistically significant. Only the baseline SOFA score as an independent parameter had a statistically significant association with hospital mortality. The combination of nCD64 and sepsis index should be used for the early diagnosis of sepsis in adult patients as it will reduce the unnecessary delay in the initiation of antibiotics.

Conclusion: Presence of significant microalbuminuria at admission and persistence of microalbuminuria at 24 hours of admission correlated well with mortality as comparable to APACHE-II score. Survival rate in patients with severe sepsis can be improved by early institution of intensive therapy. Microalbuminuria is an inexpensive rapid diagnostic as well as prognostic tool. Hence, marker of critical illness.

Comparison of Red Cell Distribution Width with Sequential Organ Failure Assessment Score as a Prognostic Marker of Sepsis in Elderly Patients

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BG’s Global Institute of Medical Sciences, Bangalore, Karnataka, India

Introduction: Sepsis and septic shock are some of the leading causes of death in noncoronary ICU patients. The degree of severity is most often quantified by the organ failure assessment (SOFA) score, which can predict the severity and outcome of multiple organ failure. It would be advantageous to identify a biomarker that would be associated with the degree of severity in patients with sepsis.
Inclusion criteria: Patients aged >60 years admitted to intensive care units, who met the criteria of sepsis (according to surviving sepsis campaign: international guidelines for management of severe sepsis and septic shock). Patients with evidence of sepsis and severe sepsis were included in the study.

Observations: Most of the patients were in the age-group of 61–70 years (55%). Out of 90 patients, 56 (62%) were males and 34 (37%) were females. Fever (93%) was the most common presenting symptom, followed by breathlessness (35%) and cough (40%). Diabetes mellitus and hypertension were the most common comorbid conditions. Bronchopneumonia (33%) and unobserved (30%) were the predominant causes of death. Most of the patients (62.2%) had SOFA scores in the range of 5–10. Out of 90 patients, RWD was 17.3 ± 5.4 and 13.7 ± 5.6 in 36 patients. In predicting mortality of elderly patients, age was a risk factor. A total of 84 patients were symptomatic, while 16 were asymptomatic.

Results: Middle-aged males had a higher preponderance. A total of 84 patients were symptomatic, while 16 were asymptomatic. Complications included altered sensorium (44%), vomiting, hiccup (10.5%), seizures (8%), headache (5%). Severe cases presented with seizures and altered sensorium (83%), while moderate cases showed higher incidence of vomiting, hiccup, and seizures (82%). In mild cases, most patients were asymptomatic or had vomiting. Severe hypertension in the highest extent (39%), followed by moderate hyponatraemia (12.5%).

Conclusion: Hyponatraemia is a common electrolyte imbalance in ICU patients, significantly increasing morbidity and mortality. Early recognition and intervention are crucial for improving outcomes. This study underscores the importance of hyponatraemia as an independent prognostic factor for predicting prognosis in ICU patients.

Diabetes
Atherogenic Index of Plasma as a Cardiovascular Risk Factor in Prediabetic Patients as Compared to Diabetic Patients
Evris Pravanth, Shimpaa P. Sharm
DY Patil Medical College, Kolhapur, Maharashtra, India

Introduction: The atherogenic index of plasma (AIP) is a good predictor of the risk of atherosclerosis and coronary heart disease. The AIP is related to the size of antiatherosclerotic lipoprotein particles. This measure thus reflects the balance between protective and atherogenic lipoproteins.

Some studies have suggested that the visceral fat area in patients with type 2 diabetes mellitus (T2DM) is associated with AIP. High AIP may also increase the risk of T2DM. Patients with type 2 diabetes with metabolic syndrome also have higher AIP than T2DM patients without metabolic syndrome.

There are also high chances of high AIP in prediabetic population as there is increasing cardiovascular (CV) mortality in prediabetic population also.

Methods: In this study included 162 outpatient department and inpatient department patients of prediabetic and diabetic. We measured body mass index-low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), total cholesterol (TC), and triglyceride (TG) analysis, fasting blood sugar, and postprandial blood sugar after overnight fasting.

Atherogenic index of plasma (AIP) was calculated as log ratio of TG and HDL. Log (TG/HDL) is CV risk stratification as per Association of Physicians of India (API) was done based on World Health Organization (WHO) guidelines.

Data was analyzed using Statistical Package for the Social Sciences (SPSS) V20.0 for the total study population and compared between diabetic and prediabetic patients. Continuous data was analyzed using student t-test, Pearson’s correlation test, and analysis of variance (ANOVA). Categorical data was analyzed using Chi-squared test. p-value < 0.05 was considered significant.

Results and discussion: The study was done on 59 diabetic and 120 prediabetic patients. Diabetic patients in age-group of 25–35 years of age showed significantly higher atherogenic index (AIP) than the prediabetic patients in the same age-group (p < 0.04). No difference was noted in age-groups of 35–50 years and >50 years (both p > 0.05).

Proportion of patients with high-level TG was significantly higher to the prediabetic population. 0.044 analysis revealed no significant difference in proportion of patients with normal, borderline high or high LDL levels in the diabetic and prediabetic population.

Conclusion: The use of the presented regression equation is simple in the day of mobile calculators and can be used to educate, counsel patients, and individualize their treatment. The need, or otherwise, for early and/or aggressive CV assessment in the Indian prediabetic population warrants a multicentric study with a suitably large cohort to generate relevant guidelines.

A Tale of Salt and Sugar: Sodium-Glucose Cotransporter-2 Inhibitors
Drithuressa Ramanna Veldi, R P Ram
Jashlok Hospital & Research Centre, Mumbai, Maharashtra, India

Introduction: Diabetes mellitus is fast gaining the status of a potential epidemic in India with >74 million diabetic individuals currently diagnosed with the disease. Diabetes, thus, becomes a significant challenge to the health and well-being of individuals with the increasing number of people living with diabetes and at risk of developing the condition in India.

Sodium-glucose cotransporter 2 inhibitors are a new class of antiabetic agents, when used as monotherapy or add-on therapy in patients with type 2 diabetes mellitus (T2DM). This study aimed to extend the present evidence in a resource-confined society like India, it would aid clinicians, especially in rural and low-income areas to estimate AIP using only serum sodium estimation.

The use of the presented regression equation is simple in the day of mobile calculators and can be used to educate, counsel patients, and individualize their treatment. The need, or otherwise, for early and/or aggressive CV assessment in the Indian prediabetic population warrants a multicentric study with a suitably large cohort to generate relevant guidelines.

Impact of Euvolemic Hyponatraemia on Morbidity and Mortality in Intensive Care Unit Patients
N Sai Chaitra, B Praveen Kumar, S Prem Sagaram
Osmania Medical College & General Hospital, Sangareddy, Telangana, India

Background: Hyponatraemia, defined as serum sodium levels <135 mEq/L, is the most common electrolyte disturbance in hospitalized patients. Its presence is associated with worsened prognosis in intensive care unit (ICU) patients. Early recognition and intervention are essential for improving outcomes.

Objectives: Investigate the morbidity and mortality of ICU patients with euvolemic hyponatraemia.

Methods: A single-center observational prospective follow-up study with a sample size of 130 (65 empagliflozin, 65 dapagliflozin) to study the comparative efficacy of empagliflozin and dapagliflozin on parameters of type 2 diabetes mellitus (T2DM) patients. The use of the presented regression equation is simple in the day of mobile calculators and can be used to educate, counsel patients, and individualize their treatment. The need, or otherwise, for early and/or aggressive CV assessment in the Indian prediabetic population warrants a multicentric study with a suitably large cohort to generate relevant guidelines.

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About 69.2%, that is, 45 patients were males in the dapagliflozin group and 67.7%, that is, 44 patients were males in the empagliflozin group. About 30.8%, that is, 20 patients were females in empagliflozin group and 32.3%, that is, 21 patients were females in the empagliflozin group.

Maximum number of patients were found to have diabetes for a duration of 5-10 years in both groups, that is, 24 patients (36.5%) in empagliflozin group and 22 patients (33.8%) in the empagliflozin group.

Significant reduction in HbA1c (p = 0.026, 0.02) with both drugs was noted, with empagliflozin (1.92 ± 0.78 %) being more efficacious than dapagliflozin (1.51 ± 0.61%). It was also observed that more the initial BMI, more is the reduction in BMI at 6 months follow-up.

Significant reduction in mean LDL (p < 0.001) and total cholesterol (p<0.001) was noted with both drugs, empagliflozin being more efficacious than dapagliflozin.

It was observed that there was a significant improvement in the left ventricular ejection fraction in patients with heart failure with reduced ejection fraction with both dapagliflozin and empagliflozin (p < 0.001). However, there was no significant improvement in left ventricular ejection fraction in patients with heart failure with preserved ejection fraction.

Follow-up analysis of metabolic and biochemical profile at baseline and 6-month intervals with empagliflozin and dapagliflozin.

Conclusion: The clinical prospective follow-up study conducted at Lakshmi Hospital & Research Center shows that dapagliflozin and empagliflozin, SGLT2 inhibitors, both help in improving not only blood sugar control in diabetics but also have significant positive outcomes in various other clinical, biochemical, and metabolic parameters. It was seen that there was significant improvement in blood glucose control as reflected by reduction in HbA1c with both drugs, empagliflozin being more efficacious than dapagliflozin. Patients also reported a loss of weight and improvement in BMI. Dapagliflozin and empagliflozin were both efficacious in improving the creatinine clearance over a period of 6 months.

Our study, in continuation with previous research done, shows that SGLT2 inhibitors help in improving the clinical profile of a diabetic individual. We hence, supporting the latest guidelines in diabetic control, recommend that SGLT2 inhibitors should be a part of diabetic regimen of patients unless contraindicated and according to latest the American Diabetes Association (ADA) guidelines 2022.
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To Study the Association Between Glycemic Gap and Adverse Outcomes in Diabetic Patients Admitted to Intensive Care Unit
Nidhi Yashwant, Aarati Danhar, Nidhi Mangalwade Jawaharlal Nehru Medical College, Belagavi, Karnataka, India

Introduction: Stress-induced hyperglycemia has been independently associated with an increased risk of mortality in critically ill patients without diabetes. Glycemic gap is a marker of stress-induced glycemic excursion in patients with diabetes that can be used to predict adverse outcomes in patients with diabetes admitted to the intensive care unit (ICU). Objective: This study was to correlate glycemic gap and adverse outcomes in patients with type 2 diabetes mellitus admitted to the ICU.

Materials and methods: A 1-year longitudinal observational study in which type 2 diabetes mellitus patients admitted to medical ICU were enrolled. Eligibility criteria were age >18 years, type 2 diabetes mellitus, and admission to the ICU. Observations: Glycemic gap was calculated as the difference in mean blood glucose (MBG) from the baseline and the mean glycemic excursions (MGE) in the ICU. The correlation between glycemic gap and adverse outcomes in patients was studied.

Conclusion: The study confirmed the presence of significant correlation between glycemic gap and adverse outcomes in patients with type 2 diabetes mellitus admitted to the ICU. Glycemic gap can be used as a predictive tool for adverse outcomes in critically ill patients with diabetes.

The Association Between Vitamin D Deficiency and Diabetic Retinopathy in Type 2 Diabetes
Das S, Patil P Jawaharlal Nehru Medical College, Belagavi, Karnataka, India

Introduction: Diabetes mellitus is the commonest non-communicable disease in the world, and the most common metabolic disease in resource-constrained healthcare settings. Type 2 diabetes can be diagnosed at any age, and its complications can appear despite optimal glycemic control. Vitamin D is an essential hormone that has anti-inflammatory, anti-angiogenic, and anti-proliferative properties, and its deficiency has been related to the development of diabetic retinopathy (DR). This study was conducted to assess the prevalence of vitamin D deficiency in patients with type 2 diabetes mellitus and its association with diabetic retinopathy.

Materials and methods: A total of 98 diabetic patients attending outpatient department (OPD) or admitted to the Department of Medicine, KLES Dr Prabhakar Kore Hospital, were assessed for vitamin D deficiency. Patients were screened for vitamin D deficiency, and the vitamin D levels were compared to patients without diabetes. The mean vitamin D levels in patients with diabetes were 27.31 ± 3.01 ng/mL; for NDR (no diabetic retinopathy), the mean vitamin D levels were 20.80 ± 6.75 and 15.52 ± 0.92 ng/mL, respectively.

Conclusion: The study confirmed the presence of significant correlation between vitamin D deficiency and diabetic retinopathy. The vitamin D deficiency was present in 81% of patients, and diabetic retinopathy was present in 45% of patients. The study suggested that vitamin D deficiency is associated with diabetic retinopathy and can be used as a marker of early diabetic retinopathy.
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Mutations in MAFA and LIPC genes are known for its role in the pancreatic beta cell functioning. We are presenting this case to emphasize evaluation of diabetes holistically, to emphasize the importance of screening in type 1 diabetes, a relatively uncommon forms of MODY (MODYX), to explain the rarity of diabetic inheritance in MODYX, which is less documented in literature.

Change in Body Composition in Type 2 Diabetes Mellitus Patients on Antidiabetic Medications

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Department of Medicine, Lady Hardinge Medical College, Delhi, India

Introduction: Antidiabetic drugs are known to affect body weight. The prevalence and known differences in weight, weight percent, and BMI are known. This study was conducted to study the change in body composition of T2DM patients on sulfonylureas and DPP4 inhibitors was determined via bioimpedance analysis at 0 weeks and 12 weeks.

Observations: A total of 35 patients were analyzed, of which 10 patients were on sulfonylureas and 15 were on DPP4 inhibitors. The absolute fat mass decreased from 21.29 ± 7.3 kg an average to 20.52 ± 8.7 kg (p-value 0.26). Patients on sulfonylureas showed a decrease in weight from 67.4 ± 11.5 kg to 66.2 ± 13.5 kg (p-value 0.01). The overall study showed a decrease in total body weight. There was an observed overall decrease in total fat mass, skeletal muscle mass, and total body water. Sulfonlylureas showed a decrease in total body weight as well, but total fat mass remained the same. There was an increased in skeletal muscle mass and total body water as well. None of the observations were statistically significant.

A Study of Left Ventricular Diastolic Dysfunction in Type 2 Diabetes Mellitus and Correlation with Hba1c Levels in a Tertiary Care Center in Karwar, Karnataka, India

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Karnatak Institute of Medical Sciences, Karwar, Karnataka, India

Background: Diabetic cardiomyopathy is a rare complication of type 2 diabetes mellitus (T2DM) and can occur without any evidence of large vessel disease or abnormalities. It has an early onset and is often an unrecognized disease with an impaired diastolic function and a later stage that consists of cardiac fibrosis and systolic dysfunction. So, the present study was conducted to assess the prevalence of left ventricular diastolic dysfunction (LVDD) in type 2 diabetes patients and its correlation with hemoglobin A1c (HbA1c).

Methods: In this single-center cross-sectional study, we included 50 patients with type 2 diabetes mellitus with a minimum duration of 5 years in a tertiary hospital in the year 2022. All patients who fit the inclusion criteria during the study period were enrolled. The study after written informed consent. These patients were screened with routine investigations and HbA1c and Doppler echocardiography. The primary objective of the study was to assess the prevalence of LVDD in T2DM. The secondary objectives were to look for an association between higher HbA1c and the presence of LVDD.

Results: Between January 1 and December 31, 2022, a total of 50 patients with type 2 diabetes were included, and 28 (56%) were females. Of these 28 patients, four of them were in the range of HbA1c 6.5–7.5%, 10 patients were in the range of 7.5–8.5%, and 13 patients had an HbA1c >8.5%.

Conclusion: The earliest manifestation of diabetic cardiomyopathy is LVDD, which is detected by echocardiography. Diastolic dysfunction does not show any significant correlation with lipid profile and hemoglobin A1c levels. Most patients with normal left ventricular systolic function have diastolic dysfunction and, hence, can serve as an early marker of diabetic cardiomyopathy. It does not correlate with the duration of diabetes, but a strong correlation exists between the LVDD and HbA1c levels.

DESIGN OF HUMANBRIDGED ELECTRIC FIELD (HBEF) AS A NOVEL THERAPEUTIC MODALITY TO ALTER THE PHYSIOLOGICAL RESPONSE OF NEURON TO NEURODEGENERATIVE DISEASES

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Introduction: Deep brain stimulation using high frequency electric field is a novel therapeutic modality to alter the physiological response of neurons to neurodegenerative diseases. To achieve this, a novel therapeutic modality of human bridged electric field has been designed.

Materials and methods: A human bridged electric field (HBEF) was designed and tested on a neurodegenerative disease model, which is similar to the human brain. The model was stimulated with different frequencies and amplitudes of human bridged electric field. The effects of HBEF on the physiological response of neurons were studied using various techniques.

Conclusion: The results showed that the human bridged electric field (HBEF) is a promising therapeutic modality to alter the physiological response of neurons to neurodegenerative diseases. Further studies are required to evaluate the long-term effects of HBEF on neurodegenerative diseases.

CASE SERIES ON LATENT AUTOIMMUNE DIABETES IN YOUTH (LADA) PRESENTATION AT A TERTIARY CARE CENTER: AN UPWARD TREND OF DIAGNOSIS

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Introduction: Latent autoimmune diabetes in adults accounts for 2−12% of all cases of adult-onset diabetes. Latent autoimmune diabetes in adults (LADA) defined by immunology of diabetes and metabolic syndrome as adult onset of >30 years of age and insulin independence for at least 6 months diagnosis plus 6 months post diagnosis plus positivity for diabetes-associated antibodies. This report here presents four cases of LADA, presentation, diagnosis, and treatment approach of patients found to have latent autoimmune diabetes in adults. Due to difficulty in diagnosis, slow evolution toward β-cell failure, and endocrine hepatitis, it is important to have generalized approach to LADA.

Case 1: A 28-year-old nonobese male had uncontrolled sugars with diabetes of >1 year duration. He was placed on OHA but since past 4 months had low HbA1c levels, glumatid acid decarboxylase (GAD) antibodies negative. Sugar control was achieved on basal insulin.

Case 2: A 52-year-old nonobese diabetic male since 8 years presented with complaints of polyuria. Patient was on OHA but since past 3 years has had recurrent admissions for uncontrolled sugars with diabetes of >1 year duration. He was started on insulin infusion, and later, fixed dose of basal and bolus insulin started.

Case 3: A 41-year-old nonobese male diabetic since 12 years presented in DKA, HbA1c level 15.1, C-peptide levels were 0.05 mg/dL, and GAD 65 was 73.222 u/mL. He was started on insulin infusion, and later, fixed dose of basal and bolus insulin started.

Case 4: A 51-year-old nonobese male diabetic since 12 years presented in DKA, HbA1c levels 9.3 mg/dL, and C-peptide levels were 0.1 mg/dL and basal insulin 10.3 controlled on basal insulin bolus.

Conclusion: In recent years, the incidence and prevalence of LADA has increased. Due to its heterogeneity, it is difficult to determine the duration required for complete insulin dependence. The goal of LADA treatment is early diagnosis of individual with LADA in the presymptomatic stage. Further research is warranted to explore the clinical implications of these relationships and their impact on patient outcomes.

EFFECTS OF ORAL ZINC ON GLYCEMIC STATUS IN TYPE 2 DIABETES MELLITUS

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Introduction: Diabetes mellitus is a common metabolic disorder characterized by hyperglycemia resulting from impaired insulin secretion and impaired insulin action. It is a growing body of evidence supports an association between hyperglycemia and zinc. Zinc is essential for the development of insulin receptors and is coexpressed with insulin on exposure to high glucose and...
ComPliCations in tyPe 2 diabetes mellitus compared to placebo group. Zinc supplementation with Zinc supplementation improves glycemic mg/dL in comparison with placebo which reduced fasting patients, the fasting blood glucose levels got reduced by 24 cerebrovascular morbidity and mortality among diabetic Microvascular complications of diabetes mellitus, retinal of local vascular lesions like neovascularization as in diabetic release of constrictive, oxidative, and mitogenic substances activation contributes to the pathology by triggering thrombus secrete a higher amount of pro-aggregatory molecules. Platelet receiving DPP4i (metformin + sulfonylurea group 38.5 to 42 µg/mL). There was a significant increase in the mean serum adiponectin level following institution of oral hypoglycemic agents. There was (ADA) 2017 criteria of age 40–65 years. Serum adiponectin conducted in 80 male and nonpregnant women with newly diagnosed type 2 diabetes pharmacotherapy indicates a good clinical course, adiponectin levels. Rise in serum adiponectin levels after Adiponectin is synthesized in adipocytes and for central adiposity. According to various studies, researchers have explored another index known as “lipid accumulation index” as indicators to predict risk of diabetes. Increase in lipid is associated with insulin resistance, contributing directly to greater platelet reactivity. There was a statistically significant higher mean value of all the four platelet indices—MPV, PDW, PCT, and P-LCR among the subjects with poor glycemic control than those with good glycemic control. Among 100 individuals with hypothyroidism (59 female and 41 male), with a mean duration of diabetes of 46.21 ± 34.13 months. At first, 26 patients had severe restrictive pulmonary abnormalities, and 30 patients had moderate restrictive respiratory disorders. There were 10 normal patients. In the restrictive abnormal group, we found 29 patients, moderate restrictive abnormalities in 28, and severe restrictive abnormalities in 24% of patients. Spirometry values were normal in 19 patients. After taking levothyroxine, the study discovered a significantly higher FEV1, FVC, and FEF25–75% (< 0.05). T3 levels in the restrictive pattern group ranged from 0.4 to 0.5 mg/dL in 60% of cases, 0.5 to 0.4 mg/dL in 36.7%, and 0.3 to 0.2 mg/dL in 23.3% of cases. The T4 range for the restrictive pattern population was 3.0–5.0 mg/dL in 41.1% of cases, 3.0–3.0 gm/dL in 31.1%, and 1.0 gm/dL in 27.8% of cases. In the population with a restrictive pattern, the TSH levels ranged from 3.0 to 7.0 IU/mL in 42.2% of cases, 7.0 to 10 IU/mL in 32.2%, and >10 IU/mL in 25.6% of cases. These all exhibit a meaningful difference from one another (p = 0.05). When compared to participants with a normal respiratory pattern, the mean TSH, T3, and T4 levels were greater in subjects with a restrictive pattern, with a very significant difference between the two (10.1421 ± 6.527 IU/mL, 0.3522 ± 0.0947 ng/mL, and 2,4161.474 gm/dL vs 4.62 ± 0.68 IU/mL, 0.4790 ± 0.017 ng/mL, and 2,332 vs 2,332). Forced vital capacity % (FVC%), FEV1%, FEV1/FVC (%), FEF25–75%, and PEF% were substantially higher after therapy compared to baseline (73.5, 70.3, 97.3, 62.06, and 81.93 vs 59.01, 59.61, 81.31, and 68.78). There was no difference in the variables FVC%, FEV1%, FEV1/FVC (%), FEF25–75%, and PEF% before and after hypothyroid treatment were 2.11, 1.9, 143, 0.3, and 0.63, respectively, with significant difference p-values of 0.001, 0.001, 0.006, and 0.045. When compared to the baseline, the mean T4 level increased following therapy and the mean TSH level reduced (T4 = 3.13 ± 1.44 vs 2.59 ± 1.51 and 7.25 ± 4.73 vs 9.59 ± 6.41, p < 0.001). The study found a significant correlation between T3 and FVC% (r = 0.685, p = 0.0001), T3 and FEV1% (r = 0.230, p = 0.021), T3 and FVC/FVC% (r = 0.726, p = 0.0001), T3 and PEF% (r = 0.352, p = 0.0001), and a significant correlation between T3 and FEF25–75% (r = 0.299, p = 0.002). Our study observed significant correlation between serum T4 and FVC% (r = 0.673, p < 0.0001), nonsignificant correlation between serum T4 and FEV1% (r = 0.094, p = 0.351), significant correlation between T4 and FEV1/FVC% (r = –0.733, p < 0.0001), significant correlation between serum T4 and PEF% (r = –0.227, p = 0.075), significant correlation between T4 and FEF25–75% (r = 0.217, p = 0.08). The study found a significant correlation between serum TSH and FVC% (r = –0.627, p = 0.0001), a nonsignificant correlation between TSH and FEV1%, a significant correlation between serum TSH and FEV1/FVC% (r = –0.011, p = 0.911), a significant correlation between serum TSH and FVC% (r = 0.08, p = 0.358), a significant correlation between TSH and FEV1/FVC% (r = –0.227, p = 0.065), and a significant correlation between TSH and FEF25–75%.
The duration of thyroid issues correlates significantly with FVC% ($r = -0.282, p = 0.004$), significantly with FEV1/FVC ($r = 0.253, p = 0.01$), significantly with FEV1 (P < 0.177, p = 0.079), significantly with FEV1% (P < 0.01, p = 0.002), and significantly with serum TSH ($r = -0.288, p = 0.000$).

Conclusion: FEV1, FVC, and FEV2–25% all significantly increased after levotiroxnine treatment. FEV1, FVC, and FEV2–25% showed substantial improvement after receiving levotheroxine medication ($p = 0.05$). Due to weakened respiratory muscles, hypothyroidism can impair the respiratory system.

The study found that hypothyroid patients had higher FEV1/FVC and a restrictive trend. The study advises early intervention in hypothyroidism cases with strict monitoring of pulmonary functions. As a result, improved pulmonary function is considered significant on both resting PFTs and exercise testing parameters, even in its early stages.

**Abstracts: Free Papers - Platform Presentation (APICON-2024)**

**SLEEP QUALITY AS A PREDICTOR OF SEXUAL DYSFUNCTION IN TYPE 2 DIABETES MALES**

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**Introduction:** Clinical insomnia is associated with a multitude of health issues, including increased daytime alertness, elevated body mass index (BMI), hypertension, depression, and sexual dysfunction. This study investigates the interplay between sleep quality, sexual dysfunction, and sexual dysfunction in males with type 2 diabetes.

**Methods:** We conducted a comprehensive assessment of 30 type 2 diabetes males. Insomnia Severity Index (ISI) among type 2 diabetes males attending the medical and endocrinology outpatient department from February 2023 to April 2023.

**Results:** Our study included 30 type 2 diabetes males, and multivariate regression analysis revealed significant linear associations between sleep quality and ADAM scores. The group with a positive ADAM score exhibited a mean ISI score of 18.500 ± 2.759, while the negative ADAM score group had a mean ISI score of 13.200 ± 1.881 ($p = 0.019$). Additionally, the duration of diabetes was longer in the group with a positive ADAM score compared to the group with an ISI score of <15 ($8.300 ± 0.521$, $p = 0.000$). Furthermore, those with clinical insomnia had a higher mean BMI (29.025 ± 2.218) compared to the group with an ISI score of <15 (25.715 ± 1.955, $p < 0.000$).

**Conclusion:** Our findings suggest that sleep quality is an important predictor of sexual dysfunction in males with type 2 diabetes associated with an increased risk of hypogonadal symptoms, sexual dysfunction, and suboptimal diabetes control, often studied by obesity. Addressing sleep quality may offer a promising avenue for improving these interconnected health issues.

**ENIGMA OF ETIOLOGY OF HYPOCALCEMIA**

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**Introduction:** Hypocalcemia is a common biochemical abnormality that can range in severity from being asymptomatic in mild cases to presenting as an acute life-threatening crisis. Hypocalcemia is most commonly caused by vitamin D inadequacy or hypoparathyroidism or a resistance to these hormones.

**Case Description:** Here, we are reporting a 47-year-old woman, a known case of hypothyroidism for 1 year, on tab. Thionorm 25 µg, and with a history of undergoing decompressive laminectomy for cervical myelopathy 1 year back. She was admitted with a fracture of the shaft of the femur of the right leg sustained during her routine physiotherapy session. She presented with a history of facial acid-fast bacilli (AFB) was negative. ACE levels were >120. Multinucleated histiocytic giant cells within the expanded fibrotic and fibrosed areas. Necrosis was identified. The final diagnosis was hypercalcemia. The node biopsy showed well-differentiated thyroid gland in the liver, and AIP was confirmed by multilaminar microscopic giant cells within the expanded fibrotic and fibularized areas. No necrosis was identified. The final diagnosis was hypercalcemia. SHRAT syndrome is a very rare but serious illness, and the incidence is probably underestimated because of the autoimmune thyroiditis (SREAT). First description of steroid-responsive encephalopathy associated with autoimmune thyroiditis (SREAT) was in 1996, with an estimated prevalence of 2.1/1 lakh population with female preponderance.

CASE REPORT: 18-year-old male patient with sleep disorder, confusion, hallucinations, delusions, and seizures and associated with high serum thyroid peroxidase antibody titre of 1:1000 and thyroid autoantibodies (anti-TPO). The patient was diagnosed to be a case of autoimmune polyglandular syndrome type 1 with acute adrenal insufficiency and multi-organ involvement.

**Conclusion:** This case highlights the need for proper evaluation in cases with serum calcium abnormalities associated with hypertension, whereas it is often overlooked.

**Hypertension**

**Hypocalcemia with Hypertension: An Uncommon Cause**

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**Introduction:** Hypertension is a major cardiovascular risk factor. It is the leading risk factor for cardiovascular disease and diseases associated with it, such as cardiovascular disease and cerebrovascular disease. Many studies have shown that AIP predicts cardiovascular risk. Values of AIP <0.1 are considered low risk, 0.1–0.2 is intermediate risk, and >0.2 is at high risk for cardiovascular diseases.

**Conclusion:** FEV1, FVC, and FEF25–75% all significantly increased after levotheroxine medication administration. FEV1, FVC, and FEF25–75% showed substantial improvement after receiving levotheroxine medication ($p = 0.05$). Due to weakened respiratory muscles, hypothyroidism can impair the respiratory system.
and stiffness and pain in the back and hips causing restricted movements. On physical examination, patient displayed a kyphotic and lordotic curve of the back, flexion deformity of both knee joints, ankle, and toe signs suggestive of hypothyroidism. Blood investigations showed severe hypocalcemia, hyperphosphatemia, and low ionized calcium levels. Further investigation revealed undetectable levels of serum parathyroid hormone, low serum vitamin D levels, and elevated antithyroid peroxidase (anti-TPO) antibodies. Tests for antinuclear antibodies and rheumatoid factor were negative. Hypoparathyroidism was confirmed after blood work-up showed significantly diminished serum calcium levels with normal serum phosphate levels. The differential diagnoses included hypoparathyroidism, vitamin D deficiency, and osteomalacia. Serum phosphorous level was 8 mg/dL, high magnesium (1.93 mg/dL), low vitamin D3 (11.68 ng/mL), high PTH (991 pg/mL), and elevated thyroid-stimulating hormone (TSH) (14.99 mU/L). The computed tomographic scan revealed calcifications in the cerebellar vermian (CG region) and pons.

Discussion: Diagnosis—pseudohypoparathyroidism type 1a/1c, supported by lab findings of hypocalcemia, hyperphosphatemia, osteoporosis, and hypercalciuria and PTH levels indicating PTH resistance, and presence of Albright’s hereditary osteodystrophy (AHO) features along with associated features of AHO syndrome.

Treatment: Calcium, phosphorus chelation, thyroxine.

Conclusion: This case highlights PHP 1a/1c diagnosis and management through clinical and lab parameters, addressing patient’s endocrine and skeletal anomalies.

**Nonalcoholic Fatty Liver Disease in Patients with Clinical and Subclinical Hypothyroidism**

**Introduction:** In recent years, the correlation between overt or subclinical hypothyroidism and nonalcoholic fatty liver disease (NAFLD) has been discussed and is considered controversial. Therefore, the present study aims to determine the relationship of NAFLD with thyroid function parameters and hypothyroidism.

**Materials and methods:** The study group shall include consecutive hypothyroid patients (clinical and subclinical) presenting to the outpatient department (OPD) in the Department of Medicine of Lady Hardinge Medical College (LHMC) and associated hospitals. The sample size for the study attained until now is 74. NAFLD will be diagnosed across liver spectrum using transient elastography (FibroScan) and associated liver enzymes for steatohepatitis, and fibrosis using transient elastography (FibroScan).

**Results:** The proportion of NAFLD in hypothyroid patients detected was 45.9% (34 out of 74 patients). Out of 74 patients, 31.08% had fatty liver alone (23 out of 74), 1.35% of patients had steatohepatitis (1 out of 74), and 13.51% of patients had fibrosis (1 and a positive Chovestek sign were observed. The neurological exam showed spasticity in both lower limbs and a bilateral Babinski sign.

**Conclusion:** This case highlights PHP 1a/1c diagnosis and management through clinical and lab parameters, addressing patient’s endocrine and skeletal anomalies.

**Abstracts: Free Papers - Platform Presentation (APICON-2024)**

**Scores for assessing disease severity and predicting prognosis**

The present study was conducted with chronic liver disease and assessing severity of liver disease. The study aims at evaluating thyroid function in patients with chronic liver disease and assessing severity of liver disease related to thyroid function. The study includes all patients with chronic liver disease and investigating thyroid function and its correlation with liver disease. The study shows that thyroid function is significantly reduced in patients with chronic liver disease and that thyroid function is correlated with disease severity, that is, duration of mechanical ventilation and number of organ failures. Mean age of the survivors was 58.33 ± 12.56 years vs 62.46 ± 14.22 years among nonsurvivors. Mean FT3 level was significantly more reduced among nonsurvivors (5.23 ± 0.96 μIU/L) than the survivors (4.92 ± 1.01 μIU/L). About 12.5% patients had low normal levels of FT3. About 12.5% patients had low normal levels of FT4. All patients had normal FT3 and FT4-stimulating hormone (TSH) levels. Simple correlation analysis showed that serum T3 concentration significantly correlated with serum bilirubin, albumin, and prothrombin time in chronic liver disease but not with transaminases.

**Conclusion:** The present study confirms existence of several abnormalities in thyroid profile in chronic liver disease, although showing euthyroidism being maintained virtually in all patients, probably as a result of low normal FT3 and high normal FT4. Furthermore, serum T3 concentration appears to correlate with severity of liver dysfunction.

**Pseudohypoparathyroidism Presenting as Seizure**

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**Introduction:** Hypoparathyroidism occurs due to insufficient production of parathyroid hormone to maintain extracellular calcium levels within the normal range. The acute clinical symptoms in patients with hypoparathyroidism are those of hypocalcemia, ranging from tingling to numbness of limb extremities to intractable seizures. Often seizures are mistaken for epilepsy. Though diagnosis may happen immediately, the diagnosis is often missed due to its unusual clinical manifestation.

**Case description:** We present a case of a 15-year-old boy who presented with fever for 4 days, multiple episodes of convulsions within the past 1 hour, and retention of urine. On laboratory profiling, he was found to have low calcium, high phosphorus, high parathyroid hormone (PTH), prolonged QT interval, positive Chovestek sign, exaggerated deep tendon reflexes (DTR), and magnetic resonance imaging (MRI) suggestive of perinatal ischemic insult. The patient symptomatically improved after intravenous calcium gluconate infusion.

**Discussion:** This is a rare case of pseudohypoparathyroidism presenting as a seizure disorder. Due to mineral changes, it produces effects on bones, altered mentation, seizures, and arrhythmias. Pseudohypoparathyroidism may also affect other hormones.

**Conclusion:** Every patient with hypocalcemia should be thoroughly investigated for the cause. Seizures may be associated with unusual clinical manifetsations in adulthood, such as hypocalcemia-related seizures. The cause of hypocalcemia should be thoroughly investigated.

**Thyroid Troubles and Muscle Meltdown: The Enigma of Rhabdomyolysis in Hypothyroidism—A Case Report**

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**Hypothyroidism presents with a broad spectrum of clinical features, and the involvement of muscles in various forms is frequently found. Muscular symptoms range from stiffness, weakness, myalgia, cramps, hypoparathyroidism to rhabdomyolysis. Rhabdomyolysis is a syndrome characterized by muscle necrosis and the release of intracellular muscle constituents into the circulation. The causes of rhabdomyolysis can be traumatic or nontraumatic. Nontraumatic causes include heat, exhaustion, seizures, endocrine disorders, infections, and heavy exercise. However, hypothyroidism causing rhabdomyolysis is an infrequent clinical entity. Very few cases of hypothyroidism causing rhabdomyolysis have been reported in the literature. In our patient, rhabdomyolysis was diagnosed without any apparent cause in the thyroid profile, in the presence of hypothyroidism. We could not find a definite cause for rhabdomyolysis, hence, hypothyroidism was considered an underlying etiology, which was confirmed by laboratory investigations.**

**Conclusion:** Hypothyroidism may be considered an underlying cause for rhabdomyolysis. The dilemma arises when the patient comes to the outpatient department for thyroid test or repeat testing. We are usually asked to perform investigations to determine whether the test should be done in fasting or if a postprandial sample is good enough.

**Aims and objectives:** To test for variations in thyroid stimulating hormone (TSH) values between fasting and
Impacts of metformin on thyroid hormones in patients with subclinical hypothyroidism in people with diabetes. The mean free T4 and free T3 levels, however, did not differ significantly between the two groups. The mean MELD Na score was calculated.

Conclusion: Patients with cirrhosis had a high prevalence of hyperthyroidism. The presence of hyperthyroidism is well associated with the severity of cirrhosis in the form of a high MELD Na score.

Gastroenterology

Prevalence of Hyperglycemia in Cirrhosis of Liver and its Association with Meltdowns Score

Santosh Sharma, Prateek Nath, Rabi Narayan Rout, Lalatendu Mohanty

Introduction: The pathological features of liver cirrhosis consist of the development of fibrosis to the point of architectural distortion with the formation of regenerative nodules. Recent studies have shown that cirrhosis of the liver is associated with impaired glucose tolerance and diabetes. Liver cirrhosis is characterized by a higher risk of developing hepatic decompensations such as ascites, varical bleeding, hepatic encephalopathy, renal dysfunction, refractory ascites, hepatocellular carcinoma along with reduced survival rates than normoglycemic patients with liver cirrhosis.

Materials and methods: Cross-sectional observational study conducted in a tertiary care hospital from September 2022 to July 2023. The study population consisted of 30 patients with cirrhosis of the liver diagnosed by standard clinical, biochemical, and/or radiological findings (ultrasound or computed tomography) and liver biopsy whenever required. The model for end-stage liver disease (MELD) Na score was calculated.

Observation: Out of 30 patients with cirrhosis of the liver, hyperglycemia was seen in 16 patients, which is 53%. The median MELD Na score in hyperglycemic patients was 15 (IQR 12–23). The median MELD Na in impaired glucose tolerance (IGT) was 11 with IQR (14.75–21.25). The median for normoglycemia was 11 with IQR (8.20–15.30), which is statistically significant (p < 0.001).

Conclusion: Approximately 64.5% above the age of 60, long-term diabetes, and subclinical hypothyroidism were more likely to have these conditions. About 64.5% of patients have been classified as having over diabetes mellitus type 2 (DM2) patients were enrolled in this cross-sectional observational study, and their thyroid function was assessed by using a thyroid stimulating hormone (TSH) and free thyroxine (fT4). The prevalence of thyroid disorders was analyzed in connection to age distribution, gender distribution, body mass index (BMI), length of diabetes, and glycated hemoglobin (HbA1C).

Results: Subclinical hypothyroidism (SCH) and overt hypothyroidism (OH) had prevalence rates of 7.6 and 12.4%, respectively. In SCH, and OH, thyroid patients, the prevalence of TSH positivity was 94.2%, 12.5%, and 10.8%, respectively. Patients with a female gender, age >60, long-term diabetes, and subclinical hypothyroidism were more prone to have these conditions. About 64.5% of patients (n = 171) of 268 patients were using metformin. Patients taking metformin had significantly lower mean TSH levels. The mean T4 fT4 and fT3 levels were 1.02 ± 0.413 ng/dL, 1.23 ± 0.413 ng/dL, and 24.9 ± 1.41 ng/dL, respectively.

Conclusion: Hypothyroidism is very common, especially subclinical hypothyroidism in people with diabetes. Patients receiving metformin therapy had TSH levels that were noticeably lower. For early diagnosis and efficient therapy, patients with diabetes mellitus should routinely be screened for thyroid dysfunction.

Role of Platelet Indices in Predicting the Severity of Acute Pancreatitis: A Cross-Sectional Study


Introduction: Acute pancreatitis (AP) refers to inflammation of the pancreas, accompanied by oxidative stress and free radical production leading to tissue damage. This triggers platelet activation, leading to a proinflammatory event. Mean platelet volume (MPV) is widely used as a surrogate marker of platelet function and has been shown to be associated with inflammatory burden in various conditions. The present study aims to investigate MPV as an index of platelet activation and its potential relationship with clinical and radiological parameters and other inflammatory markers during AP.

Objective: To assess whether platelet indices are useful in predicting the severity of disease in acute pancreatitis.

Materials and methods: This prospective study was conducted in the Government Tiruvannamalai Medical College Hospital, Department of General Medicine, Tiruvannamalai, India, from November 2022 to June 2023. A total of 75 consecutive patients with acute pancreatitis comprised the study group, while 75 patients with functional dyspepsia served as the control group for platelet indices.

Results: The mean age of the patients with acute pancreatitis was 37 ± 9.7. The majority of the patients were males (80%). The sensitivity and specificity of MPV on day 1 (97.4% and 94.6%) were comparable to those of neutrophil-to-lymphocyte ratio (NLR) (89.5% and 97.3%) and total white blood cell (WBC) count (84.2% and 88.3%).

Conclusion: Mean platelet volume (MPV) and platelet large granule protein (PLG) levels are of great clinical significance and may be used to predict the severity of acute pancreatitis without incurring additional costs.

Etiological and Clinical Profile of Patients with Esophageal Dysphagia: A Teaching Institution Experience

Manjri Garg, Jitender Kaliraman, Mukul Goyal, Majal Ahmed, Sandeep Goyal, Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences (PGIMS), Rohtak, Haryana, India

Background: Dysphagia can affect any structure in the gastrointestinal tract that transports food into the lower esophageal sphincter. The etiologies range from benign causes to malignant lesions in the esophagus. There is a dearth of data regarding dysphagia in India.

Methods: A total of 208 patients with complaints of dysphagia were screened for the study. After ruling out neurological or local oropharyngeal causes of dysphagia, 200 patients with suspected esophageal dysphagia (ED) were recruited in the study. Dysphagia was graded using a dysphagia scoring system. All patients underwent upper gastrointestinal endoscopy (UGE) and were subjected to the presence of mechanical and nonmechanical causes of esophageal dysphagia.

Results: The mean age of patients with dysphagia was 53.8 ± 15.4 years. The proportion of males and females was 82 and 118, respectively. The median duration of symptoms was 7.2 ± 10.6 months (median 3 months). Ninety-eight patients had symptoms lasting for more than 65 years. Dysphagia scoring was 0 among 58, 1 among 14, 2 among 46, 3 among 56, and 4 among 26 subjects. Foreign body sensation was the predominant cause (84%). 28 patients (13.8%) had a functional cause, 20 patients (10%) had esophageal stricture, 11 patients (5.8%) had adenocarcinoma, and 8 (4%) had squamous cell carcinoma. Among 76 patients with esophageal growth (68) and stricture with growth (8), 67 (88.2%) patients had squamous cell carcinoma (SCC), with none having adenocarcinoma. Among 6 patients with SCC, 50 (48.8%) had a Globus sensation, 23 (23.1%) had a hiatus hernia, 16 (15.4%) had a functional cause, 10 (9.6%) had gastritis, and 4 (3.8%) had achalasia cardia (Tables 1 and 2).

Conclusion: Dysphagia is a common problem with varied etiologies. Esophageal growth and globus sensation are among the predominant causes of dysphagia and hence nonmechanical ED, respectively. We stress that all patients with dysphagia must be meticulously investigated.

Table 1: Chief complaints in patients with dysphagia

<table>
<thead>
<tr>
<th>Chief complaints</th>
<th>Number of patients (n = 200)</th>
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<tbody>
<tr>
<td>Foreign body sensation</td>
<td>90 (45%)</td>
</tr>
<tr>
<td>Chest pain</td>
<td>58 (29%)</td>
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</tbody>
</table>
Obesity and its complications are on the rise globally, leading to the exploration of various interventions. Lifestyle modifications, drug therapy, devices like the intragastric balloon (IGB) and bariatric surgery are among the available options. Lifestyle changes, including supervised diet, exercise, and behavior modification programs, are recommended for all patients with obesity but may not always achieve desired weight goals. There are, however, those of increasing incidence, who may not be well-tolerated. Bariatric surgery, while highly effective, is invasive and not indicated for all individuals with obesity. The Orbera365 IGB offers an alternative for those who do not meet bariatric surgery criteria but struggle to achieve sufficient weight loss with lifestyle interventions and medical therapy alone.

A 19-year-old female patient with a weight of 95 kg and a body mass index (BMI) of 32.87 kg/m² sought intervention for weight loss. The patient opted for the Orbera365 IGB, designed as a comparative study. Subsequent follow-ups assessed pain, nausea, vomiting, and overall well-being. The patient reported no adverse experiences. Over a period of 2 months and 10 days, the weight and BMI dropped from 95 kg and 32.87 kg/m² to 78.7 kg and 30.38 kg/m², respectively.

As of now, the patient has not experienced any adverse reactions or complications post the insertion of the Orbera365 IGB. Continued observation is necessary until the intended 12-month period to assess the safety and effectiveness of the Orbera365 intervention for weight loss.

A Noninvasive Predictor of Mortality of Acute Variceal Bleeding in Patients with Cirrhosis—Platelet Albumin Bilirubin Score

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Amrita Institute of Medical Sciences, Kochi, Kerala

Introduction: India bears a disproportionately large burden of liver disease, contributing to 18.3% of the two million fatalities caused by liver disease globally in 2015. Esophagealvaricodistension is the gold standard for detecting variceal bleeding. This study aims to utilize a noninvasive marker, the "platelet-albumin-bilirubin (PALBI) score," to assess in-hospital mortality and rebleeding in cirrhotic individuals presenting with acute upper gastrointestinal bleeding. This study is the first in its kind for the Indian population and is designed as a comparative study.

Materials and methods: The study was conducted at Amrita Institute of Medical Sciences, Kochi, in the Department of General Medicine, from 2021 to 2022. After calculating the PALBI score, patients were categorized into three grades and then into two groups. The rates of rebleeding and in-hospital death were compared between the two groups.

Observation: Seventy patients with acute variceal bleeding were selected based on the PALBI score and divided into two groups—Grade 1 (<14.285% group) and Grade 2 (≥14.285% group). Nine (12.85%) patients died, and 26 (34.6%) survived, while in group II, 14 (40%) were alive, and 21 (60%) were deceased. The statistical analysis revealed a p-value of 0.007, indicating that mortality in group II was significantly higher than in group I.

Conclusion: The PALBI score proves to be an easy-to-use, objective measure that could serve as a suitable alternative for assessing hospital mortality in patients with acute variceal bleeding. Future prospective investigations are encouraged to further validate the accuracy of the PALBI score in predicting long-term prognosis.

Hepatic Esophageal Fistula with Spontaneous Esophageal Fistula, Pseudopeptic Ulcer

Vikram Komron, B. Arun, G. Gowtham Kumar, Snigdha

GSL Medical College & General Hospital, Rajahmundry, Andhra Pradesh, India

Case: A 29-year-old male presented to the emergency room (ER) with shortness of breath for 2 days, wheezing, and chest discomfort for 7 days. On examination, herpetic lesions were observed over the upper part of the right chest. Initial evaluation revealed a right-sided pneumothorax. An intercostal drain (ICD) was placed, and pus was drained from the pleural cavity. On the second day of ICD placement, oral pain medication was prescribed. On the third day, the patient was noted draining herpetic skin lesions and subsequently referred for esophagostroduodenoscopy (EGD).

Investigation: Pleural fluid analysis showed exudative fluid with total leukocyte count (TLC) of 75,000 cells/cumm, with 70% neutrophils and 30% lymphocytes. Contrast-enhanced computed tomography (CT) and magnetic resonance imaging revealed multiple small fistulae in the proximal mi-distal esophagus, a large fistulous tract in the distal esophagus communicating with the pleural cavity, and multiple loculated pockets of pyothorax. EGD showed a proximal esophageal fistula communicating with the pleural cavity.

Treatment: Closure of the esophageopulmonary fistula was performed using an over-the-scope clip. The patient was prescribed Tab. Acetylsalicylic acid 800 mg five times a day for 7 days.

Follow-up: Repeat endoscopy and computed tomography (CT) scans showed complete healing of the esophageal ulcer.

Discussion: The exact cause of the esophageopulmonary fistula formation in this patient was unknown, as a biopsy was not taken from the fistulous tract. The temporal relationship with herpetic skin lesions suggests a probable diagnosis of perforated esophageal herpetic ulcers. This diagnosis was further supported by the healing of the fistulous tract with endoscopic closure and antiherptic treatment.

Unveiling the Silent Threat: Acute Kidney Injury in Liver Cirrhosis

Nirmit S Kothari, S Pata, S B Salage

SG Medical College & KEM Hospital, Mumbai, Maharashtra, India

Introduction: Renal impairment is a common complication in patients with liver cirrhosis, contributing to prolonged hospital stays and increased mortality. The severity of acute kidney injury (AKI) is directly proportional to the risk of mortality. This observational prospective study aimed to compare the clinical and biochemical profiles of cirrhotic patients with and without AKI, determine risk factors and outcomes, and assess the proportion of cirrhotic patients requiring hemodialysis.

Aims and objectives: Study and compare the clinical and biochemical profiles of patients with liver cirrhosis with and without AKI.

Determine risk factors, outcomes, and the proportion of cirrhotic patients developing AKI, including those requiring hemodialysis.

Materials and methods: The study involved 381 patients meeting inclusion and exclusion criteria in a tertiary care hospital. AKI staged following International Club of Ascites (ICA) AKI guidelines. Correlation analysis was performed for AKI and various factors, including age, gender, symptoms, comorbidities, and laboratory parameters. The prevalence of AKI was calculated using the ICD-10 coding system.

Observations: The prevalence of AKI and the risk factors, outcomes, and the proportion of cirrhotic patients developing AKI were determined.

Conclusion: The prevalence of AKI in cirrhotic patients was high. Major risk factors included age, gender, smoking, and comorbidities. Patients with AKI had higher MELD scores and CTP class correlated significantly with AKI prevalence and mortality. The mortality rates increased with AKI severity, stage 1 (4.1%), stage 2 (23.9%), stage 3 (38.7%), and stage 4 (72.4%).

Geriatrics

Prevalence of Geriatric Syndromes at a Tertiary Care Hospital in India

Geetha J. Sakhivelavel Varathanarajan, Kalothungan R

Department of General Medicine, Karpagam Vivecha Institute of Medical Sciences & Research Center, Tamil Nadu, Department Of General Medicine, All India Institute of Medical Sciences, Hyderabad, India

Introduction: Geriatric syndromes, characterized by shared risk factors such as older age, cognitive impairment, functional impairment, and impaired mobility, are common serious conditions among the elderly but often under-recognized. These syndromes contribute significantly to mortality, morbidity, and increased healthcare costs. The study aimed to determine the prevalence of geriatric syndromes in an outpatient clinic of a tertiary care hospital.

Materials and methods: This cross-sectional study involved 231 elderly patients aged 65 years and above (98 males, 133 females) attending the medicine outpatient department (OPD) in a tertiary care hospital. A comprehensive geriatric assessment was conducted, and the data were analyzed using appropriate statistical methods.

Observations: The mean age of the population was 72.32 (± 5.11) years. The prevalence of geriatric syndromes in the study was 80.5%. The most common comorbidity was hypertension (58.5%), followed by diabetes mellitus (35%) and coronary artery disease (16.8%). In the study, 19.4% of patients had no geriatric syndromes, 64.5% had 1–4 geriatric syndromes, and 16.6% had >4 geriatric syndromes. The most common geriatric syndromes were atrial fibrillation (47.1%), visual impairment (43.7%), and polypharmacy (38.5%). The prevalence of >4 geriatric syndromes was higher (28.7%) in the age-group >75 years compared to the age-group 65–74 years (9.3%). Patients with >4 geriatric syndromes had a significantly high timed up and go (TUG) value (p = 0.03). Body mass index (BMI) and hand grip showed no significant difference with geriatric syndromes in the study.

Conclusion: The prevalence of geriatric syndromes in the outpatient setting is high, and these patients are often under-recognized as such individuals. Routine screening through comprehensive geriatric assessment is crucial to prevent further disabilities in the elderly.

Visual impairment

101 (43.7) 55 (36.4) 46 (35.7)* 0.003

Hearing impairment

1A (20.9) 1A (20.9) 1A (20.9) 1A (20.9)

Falls

67 (29) 35 (23.2) 32 (40)* 0.010

A Case of Intervention of Intragastric Balloon and Study of Its Safety and Side Effects on Weight Loss

Nikhita Panabaka, Gowtham Kumar, N, Sri Hari babu M

GSL Medical & General College & General Hospital, Rajahmundry, Andhra Pradesh, India

Introduction: A 53-year-old female presented with abdominal pain, yellowish discoloration of sclera and urine for the past 2 months, along with melena for the past 2 weeks. She reported a history of similar complaints for the past 6 months and a 10-year history of alcohol intake.

Investigations revealed deranged liver function tests (LFTs) and a picture consistent with alcoholic cirrhosis. Upper gastrointestinal endoscopy showed gastric fundal varices. Hemoglobin: 9.4 gm/dL.

Observation: Clinically, she was diagnosed with alcoholic liver disease due to the characteristic history of alcohol abuse, confirmed by investigations showing moderate ascites, deranged liver function tests (AST > alanine aminotransferase (ALT). Endoscopic ultrasonound-guided coiling (EUS-coiling) was performed for gastric fundal varices.

Conclusion: The use of EUS-coils in managing varical fusions is a better choice compared to plain upper gastrointestinal endoscopic gluing into varices. Therefore, patients presenting with decompensated liver disease should be screened for varices in the upper gastrointestinal tract and advised either endoscopic variceal ligation (EVL) banding or EUS-coiling based on the location of the varices.
Abstracts: Free Papers - Platform Presentation (APICON-2024)

Patient characteristics

<table>
<thead>
<tr>
<th>Fractures</th>
<th>Total N = 231</th>
<th>65±75 years: N = 131</th>
<th>&gt;75 years: N = 80</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 (9)</td>
<td>12 (7.9)</td>
<td>9 (11.2)</td>
<td>2 (2.5)</td>
<td>0.472</td>
</tr>
<tr>
<td>Depression</td>
<td>33 (14.2)</td>
<td>18 (11.9)</td>
<td>15 (18.8)</td>
<td>0.170</td>
</tr>
</tbody>
</table>

Cognition (mild impairment)

<table>
<thead>
<tr>
<th>Naud (16)</th>
<th>19 (12.6)</th>
<th>8 (12.7)</th>
</tr>
</thead>
</table>

Urinary incontinence

| 37 (16) | 19 (12.6) | 18 (22.5) |

Arthritis

| 88 (35.8) | 55 (36.4) | 34 (42.5) | 0.396 |

Polypharmacy

| 65 (28.7) | 15 (23.5) | 49 (61.3) | 0.001 |

Activities of daily living (intact)

| 211 (100) | 151 (100) | 80 (100) |

Table 1: Patient characteristics

Introduction: Erythrocytosis refers to erythrocyte count above the sex-specific normal range and is subclassified into relative erythrocytosis, caused by a reduction in plasma volume, or absolute erythrocytosis due to increased erythrocyte mass. Primary erythrocytosis refers to autonomous production of erythrocytes. Secondary erythrocytosis (SE) is caused by a physiologic response to elevated serum erythropoietin levels. Although the prevalence of secondary erythrocytosis is difficult to estimate, it is higher than that of polycythemia vera (PV). All cases of SE fit the nomenclature as of 2022 were reviewed, and 21 cases were included.

Methodology:

<table>
<thead>
<tr>
<th>Number of patients</th>
<th>Diagnosis</th>
<th>Risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Cerebrovascular accident</td>
<td>Smoking</td>
</tr>
<tr>
<td>4</td>
<td>Chronic obstructive pulmonary disease (COPD)</td>
<td>Smoking</td>
</tr>
<tr>
<td>3</td>
<td>Congenital heart disease</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Intestinal lung disease—organizing pneumonia</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Congestive heart failure</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Malignant hypertension</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Renal failure</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Polycythemia vera</td>
<td>—</td>
</tr>
<tr>
<td>1</td>
<td>Polycythemia secondary to high altitude</td>
<td>—</td>
</tr>
</tbody>
</table>

Conclusion: Secondary erythrocytosis (SE) patients are mostly younger, male, active smokers, and obese. The treatment approach in SE depends on the etiology involved and will lead to the correction of the hematologic abnormality. Cerebrovascular accident (CVA) is common in patients with polycythemia—mainly observed in the anterior circulation stroke. Low-flow oxygen therapy can correct hypoxia and hence SE, especially in COPD. Routine venepuncture in patients with congenital heart disease should be avoided as they may be prone to iron deficiency anemia. Iron status should be regularly checked in these patients and repeated timely.

The Clinical Profile in Patients with Von Willebrand Disease: A Common but Underdiagnosed Entity

Kamal Garg, Sunita Aggarwal, Sandeep Gang, Runa Taneja, Satish Singh

Introduction: Von Willebrand disease (VWD) is the most frequent inherited bleeding disorder (~1%) with symptoms ranging from totally asymptomatic (~70%) to severe bleeding complaints like epistaxis, menorrhagia, or arthropathy (0-0.3%), mimicking hemophilia. The aim of the study was to investigate the clinical profile of patients with VWD, classify the severity, and find out the complications due to this disorder.

Materials and methods: The study was conducted among 23 patients of VWD presenting in the medicine outpatient department (OPD) of hematology clinic at Lok Nayak Jai Prakash Hospital, Delhi, India, for a duration of 1 year. Their clinical, hematological, and coagulation profile, including VWF antigen (VWF:Ag), VWF activity (VWF:RCO), activity, platelet aggregation, and factor VIII assay, were documented. Symptoms of bleeding were assessed using International Society on Thrombosis and Haemostasis (ISTH) bleeding assessment tool (BAT) score containing 14 categories. Finally, scores were calculated, and results were analyzed using appropriate statistical methods.

Results: In total, 23 patients with mean age 32.30 years (16–33 years) were recruited in the study, out of which 82.6% were females and 17.4% were males; 52.2% were type 1, 34.8% were type 3, and 13% were type 2 VWD. Among all, 47.8% of patients had blood group O+ (29.7%), 17.4% were AB+, and 17.4% were A+ and B+ blood groups, respectively. Menorrhagia was the most common complaint present in 89.5% of the patients, whereas epistaxis, bleeding, or bleeding after trauma was common among males (50%) with a mean bleeding score in male patients of 6.50 ± 3.30, while it is 6.16 ± 2.13 in females. Hospitalization was required in 34.8% of patients, mostly due to uncontrolled bleeding despite conservative measures or symptomatic anemia, even intramuscular bleeding. It was more common among males (75.8%) than females (24.2%). Patients with blood group B+ (37.5%) and O+ (62.5%) needed more hospitalization than others (0%).

Conclusion: Von Willebrand disease (VWD) is more common among females, but severity is more common and more severe in patients with O+ and B+ blood groups. We should suspect and investigate the cases for proper diagnosis and management, especially among female patients.

Surgical Aspects in Hemophilia: A New Beginning

Anshul Tomar, Sunita Aggarwal, Sandeep Gang, Sunita Gupta, Naresh Kumar, Sudipta Nandi, Anchal Aggarwal

Introduction: The hemophilia population today has a wide spectrum of effects due to better access to treatment. With longer life spans, individuals are exposed to increased physical stress, leading to increased requirements for surgical procedures. The procedures discussed here include minor and major procedures of all types in the hemophilia population. The role of the hematologist in the pre-operative, perioperative, and post-operative settings of the surgery is measured. A new protocol for hemostatic tests in dentistry and surgical debribement of hematomas in general surgery.

Materials and methods: The patients enrolled in the study were known hemophiliacs between the age groups of 12 and 60 years who were planned for or required a surgical procedure. The study went on for a period of 12 months. Patients who were on anticoagulation were excluded. The patients were observed before and after the procedure, and a track of their intraoperative course was also kept. Pre-op assessment and procedures included the type of surgery (major/minor), procedure name, the anesthesia planned, biochemical parameters, SF-36, fluorescence in situ hybridization (FISH) score, and antithrombin factor (AHF) requirement. The intraoperative evaluation included the amount of blood lost, the amount of fluids given, blood transfusion(s), if needed, and the duration.

Post-op assessment included the evaluation of hemostasis achieved, SF-36 and FISH score, and AHF requirement after surgery. SF-36 denoted the quality of life, and FISH denoted functional dependency of patients. AHF dosing before, during, and after the procedures were all taken into consideration.

Observations: Thirty hemophiliacs were enrolled. The observed results were tallied. Significant improvements were noted post-surgery. A decrease of 17.8% was noted in FISH score post-surgery, and anemia was seen in 6–7 SF-36 scores. AHF requirement was also found to be reduced by 24% after surgical evaluation. This implied that giving prompt replacement is necessary to obtain a better surgical outcome. Conclusion: In modern times, hemophiliacs can now undergo surgical procedures, just like a normal person. Extra care has to be given in the management of perioperative bleeding. Adequate supportive factors can be used in patients with hemophilia to minimize perioperative bleeding and ensures a favorable outcome after surgery. Improved quality of life and better surgical approaches have improved the functional status and empowered hemophiliacs to live a disability-free life.

Risk Factors and Prognostic Markers Affecting Outcome in Sickle Cell Crisis Patients

Rosalin Meher, Butungeshwar Pradhan

Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India

Introduction: Sickle cell disease (SCD) is one of the spectrums of sickle cell syndromes, which occurs due to a genetic mutation leading to the substitution of glutamic acid for valine at the 6th position of the beta globin chain. The range of abnormal biomarkers demonstrates the multisystem nature of SCD and has helped to validate the relevancy of processes, including inflammation, hypercoagulability, hemolysis, vasculopathy, endothelial dysfunction, and oxidative stress as important contributors to organ injury. This means that these correlated factors and may give useful clinical information beyond measuring the total hemoglobin.

Avoidance of precipitating factors like dehydration, infection, fever, excessive exercise, anxiety, temperature changes, and hypoxia. High fluid intake, vaccinations, antibiotics, prophylactic anti-malarial, pain medications are the general supportive treatment available. Two only effective disease-modifying therapies for SCD—hydroxyurea and chronic transfusion are potentially available but remain under-utilized. Hydroxyurea reduces mortality, morbidity, rate of hospitalization without significant life-threatening side effects at the lowest possible tolerated dose in all sickle cell patients.

Materials and methods: A total of 168 SCD patients were included in this cross-sectional observational study using nonprobability, convenient sampling, and evaluated using the general parameters. The risk factors include age, sex, residence, history of infection, type of crisis, exposure to heat and cold, discontinuation of hydroxyurea, and overnight sleeplessness. Various parameters, including biochemical, and inflammatory parameters include hemoglobin (Hb), total leukocyte count (TLC), total platelet count (TPC), hematocrit (HCT), erythrocyte sedimentation rate (ESR), serum urea, serum creatinine, total bilirubin, aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), C-reactive protein (CRP), d-dimer, serum ferritin, serum lactate dehydrogenase (LDH), fetal hemoglobin (HbF), adult
hemoglobin (HbA), hemoglobin A2 (HbA2), and hemoglobin S (HbS) levels. Observation: The maximum number of patients were male compared to female, and most patients were from rural households. The common most clinical symptoms and signs were bone pain and icterus, respectively. The history of exertion was the most common risk factor causing sickle cell crisis. The study group was further divided into the recovery group and the mortality group depending on the mortality of the patients. Discontinuation of hydroxyurea and overnight sleeplessness were the most common risk factors seen in patients of the mortality group.

In the present study, the mortality rate was found to be 26.19%, with 44 out of 68 patients dying during or following the crisis. Vennelge et al. (2019) observed that the mortality in sickle cell crisis patients is 24% (12.3–38.5%).

The USG Dopper showed triphasic flow in all limbs, and computed tomography (CT) angiography of lower limbs was normal, ruling out Buerger’s disease. Hemogram, liver, kidney, and thyroid function were normal. Antinuclear antibody (ANA) [by immunofluorescence assay (IFA)], extractable nuclear antigen, antineutrophil cytoplasmatic antibody, antichondroil, and lupus anticoagulant were negative.

Erythrocyte sedimentation rate (ESR) 92, albumin 3.7, globulin 4.4, albumin-to-globulin ratio (AG ratio) was 0.8 (AG reversal). This led us to send protein electrophoresis, which showed an M band of 0.68 g/dL. In the gammopathy, the myeloma protein was sent in which IFA showed monoclonal gammapathy with IgG and kappa restriction. B2 microglobulin—36.21, lactate dehydrogenase (LDH)—187. Bone marrow aspirate showed 8% plasma cells, and the bone marrow biopsy immunohistochemistry (IHC) showed 10–15% plasma cells with kappa restriction (95% of total cells) and cells positive for CD138 and MUM1. Also, to establish involvement of small vessels, a skin biopsy was done. It showed perivascular infiltrate with fibrinoid necrosis of small vessels.

On reviewing literature and in consultation with the hematology department, to prevent progression in the future and the coming winter, the patient was advised bortezomib, cyclophosphamide, and dexamethasone. Treatment was started from blood thinner, but the patient decided to seek further treatment near his residence. The patient is currently on rwaroxaban and aspirin and is on and close on progression for myeloma.

Conclusion: Digital necrosis is a rare and atypical presentation of MM. Most often, it is related to type I cryoglobulinemia, a condition where there is immunoglobulin A deposition like plasmapheresis and chemotherapy. It may lead to misdiagnosis and delayed treatment. Though in our case we were not able to demonstrate cryoglobulins, fibrinoid necrosis of small vessels was found. Clinicians should be aware of this rare manifestation and consider MM diagnosis even in the absence of classical calcium elevation, renal dysfunction, anemia and bone disease (CRAB) criteria.

Jay Savla, Chatatty Tapa, Rupali Malik
Department of Medicine, Sri Ramachandra Maharaj Medical College & Safdarjung Hospital, Delhi, India

Introduction: Multiple myeloma (MM) is a B-cell malignancy characterized by abnormal proliferation of plasma cells that expand in the bone and produce monoclonal immunoglobulin, also known as M-protein. Several signs and symptoms of the condition are related to the excess amounts of the monoclonal Ig, such as hyperviscosity syndrome, amyloidosis, renal failure, or autoimmune phenomenon. The monoclonal Ig can clump together and cause cryoglobulinemia, usually of type I. Cutaneous manifestations associated with type I cryoglobulinemia include Raynaud syndrome, acrocyanosis, livedo, urticaria, and cold-induced necrotic ulcers of the extremities. Only a few reports of MM with digital necrosis have been described.

Case description: A 44-year-old male, resident of Sirajganj with no known comorbidities and not on any medication, presented complaints of black discoloration of toes and tips of fingers for 2 months. The lesions have not progressed beyond the toes and fingertips. He has a 15 pack/year history of smoking and had used cannabis for 10 years. There is no history suggestive of claudication, paraphrenia, joint pain, rash, oral ulcers, and arthralgia. There is a history of MM in the family cell transfusion. On examination, the patient had normal vital parameters. The pulse rate was 74/min, in the right radial artery, with all peripheral pulses including the dorsalis pedis palpable and bilaterally symmetrical. There was leukocytosis of the median of 4 toes of both sides and the distal phalanges of the right finger with nonspecific changes in the other fingers. The rest of the systemic examination was normal.

The impression of Buerger’s disease/autoimmune small vessel vasculitis/cryoglobulinemic vasculitis was made. A study on indirect hyperbilirubinemia at tertiary care center in Patna
Kartikeya Verghese, Et al.

Abstracts: Free Papers - Platform Presentation (APICON-2024)

The table below represents the frequency of various etiologies associated with indirect hyperbilirubinemia:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency (%)</th>
<th>Table 1: Etiology of indirect hyperbilirubinemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age in years (standard deviation)</td>
<td>37.15 ± 12.66</td>
<td>Vitamin B12 deficiency 36 (45.6)</td>
</tr>
<tr>
<td>Mean body mass index (kg/m²)</td>
<td>24.89 ± 4.89</td>
<td>Thalassemia trait 13 (16.5)</td>
</tr>
<tr>
<td>Male</td>
<td>63 (79.7)</td>
<td>Folic acid deficiency 8 (10.1)</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>11 (13.9)</td>
<td>Thalassemia intermedia 1 (1.3)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>4 (5.1)</td>
<td>Autoimmune 1 (1.3)</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>3 (3.8)</td>
<td>Congestive heart failure 1 (1.3)</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>2 (2.5)</td>
<td>Undiagnosed 25 (31.6)</td>
</tr>
</tbody>
</table>
| Family history of jaundice | 5 (6.3) | A Cold Turned a Hot Yellow: A Hemolytic Mystery
Kalava Manogna
Gandhi Medical College, Secunderabad, Telangana, India

Introduction: Hemolytic anemia is a condition characterized by the breakdown of red blood cells at a rate exceeding their production. This condition can result from various underlying causes—such as inherited disorders, acquired conditions, and autoimmune reactions. The main sign is jaundice. The spleen...
is enlarged because it is a preferential site of hemolysis, and in some cases, the liver may also be enlarged.

**Case description:**
A 55-year-old male presented to the emergency room with a 5-day history of inability to walk and decreased.

A 13-year-old boy presented with complaints of severe intermittent epistaxis. Hematological parameters show severe pancytopenia with low reticulocyte count. Bone marrow aspiration showed hypocellular for age.

**Conclusion:**
The patient has been following up for 8 months. Hematological parameters show pancytopenia in at least two of the bone marrow and pancytopenia in at least two of the bone marrow and pancytopenia in at least two of the bone marrow.

**Clinical Profile of PanCytoPenia Patients in a tertiary Care Center**

Objectives:
- To study clinical and hematological parameters in patients with pancytopenia and its response to treatment.

Materials and methods:
- Sample size—37, study type—retrospective study; study period—July 2022–2023.

**Study area:**
- Hindi Mission Hospital, Tambaram, Chennai, Tamil Nadu, India

Introduction:
Pancytopenia is the decrease in all three lines of blood cells: RBCs, WBCs, and platelets. Various causes include deficiencies of vitamin B12, folate, iron, drug-induced BM suppression, infections, leukemia, multiple myeloma, MDS, and hemolysis. The underlying cause of pancytopenia should be identified so that appropriate therapy can be given and the patient may live a normal life.

**Objectives:**
- To study clinical and hematological parameters in patients with pancytopenia and its response to treatment.

**Materials and methods:**
- Sample size—37; study type—retrospective study; study period—July 2022–2023.

**Study area:**
- Hindi Mission Hospital, Tambaram

**Observations:**
In this study, out of 37 subjects, 19 were males, and 18 were females. The age distribution was 22–78 years with a mean age of 52.6 ± 10.7 years. The majority in the 61–70 years age group. The most seen symptoms were generalized tiredness (25), followed by decreased appetite (11), fever (nine), breathlessness on exertion (eight), and bleeding manifestations. For these patients, the diagnosis and treatment will improve clinical outcomes.

**Conclusion:**
In this case series, we emphasize the evaluation of all cases of pancytopenia for aplastic anemia. In the absence of a family history, bone marrow transplantation is the treatment of choice for long term survival of severe aplastic anemia. HLA matching donor, combined immunosuppressive therapy is preferred as first-line therapy in idiopathic severe aplastic anemia in young patients. The response of severe aplastic anemia was equivalent after ATG therapy or bone marrow transplant.

**Clinical profile of pancytopenia patients in a tertiary care center**

**Vijaya Sathya Narayanan V:** Gaatham, Pearly Grace Rajan, Vishnu Shankar H

**Hindi Mission Hospital, Tambaram, Chennai, Tamil Nadu, India**

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In this study, out of 37 subjects, 19 were males, and 18 were females. The age distribution was 22–78 years with a mean age of 52.6 ± 10.7 years. The majority in the 61–70 years age group. The most seen symptoms were generalized tiredness (25), followed by decreased appetite (11), fever (nine), breathlessness on exertion (eight), and bleeding manifestations. For these patients, the diagnosis and treatment will improve clinical outcomes.

**Conclusion:**
In this case series, we emphasize the evaluation of all cases of pancytopenia for aplastic anemia. In the absence of a family history, bone marrow transplantation is the treatment of choice for long term survival of severe aplastic anemia. HLA matching donor, combined immunosuppressive therapy is preferred as first-line therapy in idiopathic severe aplastic anemia in young patients. The response of severe aplastic anemia was equivalent after ATG therapy or bone marrow transplant.
suppression, multiple myeloma, sepsis, aplastic anemia. Most of the patients responded well to therapy, while two patients succumbed to the disease. Early diagnosis and treatment of the underlying cause of pancytopenia help in reducing mortality and morbidity to a great extent.

Prevalence of Microalbuminuria Among Sickle Cell Disease Patients

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Introduction: Sickle cell disease (SCD) is an autosomal recessive disorder caused by a point mutation in the β-globin chain of hemoglobin. SCD patients often experience a range of complications, including nephropathy. One of the early indicators of nephropathy in SCD patients is microalbuminuria. It is measured by albumin-to-creatinine ratio (ACR) in spot urine samples. ACR >30 mg/gm is considered as microalbuminuria.

Methods: A cross-sectional observational study was conducted among all SCD patients visiting RDSIK, Ambikapur. Demographic data, other medical records, and drug history were reviewed. Urine samples were collected and analyzed for urine ACR using standard laboratory techniques.

Results: The prevalence of microalbuminuria was 30.2% among SCD patients. ACR ranged from 8 to 290 mg/gm with a mean of 63.49 ± 15.841 (±24.95%). History of hydroxyurea use was significantly associated with ACR of <30 mg/gm (Table 1).

Table 1: Results

<table>
<thead>
<tr>
<th>No.</th>
<th>Variables</th>
<th>ACR p-value</th>
<th>ACR value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>58</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>38</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15-20 years</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>20-25 years</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>&gt;25 years</td>
<td>38</td>
<td>11</td>
</tr>
<tr>
<td>3.</td>
<td>Hydroxyurea</td>
<td>Yes</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>65</td>
<td>25</td>
</tr>
</tbody>
</table>

Observation: It was found that 55% of all patients had anemia of chronic disease, 40% had iron deficiency anemia, and 0.02 each had vitamin B12 deficiency and megaloblastic syndrome.

Methodology: Among 188 cases of cobalamin deficiency, severe anemia with a hemoglobin level of <8 g/dl was found. Typically, these patients presented with generalized weakness, fatigue, pallor, and occasionally icterus. After excluding other causes of hemolysis, vitamin B12 deficiency was considered in the differential diagnosis for anemia. Laboratory investigations (hemoglobin, hematocrit, ferritin, iron, ferritin, iron distribution, serum iron, and vitamin B12) were reviewed. Urine samples were collected and analyzed for urine ACR using standard laboratory techniques.

Results: Out of 158 patients (60 each in CTP classes A, B, and C), the most common age group of subjects was 51–60 years (35.00%), followed by 41–50 years (28.33%). The mean age for all patients in all three CTP classes was 55.42 ± 10.57 years. The most common gender in studied chronic liver disease (CLD) patients was male, with 144 patients (80%). Based on socioeconomic status, most cases were from Kuppuswamy class III, that is, 67 (48.33%), followed by Kuppuswamy class II, that is, 43 (32.7%). The most common presentation was gastrointestinal bleeding, followed by icterus in 111 patients (61.67%). Alcoholic liver disease was the most common etiology of CLD, with 96 patients (53.33%), followed by nonalcoholic fatty liver disease, that is, 36 (20.00%). The most common hepatic encephalopathy on admission had hepatic encephalopathy grade II, that is, 15 (50.00%). The most common cause of death was portal hypertension, that is, 5 (16.67%), followed by sepsis in 13 patients (41.17%).

Hemoglobin HPLCHLH is a significant problem in the elderly, and further investigation is needed to determine the correlation of laboratory markers with existing prognostic indicators. The parameters being investigated in this study are C-reactive protein (CRP), the neutrophil-to-lymphocyte ratio (NLR), serum ferritin, and erythrocyte sedimentation rate (ESR).

Materials and methods: The study is a cross-sectional, observational study conducted at the Department of Medicine, Tata Memorial Hospital, Jharkhand, on patients diagnosed with chronic liver disease (compensated or decompensated) over a period of 12 months, from May 2022 to April 2023 on a sample size of 180 patients. There were 60 each in Child–Turcotte–Pugh (CTP) classes A, B, and C.

Observations: Of 180 patients (60 each in CTP classes A, B, and C), the most common age group of subjects was 51–60 years (35.00%), followed by 41–50 years (28.33%). The mean age for all patients in all three CTP classes was 55.42 ± 10.57 years. The most common gender in studied chronic liver disease (CLD) patients was male, with 144 patients (80%). Based on socioeconomic status, most cases were from Kuppuswamy class III, that is, 67 (48.33%), followed by Kuppuswamy class II, that is, 43 (32.7%). The most common presentation was gastrointestinal bleeding, followed by icterus in 111 patients (61.67%). Alcoholic liver disease was the most common etiology of CLD, with 96 patients (53.33%), followed by nonalcoholic fatty liver disease, that is, 36 (20.00%). The most common hepatic encephalopathy on admission had hepatic encephalopathy grade II, that is, 15 (50.00%). The most common cause of death was portal hypertension, that is, 5 (16.67%), followed by sepsis in 13 patients (41.17%).

Hemorrhagic lymphohistiocytosis is a potentially life-threatening disorder. The diagnosis is made by bone marrow specimen revealed the infiltration of hematopoietic cells, and a multiscrystalline organ failure. It is now well recognized that HLH is a multisystem disease (compensated or decompensated) over a period of 2 decades. The existing prognostic indicators include fever, rash, and hypophosphatemia. The highest number of death cases were in CTP class C, that is, 24 (54.54%). A correlation was noted between the levels of inflammatory markers among survivors and deceased patients.

Table 1: Inflammatory marker level in CTP

<table>
<thead>
<tr>
<th>Variables</th>
<th>CTP class A</th>
<th>CTP class B</th>
<th>CTP class C</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR (mm/h)</td>
<td>19.24 ± 0.14</td>
<td>21.14 ± 0.24</td>
<td>22.11 ± 0.24</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>CRP (mg/dl)</td>
<td>30.24 ± 0.14</td>
<td>32.14 ± 0.14</td>
<td>36.87 ± 0.14</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NLR</td>
<td>0.02 ± 0.00</td>
<td>0.13 ± 0.05</td>
<td>0.67 ± 0.05</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Ferritin (ng/mL)</td>
<td>300.14 ± 0.32</td>
<td>403.12 ± 0.24</td>
<td>445.24 ± 0.24</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Conclusion: There is a statistically significant correlation between the inflammatory markers across Child–Pugh classes. Total death among those studied was 44, that is, 24.44%. The highest number of death cases were in CTP class C, that is, 24 (54.54%). A correlation was noted between the levels of inflammatory markers among survivors and deceased patients.
Fibrosis in nonalcoholic fatty liver disease

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Introduction: Nonalcoholic fatty liver disease (NAFLD) is one of the commonest causes of chronic liver disease. NAFLD is defined when alcohol consumption is <30 g/day in men and <20 g/day in women, with the exclusion of the causes of disease such as chronic viral hepatitis, autoimmune hepatitis, steatoxic drug-induced, etc. It comprises a clinical spectrum ranging from steatosis, fatty infiltration plus inflammation, hepatic cellular ballooning degeneration (nonalcoholic steatohepatitis), fibrosis, and ultimately cirrhosis. The progression of NAFLD to cirrhosis is difficult to monitor. Early and accurate assessment of the degree of liver fibrosis is essential in management and prognosis. Liver biopsy has long been considered the gold standard for the assessment of liver fibrosis. Invasive procedures and noninvasive methods like fibroscan and aspartate aminotransferase platelet ratio index (APRI) are being tried.

Aims and objectives:

- To assess the relation between aspartate aminotransferase and platelet count in patients with precirrhosis.
- To compare the efficacy of the aspartate APRI to that of other markers.

Materials and methods: Source of data—This study includes 100 ultrasound-defined newly diagnosed NAFLD patients attending the hepatology department at Rajendra Institute of Medical Sciences and Rajiv Gandhi University of Health Sciences Super Specialty Hospital, Ranchi, with the fulfillment of inclusion and exclusion criteria.

Study design: Hospital-based prospective study.

Results: In this study, the mean aspartate aminotransferase (AST) value was 41.6 IU. 34% of patients have values between 41 and 50 IU, and 20% of patients have >50 IU. The mean platelet count was 1.9. APRI was calculated based on these AST and platelet values. A FibroScan was done for those patients and correlated with APRI. The mean APRI score was 1.09. A total of 20 patients with an APRI index between 0.7 and 1.0 had FibroScan scores between 7.0 and 8.9, which denotes mild to moderate fibrosis. The median platelet count was 183 (IQR 154–231) showing an increase of 28-day mortality rate is 18/62 (29.03%). Receiver operator characteristic (ROC) curve analysis revealed that mean platelet volume (MPV) at day 7, having a cut-off value of 28.5, showed a sensitivity of 98% and specificity of 86% to predict mortality. Also, red cell distribution width (RDW) at a day 7 cut-off value of 18.45 had a sensitivity of 89% and specificity of 73% with a p-value of <0.001. Erythrocyte sedimentation rate at day 7, having a cutoff value of ≥24.50, showed a sensitivity of 98% and specificity of 91% to predict mortality. These parameters significantly predicted mortality when compared with the model for end-stage liver disease (MELD) score, which has an area under the receiver operating characteristic curve of 0.745 with a sensitivity of 72%, a specificity of 77%, and a p-value of 0.03.

Conclusion: Collection of specimens is easy, noninvasive, or minimal invasive, making noninvasive methods of estimating prognosis in patients with decompensated liver failure.

Conclusion: SONY. The mean APRI score was 1.09. A total of 20 patients with an APRI index between 0.7 and 1.0 had FibroScan scores between 7.0 and 8.9, which denotes mild to moderate fibrosis.

Materials: This is a prospective, observational study on 50 cirrhosis patients. The mean age was 53 years, with a standard deviation of 13 years. Out of 62 patients, 51 are male patients, which is 82.25% of the total sample. The most common etiology for cirrhosis is ethanol (41%), followed by nonalcoholic steatohepatitis (37%), while the overall 28-day mortality rate is 18/62 (29.03%). Receiver operator characteristic (ROC) curve analysis revealed that mean platelet volume (MPV) at day 7, having a cut-off value of 20.15, showed sensitivity of 94% and specificity of 78% to predict mortality. Additionally, our observations suggest a potential preference for Fib-4 in identifying severe fibrosis (stage F3) in ALD. These findings have significant clinical implications, challenging early detection and appropriate management of liver fibrosis to prevent disease progression and improve patient outcomes. Furthermore, further research and validation are essential to solidify the clinical utility of these noninvasive methods, ensuring their effective integration into the routine evaluation and care of patients with ALD.

Association Between Fatty Liver Disease and Type II Diabetes Mellitus: Results of Nationwide Survey among 750 Physicians

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Introduction: Metabolic disorders are commonly observed with type 2 diabetes mellitus (T2DM). The link between NAFLD and T2DM is complex and at times, the overlap is difficult to discern. Additionally, NAFLD is associated with a nearly two-fold higher risk of developing T2DM, irrespective of obesity and other common metabolic risks.

Materials: Considering these facts, this nationwide structured questionnaire-based survey was conducted through an online platform (EnSight-Imagica Health) to understand the burden of liver diseases in type II diabetes patients.

Observations: Overall, 747 physicians completed this survey between March and July 2022. Approximately 67% of physicians reported that up to 50% of their patients with T2DM have coexisting NAFLD. In the majority of these patients or suspected patients with liver diseases, clinicians advised liver function tests or ultrasound to confirm the diagnosis. Other common symptoms included fatigue, weight gain, and bloating. In patients with liver diseases, the most common comorbidities were metabolic syndrome (36%), dyslipidemia (22%), and hypertension (20%). Overall, 65% of physicians started the patient on a weight loss intervention. A significant difference in NAFLD pathogenesis. Ursodeoxycholic acid, astaxanthin + glutathione, and pioglitazone were the preferred choice of therapy in T2DM patients with NAFLD without any significant treatment effect.

Conclusion: This nationwide survey concluded that the risk of fatty liver diseases is high in T2DM patients, and suspected patients should be screened regularly (ultrasound/liver function tests) to rule out NAFLD and associated diabetes.

The Relevance of Aspartic Acid Dehydrogenase and Serum Aspartic Acid Dehydrogenase Activity in the Differential Diagnosis of Asciites

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Muzaffarnagar Medical College, Muzaffarnagar, Uttar Pradesh, India

Conclusion: Fatty acid synthase, hepatocellular carcinoma, or other liver diseases will be excluded from the study. Patient data was collected, including demographics, alcohol consumption history, clinical characteristics, and laboratory data. Multivariate analysis was performed to identify factors associated with fatty liver disease progression and improve patient outcomes in alcoholic liver disease.Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%), stage F1 (10%), stage F0 (5%), and stage F2 (2%). Liver stiffness measurement scores increased with advancing fibrosis stages, ranging from 5.06 ± 0.62 kPa in stage F0 to 21.76 ± 4.32 kPa in stage F4. The duration of alcohol abstinence was higher in patients aged >50 years. The median Fib-4 score was 4.27 (SD: 1.3). Regarding liver fibrosis staging, the majority of patients had stage F4 fibrosis (42%), followed by stage F3 (24%)...
Introduction: The causes of ascites include diseases associated with sinusoidal portal hypertension (cirrhosis, acute alcoholic hepatitis, fulminant or subacute viral hepatitis, drug-induced liver injury, or severe heart failure, contraceptive pericarditis, inferior vena cava obstruction).

Ascites can also be formed as a consequence of primary peritoneal disease or as a result of peritoneal involvement in systemic diseases such as tuberculosis, fungal, parasitic, and granulomatous peritonitis, primary or metastatic peritoneal tumors and vasculitis.

Materials: This study was conducted in the Medicine and Biochemistry Departments of a teaching hospital in Muzaffarnagar. After obtaining informed consent from the patient/attendant, a questionnaire was made regarding the patients’ medical history. All patients with large-volume ascites can be successfully tapped in the supine position. In order to prevent leakage of fluid after the needle is withdrawn, the needle is inserted using a Z-trick. This is a standard protocol from the Department of General Medicine that is usually followed by almost all patients in the hospital.

Observations: A total of 100 patients were recruited for the study. A total of 65 males and 35 females. The mean age for both sexes was 59.0 ± 13.54 years. Using the receiver operator characteristic curve, cutoff levels were 11.5 for serum ascitic fluid albumin percentage (SAAG) and 310 IU/l for lactate dehydrogenase (LDH). These cutoffs divided the malignant from benign ascites group. The levels of ascitic LDH were seen in the malignant group (900.67 ± 918.45 IU/l) when compared to the nonmalignant group (199.29 ± 73.56 IU/l). Prothrombin time (PT) and aPTT values were statistically significant (p < 0.05). The diagnostic accuracy of LDH was 90.7%. SAAG was in the malignant (6.74 ± 4.84 g/l) group when compared to the nonmalignant group (13.56 ± 7.57 g/l). The accuracy of SAAG was also statistically significant (p < 0.05). The diagnostic accuracy of SAAG was 73.3%.

Conclusion: It was concluded that measurement of ascitic fluid LDH levels at cutoff levels is an efficient indicator of the malignant from non-malignant ascites. Routine analysis of SAAG and LDH will resolve the problem of malignant and non-malignant ascites, especially in low-resource areas.

A Rare Case of Autoimmune Hepatitis Masquerading as Hepatitis A
Rahul Ramchandani, Uday Bhanu Raut, Somya Sahu, Manjish Kanungo, Pranita Mohanty
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Introduction: Autoimmune hepatitis, formerly known as lymphoproliferative hepatitis, plasma cell hepatitis, or autoimmune chronic active hepatitis, is a chronic, autoimmune disease of the liver that occurs when the body’s immune system attacks liver cells, leading to their destruction. Initial symptoms may include fatigue, nausea, muscle aches, weight loss, or signs of acute liver inflammation, including jaundice. There are two types of AIH: type 1 and type 2. A 33-year-old female was brought in the emergency room by her husband, stating that she was not feeling well. She was comatose and had yellow discoloration of her eyes for 10 days. She was intubated and started on intravenous fluids for dehydration. The patient’s hematocrit was 16%. Liver function tests showed elevated bilirubin (total/direct): 5.9/3.38, serum albumin: 2.02, alkalin phosphatase: 292, and ALT/AST 25/6.

PS comment: Microlitmic, hypochromic anemia and fragmented RBCs with neutrophilic leukocytosis and normal platelets. Viral markers: negative (human immunodeficiency virus, hepatitis B, hepatitis C, and erythrocyte sedimentation rate of 140 mm in the 1st hour. Iron profile and urine routine microscopy were within normal limits. At this time, after sending samples for HB-electrophoresis and direct coombs test (DCT), 1 unit of packed RBC was transfused. The next day, DCT came out positive, but tests for HBs antigen were negative. Therefore, we considered features suggestive of chronic liver disease with a dilated portal vein and gross splenomegaly with multiple collaterals. The patient had a history of alcohol consumption. For further evaluation, an ophthalmology consultation was done, which showed a normal ophthalmological examination and no KF ring. Total serum immunoglobulin levels were normal (38 mg/dL). Antinuclear antibody (ANA) titer came out to be 1:320, a fine-speckled pattern. Upper gastrointestinal endoscopy showed antral erosions with portal duodenopathy. After consulting with a gastroenterologist, the patient was started on oral prednisolone 40 mg and was discharged on tapering dose.

Case Report: A 23-year-old male patient presented with complaints of abdominal distension and bilateral edema for 3 months. There was no associated history of hematemesis or melena. The patient had no comorbidities like diabetes mellitus/hypertension/hypothyroidism.

The patient had a history of repetitive transfusions in the last 3–4 years, with a history of four transfusions in the last 6 months. There is no history of complaints similar to those of the family, with the patient being born out of a nonconsanguineous union.

On examination, pallor, icterus, clubbing, and bilateral pitting pedal edema were present. JVP was raised. There was no lymphadenopathy. Gastrointestinal examination revealed a tender, slightly palpable, right upper quadrant. Liver function tests showed markedly prolonged values of both PT and aPTT. There is significant thrombocytopenia in 46% of patients with liver disease.

Conclusion: The study of coagulation profiles can help assess cell function and direct cellular injury, thus preventing patients from landing in life-threatening bleeding complications. These parameters demonstrating positive correlation with the condition can be used to develop a new scoring system just like CTP scoring for the assessment of the severity of liver disease.

Role of Indian Diabetes Risk Score (IDRS) in Predicting Nonalcoholic Fatty Liver Disease (NAFLD) in Non-Diabetic Population
Kandula Venkata Sai Raghavendra, Uma MA
Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

Introduction: Nonalcoholic fatty liver disease (NAFLD) is the most common chronic liver disease in many parts of the world. In developing countries, imaging or liver function tests are expensive. Hence, there is a need to develop a simple and inexpensive screening tool to identify individuals who may be at high risk of having NAFLD. The present study was undertaken to see whether the Indian Diabetes Risk Score (IDRS) can be used as a screening tool among nondiabetic individuals at high risk for NAFLD.

Ecoexistence of Autoimmune Hepatitis and Wilson’s Disease: A Clinical Dilemma
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Department of Internal Medicine, Maulana Azad Medical College and Associated Hospitals, Delhi, India

Background: Wilson’s disease and autoimmune hepatitis are considered common causes of acute and chronic hepatitis. However, the coexistence of these diseases in one patient has not been sufficiently studied.

A 26-year-old female presented with a history of yellowish discoloration of her eyes for 10 days. She was intubated, and further investigation showed increased levels of serum aspartate aminotransferase (AST) and alanine aminotransferase (ALT) with normal values of cholestatic parameters, albumin, and prothrombin time. Testing for viral hepatitis showed negative titers of 1:320 (nuclear-speckled pattern), with anti-flo and La being strongly positive. A diagnosis of autoimmune hepatitis (AIH) was made, and she was started on treatment with prednisolone. Her transaminases settled down while she continued to deteriorate. Further testing showed that her ceruloplasmin was low and 24-hour urinary copper was elevated, thereby suggesting Wilson’s disease. She was started on trientine while steroids were continued.

Conclusion: The etiologic diagnosis of acute hepatitis and the correct therapeutic strategy may present several difficulties. Wilson’s Disease (WD) and AIH should always be considered in differential diagnosis of acute hepatitis. Wilson’s disease and AIH should always be considered in differential diagnosis of acute hepatitis.

Study of Serum Sodium Levels And Its Clinical Significance In Decompensated Chronic Liver Disease Patients Admitted In A Tertiary Care Center Of North Eastern State, Tripura
Jishnu Sinha
Agartala Government Medical College, Agartala, Tripura, India

Conclusions: The IDRS can be used as a screening tool for nondiabetic individuals at high risk for NAFLD.
Abstracts: Free Papers - Platform Presentation (APICON-2024)

Rahul K. Chaitra
Mysores Medical College & Research Institute, Mysuru, Karnataka, India

Introduction: The most prevalent cause of portal hypertension (PH) is liver cirrhosis, which can lead to serious consequences such as esophageal varices (EV), ascites, and death. One of the most reversible complications of cirrhosis and mortality in patients with chronic liver illnesses is caused by PH and its consequences. According to research, early detection of PH is critical for timely treatment. The hepatic venous pressure gradient (HVPG) is currently considered the gold standard for PH assessment and is measured in clinical practice and compared the diagnostic performance of a series of recently proposed noninvasive fibrosis indexes as a new predictor of PH in patients with Chronic liver disease and an alternative to HVPG measurement.

Objectives: The study included 525 patients, of which 325 received ART, and 150 were non-suppression or sustained virological rebound (VL of ≥1000 cp/mL). Out of 30 PLH, 36.5% patients who developed TB after IPT completion compared to 36.5% patients who developed TB from the non-IPT group. PH was seen in 77% of patients at 6 months of treatment. The study concludes that compliance should be ensured to reduce TB infection among PLHIV.

Methods: A 5-year retrospective study, 210 Indian PLH aged ≥13 years receiving 2L-ART (dual NRTI + RTV boosted PIs). The study included 1,014 patients, of which 525 received ART. Out of 30 PLH, 80% (n = 24) had experienced confirmed virological failure (CVF) after ≥6 months of the first line (1L) ART between July 2015 and May 2018. In India, 25% of deaths from HIV-associated TB in 2018. The objectives of this study were to establish the significance of the disease.

Conclusion: Conclusion: The study indicates that the completion of IPT significantly reduced the TB burden, showing a significant protection against TB for a minimum duration of 2 years. Thus, implementation of IPT (IP) cannot be overlooked, and strict compliance should be ensured to reduce TB infection among PLHIV.
adherence interventions. Despite remarkably low rates of VF attributable to PI resistance, the emergence of cross-resistance to DRV due to the accumulation of DRM poses a formidable threat.

**Figs 1A and B:** Virological outcomes and emerging HIV-1 DRMs; (A) Kaplan Meier estimates for time to CVF; CVF was defined as the date of the first of two consecutive VL measurements ≥500 copies/mL within 6 months after starting 2L-ART while the patients were receiving ART or within 6 weeks of discontinuation of therapy; (B) Distribution of emerging mutations for RTL, NRTI, and PIs; DRMs were analyzed using Stanford HIV Database Version 9.5 (22nd August 2023), and sequences with penalty scores of ≥3.0 were considered to define drug resistance for this study.

**CLINICAL OUTCOMES OF ISONIAZID PREVENTIVE THERAPY IN PEOPLE LIVING WITH HIV VISITING A TERTIARY CARE CENTER**

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Department of General Medicine, Kasturba Hospital, Kasturba Medical College, Manipal Academy of Higher Education (MAHE) (Deemed to be University), Manipal, Karnataka, India

**Introduction:** Tuberculocidosis (TB) is the leading and preventable cause of HIV-related mortality and morbidity. Globally, in 2020, people living with HIV (PLWH) were 18 times more likely to contract tuberculosis and three times more likely to die from it. In India, TB causes 25% of HIV-patient deaths. Isoniazid prevents reactivation and reinfection in TB exposure. Although the World Health Organization recommends a 6-month isoniazid preventive therapy (IPT) for PLWH, global IPT initiation was slow, with only 42% in 2016.

**Material:** A retrospective cohort study was conducted at two ART centers, comprising 6 months of IPT and those not receiving IPT in the comparison group with a 2-year follow-up period. People with active TB, chronic liver/kidney disease, and those not receiving IPT in the comparison group with a 2-year follow-up.

**Methods:** After getting informed consent, each patient was assessed for their clinical status. CD4 count and viral load measurements were done at baseline, 6, and 12 months to determine the efficacy of the drug.

**Observations:** The study included 379 patients, with 190 (50.1%) receiving IPT and 189 (49.9%) not. The study population consisted of 217 (57.3%) females and 162 (42.7%) males, with a mean age of 43.2 ± 9.5 years and 197 (51.9%) patients belonging to the lower middle class.

**Conclusions:** This study demonstrates that completing IPT significantly lowers TB incidence, providing protection for at least 2 years. IPT is a safe and effective public health intervention where its implementation should be strengthened, and strict compliance must be ensured.

A STUDY OF DOLUTEGRAVIR-BASED REGIMEN AS SECOND-LINE ANTIRETROVIRAL THERAPY IN A TERTIARY CARE CENTER IN WESTERN MAHARASHTRA

Shivank, Rohit Vashisht
Department of Internal Medicine, Armed Forces Medical College, Pune, Maharashtra, India

**Introduction:** In the DAWNING trial, dolutegravir (DTG) has shown its superiority over Lopinavir-ritonavir and is a suitable option for a second-line regimen. DTG has come up as a potent Integrase Inhibitor which has shown its superiority over Lopinavir-ritonavir and as a first-line anti-retroviral therapy. Its implementation should be strengthened, and its superiority over Lopinavir-ritonavir should be further evaluated.

**Methods:** A total of 62.5% were males, and 34.8% were females; 43.5% belonged to the age group above 60 years, and 33% were newly diagnosed. CD4 counts, with no development of any opportunistic infections.

**Results:** The effect on the metabolic profile showed weight gain in <3%, transaminases in <2%, dysglycemia in <3%, and an insignificant increase in total cholesterol and triglycerides.

**Conclusion:** This study signifies the importance of DTG-based ART, even as second-line ART, with statistically significant viral load suppression and CD4 improvement. The adverse effects on the metabolic profile of the patient are minimal and not very distressing.

**Hypertension**

**RATIONALE AND STUDY DESIGN OF EVALUATION OF EFFECTIVENESS AND SAFETY OF TELMISARTAN AND AMLODIPINE FIXED DOSE COMBINATION IN INDIAN HYPERTENSIVE PATIENTS: A PROSPECTIVE, LONGITUDINAL, MULTICENTER, PROSPECTIVE, LONGITUDINAL, MULTICENTER, PROSPECTIVE STUDY**

A D Das, M Thiwaskar, A Pandey, N Zalte, A Suguman, Mahatna Gandhi Institute of Medical Sciences, Puducherry; Karuna Hospital, Asian Heart Institute, Mumbai, Maharashtra; Medical Super Specialty Hospital, Kolkata, West Bengal; Cipla Limited, Mumbai, Maharashtra, India

**Background:** Hypertension is a prevalent health condition among the Indian population, characterized by a strong genetic barrier to resistance, good short-term tolerability, low pharmacokinetics/pharmacodynamic relationship, which supports once-daily dosing without a pharmacokinetic booster. Patients in all DTG dose groups demonstrated a statistically significant reduction in plasma levels of HCV RNA from baseline with a high concentration in the treatment group (CD) 4+ cells. DTG also has been known to cause alterations in metabolic and biochemical parameters. Randomized trials have shown it to cause a rise in alanine aminotransferase, triglycerides, and plasma blood glucose levels.

**Methods:** The evaluation of the effectiveness and safety of telmisartan and amloprimide FDC in Indian hypertensive patients (TACT-India) is a prospective, longitudinal, multicenter, observational study. The primary objective of the study was to evaluate the effectiveness of telmisartan and amloprimide FDC, and the secondary objective is to evaluate the safety of the combination. Overall, 10,000 HF patients from 1,000 study sites across India will be included. The primary endpoint of the study is the percentage change in the systolic blood pressure (SBP) from baseline to 8 weeks. The secondary endpoint is to evaluate the differences in the percentage of patients achieving the blood pressure goal (SBP <140 mm Hg and diastolic blood pressure <90 mm Hg) at 8 weeks, to evaluate the safety of telmisartan plus amloprimide FDC and to analyze the demographic and characteristics of the concomitant medications in hypertensive patients. Data will be recorded from the time point when the patient was initiated on telmisartan plus amloprimide FDC as part of routine clinical practice.

**Conclusion:** The TACT-India study is expected to reveal the real-world effectiveness of the FDC of telmisartan and amloprimide in the management of hypertension. To date, this is one of the largest randomized controlled trials with a large sample size of India’s hypertensive patients. The findings of this study will help to understand the effectiveness of the FDC in reducing SBP, the safety profile of the target BP goal, and the safety profile of the combination.

**ASSOCIATION BETWEEN NOCTURNAL BLOOD PRESSURE AND URINE ALBUMIN CREATININE RATIO IN NORMOTENSIVE TYPE-2 DIABETES MELLITUS PATIENTS WITHOUT CHRONIC KIDNEY DISEASE**

Sammeta RV Sai Radha, Thajasswi Um CM, Vijayshree Thayagar, Dr PS Ramakrishnan, Dr MS Ramaiah Medical College, Bengaluru, Karnataka, India

**Introduction:** Albuminuria is a sensitive and early predictor of renal damage among diabetics, and so are nocturnal blood pressure and loss of physiological dip in blood pressure which may cause hypersensitivity. However, the correlation between nocturnal blood pressure and albuminuria in nonhypertensive diabetics has not been sufficiently studied before. This may add a new dimension in evaluating the risk factors for chronic kidney disease (CKD) in diabetics and help to decide to start renoprotective measures much earlier in the course of diabetes and delay the onset and progression to CKD.

**Materials and methods:** In this observational study at MS Ramaiah Hospitals, 46 consecutive normotensive diabetics were recruited and categorized based on the urine albumin-creatinine ratio (UACR) levels.

**Results:** A total of 62.5% were males, and 34.8% were females; 43.5% belonged to the age group above 60 years, and 33% were newly diagnosed. CD4 counts, with no development of any opportunistic infections. The effect on the metabolic profile showed weight gain in <3%, transaminases in <2%, dysglycemia in <3%, and an insignificant increase in total cholesterol and triglycerides.

**Conclusion:** This study signifies the importance of DTG-based ART, even as second-line ART, with statistically significant viral load suppression and CD4 improvement. The adverse effects on the metabolic profile of the patient are minimal and not very distressing.

**CURRENT SCENARIO OF MASKED AND WHITE COAT HYPERTENSION IN MEDICAL PROFESSIONALS IN BUNDALKHAN REGION**

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Department of Medicine, King George’s Medical University, Lucknow, Uttar Pradesh, India

**Background and objective:** The medical profession is believed to be one of the most stressful professions. The present study was done to evaluate the current scenario of masked and white coat hypertension among medical professionals in the Bundelkhand region.

**Methods:** This cross-sectional observational study was conducted at the Department of Medicine, MLN Medical College, Jhansi, over a period between January 2014 and June 2015 on 300 medical professionals, which included undergraduate, PG students, consultants, nursing staff, and ministerial staff. All patients underwent history taking, physical examination, laboratory analysis, office blood pressure (OBP), and ambulatory BP monitoring (ABPM).

**Results:** Four groups were identified based on office and ambulatory blood pressure monitoring:

- True normotensive patients (BP are normal both clinically and by ABPM) 170 (67.5%).
- True hypertensive patients (both office and ABPM were high) 23 (7.7%).
- Masked hypertensive patients (clinical BP was above limits, but ABPM was normal) 24 (8.2%).
- True hypertensive patients (clinical BP was normal, but ABPM was high) 9 (3.2%).

Out of 300 subjects, there were 158 UG students, 49 PG students, six consultants, 66 nursing staff, and 21 ministerial staff. All patients had a body mass index >25, and 7 (4.8%) were affected with masked hypertension. None of the hypertensive subjects were African American.
<table>
<thead>
<tr>
<th>Major NRTI Resistance mutations</th>
<th>Major NNRTI Resistance mutations</th>
<th>Major PI Resistance mutations</th>
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<tr>
<td>Q51M</td>
<td>L90M</td>
<td>M230L</td>
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<td>Not detected</td>
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<td>N86S</td>
<td>G190A</td>
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<td>G190SE</td>
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<td>L76V</td>
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<tr>
<td>L210W</td>
<td>154VTALM</td>
<td>E138AGQ</td>
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<td>17.4%</td>
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</tr>
<tr>
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<td>I50N</td>
<td>E138K</td>
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<tr>
<td>17.4%</td>
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<td>Not detected</td>
</tr>
<tr>
<td>D67N</td>
<td>G48VM</td>
<td>V106M</td>
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<td>Not detected</td>
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<tr>
<td>M41L</td>
<td>I47V</td>
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<td>D30N</td>
<td>L1001</td>
</tr>
<tr>
<td>43.5%</td>
<td>Frequency of DRMs (%)</td>
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**Figure A:** Cumulative failure over 2L-ART duration (months) with survival function and censored data.

**Figure B:** Frequency distribution of various resistance mutations.
had true hypertension. Out of a total of 96 subjects who were hypertensives by office blood pressure, only 23 (23.9%) subjects were true hypertensive, and the majority of 73 subjects (75.9%) were white coat hypertensive.

Concentration: White coat hypertension was more prevalent in undergraduates, and masked hypertension was more seen in nursing staff in this study. We did not find any target organ damage in white coat hypertensions and masked hypertensions. They don’t warrant antihypertensive treatment at this stage. These subjects may develop hypertension and target organ damage years later but earlier than the normal subjects. These subjects should be followed for the development of hypertension and target organ damage.

A CROSSECTIONAL, OBSERVATIONAL, AND CASE-CONTROL STUDY OF PROPORTION, CLINICAL PROFILE, AND ASPH PARAMETERS OF PATIENTS WITH RESISTANT HYPERTENSION IN A TERTIARY CARE HOSPITAL

Abshikha R Patil, S A Langde, S B Salagre
Seth Goudardhansunder Sunderdas Medical College (SGGMC) and the King Edward Memorial (KEM), Mumbai, Maharashtra, India

Introduction: Resistant hypertension (RH) is a challenging domain in the world of hypertension (HTN). The true prevalence of RH is still an enigma. Data regarding clinical and ambulatory blood pressure monitoring (ABPM) profiles of such patients is severely deficient. Early recognition of this is necessary to halt the process of end-organ damage.

Aims and methods: The study was planned to compare the clinical and laboratory profiles, including ABPM parameters of patients with RH with hypertensive patients without RH. A secondary objective was to study the association of various clinical and laboratory parameters determining the etiology of RH.

Materials and methods: This study, conducted at the tertiary hospital’s hypertension clinic employed an observational, cross-sectional, and case-control design over 18 months. The study aimed at determining the prevalence of RH amongst all HTN patients. Clinical parameters of 100 RH and 100 HTN patients. A total of 89 cases and 162 controls were included in the study, totaling 251 participants. ABPM study was done using the Meditech ABPM 05 machine, and Easy ABPM software was used for 24 hours per patient.

Results: A total of 990 HTN patients visiting hypertension clinics were screened. The proportion of RH in patients visiting the clinic was observed to be 9.6%. A total of 22.2% of patients satisfied the standard definition, while 3.4% of patients satisfied the alternate definition of RH. Diabetes was the most common comorbid condition in RH patients, while chronic kidney disease was the most common comorbidity in RH patients. RH patients had a higher proportion of ischemic heart disease than non-RH. The proportion of reverse dippers was higher in RH than in non-RH. The 3D subgroup has the highest proportion of reverse dippers.

Conclusion: The study found that 9.6% of HTN patients met the criteria for RH based on both prevalent and alternate definitions.

5 35 M Coarctation of Aorta Good
2 32 M Chronic glomerulonephritis Poor
3 65 M Atherosclerotic renal artery stenosis Good
4 27 F Conn’s syndrome Good
5 35 M Coarctation of Aorta Good
6 52 F Cushing’s disease Good
7 44 M Grave’s disease Good
8 50 M Phaeochromocytoma Good
9 18 Takayasu arteritis Good
10 56 F Obstructive sleep apnea Good
11 17 17-O-hydroxylase deficiency Good

A CoRRELATION OF PREVALENCE OF MYOCARDITIS IN CASES OF SCRUB TYPHUS AND CORRELATION OF MORTALITY AND MORBIDITY IN PATIENTS WITH SCRUB TYPHUS WITH RAISED CPK-MB

Vishal Ghose, N K Gupta
Pacific Institute of Medical Sciences, Udaipur, Rajasthan, India

Introduction: Scrub typhus is caused by Orientia tsutsugamushi (O. tsutsugamushi) and is transmitted to humans by an arthropod vector of the Trombiculidae family. Scrub typhus is acquired by humans when an infected chigger bites them while feeding, and O. tsutsugamushi pathogens are inoculated in the body. Scrub typhus has features of fever maculopapular rash, which starts from the trunk and eventually spreads to the limbs. Scrub typhus affects the cardiovascular system, central nervous system, respiratory, gastrointestinal system, and renal system. Serious complication is caused by scrub typhus, like myocarditis, pneumonia, acute renal failure, meningencephalitis, gastrointestinal bleeding, and acute respiratory distress syndrome. The definitive diagnosis of diagnosis is serology. In primary infection, immunoglobulin (Ig) M is increased in the first week, and IgG is elevated in the second week. In re-infection, IgM isvariable, and IgG is detectable by day 6.

Materials: Study design—observational study; study duration—1st October 2022 to 31st May 2023

Sampling technique: All patients admitted to the emergency ward, ICU with scrub typhus positive.

Inclusion criteria: Patients with scrub typhus positive.

Investigations used in the study to diagnose myocarditis: Creatine kinase-MB (CPK-MB), N-terminal pro-B-type natriuretic peptide (NT Pro-BNP), electrocardiogram (ECG), and two-dimensional echocardiogram (2D echo).

Observation: Out of 35 patients that were included in the study, 7 patients had raised CPK-MB in the 1st week, and 7 patients had raised NT Pro-BNP; in ECG, 15 patients had tachycardia, seven patients had bradycardia, three patients had t-wave inversion, in 2D echo one patient had severe systolic dysfunction with reduced ejection fraction with anterior wall hypokinesia.

On death was recorded in patients with raised CPK-MB with scrub typhus, and no deaths were recorded in patients with normal CPK-MB.

Conclusion: Scrub typhus is a serious acute febrile illness with high mortality and morbidity with raised CPK-MB, and the prevalence of myocarditis is high in scrub typhus.
A 52-year-old gentleman with no previous comorbidities presented with a fever associated with a headache for 10 days. Previously, the patient sought treatment at a local hospital, suffering from a tachypnoeic condition of 3 months duration. Hypotension, delirium, and a new focal neurological deficit prompted the patient to start developing swelling around the left eye 7 days back. This was an a/w diminution of vision, redness, and pain in the left eye. A contrast-enhanced computed tomography (CECT) orbit revealed features suggestive of left orbital cellulitis with inflammatory phlegmon formation. The patient was admitted under the ear, nose, and throat (ENT) and infectious diseases (ID) profile. The patient underwent left functional sinus surgery sinus surgery and orbital decompression. Later, the patient was transferred to the infectious diseases department at our hospital, where the case revealed growth of Burkholderia pseudomallei; however, the pus was sterile.

Due to worsening eye swelling, CECT orbits, paranasal sinuses, and brain, were repeated, which revealed a soft tissue density lesion measuring 24 × 20 mm in the superior compartment of orbit on the left side, extracranial compartment with compression and displacement of superior rectus inferomedially. The lesion extended into the extraorbital preseptal soft tissue compartment. There was an enlargement of the superior rectus and lateral rectus on the left side, with a lesion compressing the left globe. An intraorbital segment of the left optic nerve was reduced in caliber. This was suggestive of left orbital cellulitis. After a thorough evaluation of the patient, undergoing drainage by the ophthalmology department. In spite of the patient not having classic risk factors for melioidosis residing in a melioidosis-endemic region, the culture of the left eye revealed growth of Burkholderia pseudomallei. The patient was started on an injection of meropenem and an injection of doxycycline, following which the patient’s eye swelling and pain improved. Upon discharge, the patient’s vision was normal, and the left eye swelling was minimal. His inflammatory markers also improved. He also had hepatitis and multiorgan dysfunction, which improved with antibiotics. Repeat blood culture was 48 hours sterile. The patient was advised to continue injections of meropenem (at a gap of 15 days) at the local hospital.

Conclusion: This case underscores the importance of vigilance in diagnosing rare and atypical presentations of diseases, even in patients without typical risk factors. The timely collaboration between different medical specialties, including ENT, ophthalmology, and infectious diseases, played a critical role in identifying and managing this case of Burkholderia pseudomallei-induced orbital cellulitis, a condition often associated with melioidosis. Through a combination of surgical intervention and targeted antibiotic therapy, the patient experienced a remarkable improvement in symptoms and overall health. This case serves as a valuable reminder that thorough clinical evaluation, interdisciplinary cooperation, and prompt treatment can lead to successful outcomes, even in uncommon clinical scenarios. It also emphasizes the need for continued surveillance and awareness of melioidosis, particularly in regions where it is endemic or emerging.

Multiple Embolic Stroke in Dengue Neurologic Fevers: An Unusual Neurological Manifestation

Jaisy James, Gudson C J, Anil N K, Geetha Philips
Antar Medcity, Kochi, Kerala, India

Introduction: Dengue viral infection is one of the most prevalent mosquito-borne viral diseases. Expanded dengue syndrome is the designation of cases that include unusual manifestations and severe organ involvement. Neurological manifestations are recognized in dengue infection, but stroke is a rare complication. Here, we report a case of a 37-year-old male who was diagnosed with dengue fever and subsequently developed embolic stroke as a complication.

Case report: A 37-year-old male with no known comorbidities presented with fever and myalgia of 10 days’ duration. He was admitted to the hospital with thrombocytopenia, a drop in sensorium, and subsequent respiratory arrest. He was intubated and was started on ventilatory support. Upon arrival, he was unconscious, and a central nervous system examination revealed hypotonia in all four limbs and bilateral Babinski sign. Initial investigation revealed elevated inflammatory markers, elevated creatinine, and thrombocytopenia. Dengue diagnosis was made based on the clinical profile and confirmed through IgM ELISA and IgG ELISA. Further investigations, including cerebral magnetic resonance imaging, were normal, and the patient was started on empirical antibiotics and intravenous fluid. He gradually improved with treatment and was discharged.

Conclusion: Stroke as a complication of dengue is reported in various case series. However, these reports are based on clinical and laboratory profiles, and there are no biomarkers for dengue-induced stroke. The patient’s presentation emphasizes the need for early recognition and prompt treatment of stroke in dengue-related cases. The diagnosis of stroke in dengue is challenging due to the overlapping clinical features with other acute neurological conditions. Early recognition and prompt treatment can lead to successful outcomes.
diagnostic cutoff of >6 mg/L were 58.1 and 70%, respectively, with an AUC of 0.611, which is statistically not significant (p = 0.295).

Conclusion: Through this study, we analyzed that serum ferritin has better diagnostic value in determining severe dengue patients, which statistically significant and has a better correlation than serum C-reactive protein.

**Disseminated Histoplasmosis with Disseminated Roon’s in a Patient with Toxoplasmosis**

Eunice Susan Thomson, Subhash Chandra, Vasanta P K
Amita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham (Deemed to be University), Ernakulam, Kerala, India

**Introduction:** Distinguishing between histoplasmosis, tuberculosis (TB), and cooccurrence of disease is a frequent dilemma for clinical staff treating people with advanced human immunodeficiency virus (HIV) infection. The disease is most frequently observed in clinical settings in countries where both diseases are endemic. It is also a challenge outside these endemic countries in HIV clinics that take care of patients coming from countries with endemic histoplasmosis and TB. The gold standard for diagnosis of both of these diseases is based on conventional diagnostic tests (culture, histopathology, and special stains). Mortality in immunocompromised patients, such as patients with advanced HIV, is much higher with the ability to rapidly diagnose opportunistic diseases.

**Case Report:** This is a 44-year-old male, HIV negative, presented with complaints of fever for 4 months and generalized nodules on the skin of face. He was also diagnosed to be hypertensive. This was a patient who had a known case of hypothyroidism and presented to a hospital with symptoms of fatigue and an enlarged cervical lymph node for 8 months. A careful history taking had given the clinicians a clue of probable toxoplasmosis. Relevant blood investigations for the same were sent, and a diagnosis of toxoplasmosis was confirmed with a biopsy. Whole-body positron emission tomography-computed tomography showed multiple lymph nodes.

**Conclusion:** This unusual presentation as she had newly detected toxoplasmosis with newly detected underlying autoimmune diseases, making the treatment truly a challenging process.

**Cardiac Risk With Bedaquiline Therapy: A Prospective Study**

Srikrishna Devraj, CBK Mohanty, Nihar Ranjan Mohanty, Tisshaj Kumar Jain
Kalinga Institute of Medical Sciences (KIMS), Kalinga Institute of Industrial Technology (KITT) (To be Deemed at University), Bhubaneswar, Odisha, India

**Introduction:** Tuberculosis is a severe and profound public health problem in India. Tdap vaccine is a combination vaccine containing Diphtheria, tetanus, and pertussis (pneumococcal, Haemophilus influenzae type b, and hepatitis B). This vaccine is known to reduce the number of deaths as well as the incidence of disease. The vaccination coverage in India has increased from 76% to 90% in the past five years. The ongoing COVID-19 pandemic has disrupted the routine vaccination services, and vaccination coverage has dropped to 52%. The objective of the study was to assess the vaccination status of TB patients and determine the factors associated with non-vaccination.

**Methods:** A cross-sectional study was conducted among TB patients attending the TB clinic of a tertiary care hospital in Odisha, India. The study sample comprised 100 TB patients. Data were collected using a pre-tested structured questionnaire. The questionnaire had questions related to demographic characteristics, vaccination status, and factors associated with non-vaccination.

**Results:** The study found that 86% of the TB patients were vaccinated against tuberculosis. The most common reasons for non-vaccination were forgetfulness, unavailability of the vaccine, and lack of knowledge about the vaccine. The study also found that patients who were aware of the benefits of vaccination were more likely to be vaccinated.

**Conclusion:** The study emphasized the importance of vaccination in the management of tuberculosis and highlighted the need for improve vaccination coverage in TB patients. The study also highlighted the need for public health interventions to promote vaccination in this population.
Abridged Prescribing Information

**Active Ingredients:** Metformin hydrochloride (as sustained release) and glimepiride tablets

**Indication:** For the management of patients with type 2 diabetes mellitus when diet, exercise and single agent (glimepiride or metformin alone) do not result in adequate glycaemic control.

**Dosage and Administration:** The recommended dose is one tablet daily during breakfast or the first main meal. Each tablet contains a fixed dose of glimepiride and Metformin Hydrochloride. The highest recommended dose per day should be 8 mg of glimepiride and 2000mg of metformin. Due to prolonged release formulation, the tablet must be swallowed whole and not crushed or chewed.

**Adverse Reactions:**
- For Glimepiride: hypoglycaemia may occur, which may sometimes be prolonged. Occasionally, gastrointestinal (GI) symptoms such as nausea, vomiting, sensations of pressure or fullness in the epigastrium, abdominal pain and diarrhea may occur. Hepatitis, elevation of liver enzymes, cholestasis and jaundice may occur; allergic reactions or pseudo allergic reactions may occur occasionally. For Metformin: GI symptoms such as nausea, vomiting, diarrhea, abdominal pain, and loss of appetite are common during initiation of therapy and may resolve spontaneously in most cases. Metallic taste, mild encephalopathy, decreased in WBC count, very rarely lactic acidosis, hemolysis, anemia, reduction of thyrotropin level in patients with hypothyroidism, Hypomagnesemia in the context of diarrhea, Encephalopathy, Photosensitivity, hepatobiliary disorders.

**Warnings and Precautions:**
- For Glimepiride: Patient should be advised to report promptly exceptional stress situations (e.g., trauma, surgery, febrile infections), blood glucose regulation may deteriorate, and a temporary change to insulin may be necessary to maintain good metabolic control. Metformin Hydrochloride may lead to Lactic acidosis; in such cases metformin should be temporarily discontinued and contact with a healthcare professional is recommended. Sulfonylureas have an increased risk of hypoglycaemia. Long-term treatment with metformin may lead to peripheral neuropathy because of decrease in vitamin B12 serum levels. Monitoring of the vitamin B12 level is recommended. Overweight patients should continue their energy-restricted diet, usual laboratory tests for diabetes monitoring should be performed regularly. **Contraindications:** Hypersensitivity to the active substance of glimepiride & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis, diabetic pre-coma). Severe renal failure (GFR <30ml/min). In pregnant women. In lactating women. Acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents), acute or chronic disease which may cause tissue hypoxia (cardiac or respiratory failure, recent myocardial infarction, shock), hepatic insufficiency; acute alcohol intoxication; alcoholism. Use in a special population: Pregnant Women: Due to a lack of human data, drugs should not be used during pregnancy. Lactating Women: It should not be used during breastfeeding. Pediatric Patients: The safety and efficacy of drugs has not yet been established. Renal impairment: A QFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. In patients at increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months. Additional information is available on request.

*Last updated: March 13, 2023*

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Abbreviations: SU: Sulphonylurea; Met: Metformin; HbA1c: Glycated hemoglobin; CV: Cardiovascular; SGLT2i: Sodium-glucose Cotransporter-2 Inhibitors; DPP4i: Dipeptidyl peptidase 4 inhibitors.
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Ref:
2. Vincelli P. Antihypertensive and cardiovascular risk in the management of patients with type 2 diabetes mellitus. Orphanet J Rare Dis 11:166, 2016
Clinicians commonly refer to any febrile illness without an obvious etiology as a fever of unknown origin (FUO). Though third-generation cephalosporins, and monobactams. The rise of antimicrobial resistance, particularly evolving multidrug-resistant drug resistance, can lead to the increasing prevalence of undifferentiated fever. Though third-generation cephalosporins, and monobactams. The rise of antimicrobial resistance, particularly evolving multidrug-resistant drug resistance, can lead to the increasing prevalence of undifferentiated fever. Though third-generation cephalosporins, and monobactams. The rise of antimicrobial resistance, particularly evolving multidrug-resistant drug resistance, can lead to the increasing prevalence of undifferentiated fever. Though third-generation cephalosporins, and monobactams. The rise of antimicrobial resistance, particularly evolving multidrug-resistant drug resistance, can lead to the increasing prevalence of undifferentiated fever. 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The rise of antimicrobial resistance, particularly evolving multidrug-resistant drug resistance, can lead to the increasing prev
Background: Tuberculosis meningitis (TBM) is one of the most severe forms of tuberculosis, and a mortality rate of 20-30% in TBM without human immunodeficiency virus (HIV) infection. However, it can be as high as 100% in inadequately treated patients, especially if caused by the ingestion of Tamm–Sunsodium solution after consuming undercooked pork or contaminated water. Neurocysticercosis is the most common cause of an active seizure disorder in immunocompetent host.

Conclusion: This comprehensive study provides valuable insights into the clinical and microbiological dimensions of Burkhodera cepacia infections, emphasizing the need for tailored diagnostic and treatment strategies for infections caused by this challenging pathogen.

Methods: A single-center retrospective cohort study was conducted at a Tertiary Care Hospital in Odisha, India, covering 84 adult patients with Burkhodera cepacia infections, including bacteremia, urine, bile, and other culture sources, between April 2022 and July 2023. Data included patient demographics, clinical presentation, laboratory findings, antimicrobial susceptibility patterns, infection sources, prescribed antimicrobial therapies, and clinical outcomes. Descriptive statistics were employed for cohort characterization, and logistic regression identified factors associated with 30-day mortality.

Results: The study cohort, with an average age of 50.64 years, comprised 49 males and 35 females. Comorbidities, including diabetes (38%), cancer (10%), and immunocompromised states (38%), were prevalent. A majority of patients (63%) had prior healthcare exposure, including hospitalization (63%) and ICU stays (27%). Central venous catheters (42%) and Foley’s catheters (85%) were common invasive devices. Clinical presentations included fever (58%) and altered mental status (46%). Infections originated from various sources, with bloodstream (33%) and respiratory sources (20%) being most common. Antimicrobial susceptibility exhibited diverse patterns. Notable susceptibilities included meropenem (56%) and cefotaxime (79%). Treatment regimens often included meropenem (43%) and cotrimoxazole (19%), with ciprofloxacin (71%) and imipenem (96%). Preferred antibiotics included meropenem (6%) and aztreonam (1%). The rise in life expectancy due to antiretroviral therapy (ART) is known for its intrinsic antibiotic resistance, presents a significant clinical challenge, particularly in immunocompromised patients, and the study cohort, with statistical significance (p = 0.05), could be used to compare the association between categorical variables, the Chi-square test was used.

Observation: The mean age of the cases and controls was found to be 49.32 ± 7.587 and 49.28 ± 7.531, respectively. Forty-eight percent of the study participants in each group were males. Four percent of the study participants in each group had type 2 diabetes mellitus. The mean duration of ART among the cases was found to be 13.48 ± 4.736 months. The mean serum albumin levels among the cases and controls was found to be 1.7188 ± 0.238 and 2.0300 ± 0.232, respectively. The mean serum magnesium levels were found to be lower among the cases as compared to the controls with statistical significance (p = 0.05).

Conclusion: Serum magnesium levels should be routinely checked among all HIV patients to prevent bone complications. Serum bone biomarker is a potentially noninvasive, inexpensive, and easy tool to detect changes in bone metabolism in HIV-infected patients.

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Abstracts: Free Papers - Platform Presentation (APICON-2024)

A Case of Ornithia princeps as an initial Presentation of Granulomatosis with Polyangiitis

Mangal R Jain, Nadeem Rais, Rishab A Agarwal
Breach Candy Hospital Trust, Mumbai, Maharashtra, India

Introduction: Pituitary involvement is extremely rare in granulomatosis with polyangiitis (GPA), and only a few cases have been reported. Extrapulmonary GPA (EGRH), a rare condition, usually presents with chronic inflammation of an enlarged pituitary gland.

Case report: An 18-year-old female presented with a 2-week history of multiple episodes of vomiting, along with gradually worsening headache, polyuria, lethargy, and vision abnormalities. She initially had low cortisol levels, negligible thyroid-stimulating hormone levels, low follicle-stimulating hormone levels, and low plasma vasopressin levels. She was subsequently treated with diethylcarbamazine, ivermectin, and corticosteroids empirically.

Magnetic resonance imaging (MRI) of the brain revealed an enlarged pituitary gland measuring 19 × 15 × 13 mm with a cystic area (T1 hypointense and T2 hyperintense) and a solid component showing post-contrast enhancement within the substance of the pituitary. Pituitary contrast study revealed peripheral rim enhancement of the pituitary gland.

Conclusion: This case of GPA presenting with hypogonadism, hypopituitarism, and other systemic manifestations highlights the importance of a comprehensive workup for secondary hypogonadism and hypopituitarism in young adults.
of eyeballs. At that time, the patient was diagnosed to have hypocalcemic seizures and was prescribed syrup calcium and phenobarbital.

At 1 year of age, the patient was admitted again with multiple episodes of seizures. Neurological examination was normal. Capillary blood glucose: 78 mg/dL, Na+: 138 mEq/L, K: 3.8 mEq/L, calcium: 6.3 mg/dL, serum magnesium: 1.3 mEq/L, serum phosphorus: 6.6 mg/dL, urine calcium creatinine ratio 0.1, USG KUB: normal, and electroencephalography (EEG): normal. The patient was treated with IV calcium gluconate, IV magnesium sulfate, and was started on syrup calcium, syrup phenobarbital, and syrup phenytoin.

At 13 years of age, the patient again had one episode of GTCS. Calcium: 6.8 mg/dL, magnesium: 0.5 mEq/L, PTH: 7.9 pg/mL, VIT D2, 52 rev/UL, phosphorus: 6.6 mg/dL, TSH: 4.7 mU/L. The patient was treated with IV calcium, IV magnesium, VIT D3, and was discharged with oral supplements and tab sodium valproate.

At 16 years of age, the patient had multiple episodes of seizures. On evaluation, CBG: 85 mg/dL, Na+: 139 mEq/L, K: 3.7 mEq/L, calcium: 8.3 mg/dL, magnesium: 0.4 mEq/L, after treatment with IV calcium and magnesium supplements, the patient was discharged with oral calcium, magnesium tablets, and tab levetiracetam.

Birth history: Second born out of a second-degree consanguineous marriage, term child, normal vaginal delivery, birth weight: 3.1 kg, and vaccination done.

General examination, on presentation, the patient was conscious, obeyed oral commands, afebrile, with no facial dysmorphism, neurocutaneous markers, and meningeal abnormalities.

Neurological examination was unremarkable with normal higher mental function, cranial nerves, sensorimotor, and cerebellar examination.

Laboratory work up:

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Levels</th>
<th>Normal range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum calcium</td>
<td>6.8 mg/dL</td>
<td>8.5-10.5</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>0.5 mg/dL</td>
<td>0.7-1.3</td>
</tr>
<tr>
<td>Serum magnesium</td>
<td>0.6 mg/dL</td>
<td>1.7-2.4</td>
</tr>
<tr>
<td>Serum phosphate</td>
<td>3.2 mg/dL</td>
<td>2.5-4.5</td>
</tr>
<tr>
<td>Serum sodium</td>
<td>132 mEq/L</td>
<td>135-145</td>
</tr>
<tr>
<td>Serum potassium</td>
<td>4.2 mL/L</td>
<td>3.5-5.5</td>
</tr>
<tr>
<td>Alkaline phosphatase</td>
<td>214 U/L</td>
<td>60-300</td>
</tr>
<tr>
<td>Intact PTH</td>
<td>16 pg/mL</td>
<td>15-65</td>
</tr>
<tr>
<td>Calcium: creat ratio</td>
<td>0.01</td>
<td>&lt;0.14</td>
</tr>
<tr>
<td>Fractional excretion of magnesium</td>
<td>1.9%</td>
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</tbody>
</table>


The most common causes for genetic magnesium wasting syndromes: Bartter and Gitelman were ruled out, as there is no metabolic alkalosis, hypokalemia, or hypermagnesemia. FHHCNC was ruled out since there is no hypercalcemia and nephrolithiasis. EAST/SeSAME syndrome was ruled out, as there is no metabolic alkalosis, hypokalemia, or hypermagnesemia. Gastric ultrasound was performed, visualizing an empty gastric antrum, indicating a low risk of aspiration. The patient was then continued on NIV suppository. After 8 hours, the patient’s sensorium improved, and gradual weaning off NIV was initiated on subsequent days. G-NIV proved effective in avoiding intubation and associated complications.

Observation: Altered sensorium, a common contraindication for the use of NIV in acute cardiovascular pulmonary edema, can be addressed with the use of gastric ultrasound (G-POCUS). G-NIV allows the assessment of gastric volume and contents, facilitating the appropriate selection of patients for a trial of NIV and, consequently, avoiding intubation and related complications.

Conclusion: Trial of NIV can still be performed in patients with altered pulmonary edema patients with the use of gastric ultrasound. Appropriate patient selection for G-NIV determines the patient’s outcome, and GA/NIV can avoid intubation and intubation related complications.

Acknowledgment: Authors: Basava Venkatakiranmay Basava Venkatakiranmay Command Hospital, Panchua, Haryana, India

Introduction: One of the varied effects of halogen-based anaesthetic agents is malignant hyperthermia. Although a comparatively safer anaesthetic agent, isoflurane has been known to induce this peculiar effect in patients with compromised functions of the liver, heart, and particularly the brain.

Materials: Diagnosis is primarily based on clinical signs (10°C/hour rise in body temperature, tachycardia, tachypnea, a rise in creatinine kinase levels, serum cholesterolester levels, deranged renal profile, finger tips cold, blood cells, white blood cells, and platelets), the presence of myoglobinuria, and organ biopsy in case of organ failure.

Observation: We present the case of a 38-year-old gentleman on maintenance hemodialysis, who had been on maintenance hemodialysis since 2010, with no previous history of allergy/reaction to anesthesia. He was posted for ABO-compatible live-related renal allograft transplant with von Willebrand and succinylcholine. The patient developed tachycardia, tachypnea, hypotension, and bleeding from the surgical site.

Conclusion: We report the adverse effect, which we believe may be due to a novel variant of MCM8 gene mutation and are on regular follow-up.

Association Between Hypomagnesemia And Coagulopathy In Sepsis

Introduction: Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Magnesium reported was immunomodulatory effects and is associated with the dysregulated host response to infection and the pathophysiology of sepsis. Studies reported that when patients were associated with lactic acidosis in sepsis, an increased incidence of sepsis or septic shock in critically ill patients, and increased mortality in sepsis.

Thus, this study is being conducted to explore the association between serum magnesium levels and coagulopathy in sepsis patients.

Materials: This cross-sectional study was performed on 40 sepsis cases admitted in intensive care unit, Kempegowda Institute of Medical Sciences during a 12-month period. The serum magnesium was calculated, and serum magnesium levels were estimated.

Sepsis cases were categorized based on serum magnesium levels as low, normal, high on the day of the diagnosis of sepsis. TheInternational Society on Thrombosis and Haemostasis criteria will be used for the diagnosis of overt disseminated intravascular coagulation (DIC) coagulopathy in sepsis cases. A data collection form was filled and compiled in MS Excel. Descriptive statistics have been used to present the data. To analyze the data, Statistical Package for the Social Sciences (Version 26.0) was used.

The significance level was fixed at 5% (α = 0.05). Qualitative variables are expressed as frequency and percentages, and quantitative variables are expressed as mean and standard deviation. To compare the association between numerical and categorical variables, student t-test was used.

Observation: The mean age of the study participants was found to be 58.75 ± 17.29 years and 75% of the study participants were males. The mean serum magnesium levels were found to be 1.7897 ± 0.56902. 67.5% of the study participants had low-grade DIC, and 32.5% of the study participants had overt DIC. The mortality rate in the present study was found to be 35%. The mean Serum magnesium of the study participants with overt DIC was found to be lower than the study participants with lower-grade DIC (1.57 ± 0.47 vs 2.12 ± 1.044; P-value = 0.000). The mean serum magnesium of the study participants who died was found to be lower than the mean serum magnesium of the study participants who were discharged (1.59 ± 0.60 vs 2.03 ± 0.49; P-value = 0.019).

Conclusion: Hypomagnesemia was found to be inversely related to overt DIC in sepsis patients. Consequently, the treatment of hypomagnesemia may be a viable therapeutic approach for the management of coagulopathies in sepsis.

Nephrology

Renal Allograft Dysfunction

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**Cardiovascular Abnormalities in Patients with Chronic Kidney Disease with Reference to Cardiovascular Biomarkers such as Cardiac Troponin and NT-Pro B-type Natriuretic Peptide**

Avani Reddy, Prakash S. Shende

**Introduction:**

Cardiac troponin and NT-Pro B-type natriuretic peptide are well established biomarkers for cardiovascular disease. An increase in their level can be attributed to atherosclerosis, myocardial ischemia, and left ventricular hypertrophy. The present study was designed to evaluate the levels of cardiac troponin and NT-Pro BNP in patients with chronic kidney disease (CKD) and to correlate them with the severity of the underlying renal disease.

**Methods:**

The study was a retrospective observational study conducted in a tertiary care hospital. Patients with CKD stage 3-5 were included. Serum levels of cardiac troponin T and NT-Pro BNP were measured using the electrochemiluminescence method.

**Results:**

The mean age of patients in the CKD stage 3-5 group was 59 ± 15.3 years, and in the CKD stage 5 group, it was 64 ± 15.6 years. The mean serum levels of cardiac troponin T were 0.04 ± 0.03 ng/mL in the CKD stage 3-5 group and 0.06 ± 0.05 ng/mL in the CKD stage 5 group. The mean serum levels of NT-Pro BNP were 237 ± 125 pg/mL in the CKD stage 3-5 group and 324 ± 178 pg/mL in the CKD stage 5 group. A statistically significant difference was observed between the two groups (p < 0.05).

**Conclusion:**

The study demonstrated an increase in the levels of cardiac troponin T and NT-Pro BNP in patients with chronic kidney disease. These biomarkers may be useful in the early detection and management of cardiac complications in patients with CKD.

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**A Rare Case of IGA Nephropathy in Sickle Cell Disease**

Manoj Lokhan Ram Soren, Sourav Shruti

**Introduction:**

Sickle cell disease (SCD) is a hereditary hemolytic anemia that affects millions globally. The association between SCD and kidney disease is well recognized, with chronic kidney disease (CKD) being one of its major complications. The presentation of CKD in SCD patients can vary widely, and the management strategies are challenging due to the overlap of anemia, renal disease, and the burden of disease care. The present case report describes a unique presentation of SCD-associated kidney disease.

**Case Report:**

A 55-year-old male patient with a history of SCD presented with acute renal failure. His medical history was significant for multiple hospital admissions due to severe vaso-occlusive crises leading to acute kidney injury. His medications included hydroxyurea, folic acid, and blood transfusions. Upon admission, he was hemodynamically unstable with a pulse rate of 106/minute and a systolic blood pressure of 96 mm Hg. He was in acute renal failure with a serum creatinine of 5.4 mg/dL and urine output of 50 mL/hour. Urinalysis revealed 100% red blood cells and no casts. The patient was intubated and started on dialysis.

**Discussion:**

The presence of SCD and CKD in this patient highlights the importance of early recognition and prompt management to prevent complications such as renal failure. The management of sickle cell nephropathy requires a multidisciplinary approach, including risk factors management, transfusion therapy, and dialysis. The case emphasizes the need for regular monitoring of renal function in SCD patients and the importance of early intervention in renal crisis to prevent progressive kidney damage.

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**Exertional Rhabdomyolysis: A Prospective Diagnostic Case of Thoracoabdominal Aortic Aneurysm Postendovascular Aneurysm Repair**

Anmol Sahoo, Samir Sahu, Sandeep Kumar Ratha, Nikita Institute of Medical Sciences & J.U.M Hospital, Bhubaneswar, Odisha, India

**Introduction:**

Exertional rhabdomyolysis (ER) is a rare condition that can occur as a result of muscular exertion. It is characterized by muscle cell necrosis leading to muscle enzyme release and can have significant clinical implications. The association with thoracoabdominal aortic aneurysm and endovascular aneurysm repair (EVAR) is rare but well-documented. The present study reports a case of ER occurring in the postoperative period following EVAR.

**Case Report:**

A 65-year-old male patient presented with acute onset of back pain, muscle weakness, and difficulty in walking. He had a history of thoracoabdominal aortic aneurysm and underwent EVAR 3 years ago. He was engaged in a heavy workout session when he noticed severe lower back pain and muscle weakness. On examination, he was hemodynamically stable with a pulse rate of 106/minute and a systolic blood pressure of 120 mm Hg. Laboratory investigations showed elevated creatine kinase (CK) levels (2430 IU/L) and myoglobin (400 μg/L). Urinalysis revealed myoglobinuria.

**Discussion:**

The association between ER and thoracoabdominal aortic aneurysm and EVAR is important to recognize, as the latter is a major risk factor for ER. Early recognition and management are crucial to prevent further complications. The case highlights the importance of a multidisciplinary approach involving orthopedics, cardiology, and vascular surgery.

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**Clinical Profile and Outcomes of Exertional Rhabdomyolysis-Related Acute Kidney Injury in a Tertiary Care Center**

Maita Madhuri, Behera Vinit, Chauhan P., Srikanth G., Harish, Ananthakrishnan R

**Introduction:**

Exertional rhabdomyolysis is a potentially life-threatening condition characterized by muscle cell necrosis leading to acute kidney injury (AKI). The diagnosis is often delayed due to nonspecific symptoms and signs, leading to poor outcomes. This study aimed to describe the clinical profile and outcomes of patients with exertional rhabdomyolysis-related AKI in a tertiary care center.

**Methods:**

A retrospective observational study was conducted from June 2019 to 2022 in a tertiary care hospital. Patients with exertional rhabdomyolysis were identified based on clinical presentation and laboratory findings. AKI was defined as an increase in serum creatinine by > 0.5 mg/dL or a urine output of < 40 mL/hour.

**Results:**

Sixteen cases of exertional rhabdomyolysis were identified. The mean age was 32 years, and 75% were males. The mean duration of exertional activity was 2 hours. The mean serum creatinine level was 2.5 ± 1.2 mg/dL, and the mean urine creatinine level was 7.8 ± 3.4 mg/dL. The mean hospital stay was 18 ± 3 days. All patients required dialysis, and the median AKI duration was 7 days. The mean serum creatinine at discharge was 1.5 ± 0.8 mg/dL.

**Conclusion:**

Exertional rhabdomyolysis-related AKI is a common cause of AKI, with severe outcomes. Early recognition and aggressive management are crucial to improve outcomes. The study highlights the need for better understanding of the pathophysiology and development of early intervention strategies.
healthy individuals without any known renal or related disease), individuals undergoing health checkups, individuals undergoing preanesthetic checkups, and individuals with nonrenal or unrelated comorbidities included in the study if they had abnormal urine examination (protein 1+ or more, any RBC or RBC cast, any active urine sediment) on two or more occasions. Individual demographics, comorbidities, such as long-standing diabetes or hypertension, autoimmune conditions, or vasculitis, were excluded. A detailed history and examination were conducted for these patients. All patients underwent an ultrasound KUB, 24-hour urine protein, renal function tests, and other relevant investigations. Individuals with glomerular or unexplained hematuria or proteinuria >100 mg/24 h were dropped from the study.

Results: We screened 1,000 patients, of which 108 patients had asymptomatic urinary abnormalities, of whom 28 were excluded, and 80 were included in the study. Among the 80 patients, 42 (52.5%) had proteinuria >100 mg/day, 15 (18.7%) had isolated hematuria, while 23 (28.75%) had both hematuria and proteinuria. Among the 65 subjects and proteinuria, 22 (33.8%) had 200–3500 mg/day, 3 (4.6%) had >3500 mg/day. Twenty-eight (35%) subjects had associated abnormal creatinine, and 16 (20%) patients had one or both shrunken kidneys, suggestive of chronic kidney disease, while two patients had autosomal dominant polycystic kidney disease and solitary kidneys each. Renal biopsy was performed in 32 subjects (12 refused, not done, due to shrunken kidneys). Biopsy showed IgA nephropathy in 16 subjects (30.7%), focal segmental glomerulosclerosis in nine subjects (14.5%), membranous nephropathy in seven subjects (11.3%), chronic glomerulonephritis (sclerosed glomeruli) in eight (15.3%), hypertensive nephropathy in three (5.7%), minimal change disease in two (3.3%), chronic tubulointerstitial disease in seven (13.4%), Monoclonal gammapathy of renal significance (MGRS) in one (1.9%), and C3 glomerulopathy in one (1.9%). Renal biopsy was performed in 50 patients (17.3%) with membranous nephropathy, 16 (5.7%) with IgA nephropathy, one each of membranous nephropathy, and MGRS.

Conclusion: Urinary abnormalities in asymptomatic individuals are an important marker for early detection and protection of glomerulosclerosis, and if present, they would be evaluated in detail with renal biopsy if performed if required.

STUDY OF CLINICAL PROFILE OF ACUTE KIDNEY INJURY IN MEDICAL INTENSIVE CARE UNIT IN A TERTIARY CARE CENTER
Aishwarya S. Chawla
Department of General Medicine, Departmental Research, Maharaja Sayajirao University of Health Sciences, Vadodara, India

Aim: To study the clinical profile of acute kidney injury (AKI) in the medical intensive care unit at a tertiary care center.

Materials and methods: Study area: Intensive medical care unit, CPM Hospital, Kolhapur, Maharashtra, India. Study duration: 5 months from August 2022 to January 2023. Study design: prospective observational study.

Results: In our study, AKI predominantly occurred in the young population, with 62% of patients aged 18–40 years. Males were more commonly affected than females, with a male-to-female ratio of 1:7.1. Among the presenting features, the most common symptoms were breathlessness (35%), decreased urine output (18%), and leg swelling (14%). Common signs included tachycardia (30%), hypotension (18%), and edema (16%).

The most common comorbidities were hypertension (16%) and diabetes mellitus (12%), indicating that hypertensive and diabetic patients were more susceptible to the development of Acute Kidney Injury. The majority of patients were categorized as stage III according to AKIN criteria.

Most common causes for AKI were sepsis, snake bite and drug-induced AKI. About 30.23%, 23.1%, and 18.6% patients, respectively. Most common focus for sepsis was pulmonary followed by urinary tract infection accounting for 18% of all AKI patients. The majority of these patients were managed with antibiotics alone out of which the survival rate was 61.5%; whereas out of five patients who were managed conservatively, the survival rate was 44% and the rest eight (44%) out of 18 died secondary to sepsis.

Conclusion: People with diabetes mellitus, more often females are at higher risk. Good glycemic control may help decrease the risk of developing AKI. E. coli is the most commonly causative organism cultured. We recommend early diagnosis, and aggressive management in the form of strict diabetic control, use of broad-spectrum antibiotics in AKI cases. Surgical intervention is needed where obstruction exists and nephrectomy is required only in very severe cases which are refractory to medical management.

BONE MINERAL DENSITY AND BODY COMPOSITION ESTIMATION USING DUAL-ENERGY X-RAY ABSORPTIOMETRY SCAN IN CHRONIC KIDNEY DISEASE PATIENTS
Dangaria B, Handique M, Sen M
Asiam Medical College and Hospital, Dibrugarh, Assam, India

Introduction: Chronic kidney disease (CKD) is a worldwide health problem affecting around 5–10% of the world population. The majority of these patients are at increased risk of developing disturbances of bone and mineral metabolism which are associated with increased risk of osteoporosis and fracture risk. The dual-energy X-ray absorptiometry (DEXA) system performs linear scans over the length of the body to measure bone density at specific sites.

Materials and methods: Hospital-based observational study was carried out in the Department of Medicine in a Medical College and Hospital, with 120 Patients over a period of 12 months the mineral density was assessed by using a DEXA scan. To study the body composition and bone mineral density using DEXA scan in chronic kidney patients.

Observations: Out of 120 patients, 63 (52.5%) were males and 57 (47.5%) were female with a ratio of 1:1.05. The mean age of the study population was 49.33 ± 14.93 years. Bone mineral density (BMD) results in the femur showed that out of 120 cases, 54 (43.3%) had osteopenia. A total of 18 cases (14.7%) had osteoporosis. BMD results at the lumbar spine showed that out of 120 cases, 52 cases (43.34%) had osteopenia. A total of 21 cases (17.5%) had osteoporosis of which (10.33%) were male and 11 (9.17%) were female. The difference in the BMD values at the femur neck in different stages of CKD was found to be significant with a p-value of <0.0001.

Conclusion: The prevalence of osteoporosis and osteopenia was high and increased with the severity of CKD and lean mass decreased and fat mass increased in patients with CKD.

CASE REPORT ON ESCHERICHIA COLI SEPSIS-INDUCED HYPERAMMONEMIA IN A MAINTENANCE HEMODIALYSIS PATIENT
Lingaraj Lature, M Naveen
MNR Medical College and Hospital, Sangareddy, Telangana, India

Introduction: Sepsis-associated encephalopathy can be found in up to 70% of patients with severe sepsis and is a common neurological complication.

Materials and methods: A 58-year-old man who presented with altered sensorium was found to have Escherichia coli (E. coli) induced-sepsis with hyperammonemia (nonhepatic) and is an intermittent hemodialysis. He was treated successfully and had a full recovery. Discussion: Ammonia is a major factor in the pathogenesis of hepatic encephalopathy and it crosses the blood-brain barrier readily and results in significant neurotoxicity. However, hyperammonemia also can occur in critically ill patients who do not have hepatic disorders including individuals with sepsis. Hyperammonemia is seen in patients with kidney failure elevation in sodium, and exposure to valproate.

Recent reports suggest serum ammonia as a possible predictor of 28-day mortality and hospital stay in patients with sepsis Ammonium release, unabsorbed bacteria like proteus klebsiella, E. coli, Helicobacter pylori (H. pylori) and Morganella species converts urea into ammonia and carbon dioxide by the enzyme.

In patients with end-stage renal disease (ESRD) undergoing maintenance hemodialysis infections and sepsis are the second leading cause of death in patients on maintenance dialysis. The most common staphylococcus followed by klebsiella pneumoniae are leading causes of infection in maintenance hemodialysis patients.

Conclusion: Higher ammonia levels are associated with poorer prognosis in patients with sepsis. Early identification of sepsis and implementation of early goal-directed therapy has been shown to improve outcomes and decrease mortality in patients with severe sepsis and septic shock.
Abstracts: Free Papers - Platform Presentation (APICON-2024)

A STUDY ON THE ASSOCIATION OF CLINICAL PROFILE WITH THE OUTCOMES OF LUPUS NERVIPOSIS

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Introduction: Systemic lupus erythematosus (SLE) is a classic case of autoimmunity, with symptoms that can affect many organ systems. The involvement of the kidneys causes more than half of the mortality in SLE. The clinical and pathological manifestations of lupus nephritis have a significant impact on the prognosis and, consequently, the choice of treatment.

Materials and methods: A total of 20 adult cases of new-onset lupus nephritis presenting 26.2% of the total number of cases. Inclusion criteria: Adult SLE patients who satisfy the 1997 revised American College of Rheumatology classification criteria with new onset lupus nephritis.

Exclusion criteria: (1) Childhood lupus nephritis, (2) end-stage renal disease, (3) relapsed lupus nephritis, and (4) other causes of chronic kidney disease.

Results: A total of 20 patients were enrolled as part of the study and followed up for a period of 1 year. Among these, 14 were females and six were males. The range of age was 16–47 years. Three patients lost follow-up and in one patient, the outcome was not assessed. Gender was not found to be significant. On multivariate logistic regression analysis, age emerged as an important risk factor influencing the final outcome with a p-value of 0.047.

Conclusion: Among 20 patients 64% achieved complete response, 4% achieved partial response, 8% improved while still on therapy, 26% had no change, and 4% died. Lower age, female sex, lower disease activity, initial renal function, serum creatinine (s. creatinine) and high initial serum phosphate levels were important factors associated with a favorable outcome. Among patients who achieved complete response initial s. creatinine, s. phosphate and calcium levels were positively correlated with the time taken for the outcome, and, for higher age, disease activity, erythrocyte sedimentation rate and initial proteinuria positively correlated with time taken to complete response.

SERUM PHOSPHATE AS AN ADDITIONAL MARKER FOR INITIATING HEMODIALYSIS IN PATIENTS WITH ADVANCED CHRONIC KIDNEY DISEASE

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Introduction: Chronic kidney disease (CKD) is defined as a progressive and irreversible loss of kidney function. As per glomerular filtration rate (GFR), an adult reports 60 mL/min/1.73 m² or less indicating a loss of half or more of normal kidney functioning. Phosphorus is a major intracellular anion and >90% of the body’s phosphorus is in bone. The estimated glomerular filtration rate (eGFR) > 60 mL/min/1.73 m² was not affecting the outcomes. Hemodialysis among study participants with dialysis was found to be 722 + 2.53. The average serum phosphate among study participants with dialysis was found to be higher than study participants without dialysis (7.64 ± 0.6 vs 5.06 ± 0.4). The serum phosphate value of 6.10 was found to be predictive of hemodialysis with a sensitivity of 98% and specificity of 0%.

Conclusion: Hyperphosphatemia may be a useful marker to determine the timing of hemodialysis initiation in patients with advanced CKD.

Neurology

A CASE OF NEUROFIBROMATOSIS TYPE 1 WITH CHRONIC IRON DEFICIENCY ANEMIA AND AUTOIMMUNE GASTRITIS

Gandikota Sai Sravya
Malla Reddy Medical College for Women, Hyderabad, Telangana, India

Introduction: Neurofibromatosis type 1 or von Recklinghausen syndrome, is an autosomal dominant complex multifystum human disorder caused by the mutation of neurofibromin 1, a gene on chromosome 17 that is responsible for the production of a protein (neurofibromin) which is needed for normal function in many human cell types. Gastrointestinal tract lesions are not uncommon in neurofibromatosis 1 (NF1) and are reported in 10–25% of all cases.

Autoimmune atrophic gastritis is an inherited form of atrophic gastritis characterized by an immune response directed toward parietal cell and intrinsic factors. The presence of serum antibodies to parietal cells and to intrinsic factors are characteristic findings.

Some people with atrophic gastritis may be asymptomatic. Symptomatic patients are mostly females and signs of atrophic gastritis are those associated with iron deficiency—fatigue, restless legs syndrome, brittle nails, hair loss, impaired immune function, and impaired wound healing.

Case description: A 33-year-old female presented with chief complaints of epigastric pain with nausea and breathlessness for the past 2 years. Past history is significant for repeated blood transfusions and oral iron supplements every 6 months for the past 2 years. A general physical examination and the presence of cafe au lait spots, kylonychia, and neurofibromas were noticed. Upon upper gastrointestinal (UGI) endoscopy, a biopsy was obtained from the gastric antrum and fundus.

Biopsy revealed features suggestive of atrophic gastritis. A bone marrow biopsy was done, which was negative and an anti-parietal cell antibody was positive. The anti-hb-cellucobryl poryl antibody was negative. A thorough workup was done and the patient was diagnosed with neurofibromatosis type 1 posttreatment during follow-up, the patient’s hemoglobin reports were normal and she was symptom-free.

Conclusion: Gastrointestinal tract involvement in NF1 patients is almost always affects the UGI tract and includes tumors, vascularization and bleeding, pseudo-obstruction, and protein-losing enteropathy. Although this patient had no features of gastrointestinal stromal tumors or intestinal neurofibromas, diagnosis of autoimmune metaplastic gastritis (Type A gastritis) provided considerable insight into the occurrence of such autoimmune disorders in patients with inherited disorders like neurofibromatosis.

CEREBRAL PROLIFERATIVE ANGIOPATHY: A RARE CASE REPORT

Rohit Meka, S Rajendra Prasad, P Sreeramula
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Introduction: Cerebral proliferative angiopathy (CPA), is characterized by large vascular lesions that can occupy an entire cerebral hemisphere and may cause seizures, motor deficits, and other symptoms. In CPA, anomalous vessels continue to recruit additional feeder arteries, making their architecture and natural history different from usual arteriovenous malformation (AVM).

Case description: A 75-year-old Female presented with right-sided focal seizures with loss of awareness, altered mental status, and focal signs.

On examination, the patient was conscious, incoherent, with right-sided hemiplegia (Power 0/5), spasticity, and exaggerated reflexes on the right side, with Babinski positive. Magnetic resonance imaging (MRI) brain shows evidence of diffuse asymmetric engorgement of multiple vascular spaces interspersed with normal brain parenchyma. The management of CPA is challenging due to lesions interspersed with normal brain parenchyma. The management of CPA is challenging due to lesions interspersed with normal brain parenchyma. The management of CPA is challenging due to lesions interspersed with normal brain parenchyma. The management of CPA is challenging due to lesions interspersed with normal brain parenchyma.

Discussion: Cerebral proliferative angiopathy (CPA) predominantly affects young adult female patients, with symptom onset, on average, at 17 years and represents 3.4% of the diagnosed vascular malformations. The morphology on CT or MRI is characterized by diffused vascular lesions interspersed with normal brain parenchyma. The management of CPA is challenging due to lesions interspersed with normal brain parenchyma carrying a high-risk of procedural (surgical/ radiotherapy/endovascular) complications resulting in permanent neurological deficits.

Conclusion: The identification of CPA as a distinct entity among other vascular malformations is important since its treatment and prognosis differ from the usual AVMs.

TUBERCULOSIS PATIENT PresentING AS MULTIPLE CHANICAL NERVE PALSY

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Introduction: Tuberculosis, an uncommon manifestation of tuberculosis (TB) of the central nervous system presents as one or more space-occupying lesions and usually causes seizures and focal signs.

Case description: A 47-year-old female patient came with complaints of weakness over the left side of the face from the last 20 days associated with difficulty in swallowing food, dysarthria, drooling of saliva from the left angle of the mouth, and difficulty in closing the left eye associated with slurring of speech. She also complained of intermittent diminished hearing and
tinnitus in the left ear along with subjective vertigo. History of weight loss of 10 kg in past 2 months.

Central nervous system (CNS) examination: Deviation of the angle of mouth to right; visual acuity in left eye reduced; reflexes—2+ bilateral.

Investigations: The MRI brain has a lesion in the left pons, and multiple tuberculous granulomatous lesions in the right parietooccipital and left occipital regions.

Cerebrospinal fluid (CSF) analysis: Lymphocyte predominant pleocytosis with elevated proteins and low glucose; CSF adenosine deaminase (ADA) test was positive which was 24 units/lit. Based on nucleic acid amplification test (CBAAT) negative.

Conclusion: The risk of extrapulmonary tuberculosis increases with declining clusters of differentiation 4 (CD4) count in individuals with human immunodeficiency virus (HIV). The most common cranial neuropathy is facial nerve. The neurological manifestations of tuberculosis include tuberculosis meningitis (TBM), TB granulomas, and brain abscesses. Therefore, a high index of suspicion should always be considered and lumbar puncture along with radiological investigations should be considered in patients.

A Case of Neuro Wilson's Disease

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Introduction: Wilson’s disease (WD) is an autosomal recessive disorder involving a defect of copper transport by the hepatic lysosomes. It leads to copper deposit in the liver, brain, kidneys, and skeletal system, commonly affects children or young adults, and is usually variably fatal course if not adequately treated by copper chelation therapy. The condition results from variants in ATP7B, a highly evolutionarily conserved gene localized on chromosome 13 (ATP7B) that normally mediates copper ion removal from the liver via biliary excretion and prevents brain copper accumulation.

In patients with neurologic presentations, abnormalities include speech difficulty (dysarthria), dystonia, rigidity, tremor or choreiform movements, abnormal gait, and uncoordinated handwriting.

Objective: To investigate a young female presenting with involuntary movements of both hands and tremulousness of speech.

Case description: A 26-year-old female presented with involuntary movements of both hands and tremulousness of speech.

On examination, ruminators involving both hands, tremulousness of speech because of tremor, and a round, greyish brown colored ring-shaped discoloration present in the periphery of the cornea. Multiple discrete hypopigmented macules, patches present over the back, nape of the neck and the periphery of the forehead.

Investigations: Silt lamp examination—a round grayish brown colored ring-shaped discoloration present in the periphery of the cornea. The visual acuity in the right eye was 6/12 and in the left eye was 6/12.

The MRI brain coronal-sagittal-symmetrical T2 flair hyperintensities in bilateral thalamic, and dorsal aspects of midbrain and pons. Serum copper—45.27 mcg/dL (normal range—80–170 mcg/dL); 24-hour urine copper excretion—84.05 mcg/24 hours (normal range—15–70 mcg/24 hours); serum ceruloplasmin—0.04 mg/dL (normal range—0.02–0.6 mg/dL).

Peripheral smear—anemia of mild degree with eosinophilia, mild anisopoikilocytosis, and microcytic hypochromic form is seen.

Liver function tests—normal.

Family history—on screening the family members, her younger sibling had a RF ring, and after necessary investigations, presenile Wilson’s was diagnosed, and treated with zinc supplantation.

Conclusion: A young patient presenting with any movement disorder could be neuro Wilson’s unless otherwise proven the above-mentioned clinical, laboratory, and radiological findings confirm the diagnosis of Neuro WD.

Clinical Profile, Treatment Response, and Disease Progression Among Phenotypic Variants of Idiopathic Parkinson’s Disease

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A-Amino-3-Hydroxy-5-Methyl-4-Isocouano Proprionic Acid Positive Autoimmune Encephalitis, an Extremely Rare and Diagnostically Challenging Entity

Ashka Hussain, Gurvar Kumar
Department of Internal Medicine, Department of Neurology, Patna Medical College, Patna, Bihar, India

Introduction: Autoimmune encephalitis is a group of immune-mediated inflammatory brain disorders where antibodies against cell surface antigens of neurons are formed, inducing a variety of neuropsychiatric disturbances like cognitive decline, seizures, anosmia, amnesia, severe behavioral changes, associated with antibodies against alpha amino 3 hydroxy 5 methyl 4 isoazoulicopionic acid and receptor is extremely rare type of antiphase-inhibitory neuronal cell type present as either limbic encephalitis or pure amnesia or fulminant encephalitis.

We herein report a case of a 45-year-old female who presented in an altered sensorium with abnormal body movements associated with flushing, slurred speech, swallowing difficulty, off-on and jerky movements of the right-upper limb, and a right-sided deviation of the neck, impairment of facial motion, right half of face (faciofacial seizures). Along with this, there was also a complaint of up-rolling movements of eyeball and dizziness.

Tremulousness of speech because of tremor, and a round, greyish brown colored ring-shaped discoloration present in the periphery of the cornea. Multiple discrete hypopigmented macules, patches present over the back, nape of the neck and the periphery of the forehead.

Conclusion: The predominant initial symptom in PIGD–PD was rigidity and Bradykinesia, compared to TD PD. PIGD–PD patients had a more severe tremor, and a more severe nonmotor symptoms compared to Tremor dominant PD. Besides, these patients had higher Levodopa Equivalent Daily Doses. TDPD had characteristic motor fluctuations in advanced disease.

Case Description: The presentation with bradykinesia and the PIGD–PD is associated with a relatively malignant course, whereas PD patients who have tremors at the onset of their disease have a slower progression and a more favorable prognosis.

Materials and methods: All patients attending the medicine clinic with a clinical diagnosis of PD between October 2020 and March 2023 were recruited in the study. The clinic is one of the largest referral centers in the United Kingdom Brain Bank criteria. The patients were divided into tremor-dominant (TD) PD, indeterminate, or PIGD-tremor-dominant PD group was defined by a ratio of mean tremor score/mean PIGD score > 1.5 and the PIGD group was defined by a ratio of <0.9. If the ratio was between 0.9 and 1.5, the patient was placed in the indeterminate type group.

Results: The predominant initial symptom in PIGD–PD was rigidity and Bradykinesia, compared to TD PD. PIGD–PD patients had a more severe tremor, and a more severe nonmotor symptoms compared to Tremor dominant PD. Besides, these patients had higher Levodopa Equivalent Daily Doses. TDPD had characteristic motor fluctuations in advanced disease.

Conclusion: The presentation with bradykinesia and the PIGD–PD is associated with a relatively malignant course, whereas PD patients who have tremors at the onset of their disease have a slower progression and a more favorable prognosis.

Neuroleptic malignant syndrome-induced acute respiratory distress syndrome: a case report

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Introduction: Neuroleptic malignant syndrome (NMS) is a rare but potentially life-threatening condition associated with neuroleptic medication and characterized by severe, sustained mental status, hyperthermia, autonomic dysregulation, and muscle rigidity. Acute respiratory distress syndrome (ARDS) is a severe pulmonary condition marked by hypoxia, bilateral lung infiltrates, and acute respiratory failure. We report a case wherein NMS led to ARDS, emphasizing the significance of timely recognition and treatment.

Case description: A 25-year-old female was admitted with high fever, breathlessness, and altered mental status. On examination, her Glasgow coma scale (GCS) was 10/15, her respiratory rate was 34/minute, and her oxygen saturation was below 80%. Intubation and mechanical ventilation were promptly initiated due to severe hypoxemia. Baseline investigations demonstrated elevated white blood cell count and serum urea and creatinine levels. Blood gas analysis (ABG) and chest X-ray were suggestive of ARDS. Empirical antibiotics were initiated, but the patient's condition worsened rapidly.

Subsequent history provided by the patient's relative revealed ongoing antipsychotic medication usage. Considering this, NMS was suspected, and treatment with dopamine agonist (HTN) with stroke they advised computed tomography (CT) angio, magnetic resonance imaging (MRI) thoraxogram, CT cerebral and neck angiographic studies were suggestive of an embolic event or malignant middle cerebral artery (MCA) stroke. The patient was given intravenous thrombolysis and later transferred to intensive care unit (ICU) with right upper limb edema. The patient had an elevated homocysteine level of 35.83 μmol/L. The cardioligist and interventional radiologist’s observations were considered in view of a young male with hypertension.

NMS was diagnosed with Takayasu arteritis based on a CT angiogram and clinical signs, and the patient was started on steroids and immunosuppressants. He was in regular follow-up at the tertiary care center. When the patient visited for a follow-up, after 4 years of cerebral vascular accident (CVA) attack, to our institute, examination findings showed grade 4 bilateral upper limb digital clubbing, with peripheral pulses at the left brachial artery and left radial artery being faintly palpable. The blood pressure over the right arm was 130/80 mm Hg and the left upper arm was 150/100 mm Hg. Other peripheral pulses are other than radial normal in volume and character. There was a radio-radial delay, the left Subclavian blunt and bilateral carotid was bruit were heard. On examination, the patient was normal S1 and S2 heard with no murmurs. CNS examination revealed right reduced hand grip (80% of normal), right extensor plantar reflex, and +3 brisk knee reflex on the right. Power in the right upper and lower limbs is 4 ± 5. Other systemic examination, findings of cardiovascular, respiratory, and abdomen systems were unremarkable. The patient had elevated serum homocysteine levels of 29.0 μmol/L, the neck vessel Doppler study shows heterogeneously hypoechoc high wall thickening of bilateral common carotid arteries, and hyperintense margins of lumen with distal MCA being replaced by multiple collaterals. This is a case of Takayasu arteritis with CVA. So we are finally following up patient with steroids low dose, antiepileptics, immunosuppressants at a minimal dose, antihypertensive drugs and tab homin patient is doing well.

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Platelet lymphocyte ratio has shown a significant positive correlation with a significant \( \text{IQR—11.15–18.75} \), and grade V was 11.19 (\( \text{IQR—10.32–17.56} \)). Median PLR for grade II was 8.57 (\( \text{IQR—5.52–14.20} \)), median NLR for grade II was 14.20 (\( \text{IQR—9.9–22.15} \)), grade III was 10.97 (\( \text{IQR—8.0–18.93} \)), grade IV was 16.09 (\( \text{IQR—13.75–18.75} \)), and grade V was 23 (\( \text{IQR—15.00–66.00} \)) with a significant positive correlation. NLR, PLR, and GGT were positive for glutamic acid decarboxylase 65-kilodalton isoform. Neuronophagia was the presence of tubercular LETM. The MRI brain with MRI spectroscopy shows multiple ring hyperintense lesions at both the middle cerebellar peduncle, and the metabolic ratio (MRS) was abnormal. The diagnosis of PACNS is based on the combination of clinical presentation, imaging findings, (magnetic resonance imaging and angiography), and brain biopsy. In most cases, a brain biopsy is required. Magnetic resonance imaging (MRI) is abnormal in >90% of patients. The clinical presentation of Primary angitis of the central nervous system (PACS) is broad and unspecific and the majority of the diagnostic approaches are marked by a low specificity. Thus, PACNS is commonly misdiagnosed and is a diagnostic challenge due to the absence of a true gold standard test. In the absence of such a test, digital subtraction angiography remains a central core of the diagnostic puzzle.

The MRI brain with MR spectroscopy shows multiple ring hyperintense lesions at both the middle cerebellar peduncle, and the metabolic ratio (MRS) was abnormal. The diagnosis of PACNS is based on the combination of clinical presentation, imaging findings, (magnetic resonance imaging and angiography), and brain biopsy. In most cases, a brain biopsy is required. Magnetic resonance imaging (MRI) is abnormal in >90% of patients. The clinical presentation of Primary angitis of the central nervous system (PACS) is broad and unspecific and the majority of the diagnostic approaches are marked by a low specificity. Thus, PACNS is commonly misdiagnosed and is a diagnostic challenge due to the absence of a true gold standard test. In the absence of such a test, digital subtraction angiography remains a central core of the diagnostic puzzle.

The presence of long-standing eutraphymatous malar rash, discoid rash on and around the ear pinna, petechial and eczematous rash over the back, and mucosal ulcer over the soft palate. Diagnosis of systemic lupus erythematosus (SLE) was established as clinical and serological pictures met EULAR/ACR criteria. MRI of the brain with and without contrast improvement in all four limbs gradually over a period of 1 month. She was finally discharged with significant improvement in her condition and advised to continue maintenance therapy.

Postdengue Myelin Oligodendrocyte Glycoprotein Antibody-Associated Disease Presenting as Long Segment Transverse Myelitis and Encephalitis

S Sarkar, S Sarfar, S Sen, B Basu, S K Bhadrapadhyay

Introduction: Anti-myelin oligodendrocyte glycoprotein (MOG) autoantibodies cause a pathophysiologically distinct group of central nervous system (CNS) autoimmune diseases which present as optic neuritis, myelitis, or acute disseminated encephalomyelitis (ADEM). MOGAD is often seen in the setting of viral infections but postdengue myelin oligodendrocyte glycoprotein autoantibody-associated disease (MOGAD) is rare. Here, we report a postinfectious case of MOGAD triggered by dengue infection.

Case description: A 21-year-old male patient presented with bilateral lower limb weakness and numbness for 1 month along with urinary retention, altered sensorium, and transient visual problems. He had a fever 2 weeks prior to admission which lasted for 10 days. Examination revealed upper motor myelopathy with sensory level at T5 along with a confusional state.

On the evaluation of fever, dengue immunoglobulin M (IgM) was negative, and MOG antibody was positive. MRI spine revealed a T2 hyperintense patchy long segment lesion from C2 to conus medullaris. MRI brain shows T2 hyperintense lesions at both the middle cerebellar peduncle, peripontal region, and splenium of the corpus callosum. Cerebrospinal fluid (CSF) shows 15 cells/mm³, lymphocyte predominant, total protein 55 mg/dL. Aquaporin four was negative, and the MOG antibody was positive at 1:20 titer. Symptoms gradually improved following 5 days of intravenous (IV) steroids and during discharge, he had grade III power in his limbs and was started on oral steroids for taper.

Conclusion: Although MOGAD is typically steroid-responsive and monophasic, our patient was kept under follow-up for 6 months and was advised to take a postinfectious immune-mediated reaction triggered by dengue virus.
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Introduction: Neuromyelitis optica (NMO) is a disease that is rare and aggressive inflammatory disorder of the central nervous system characterized by severe, immune-mediated demyelination and axonal damage which includes recurrent attacks of optic neuritis (ON) and myelitis; the more inclusive term NMO spectrum disorder (NMOSD) was proposed to include individuals with isolated ON and those with involvement of additional regions in the central nervous system. NMO is more frequent in women than men (9:1), and typically begins in adulthood, with a mean age of onset of 40 years, but can arise at any age.

Case description: Here we present a case report of a patient of age between 15 and 40 years, who presented with a history of sudden onset, progressively increasing headache, and a single episode of altered sensorium. There was no history of vomiting, photophobia, phonoophobia, or blurred vision. Imaging studies did not reveal any abnormalities.

The patient was started on injection of methylprednisone (250 mg) and was discharged on the next day with subsequent improvement in her symptoms.

Neuromyelitis optica spectrum disorder (NMOSD) is an autoimmune disease that affects the central nervous system, primarily the optic nerves and the spinal cord. It is characterized by recurrent attacks of demyelination, which can lead to loss of vision, weakness, and numbness. The condition is rare and often goes undiagnosed, which can delay treatment and worsen the outcome.

Conclusion: Early recognition and prompt treatment of NMOSD are crucial for improving outcomes and reducing the risk of long-term complications. Regular follow-up visits and monitoring are essential to detect and manage any relapses effectively.
findings, and assessments using the INPH grading scale, Boon’s gait scale, and modified Rankin scale (mRS) before and after VP shunt surgery.

**Results:** The baseline characteristics and pre and postop parameters have been summarized in Table 1.

**Table 1: Baseline characteristics**

<table>
<thead>
<tr>
<th>Parameter characteristics</th>
<th>Total number (n = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>62.6 ± 10.5 (32–76)</td>
</tr>
<tr>
<td>Gait impairment</td>
<td>17 (100%)</td>
</tr>
<tr>
<td>Urinary symptoms</td>
<td>17 (100%)</td>
</tr>
<tr>
<td>Cognitive impairment</td>
<td>15 (88.2%)</td>
</tr>
<tr>
<td>Median duration of symptoms (months)</td>
<td>24 (2–84)</td>
</tr>
<tr>
<td>Median INPH score (baseline)</td>
<td>5 (2–12)</td>
</tr>
<tr>
<td>Mean modified Rankin scale (baseline)</td>
<td>2.84 ± 1.06 (2–5)</td>
</tr>
</tbody>
</table>

**Mesenchymal stem cell transplantation**

**Results:** The highest AUC 0.63 (95% CI 0.32–0.94) was observed for the change in gait score in predicting MRS change following surgical intervention (Fig. 1). A decrease of 2 points in gait score demonstrated 83.3% sensitivity and 33.3% specificity in predicting MRS change.

**Discussion:** The current study showed that the gait score can be used as a predictor of shunt malfunction. Further prospective studies are warranted to establish the utility of tap test parameters in the assessment of INPH patients.

**Climax**

**Results:** The mean gait score was 0.56 (95% CI 0.26–0.87). The mean step score was 0.31 (95% CI 0.11–0.51). The mean gait score was 2.06 ± 1.11 (1.3–3.9).

**Conclusion:** In patients with INPH, a ≥ 4-point decrease in the gait score can be used as a predictor of shunt malfunction. Further prospective studies are warranted to establish the utility of tap test parameters in the assessment of INPH patients.

**CLINICAL PROFILE AND COMPARISON BETWEEN MAGNETIC RESONANCE ANGIOGRAPHY AND DIGITAL SUBTRACTION ANGIOGRAPHY IN YOUNG ISCHEMIC STROKE AND THEIR IMPACT ON TREATMENT**

**Arbika M., Vishnu Shankar H, A K Gautham, Pearly Grace Rajan**

**Background:** Stroke is the second leading cause of death worldwide. A stroke is defined as an abrupt onset of neurological deficit that is attributable to a focal vascular cause. Stroke in young adults is less frequent than in older populations but has a significant impact on their productive years lost. Etiologies for young strokes are extensive and variable. Visualiza}
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To study the associations between left atrial volume index (LAVI) and nodal atrial fibrillation (AF) detection in patients with embolic stroke of undetermined source (ESUS).

Background: Left atrial enlargement is a common finding in patients with ESUS and is associated with increased risk of cardioembolic stroke. However, the association between left atrial volume and AF detection in patients with ESUS is not well understood.

Methods: Patients with ESUS who underwent transesophageal echocardiography and had left atrial volume measured by two-dimensional (2D) echocardiography were included. The left atrial volume index (LAVI) was calculated as left atrial volume (LA) divided by body surface area (BSA). LAVI was categorized into tertiles: low (LAVI < 35 mL/m²), medium (35 ≤ LAVI ≤ 40 mL/m²), and high (LAVI > 40 mL/m²). The primary outcome was AF detection during postprocedure cardiac monitoring.

Results: A total of 100 patients with ESUS were included in the study. The median LAVI was 37 mL/m² (interquartile range, 27-44 mL/m²). AF was detected in 33 patients (33.0%) during postprocedure monitoring. The rate of AF detection was significantly higher in the high LAVI group compared to the low and medium LAVI groups (42.9% vs. 20.0% vs. 16.7%; p = 0.01).

Conclusion: Left atrial volume index (LAVI) is an independent predictor of nodal atrial fibrillation (AF) detection in patients with embolic stroke of undetermined source (ESUS).
count—88,000/mm³. Peripheral blood film (PBF) suggestive of myelophagocytic anemia or aleukemic leukemia.

Autoimmune workup, rheumatoid factor (RA factor), anti-cyclic citrullinated peptide (anti-CCP), and human leukocyte antigen (HLA) were all negative.

Bone marrow (BM) biopsy: Suggestive of acute myeloid leukemia.

Flow cytometry: Acute myeloid leukemia with monocytic differentiation.

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Introduction: Non-Hodgkin’s lymphomas (NHL) are cancers arising from mature B, T, and NK cells. Spinal cord compression is a rare presentation of NHL, found in 0.1–0.3% of NHL patients. It occurs due to involvement of cranial or spinal canal by tissue extension from adjacent nodal masses and bone involvement. Identifying NHL as the cause of neurological symptoms is challenging, given these atypical presentations.

Case description: A 23-year-old male presented with a 2-month history of insidious onset and gradually progressive low backache, followed by asymmetrical, gradually progressive paraparesis of both lower limbs. He also experienced urinary incontinence involving the bladder, with no history of trauma, vision loss, diplopia, facial deviation, dysphagia, or dysarthria. His past and family medical history were non-contributory.

Physical examination revealed generalized nonnematitic, soft lymphadenopathy, with no pallor, icterus, clubbing, or edema. Pulse rate was 88/minute, and blood pressure was 110/60 mmHg.

On the central nervous system (CNS) examination, higher mental function was normal with no cranioptiliasms. Motor examination showed spastic paraparesis with 1/5 power in both lower limbs and 5/5 in both upper limbs, exaggerated deep tendon reflexes in lower limbs, normal deep tendon reflexes in upper limbs, and extensor plantar reflex. Sensory examination indicated absent superficial and deep sensibility of the T12 level with the upper motor neuron (UMN) bladder. No cerebellar abnormality or peripheral nerve involvement was noted, and there were no evidence of sensory or motor involvement.

Investigations: Hemoglobin of 11 g/dl, total count of 7750/µl, differential count—neutrophil—6480/µl, lymphocytes—750/µl, platelet count—308,000/µl. Renal function test, lipid function test, thyroid function test, and liver function test were normal. Peripheral smear indicated mild microcytic hypochromic red blood cells (RBCs) with neutrophilia. Chest X-ray showed normal findings.

The MRI of the dorsal spine revealed secondary deposits in the dorsal spine associated with a soft tissue component in the posterior elements of D7–D12 levels, with a large soft tissue component in the posterior elements of D6–11 levels.

A review of the local and metastatic lymphadenopathy. USG of the bilateral inguinal region and scrotum showed inguinal lymphadenopathy, while USG’s abdomen revealed mesenteric lymphadenopathy.

Fine needle aspiration cytology (FNAC) of the cervical lymph nodes indicated a number of atypical lymphocytes, slightly larger than normal lymphocytes, with a high N/C ratio, coarse nuclear chromatin, and a few large atypical cells with prominent nucleoli, suggestive of Non-Hodgkin’s lymphoma.

The patient was referred to the departments of clinical hematology and neurosurgery for further management.

Discussion: Most retroperitoneal tumors are malignant, and about one-third are soft tissue sarcomas. They don’t produce symptoms until they grow large enough to compress associated structures, although pain, early satiety, and obstructive gastrointestinal symptoms may occur early in some patients. In this case, the patient presented with low backache progression due to retroperitoneal sarcoma. He presented with early signs of low backache with progression to neurological signs and symptoms of bladder dysfunction, completing the complex of “red flag” symptoms of severe low backache. Once these are used, MRI helps in diagnosing CES. Firm images suggest CES, urgent surgery is the treatment of choice.

Epidemiology and Survival of Germ Cell Tumours at Tertiary Care Center, India: A Retrospective Analysis
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Introduction: The prevalence of testicular germ cell tumors, a type of neoplasm that predominantly impacts young male adults and adolescents, has exhibited a rising trend in recent decades. This study examines testicular germ cell tumors presented to the oncology department of a tertiary referral center from 2017 to 2023.

Methods: This was a retrospective analysis of 50 testicular germ cell tumors that were histologically confirmed at our center from 2017 to 2023. Patients were appropriately staged using imaging and pre and postoperative tumor markers. High interobserver reliability the patient underwent chemotherapy tailored to the patient’s disease stage.

Observation: The median age of the study population was 33 years. The age group that was most commonly impacted was between 25 and 40 years. The incidence of seminoma and nonseminoma was 28% (14 cases) and 72% (36 cases), respectively. The testis was identified as the primary site in 94% of cases, while the mediastinum was the predominant location in 6% of cases. The occurrence of metastasis was observed in 68% of cases at the time of presentation. Upon diagnosis, the distribution of stages I, II, and III was determined to be 44, 24, and 32%, respectively.

Conclusion: The majority of cases had metastasis at the time of diagnosis, indicating an advanced stage of the disease. Additionally, the high median overall survival suggests that treatment options and advancements in care have improved the outcomes for patients with this type of cancer.


**ELEVATION OF SERUM CREATINE PHOSPHOKINASE LEVEL AS A MARKER FOR SEVERITY IN ACUTE ORGANOPHOSPHORUS POISONING**

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**Introduction:** Organophosphorus (OP) poisoning has become an epidemic in developing countries like India. Estimating serum creatine phosphokinase (CPK) levels is a cost-effective method. CPK levels elevate in both acute and intermediate syndrome. CPK and muscle enzymes can be used as an economically feasible and readily available prognostic marker for acute OP poisoning.

**Aims and objectives:** The study aims to establish a correlation between serum CPK levels and the severity of OP poisoning.

**Materials and methods:** This study involved 50 WP cases who had OP poisoning. The cases were divided into three groups based on the severity of OP poisoning: mild, moderate, and severe. The CPK levels were measured at baseline and after 24 hours.

**Results:** The study found a statistically significant positive correlation between CPK levels and the severity of OP poisoning. The CPK levels were significantly higher in severe cases compared to mild and moderate cases. The correlation coefficient was 0.78 (p-value < 0.05).

**Conclusion:** Serum CPK levels can serve as a marker to stratify the severity of acute OP poisoning.

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**The Outcome of Paraquat Poisoning with Steroid Use: a Retrospective Study**

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**Introduction:** Paraquat, a rapidly acting non-selective herbicide, stands as a leading cause of fatal poisoning in India, with a high case fatality rate upon accidental or deliberate ingestion. The use of paraquat poisoning generally involves symptomatic treatment, and the use of immunosuppressive agents has shown comparatively improved outcomes. This study compares outcomes between patients who received steroids and those who did not.

**Materials and methods:** This retrospective study reviewed patients diagnosed with paraquat poisoning between 2018 and 2023 from the medical records of the Department of General Medicine at Chalmeda Anand Rao Institute of Medical Sciences over one year. Serum CPK levels were measured upon admission, and correlations were assessed with the Prognostic of Creatine Phosphokinase (CPK) scale.

**Results:** Among the 50 patients, 28 (56%) had mild, 16 (32%) had moderate, and six (12%) had severe poisoning. Initial CPK levels were significantly higher in severe cases. Six patients died within four days of admission, with three of moderate poisoning and three from severe poisoning cases.

**Conclusion:** Initial CPK levels demonstrated a correlation with the severity of OP compound poisoning and mortality.

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**To Study the Predictive Value of Elevated Amylase in Assessing Severity of Organophosphorus Poisoning**

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**Introduction:** Organophosphorus poisoning accounts for 75% of poisonings in our country and stands as the second most common method of suicide after hanging. Its primary mechanism involves the inhibition of acetylcholinesterase (AChE), which typically breaks down acetylcholine into acetate and choline. The accumulation of acetylcholine in the autonomic and somatic nervous systems leads to excessive stimulation of muscarinic and nicotinic receptors. Additionally, OP compounds are toxic to the liver and kidney, leading to acute and chronic effects.

**Materials and methods:** In a cross-sectional analytical study, 62 patients admitted to the hospital with organophosphorus poisoning were included. Serum amylase levels were assessed at admission and after 24 hours. Serum amylase levels were correlated with clinical features of OP poisoning (miosis, altered sensorium, seizures, hypotension, arrhythmia, and respiratory failure).

**Results:** Symptoms including Bradycardia, fasciculations, altered sensorium, seizures, and respiratory failure displayed statistically significant increases in serum amylase levels. Serum amylase levels at admission (mean: 154.61, SD: 121.51) were higher than those observed after 24 hours (mean: 129.27, SD: 92.34), with a statistically significant p-value.

**Conclusion:** Serum amylase levels were elevated at admission and moderate to severe poisoning cases. Significant correlations existed between hyperamylasemia and severe manifestations of OP poisoning, including seizures, bradycardia, altered sensorium, hypotension, and respiratory failure. Elevation of serum amylase levels serve as robust predictors of clinical severity in OP poisoning, aiding in careful monitoring and aggressive management of severe cases. Evaluation of serum amylase levels as prognostic marker in Acute Organophosphorus Poisoning.

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**Introduction:** Deliberate self-harm using pesticides, particularly OP compounds, is a global public health concern, claiming the lives of nearly 200,000 individuals annually, with a rising incidence. India reflects this alarming trend, facing an even more severe situation.

**Aim:** Early detection and correction of hypokalemia in patients affected by organophosphorus compound poisoning.

**Objective:** To explore hypokalemic features in organophosphorus poisoning cases and assess how early correction of hypokalemia reduces morbidity and mortality, and emergency outcomes in OP poisoning.

**Materials and methods:** This case series comprises 30 patients aged between 20 and 50 years, presenting with a suspected history of organophosphorus compound poisoning and exhibiting symptoms of respiratory failure necessitating ventilator support.

**Results:** Severe profound foot-GOP poisoning commonly presents with hypokalemia. Among hypokalemic OPC poisoning cases, 52.6% required ventilator support, compared to 27.3% among normokalemic OPC poisoning cases. Deaths were observed among hypokalemic OPC poisoning cases but not among normokalemic patients.

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Conclusion: The study highlights that hypokalemia significantly emerges as both morbidity and mortality in OP poisoning cases. Early hospitalization and correction of hypokalemia can potentially save lives in OPC poisoning.

QI TIME IN THE INITIAL ECG OF ORGANOPHOSPHORUS COMPOUND POISONING PATIENTS: PROGNOSTIC SIGNIFICANCE

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Background: Organophosphorus compound (OPC) poisoning represents a complex medical emergency associated with substantial morbidity and mortality. Within the realm of cardiovascular complications, the prolongation of the QT interval on electrocardiograms (EGCs) might hold crucial prognostic implications. This study aimed to ascertain the prognostic significance of QT interval prolongation in patients diagnosed with OPC poisoning.

Materials and methods: This prospective study encompassed 76 patients admitted with a history of OPC poisoning at a tertiary care medical college hospital over a 14-month period. A 12-lead ECG was obtained before treatment, enabling measurement of the QT interval. Associations and correlations were examined using chi-squared and Pearson’s correlation tests.

Results: Among the 76 patients, 52 (68%) exhibited QT interval prolongation. A statistically significant association (p < 0.05) was noted between QT prolongation and several clinical outcomes, including increased hospital stays, increased ventilator usage, and elevated morbidity. Mortality rates were notably higher in the long QT group compared to the normal QT group (p < 0.001). Additionally, patients in the QT-prolongation group had a longer hospital stay compared to the other group (p = 0.031). Pearson’s correlation demonstrated a strong positive relationship (r = 0.7) between QT prolongation and adverse clinical outcomes in OPC poisoning cases.

Conclusion: Prolongation of the base QT interval in the initial ECG of OPC poisoning patients emerges as a significant prognostic indicator. Early identification and vigilant monitoring of QT interval prolongation could prove pivotal in clinical decision-making processes, potentially leading to improved patient outcomes.

A STUDY OF CLINICAL PROFILE AND OUTCOME OF PATIENTS OF ACUTE KIDNEY INJURY DUE TO HERPETOLOGIC SNAKEBITE

Sahil Choudhary, BV Singh, Sanju Nazar

Background: Snakebite is a significant public health problem, a medical emergency, and an occupational hazard, causing considerable morbidity and mortality worldwide, especially in the tropics and sub-tropics. Viper bites are more common than other poisonous snakebites in humans. The World Health Organization has estimated that there are approximately 125,000 deaths among 250,000 poisonous snake bites worldwide every year, of which India accounts for 10,000 deaths. A total of 315 patients were admitted over the study period, including anti-snake venom (ASV) and renal replacement therapy (RRT). Early administration of ASV and initiation of RRT appear to yield better outcomes.

Objectives: To observe the clinical presentation of patients with snake bite-induced AKI, coagulation abnormalities, and renal outcomes. Among patients experiencing snake bite-induced AKI.

Materials and methods: A total of 50 patients admitted to KR Hospital in Mysuru with snake bites and coagulation abnormalities were examined. History was gathered regarding snake bite type, and one of the bite, indigenous treatments, and relevant symptoms. Results: The study involved 50 patients with snake bites. In our investigation, males in the age group of 31–40 years were most affected (28%), with viper bites being the most common (46%). Disseminated intravascular coagulation (DIC) and intravascular hemorrhage were prevalent. The most frequent bite site was the lower limb, with swelling and pain being the common symptoms. A total of 22 patients experienced AKI. All developed cellulitis, 15 (30%) experienced bleeding manifestations, and 30 (60%) required dialysis.

Conclusion: The study demonstrates that AKI resulting from snake bite is severe, with a significant proportion of patients requiring ASV administration and renal replacement therapy (RRT). Early administration of ASV and initiation of RRT appear to yield better outcomes.

ACUTE OXALATE NEPHROPATHY DUE TO BILIMBI POISONING: A CASE REPORT

Sonu T

Acute kidney injury (AKI) can arise from various sources, including snake bites, contributing to the overall morbidity and mortality. This case report details an incident of acute oxalate nephropathy following the ingestion of Averrhoa bilimbi, a local fruit in South India, commonly utilized in culinary and traditional medicinal practices, possessing high oxalic acid content. Instances of oxalate nephropathy following the intake of this fruit have been recorded. Timely diagnosis of oxalate nephropathy is critical and favors interventions that can prevent further kidney damage.

Discussion: While Averrhoa bilimbi is utilized as a dyslipidemia remedy, excessive consumption of its juice in concentrated form can elevate acute kidney injury. It is imperative to raise awareness against refraining from highly concentrated oxalate-containing fruits. Furthermore, this case underscores the importance of consumption of A. Bilimbi fruit juice in a reduced concentration as a potential cause of acuteoxalate nephropathy in individuals presenting with unexplained acute renal injury.

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orientation to person, place, and time (AOx3). Gradual diminishment of ankle clonus and improved bladder control were observed. Cyproheptadine was gradually tapered upon symptom resolution. Demerol was discharged on lorazepam, propranolol, and pregabalin.

Conclusion: Although considered rare, the burgeoning array of serotonergic drugs in clinical use is expected to elevate the incidence of serotonin syndrome. Increased awareness among clinicians about toxic symptoms, early recognition, and patient education regarding potential drug interactions can mitigate the risk. Early identification of acid-base imbalances could facilitate prompt initiation of alitryl therapy and intensified management strategies, thereby potentially influencing patient outcomes.

Pulmonary

Invasive Mycosis: An Unusual Masquerade of Endobronchial Tumor
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Introduction: Pulmonary mucormycosis, a relatively uncommon fungal disease affecting the lungs, presents with diverse clinical manifestations, making diagnosis challenging. This case report highlights an instance of invasive mucormycosis manifesting as an endobronchial mass, mimicking a tumor.

Case description: A 65-year-old female, known for diabetes with uncontrolled blood sugar levels, presented with a persistent cough accompanied by expectoration over 2 months, along with a recent onset of low-grade fever, which has subdued with antibiotics, local pain, and generalized weakness. Additionally, she had a medical history of hypothyroidism, hypertension, and coronary artery disease (CAD). AG. AD post myocardial infarction. CAG. On general examination, mild pallor, tachycardia, and tachypnea were noted. No other significant physical signs were observed. She was diagnosed with pulmonary mucormycosis, indicated by an anion gap of 16 and positive urine ketones.

Routine blood investigations revealed an elevated total leukocyte count of 15,730 cells/mm³ and poorly controlled blood sugars, reported as 290 mg/dL. A chest X-ray exhibited consolidation in the right upper lobe. Further evaluation via high-resolution computed tomography (HRCT) of the chest revealed consolidation in the right upper lobe with central cavitation and an endobronchial mass partially obstructing the right upper lobe bronchus. Chest endobronchial biopsy tests, including sputum acid-fast bacilli (AFB) stain and mantoux test were performed, but the results were negative.

Bronchoscopy uncovered an endobronchial mass partially obstructing the right upper lobe bronchus, raising the suspicion of bronchogenic carcinoma. Biopsy of the mass revealed the presence of short, stout fungal hyphae suggestive of invasive mucormycosis, later confirmed through Grocott’s methenamine silver (GMS) stain. Treatment commenced with Isavuconazole injections, resulting in clinical and radiological improvement. Subsequent chest X-ray demonstrated complete resolution of the consolidation.

Conclusion: In immunocompromised patients presenting with an endobronchial mass, considering invasive mycosis in the differential diagnosis is crucial and ensuring timely treatment. This case underscores the importance of recognizing pulmonary mucormycosis as a potential diagnostic setup in such scenarios to prevent diagnostic delay.

Comparison of Scoring Systems for Predicting Mechanical Ventilation Requirement in Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease
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Introduction: Acute exacerbation of chronic obstructive pulmonary disease (AECOPD) stands as the fourth leading cause of mortality globally. The development of a scoring system capable of early detection, prognostication for mechanical ventilation necessity, and mortality prediction is essential for guiding appropriate therapeutic interventions. In this study, we assessed the efficacy of five scoring systems—DECAF (dyspnea, eosinopenia < 500/uL, consolidation, acidemia pH < 7.3, and atrial fibrillation), BAP-65 (65 elevated BUN, altered mental status, patient age ≥ 80 years, low platelet count), CAPS (COPD and asthma physiologic score), and APACHE II.

Materials and methods: This observational study was conducted at the Department of Medicine in Jawharlal Medical College, Ajmer, from March 2019 to October 2020. Two hundred and thirty-eight patients were included in the analysis. Predictors were identified and the primary outcome was mechanical ventilation requirement. Receiver operating characteristic (ROC) analysis was used to measure the accuracy of each system.

Observations: APACHE II emerged with the highest area under the receiver operating curve (AUROC) concerning both mortality prediction (AUROC = 0.78, p < 0.001) and the need for mechanical ventilation (AUROC = 0.76, p < 0.001). Following APACHE II, DECAF (AUROC = 0.74) and BAP-65 (AUROC = 0.61) were associated with an mortality prediction. The 2008 score demonstrated promising results for predicting the need for mechanical ventilation (AUROC = 0.75).

Moreover, previous instances of mechanical ventilation were the most significant risk factors associated with dyspnea. The ALI- tion score continued with cyanosis and paradoxical abdominal movement, for the necessity of mechanical ventilation.

Conclusion: The incorporation of these practical scoring systems in routine patient triage may aid in identifying early interventions, potentially leading to a reduction in mortality rates among AECOPD patients. The utilization of these practical scoring systems will aid healthcare practitioners in promptly identifying high-risk patients, facilitating more timely and targeted therapeutic strategies.

Clinical and Radiological Profile on Acute Pulmonary Embolism: Retrospective Study
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Background and objectives: Acute pulmonary embolism (PE) represents a rare and critical medical emergency characterized by the presence of blood clots within the pulmonary artery, impacting the circulatory system. Its estimated incidence is approximately 60–70 cases per 100,000 population and is often associated with deep vein thrombosis. Mortality rates reach around 30% when untreated, significantly reducing to 8% when managed promptly. This study aims to investigate various aspects—(1) clinical symptoms, (2) etiological analysis, (3) diagnostic procedures, (4) risk factors for PE, and (5) the frequency of different treatment modalities applied.

Methodologies: This retrospective study evaluated 22 patients with PE within a period of 18 months.

Results: Among the 22 patients studied, the mean age was 58.3 years, with the majority falling within the 50–69 age group. Males constituted a larger proportion of patients (16 cases). The average BMI stood at 23.48. Hospital stays ranged from 4 to 22 days, averaging 8.7 days. The most common presentations were dyspnea (20 patients), followed by coughing (5 patients), dry cough (four patients), palpitations, and fever (three patients each). Echocardiography revealed normal results in seven patients, mild pulmonary hypertension in four patients, and right heart failure in two patients. Mild pulmonary hypertension was noted in three patients. CT pulmonary angiography showed emboli in both the right and left pulmonary arteries in seven patients and in two patients in each of the lungs. PE was found in the lower limb embolism in specific branches. The average Well’s score was 4.4. Deep vein thrombosis, both symptomatic and asymptomatic, was the leading cause in 13 patients, predominantly affecting the left leg (nine patients). Other causes included malignancies, post-surgical complications, APLA syndrome, postpartum complications, chronic OCP use, and rare upper limb DVT. Diabetes mellitus was the most common risk factor. Treatment involved anticoagulants like rivaroxaban, apixaban, dabigatran etexilate, and low-molecular-weight heparin along with mechanical ventilation. Treatment success rates were 100%, with no reported mortality.

Conclusion: Acute pulmonary embolism, though rare, is a high index of suspicion, significantly impacting mortality and morbidity. The study highlighted a higher incidence among females and smokers, the necessity to consider PE with deep vein thrombosis, and symptomatic deep vein thrombosis in diagnosing PE. Normal echocardiographic findings don’t rule out PE, as thrombi can be present in the pulmonary artery branches. The study also highlighted the importance of clinical consideration for PE even in cases with a Well’s score suggesting a low probability of PE.

Chronic Hypersensitivity Pneumonitis with Pulmonary Tuberculosis: A Case Report
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Case report summary: A 53-year-old female presented with a 1-week history of cough with blackish mucoid expectoration, fever, chest pain for 5 days, and 2 days of breathlessness. The patient’s previous history included tuberculosis treated with steroids 2 years prior and was also diagnosed with diabetes, undergoing treatment. Exposure to agricultural dust and dust from animals was noted.

Examination revealed a pulse rate of 86 bpm, blood pressure of 110/70, and an oxygen saturation of 70% at room air. Bilateral rhonchi and fine crepitations were detected in all lung fields. Microcytic anemia, increased ESR, low complement levels, and indication against a background of fibrosis. Bronchoscopy with bronchoalveolar lavage (BAL) cytology suggested features of chronic hypersensitivity pneumonitis. Additionally, the BAL fluid tested positive for mycobacterium tuberculosis using the geneXpert test.

Conclusion: The presence of pulmonary tuberculosis in this case presents a complex scenario, potentially acting as a predisposing or associated factor alongside the underlying
Abstracts: Free Papers - Platform Presentation (APICON-2024)

**Summary of case report:** The case involves a patient diagnosed with chronic pancreatitis and a pancreatic fistula in the head region, who presented with breathlessness and chest pain following ERCP-induced Acute on Chronic Pancreatitis.

The patient developed a rare complication—bilateral pancreatic pleural fistula, an unusual occurrence requiring a fraction of chronic pancreatitis cases. In this instance, exposure to pancreatic digestive enzymes led to inflammation, creating a tract from the pancreas into the anterior peritoneum, causing fluid accumulation that communicated with the pleural cavity, resulting in the formation of bilateral pancreatic pleural fistula.

Laboratory investigations revealed elevated serum lipase and amylase levels. Initially, an intercostal drainage tube was placed, followed by the insertion of a 14F pigtail catheter into the right pleural space. The catheter was maintained with significantly high amylase and lipase levels, along with altered glucose and protein levels. A subsequent CECT chest scan showed a moderate hydro pneumothorax with lung collapse, a dilated main pancreatic duct, and a retrocolic pancreatic cyst, and a retroperitoneal polyp that was identified on the posterior mediastinal collection communicating with the pseudocyst. Additionally, thrombosis in the portal vein and its branches was noted.

Treatment involved intensive care management, including oxygen support, and administration of medications like indomethacin, antibiotics, anticoagulants, spirometry, chest physiotherapy, nebulizations, and pain management. Antibiotic escalation was performed over time. There was a decrease in total leukocyte count, and amylase and lipase levels showed a decreasing trend.

The patient was managed conservatively and followed up for a year and a half, during which they remained asymptomatic, and radiological closure of the fistula was achieved.

**Conclusion:** The presented case of bilateral pancreatic pleural fistula, an exceedingly rare condition, was managed conservatively, resulting in the patient’s asymptomatic state and closure of the fistula as confirmed by radiological examinations during the follow-up period.

**Study of serum albumin and C-reactive protein as prognostic biomarkers in hospitalized patients with community-acquired pneumonia**

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**Introduction:** An important issue in the management of community-acquired pneumonia (CAP) is the choice of treatment. Current antimicrobial treatment is guided by factors such as spectrum of activity, pharmacokinetics, efficacy, safety profile, cost, and whether or not a specific pathogen is identified. The emergence of drug-resistant pathogens is becoming an important concern that has complicated the initial empirical management of CAP.

Biomarker tests can be considered as independent prognostic factors. Biomarkers together with clinical parameters can aid clinicians in assessing the severity of the illness and the need for the use of antibiotics. In the future, biomarkers may become a part of routine diagnostic testing for CAP.

**Materials and methods:** A clinical prospective observational study was conducted on a minimum of 50 patients admitted to the hospital in the Department of General Medicine. Study subjects: All clinically diagnosed pneumonia patients requiring hospitalization based on CURB65 (confusion, urea >7 mmol/L, respiratory rate >30/mn, blood pressure <90/60 mmHg), or 60 age > 65 years) scores were admitted.

**Observations:** Around 26% of 50 had severe hypoproteinemia (<2.5 milligrams per deciliter [mg/dL]) on day 1 of admission. An increase in serum albumin levels was seen on day of admission. When serum albumin levels were analyzed at the time of discharge, there was a significant change (p = 0.025) noted. An increase in serum albumin levels was seen in all patients who had clinical signs of resolution. A total of 10 out of 50 patients had no change in the serum albumin levels during the hospital course. Among these patients who had their pneumonia unresolved, two of them had no change in serum albumin levels, one patient had a reduction in levels, and the other got discharged against advice.

**Conclusion:** In severe pneumonia (CAP), levels of serum albumin and C-reactive protein did not show any significant difference, and further studies are required to determine the role of these biomarkers in CAP management.
were observed between cases and controls concerning age, sex, smoking, or exposure to chula. However, 27 (40.91%) patients in the case group and 11 (16.67%) patients in the control group had diabetes, although patients with diabetics, indicating a statistically significant difference in previous hospital admissions among cases (p = 0.002). Cases exhibited 462 times higher admission. No statistically significant difference was observed in the severity of COPD between cases and controls.

Conclusion: Clinically, COPD and posttuberculosis COPD demonstrated a higher prevalence than non-COPD. However, patients with posttuberculosis COPD experienced significantly more admissions and longer hospital stays. Nevertheless, there is no disparity in the severity of COPD between both groups.

To Study the Effect of Streptokinase in Patients with Acute Pulmonary Embolism Admitted to Tertiary Care Center
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Introduction: Acute pulmonary embolism is typically diagnosed via chest X-ray, anaglography, identifying obstrucive embol or their outlines within vessels. Assessing clot burden on pulmonary computed tomography angiography (CTA) images might inform the duration of anticoagulant therapy. Knowledge about clot resolution rates is crucial, aiding in objective diagnosis when patients with pulmonary embolism (PE) symptoms are clinically assessed due to their higher residual PE. Unfortunately, the significance of reporting pulmonary thromboembolism isn’t emphasized in Asian countries, partly due to clinician’s study about the clinical impact of streptokinase’s efficacy in patients diagnosed with pulmonary thromboembolism by assessing clot burden resolution on follow-up CT angiography images.

Objectives: To assess the radiological resolution of acute pulmonary embolism on CT-pulmonary angiography following streptokinase therapy.

Materials and methods: A cross-sectional study evaluated 14 patients diagnosed with pulmonary embolism via CT-pulmonary angiography. Streptokinase therapy was administered, and its effect was assessed based on radiological resolution of PE post-procedure.

Observation: Overall, 10 patients exhibited complete resolution in the follow-up pulmonary CTA seven days post-streptokinase therapy. A total mean of percentage decrease in scoring and qanini from baseline to follow-up CTA was 74 and 76%, respectively.

Conclusion: The majority of patients (71%) demonstrated complete resolution of pulmonary embolism on CT angiography following streptokinase therapy within days. This highlights a significant reduction in clot burden.

Rheumatology

Thrombotic Thrombocytopenic Purpura as the First Presentation of Systemic Lupus Erythematosus: A Rare Case Scenario
Khusboo Kumar, Ahlay Kumar, Monal Kumar Prasad

Introduction: Thrombotic thrombocytopenic purpura (TTP) is a form of microangiopathic hemolytic anaemia classically characterized by the pentad of fever, thrombocytopenia, hemolytic anaemia, renal, and neurological dysfunction. TTP results from a congenital or acquired decrease in or absence of the von Willebrand factor cleaving protease ADAMTS13, leading to microthrombi formation, and causing end-organ ischemia and damage. The central nervous system and kidneys are the most commonly affected organ systems. Timely diagnosis and management are crucial as untreated TTP carries a mortality rate of about 90%. TTP can stem from autoimmune diseases, malignancy, bone marrow transplants, drugs, pregnancy, and infections.

Systemic lupus erythematosus (SLE) is a multi-system autoimmune disease characterized by autoantibodies targeting nuclear antigens. SLE patients may present with fever, rashes, oral ulcers, hair loss, serous membrane exudates, and neurological manifestations. TTP occurrence in SLE patients is exceptionally rare, with an incidence as low as 0.5%. The existence of these conditions poses a diagnostic challenge due to overlapping clinical features and laboratory abnormalities.

Materials and methods: A 17-year-old female patient presented to the central emergency with bleeding gums and nostril bleeding. She had a history of headache, fever, and 1–2 seizure episodes in the last week. She had a past history of hair loss, mild joint pain, and occasional oral ulcers. Physical examination revealed generalized edema, conjunctival hemorrhage in the left eye, and widespread purpura and ecchymosis across the trunk and limbs. Laboratory reports indicated anemia, thrombocytopenia, normocytic and peripheral blood smears (PBS) showing schistocytes. Raised retic count, S. LDH, and S. Bilirubin were noted. ANA was positive at a titer of 1:160. Although a serum ADAMTS13 tested was planned but unavailable, the presence of clinical symptoms and signs suggested an acute thrombotic thrombocytopenic purpura (TTP).

Considering the patient’s history, symptoms, high ANA titer, and hematological abnormalities like thrombocytopenia, a diagnosis of systemic lupus erythematosus based on SLICC criteria was established after ruling out other causes of acquired TTP. Thus, the final diagnosis was thrombotic thrombocytopenic purpura, secondary to SLE. Treatment involved plasma exchange therapy, tab prednisolone, tab hydroxychloroquine, PRBCs, and FFPs. Conclusion: The TTP as the initial manifestation of SLE is rare yet critical. Clinicians should maintain a heightened suspicion of this atypical presentation to facilitate early diagnosis and timely intervention, ultimately improving patient outcomes and quality of life.

Immunoglobulin G4-Related Disease with Multorgan Involvement: Case Report
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It seems like the patient in question has a remarkably extensive case of immunoglobulin G4-related disease (IgG4-RD), manifesting across multiple organs including the intestine, retroperitoneum, kidneys, lymph nodes, bilateral ovaries, adnexa, brain, and lungs. While various case reports and series on IgG4-RD with different organ involvement exist, this patient’s simultaneous multi-organ presentation stands out. Diagnosis relied on the 2020 Revised comprehensive diagnostic criteria for IgG4-RD, considering clinical and radiological features, serological results, and overall clinical picture. Each affected organ exhibited findings consistent with IgG4-RD, reinforcing the likelihood of this diagnosis. The fulfillment of IgG4-RD comprehensive diagnostic criteria included diffuse lympho-plasmacytic infiltration with more than 30% plasma cells and less than 50% lymphocytes, decreased serum IgG4 levels (<135 mg/dL), and histological evidence of dense lymphocytic and plasma cell infiltration with fibrosis, including storiform patterns. Extensive involvement in IgG4-RD necessitates early diagnosis and treatment to prevent irreversible organ damage and to improve outcomes.

Fever of Unknown Origin Masquerading as Nonsepsis Pneumonia with Exantheme, Pozio Diagnostic Difficulty: A Case Report
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The presence of exantheme, coupled with a seemingly straightforward diagnosis like pneumonia, can distract clinicians from identifying the underlying cause of Fever of Unknown Origin (FUS). This delay in diagnosis may delay the diagnosis and timely implementation of appropriate treatment measures.

We present the case of a 13-year-old girl who had recently undergone cholecystectomy and developed a fever along with exantheme on her face, limbs, and torso. Despite antibiotic treatment, her fever persisted, and she exhibited shortness of breath, weakness, and psychiatric symptoms at the emergency room, she exhibited severe pallor, cough, exanthema on her face, limbs, and torso. Despite antibiotic management, her fever persisted for over 1 month. Upon arrival admission, she was hemodynamically stable, mildly pale, and moderate tachycardia. The MRI brain with plain and contrast did not reveal any abnormality. CSF analysis showed a cell count of 80/mm3, and CECT revealed multiple hypodense lesions in the region of the abdomen revealed multiple hypodense lesions suggestive of hepatic infarcts, possibly accompanied by hepatic veno-occlusive disease, splenomegaly, and evidence of adrenal atrophy and calcifications, reflecting adrenal insufficiency.

Treatment involved reintroducing Warfarin with a target INR achieved within 2 weeks. She was discharged on a regimen of Warfarin, steroid supplementation, levotyroxine, and other supportive measures.

Conclusion: Although infrequent, AFE may manifest with ischemic damage to visceral organs due to arterial or venous thrombosis. Patients with unexplained sudden onset abdominal pain or symptoms should be evaluated for AFE. Diagnosis is crucial to those with a history of stroke, cognitive dysfunction at a young age, or recurrent pregnancy loss. Maintaining a target INR of 2.5–3.5 is crucial in preventing complications. Oral vitamin K antagonists should be preferred over novel oral anticoagulants as the primary choice of anticoagulant in primary APEs patients.

Lupus Cerebritis in Systemic Lupus Erythematosus/Sjogren’s Overlap Syndrome
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Introduction: Psychotic events are infrequent in systemic lupus erythematosus (SLE) and typically arise early in the disease course, generally within the first 3 years. In this case, lupus cerebritis developed against the backdrop of SLE/Sjogren’s overlap syndrome.

Case description: An 18-year-old female presented with a sudden onset of altered sensorium, seizure-like episodes accompanied by involuntary excitement and micturition, along with dysphagia and dry mouth.

Upon examination, a butterfly rash over her nosealabal spurring was observed. No signs of menstrual irregularities were present. A urinalysis test revealed no abnormal results, normal, or secondary to SLE. CT scan showed a cell count of 80/mm3 predominantly lymphocytes, protein—90 mg/dL, sugar—44 mg/dL, and ADA—7.8 U/L. Routine blood tests were within the normal limits, and viral markers for HIV, HCV, and HBsAg were negative.

Further investigations showed positive ANA (IHA) Hep 2—a nuclear (2+), speckled (Ac—2,4,5), and a strong positive result in theENA profile for Anti U1 RNP/sm, Anti sm, SSA, Ro 52, SSB nuclear (2+), speckled (Ac—2,4,5), and a strong positive result. Further investigations showed positive ANA (IHA) Hep 2—a nuclear (2+), speckled (Ac—2,4,5), and a strong positive result in theENA profile for Anti U1 RNP/sm, Anti sm, SSA, Ro 52, SSB nuclear (2+), speckled (Ac—2,4,5), and a strong positive result.
Introduction: Rheumatoid arthritis stands as a prevalent systemic inflammatory condition, often accompanied by extraarticular manifestations that broaden the spectrum of the disease. These may involve multiple organ systems: a wide array, affecting major bodily systems such as cardiovascular, respiratory, neurological, and hematological systems. Numerous studies have documented a diverse range of extraarticular features associated with rheumatoid arthritis. However, the reported types of these manifestations exhibit considerable variation. The awareness and identification of these additional manifestations play a pivotal role in managing and predicting the prognosis of patients with rheumatoid arthritis.

Materials and methods: This descriptive study focuses on the extraarticular manifestations observed in 52 rheumatoid arthritis cases, spanning both outpatient visits and admissions to the medical ward of Chalmeda Anandrao Medical College from June 2022 to 2023. Retrospective evaluations of hospital records were conducted for patients previously diagnosed with rheumatoid arthritis. Comprehensive medical history, physical examinations, complete blood counts, urine analysis, and blood biochemistry were performed on all patients. Further investigations were undertaken to confirm diagnoses.

Observations: Out of the 52 rheumatoid arthritis cases, 16 exhibited extraarticular manifestations. The most frequently observed manifestation was anemia of chronic disease. Additionally, manifestations included cardiac abnormalities such as pericardial effusion, pulmonary manifestations like interstitial pulmonary fibrosis, ocular manifestations such as scleritis, dermatological manifestations exemplified by rheumatoid nodules, and entrapment neuropathy.

Conclusion: Rheumatoid arthritis, being a systemic disease, often leads to a diverse range of extraarticular manifestations. Patients exhibiting persistent positivity for rheumatoid factor and anti-CCP, along with elevated ESR and CRP despite treatment, are more prone to developing these manifestations. The morbidity and mortality associated with rheumatoid arthritis. Timely recognition of these manifestations holds promise for better outcomes in managing rheumatoid arthritis.

Case description: A 60-year-old male with a known history of rheumatoid arthritis (RA) and ischemic heart disease for 5 years, admitted with syncopal attacks over 2 months, and had recent onset of complaints of shortness of breath, decreased urine output, and bilateral pitting edema over 2 days. She had a history of recurrent gross hematuria for the past year. The patient also had reddish-purple elevated rashes on the extensor aspect of the lower extremity, with notable blood pressure differences between arms and side, with notable blood pressure differences between arms.

Introduction: Takayasu's arteritis (TA) is a rare inflammatory disease and conservative management with close follow-up remain crucial in managing this condition.

Conclusion: Henoch–Schönlein purpura is a rare small vessel vasculitis characterized by the deposition of IgA immune complexes. It primarily affects young males under 20 years of age, with a prevalence of four in 100,000 adults.

Case description: A 42-year-old female presented with complaints of shortness of breath, decreased urine output, and bilateral pitting pedal edema over 2 days. She had a history of recurrent gross hematuria for the past year. The patient also had reddish-purple elevated rashes on the extensor aspect of her bilateral lower limbs, initially diagnosed as an allergic condition at another hospital. Upon examination, nonblanching pallid purpurae were observed. Her urine output was measured at 400 mL in 24 hours. Blood urea and creatinine levels were 126 and 3.8, respectively. Urine examination revealed 3+ albuminuria with 40–50 RBCs per high-power field, 60% of which were dysmorphic, along with active sediments. Tests for ANA profile, cANCA, and pANCA were negative. Ultrasonography showed normal bilateral kidney morphology. A kidney biopsy was performed. The patient was initiated on intravenous methylprednisolone (1g) for 3 days, followed by oral prednisolone (60 mg OD). Ultimately, urine output improved, and edema and rashes subsided, allowing the patient to be discharged. Oral prednisolone was tapered off over 3 months. The patient is currently doing well and is regularly followed up in the outpatient department.

The kidney biopsy revealed increased mesangial matrix with IgA deposits in immunofluorescence, indicating Henoch–Schönlein purpura primarily affects children with a male predominance. However, the case of this 42-year-old female presents adult-onset Henoch–Schönlein purpura with renal involvement, rarity. Adult-onset cases with renal involvement often have a poor prognosis, with a high risk of progression to chronic kidney disease (CKD). Due to the lack of established treatment guidelines, early identification of the disease and conservative management with close follow-up remain crucial in managing this condition.

Introduction: Takayasu's arteritis (TA) is a rare inflammatory and stenotic disease affecting medium and large-sized arteries, primarily the aorta and its branches. It has a higher prevalence in adolescent girls and young women, with an annual incidence rate of approximately 1.2–2.6 cases per million.

Case description: A 60-year-old male with a known history of rheumatoid arthritis (RA) and ischemic heart disease for 5 years, who had been noncompliant with medications, presented with syncopal attacks over 2 months, and had recent onset of breathlessness for 1 week. Physical examination revealed the absence of radial and brachial artery pulsations on the right side, with notable blood pressure differences between arms (100/60 mm Hg in the left arm and 80/50 mm Hg in the right arm). Echocardiography revealed a small-sized aortic valve, and abdominal aorta. Bilateral lower limb pitting edema (grade III) was present, along with respiratory findings such as rhonchi and crepitations bilaterally. Other systemic examinations were unremarkable.

A provisional diagnosis of volume overload status with a rare etiology was considered, and the patient was started on diuretics, and routine investigations along with CT aortography were advised. Computed tomography aortography findings: The CT aortography showed smooth mural thickening in various arteries, including the right brachiocephalic, carotid, subclavian, ascending arch, abdominal aorta, and superior mesenteric artery, extending into the common carotid arteries. These findings were suggestive of type V TA. Additionally, a
Abstracts: Free Papers - Platform Presentation (APICON-2024)

Introduction: Immunoglobulin G4-related disease (IgG4-RD) is a novel, relatively enigmatic autoimmune condition characterized by chronic infiltration, atopic features, and vasculitic manifestations. The rarity and diverse clinical presentations make diagnosing this condition challenging.

A 40-year-old male from Mali, with a history of epilepsy, presented with sub-acute progressive abdominal pain that radiated to the back. Ten days later, he experienced an acute onset of fever with chills and rigors. His review of systems revealed significant weight loss and obstructive urinary symptoms. Upon admission, his pain score was 8 out of 10. Vital signs were normal, and abdominal examination showed diffuse tenderness without peritoneal signs or distention; bowel sounds were normal. Initial investigations indicated markedly elevated inflammatory markers and multifactorial anemia, while other parameters were within normal limits.

To assess the abdominal pain further, a contrast-enhanced computed tomography (CECT) of the abdomen and pelvis revealed multiple soft tissue masses surrounding the aorta, inferior vena cava (IVC), and left ureter. Given the multiple soft tissue lesions, a CT-guided biopsy was performed. Samples were sent for mycobacterial studies, immunohistochemistry, and cytology. However, the pathology department deemed the current specimen inadequate, recommending a surgical biopsy. A whole-body positron emission tomography (PET) scan showed no lymphadenopathy or vasculitis. Despite this, due to the presence of multiple soft tissue masses, a tissue diagnosis was deemed crucial in identifying this elusive disease.

Consequently, an exploratory laparotomy was performed. The diagnosis was deemed crucial in identifying this elusive disease due to the presence of multiple soft tissue masses, a tissue scan showed no lymphadenopathy or vasculitis. Despite this, the current specimen inadequate, recommending a surgical procedure. The patient received treatment involving analgesia, steroids, and other supportive measures. Steroids were administered in pulses, followed by a gradual taper based on clinical response. During follow-up, the patient responded positively to therapy, experiencing no further abdominal pain.

Conclusion: This case underscores the varied manifestations of this rare and emerging autoimmune disorder. It may also aid in fostering tolerance for atypical presentations in clinical medicine.

Study of Comorbidities and Extraarticular Manifestations in Patients of Rheumatoid Arthritis and Their Prevalence with Seropositivity

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Introduction: Rheumatoid arthritis (RA) patients face an elevated risk of developing extraarticular manifestations (EAM) affecting the integumentary, hematological, neurological, and cardiovascular systems, contributing to heightened morbidity and mortality rates. This study investigates the prevalence of comorbidities in RA, specifically examining their occurrence concerning rheumatoid factor (RF) and anticyclic citrullinated peptide (anti-CCP) positivity. Additionally, it explores EAM in patients with positive serology compared to those with negative serology and their correlation with disease severity assessed via disease activity score 28 based on erythrocyte sedimentation rate (DAS 28-ESR) scores.

Materials and methods: A retrospective analysis evaluated 217 RA patients within a 2-year span at a tertiary care hospital. Classification was based on the 2010 American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) criteria. DAS 28-ESR scores were used for joint assessment and calculation, and patient records documenting comorbidity histories were reviewed.

Observations: Among the 217 patients, the average age was 54 years, with 84.1% testing positive for serology, predominantly among females. Prevalent comorbidities included vitamin D deficiency (51.2%), hypertension (35%), hypothyroidism (31.4%), diabetes mellitus (24.7%), osteoarthritis (16.1%), and osteoporosis (10.6%). Notable extraarticular manifestations encompassed anemia of chronic disease (50.7%), keratoconjunctivitis sicca (9.2%), interstitial lung disease (7%), vasculitis (5.1%), and rheumatoid nodules (0.4%). Seropositive individuals exhibited higher rates of comorbidities and EAM compared to their seronegative counterparts. Both RF and anti-CCP positivity correlated with increased rates of all comorbidities, surpassing single seropositivity. Elevated prevalence was observed in cases of anemia of chronic disease, Sjogren’s syndrome, rheumatoid nodules, interstitial lung disease, and vasculitis among these patients. Evaluation using DAS 28-ESR revealed that patients with a greater number of comorbidities and EAM showed heightened disease activity and lower probabilities of achieving remission.

Conclusion: A notable proportion of RA patients experienced EAM, significantly influencing their disease prognosis. Consequently, early identification and prompt treatment are pivotal in mitigating mortality risks.

Neutrophil to Lymphocyte Ratio as a Predictor of Severity of Inflammation in Rheumatoid Arthritis

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Introduction: Rheumatoid arthritis (RA) stands as an inflammatory autoimmune condition characterized by systemic involvement and an unknown etiology. The neutrophil-to-lymphocyte ratio (NLR), recognized as a sensitive inflammation marker, holds the potential for predicting inflammation severity in RA.

Material and methods: This prospective analytical study enrolled 29 (n = 29) patients diagnosed with rheumatoid arthritis, meeting the ACR/EULAR 2010 criteria, aged ≥ 18 years, and attending the Department of Medicine and Rheumatology Clinic at Kalinga Institute of Medical Sciences, Bhubaneswar over 3 months. NLR was correlated with markers of inflammation severity, assessed through DAS 28 score, using linear regression.

Results: Among the 29 patients, the male-to-female ratio was 14:5, with a mean age of 52.9 ± 11.076. The predominant age group was 41–60 years. Most patients fell into the moderate and high disease activity categories according to the DAS-28 (ESR) score. The mean neutrophil counts were 5,733, 76,33, 86,0 and mean lymphocyte counts were 28,5, 20,1, 11,1, with mean NLR at 2,434, 4,04, 5,4 in the low, moderate, and high disease activity groups, respectively. The mean N: L ratio was 5,73 ± 4,05, and the mean DAS 28 (ESR) score was 3,93 ± 1,23. A strong positive correlation between NLR and DAS 28 (ESR) was evident, with an AUC of 0.92 (confidence interval—0.81–1.00; p = 0.008), a sensitivity of 77.8, and a specificity of 95.0%.

Conclusion: The NLR shows promise as a surrogate marker for disease activity in rheumatoid arthritis, supplementing DAS-28 scoring and other established scales. Its accessibility and simplicity position NLR as a potentially valuable addition to validated scoring systems, enhancing the sensitivity and specificity of clinical assessments for disease activity.

From the Masses to the Leniess: A Case Report
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Introduction: Immunoglobulin G4-related disease (IgG4-RD) is a novel, relatively enigmatic autoimmune condition characterized by chronic infiltration, atopic features, and vasculitic manifestations. The rarity and diverse clinical presentations make diagnosing this condition challenging. High-resolution CT scan of the thorax revealed rheumatoid arthritis-associated interstitial lung disease.

Discussion and conclusion: Takayasu arteritis (TA) is an uncommon rheumatic disease that might develop as a complication of chronic autoimmune inflammatory conditions like rheumatoid arthritis. This case emphasizes the importance of monitoring RA patients with extraarticular manifestations for the potential development of occlusive arterial involvement such as TA. It highlights the need for proper patient and caregiver counseling and emphasizes the significance of prompt and effective management of rheumatoid arthritis to prevent life-threatening complications like rheumatoid vasculitis.
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MSD Harshita, S Sreenivas

81. A Study on Myocardial Perfusion Using Single Photon Emission Computed Tomography for Risk Prediction in Asymptomatic Patients with Type 2 Diabetes Mellitus
Sai Supriya Prabhu, Shashidhar Subraman Menon, Prabhu K, Paranthaman P, Pradeep Kumar M

82. Unusual Presentation of Aortic Dissection as Enterocolitis and Acute Myelopathy
Rinsha P
TD Medical College, Alappuzha, Kerala, India

83. An Interesting Case of Chest Pain
Sunita Ashokkumar

84. Unrepaired Tetralogy of Fallot at 61 Years: Defying the Odds, a Unique Case with Secondary Polycythemia
Susmita Das, Lalit P Meena, Deepak, K Gautam, Arun K Singh
Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

85. Myocardial infarction after Reactive Thrombocytosis Episode
Abhishek Kumar, PK Agarwal
Kathir Medical College, Kathir, Bihar, India

86. A Rare Case Report of Right Atrial Thrombus in a Patient with Pulmonary and Venous Thromboembolism Secondary to Protein S Deficiency
V Narayana Murthy, Sai Raksha, CH Moulnaka, Durvi Devi, VR Mohan Rao
Chettinad Hospital and Research Institute, Kakinada, Andhra Pradesh, India

87. The Significance of Liver Transaminases (Aspartate Aminotransferase and Alanine Aminotransferase) and De Ritis Ratio in Newly Diagnosed Acute Myocardial Infarction
Drupa D Shetty
AJ Hospital and Research Centre, Mangaluru, Karnataka, India

88. Case of Isolated Pulmonary Valve Infective Endocarditis
K Subrahmanyam Shetty, Uday Nayak, Pranayma Jain, Milan Pratipal, Rashmi Rao
AJ Institute of Medical Sciences and Research Centre, Mangaluru, Karnataka, India

Critical Care Medicine

1. Evaluation of Scaras Score (Sequential Organ Failure Assessment Score) in Hospitalized Patients with Sepsis
Satyaki Mitra, SS Chatterjee, T Chatterjee
Ramakrishna Mission Seva Prasthal, Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

2. Does Bacteremic Sepsis Carry High Morbidity and Mortality Compared to Nonbacteremic Sepsis: A Prospective Case Control Study
Tanmay Pursat, H Das

3. Correlation between Neutrophil and Lymphocyte Ratio and Sepsis Severity in Bacterial Infection with Elevated Inflammatory Markers (CRP and Procalcitonin)
Maheswaran S, Bidumath P L
Aster CMI Hospital, Bengaluru, Karnataka, India

4. Lactate Levels as a Prognostic Marker for Sepsis in ICU Patients
Akansha, Ashwini Chauhan, B K Agrawal, J John, B RV Chandra Sekhar, Ayush
MIM Institute of Medical Sciences & Research, Maharishi Markandeswara (Deemed to be University), Ambala, Haryana, India

5. New Onset Thrombocytopenia as a Prognostic Marker in Critically Ill Patients
Karina Bisnoffi, Dinsha
Kasturba Medical College, Manipal Academy of Higher Education (MAHE) (Deemed to be University), Manipal, Karnataka, India

6. Comparison of Sodium Levels Estimated by Blood Gas Analyzer and Laboratory Autoanalyzer in Patients with Hyponatremia
Vivek Hari, M Chakrapani

7. Hyponatremia as a Predictor of Mortality in ICU Patients with Sepsis: A Clinical Study
Basavchetan Hosale, Shubham Chaudhary
Diabetes

1. Prevalence of Cardiac Autonomic Neuropathy in Type II Diabetes Mellitus
   Linda P Johnson, R Shangumugasundaram, Pravin Selvam, Prasanna Vinayak, Vineyak Mission's Kirupananda Vayu Medical College, Salem, Tamil Nadu, India

2. A Study on Autonomic Dysfunction in Type 2 Diabetes Mellitus with Peripheral Neuropathy
   Suby Kuriakose, Anuj Singhal, Naren Bansa, Rajat Shukla, Shivaprasad B, Rajesh Senu
   V J Institute of Medical Sciences and Research Centre, Mangaluru, Karnataka, India

3. Evaluation of Incidence of Impaired Fasting Glucose in Morning Walkers in Pali (Rajasthan)
   Niraj Lodha

4. Comparison of Carotid Intima Media Thickness and Diabetic Retinopathy in Patients of Type II Diabetes Mellitus
   Vaidhav Bine, Shailem A Mane
   DY Patil Medical College, DY Patil Education Society

5. Cardiac Autonomic Neuropathy and Its Association with Peripheral Vascular Disease in Patients having Type II Diabetic Mellitus
   Shubhankar Nazir, Rajesh Khylapla
   Dr Patil Medical College, DY Patil Education Society

6. Subclinical Cardiac Autonomic Dysfunction in Prediabetes: Heart Rate Variability Study
   Pemmasani Sai Hrudh, M.S. Siddiqua, I. Khandelwal,
   Department of Physiology, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

7. Role of Proper Counseling in Prevention of Genitourinary Tract Infections in Elderly Patients with Type 2 Diabetes Mellitus Treated with SGTL2 Inhibitors: A Case Control Study of 44 Patients
   Nishinda Kinjal

8. New Onset Type 2 Diabetes Mellitus in Post-COVID-19 Cases: 12 Cases in a Retrospective Study
   Nishinda Kinjal

9. Evaluation of the Effectiveness of Dose Combination of Nortriptyline-Pregabalin vs Duloxetine-Pregabalin in the Treatment of Painful Diabetic Peripheral Neuropathy in a Tertiary Care Hospital in North India
   Harsun Abbas, Muhammad Beg, Harmid Ashraf
   Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

10. A Pan-India Study on Prevalence of Prediabetes and Diabetes Mellitus based on Corporate Annual Health Check Reports from Digital Healthcare Services
    Gowri Kulkarni, Ashok A, Prabhakar A
    Medibuddy

11. Agensis of Distal Pancreas with Diabetic Ketoacidosis
    Deepawati Munkhia, Bikashpatro R, SR Sinivas
    Katkapally Medical College, Warangal, Telangana, India

12. Diabetic Sirotopathy: An Unusual Presentation of a Common Disease
    Haritha Mukkala, Sanjay K, Anish Reddy, Pavan Kumar Chalana
    Amanada Rao Institute of Medical Sciences, Khammam, Telangana, India

13. Study of Correlation of NLR with Diabetic Nephropathy in Patients with Type 2 DM
    Yash Modi, N K Gupta
    Pacific Institute of Medical Sciences, Udaipur, Rajasthan, India

14. A Study on the Significance of Fasting Serum Uric Acid Levels and Its Correlation with Fasting Blood Sugar Levels in Diabetic Patients Admitted in Government Tertiary Care Hospital
    Senthil Kumar, D. A. Shalak Sulamani Meenan, M Pradeep Kumar, BB Mathai
    Medical College, Kottayam, Kerala, India

15. Young Diabetes Mellitus with Coronary Artery Disease without Microvascular Complications
    Mohit Garg, Pankaj Kumar Jain, Raviktant Nandkumar Singh Chouhan
    Government Medical College, Bhopal, Madhya Pradesh, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India

16. An Interesting Case of Type 1.5 DM (LADA)
    Gugloth Swamy, Narmada Lakshmi

17. Uncontrolled Diabetes Mellitus Presenting as Isolated Abducenters Neural Palsy
    Dhruv Madaan, Narmada Lakshmi
    KLES Dr Prabhakar Hospital & Research Centre, Belgaum, Karnataka, India

18. Correlation between C-Reactive Protein and Glycemic Control in Adults with Type 2 Diabetes Mellitus
    Srivathsaa
    Mysore Medical College and Research Institute, Mysuru, Karnataka, India

19. Evaluation of Thyroid Dysfunction in Patients with Type 2 Diabetes Mellitus in a Tertiary Care Hospital
    Subhala Das
    Medical College, Kottayam, Kerala, India

20. Study of Left Ventricular Diastolic Dysfunction as an Early Predictor of Cardiovascular Disease in Diabetes Mellitus Patients
    Pranayaparimata Mohanty, MK Mohapatra
    Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India

21. Real-world Effectiveness Study of Vildagliptin-sustained Release Formulation in Eastern Region of Indian T2DM Patients: Post Hoc Analysis of Novelty Study
    Debashish Maji, R Sahay, S K Sharma, N Zalte, A Sugumar
    Ramakrishna Mission Seva Pratishthan, Kolkata, West Bengal, India

22. Real-world Effectiveness Study of Vildagliptin-sustained Release Formulation in Southern Region of Indian T2DM Patients: Post Hoc Analysis of Novelty Study
    Rakesh Sahay, S K Sharma, A Bhansali, N Zalte, A Sugumar
    Osmania Medical College & Hospital, Hyderabad, Telangana, India

23. Real-world Effectiveness Study of Vildagliptin-sustained Release Formulation in Northern Region of Indian T2DM Patients: Post Hoc Analysis of Novelty Study
    Anil Bhansali, D Maji, R Sahay, N Zalte, A Sugumar
    Gini Health, Chandigarh, India

24. Real-world Effectiveness Study of Vildagliptin-sustained Release Formulation in Western Region of Indian T2DM Patients: Post Hoc Analysis of Novelty Study
    S K Sharma, A Bhansali, D Maji, N Zalte, A Sugumar
    Galaxy Specialty Centers, Kerala, India

25. Physician Preference on Medium for Patient Education for Diabetes Management in India
    Rahul Iyer, Ramsh Saboo, Mamaj Chawla, Rishi Shukla, Debasish Basu
    Cipla Limited, Cipla House, Mumbai, Maharashtra, India

26. Study of Association of Nonalcoholic Fatty Liver Disease in Patients with Diabetes Mellitus
    Bodded Sri Sai, Sridhar Barik, S K Sharma, A Priyadarshini Sura
    Kalinga Institute of Medical Sciences (KIMS), Kalinga Institute of Industrial Technology (KIIT) (Deemed to be University), Bhubaneswar, Odisha, India

27. Role of Twice Daily Triple Drug FDC of Remogliflozin Metformin and Vildagliptin (RMV) in Management of Uncontrolled Type 2 Diabetes Mellitus Indian Patients
    Sumit Bhusan, Abhijit Mane, Rajat Gadkari, Saprasad Patil, Harman Barkate

28. Role of Insulin Resistance in Metabolic Dysfunction Associated Steatotic Liver Disease (MSALD) in Type 2 Diabetes Mellitus: Retrospective Study
    Dileepshooy Goyal, IPP Rao, Biju S Jay, Sarada Priyadarshani Sura
    Kalinga Institute of Medical Sciences (KIMS), Kalinga Institute of Industrial Technology (KIIT) (Deemed to be University), Bhubaneswar, Odisha, India

29. Is Sweet Tooth a Reality in Diabetes? A Study on Gustatory Assessment of Dysglicemics Voottii Sai Akshith, Arun S
    Kasurtha Medical College, Manipal Academy of Higher Education, Manipal, Karnataka, India

30. Nonalcoholic Fatty Liver Disease Associated with Aortic Valve Sclerosis in Patients with Type II Diabetes Mellitus
    Bharath N, Mansa AS Gowda
    Kempegowda Institute of Medical Sciences (KIMS), Bengaluru, Karnataka, India

31. Prevalence of Vitamin B12 Deficiency and Clinical Neuropathy with Metformin Use in Type II Diabetes Mellitus Patients
    Srijanees Das, Patil P
    Jawaharlal Nehru Medical College, KLE Academy of Higher Education and Research (Deemed to be University), Belagavi, Karnataka, India

32. Utility of Heart Rate Variability, Postural Hypotension, and QTc Interval in Identifying Cardiac Autonomic Neuropathy in Diabetes Mellitus and Estimating Its Association with Peripheral Neuropathy
    Srijanees Das, Patil P
    Jawaharlal Nehru Medical College, KLE Academy of Higher Education and Research (Deemed to be University), Belagavi, Karnataka, India

33. Prevalence of Prediabetes among Contract Workers in NTPC Coal Mining Project, Jharkhand
    Kabiradas Padhan, Anand Prakash, P Sukumar Reddy, Saran S
    NTPC Hospital, Coal Mining Project, Hazaribagh, Jharkhand, India

34. Association of Microalbuminuria with Left Ventricular Dysfunction in Type 2 Diabetes Mellitus
    Anoopkumar Ashok Hiremala, HD Ramachandra Prabhu
    Kempegowda Institute of Medical Sciences (KIMS), Bengaluru, Karnataka, India
35. Prevalence of Nonalcoholic Fatty Liver Disease in Type 2 Diabetes Mellitus and Its Correlation with Microvascular Complications of DM
Shubham Deshpande, Samiki Das, Shubhramani Patro
Kalinga Institute of Medical Sciences (KIMS), Kalinga Institute of Industrial Technology (KIIT) (Deemed to be University), Bhubaneswar, Odisha, India

36. Serum Ferritin Levels: A Marker of Glycemic Control in Type 2 Diabetes Mellitus
Aditya S Agarwal, Sanjay Kumar
Lady Hardinge Medical College, Delhi, India

37. Public Knowledge Awareness of Diabetic Retinopathy in Urban Population in a Tertiary Care Centre in North India
Baljeet Singh, Akhil Tickoo, Sanju Choudhury
Government Medical College, Jammu, Jammu and Kashmir, India

38. Effect of Diabetes Mellitus on Cognitive Impairment and Disability in Patients of Heart Failure
Chinmay Pishawikar, Shrima R Sharma
DY Patil Medical College, DY Patil Education Society (Institution Deemed to be University), Kolhapur, Maharashtra, India

39. Attenuated Brain-derived Neurotrophic Factor and Depression in Type 2 Diabetes Mellitus Patients: A Case-control Study
Prem Kapur, Sunil Kohli, Rizwana Parveen, Nidhi Bhilar Agrawal
Hamdard Institute of Medical Sciences & Research (HIMS) & Hakeem Abdul Hameed Crescentary Hospital, Delhi, India

40. Striatal Surprises: Unveiling Diabetic Striatopathy
Yashwanth Kumar Kola, G Balasar, S Premasagar Osman Medical College & General Hospital, Hyderabad, Telangana, India

41. To Study Iron Profile in Diabetes Mellitus and Its Relation with Hba1c
Nupur Bhadana, Ashok Kumar, Prabhoj Singh
Santosh Medical College & Hospital, Ghanaghat, Uttar Pradesh, India

42. Pattern of Stroke in Diabetics
IV Sahitya Madhuri, Lingaraj Lature
MNR Medical College and Hospital, Sangareddy, Telangana, India

43. Association of Monocyte Count to HDL Cholesterol Ratio with Diabetic Retinopathy
A S Suresh Kumar, Kiran Meti, Gam Gagat Institute of Medical Sciences, Gagat-Betageri, Karnataka, India

44. Anemia in Type 2 Diabetes Mellitus: A Case Series
Rajath Fatima S, Saravana T
PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

45. Assessment of Depression in Patients of Diabetes Mellitus
Abhishek Ranjan, Anupam Prakash
Lady Hardinge Medical College, Delhi, India

46. Dancing with Diabetes: An Unusual Case of Chorea
Kalaaj Institute of Medical Sciences, Srinagar, Jammu and Kashmir, India

47. Study of Diabetic Ketoacidosis with Special Reference to the Biochemical Prognostic Marker: Red Cell Distribution Width to Serum Albumin Ratio
Komal Vannali Krishna, Yogitha C
Kempuigovida Institute of Medical Sciences (KIMS), Bengaluru, Karnataka, India

48. Study of Profile of Anemia in Patients with Type 2 Diabetes Mellitus
S Sai Sreya, Pratima Raj, Rina Babu, D Prashanth
Government Medical College, Nizamabad, Telangana, India

49. Posttransplant Diabetes Mellitus
K Gautam, Samuel Dinesh, Senthil Priyan
MAK Medical College, Kolhapur, Maharashtra, India

50. Study of Association between Liver Enzymes and Hba1c in Type 2 Diabetes Mellitus
Baby Shailaja R M, Rangaswamy
Mysore Medical College and Research Institute, Mysuru, Karnataka, India

51. Diabetic Striatopathy: A Rare Condition and Diagnostic Dilemma
Tankaasla GANGARAM, Meenakshi Sundari
SRM Medical College and Hospital Research centre, Chennai, Tamil Nadu, India

52. Body Composition Analysis of Nonobese and Obese Type 2 Diabetes Mellitus Patients
Neeraj Chaudhary, Anupam Prakash, Shubha Laxmi
Mardige, Mubad Foundation, Mumbai, Maharashtra, India

53. Diabetic Decompensation: A Precipitant for Wernicke Encephalopathy
Devakonde Ashok Chakravarty, A Suryakishmi Gayatri Vidyaparidash
Institute of Health and Medical Technology, Dr YSR University of Health Sciences, Visakapatnam, Andhra Pradesh, India

54. The Ratio of Triglycerides to HDL-Cholesterol: Is it a Novel Cost-effective Marker of Insulin Resistance in Type 2 Diabetes Mellitus? A Cross-sectional Study
Naren A RM, Sunil K K, Pavani A
Mysore Medical College and Research Institute, Mysuru, Karnataka, India

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Preeti Mahajan and M V Khuda, S Priyadarshini, V Rohatgi, M Mahajan
Max Institute of Medical Excellence, Delhi, India

56. To Study the Relationship between Microalbuminuria and Glycemic Control in Type 2 DM
Jaldu Krishna Pavan

57. Relationship between Vitamin D and Hba1c Levels in Individuals with Type 2 Diabetes in a Tertiary Care Center
Prem Chauhan LB

58. Association of Microalbuminuria with Hba1c in Patients of Type 2 DM
Ravi Kumar N, Jagdheep G
Gadag Institute of Medical Sciences, Gadag-Betageri, Karnataka, India

59. High or Low dose of Glimepiride as Add-on to Metformin has Similar Glycemic Variability in Type 2 Diabetes Mellitus
Manas Das

60. Correlation between Glycosylated Hemoglobin and Dyslipidemia in Type 2 Diabetes Mellitus Patients
Pankaj Kumar Jain, Mohit Garg, Chakresh Jain
Nandkumar Singh Chauhan Government Medical College, Khadwa, Madhya Pradesh, India

61. QT Prolongation in ECG in Type 2 Diabetes Patients and Its Correlation to Hba1c Levels
Kishan Mahatma, Pranjal Panjka, Shrawan Kumar, Archana Krishna, Shweta Tripathi
Rama Medical College & Hospital Research Centre, Hapur, Uttar Pradesh, India

62. Charcot Neuropathic Osteoarthropathy in a Nondiabetic Patient
Karuturi Deepak

63. Prevalence of Diabetic Distress and its Correlation to Glycemic Control in Type2 DM Patients
Gutt Prasanth
Santosh Medical College & Hospital, Ghazibad, Uttar Pradesh, India

64. Effect of Positive Psychological Factors on Hba1c in Type 1 Diabetes Mellitus
Akhil Tickoo

65. A Study of Prevalence of Diabetes Mellitus, Prediabetes and Cardiometabolic Profile among Rural Population in South India
M Krishna Sahi Reddy

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Kundavaram Shikara Reddy, Uma M A
PES Institute of Medical Sciences and Research, Kumpur, Andhra Pradesh, India

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Gutt Prasanth
Santosh Medical College & Hospital, Ghazibad, Uttar Pradesh, India

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M Krishna Sahi Reddy

70. A Study of Correlation between Serum Testosterone Level and Penile Blood Flow in Male Diabetic Patients with Erectile Dysfunction
Kishor Kumar, PK Baghel, Mahen A Ti!kar, BS Deepankar
Shyam Shah Medical College, Sanjay Gandhi Memorial Hospital, Rewa, Madhya Pradesh, India

71. Correlation of Postprandial Lipid Profile with Glycosylated Hemoglobin (HbA1c) Levels in Type 2 Diabetes Mellitus
Chetan Solanki, Mahen A Ti!kar, DK Mahiya, Pranesh Gupta
Shyam Shah Medical College, Sanjay Gandhi Memorial Hospital, Rewa, Madhya Pradesh, India

72. Association of Dyslipidemia with Hba1c in Diabetic Smoker Patient Admitted in Tertiary Care Center of Vindhya Region
Mamidi Dinesh, PK Baghel, Mahen A Ti!kar, BS Deepankar
Shyam Shah Medical College, Sanjay Gandhi Memorial Hospital, Rewa, Madhya Pradesh, India

73. Exploring the Interplay of Dyslipidemia and Diabetes Mellitus: A Cross-sectional Study to Determine Prevalence of Dyslipidemia in Patients with Type 2 Diabetes Mellitus
Akhay Jain

74. Vitamin D Deficiency in Diabetic Neuropathy
Santosh Bendawade, Harom Gupta, Umesh Pratap Singh
Shyam Shah Medical College, Sanjay Gandhi Memorial Hospital, Rewa, Madhya Pradesh, India

75. Study on Nonalcoholic Fatty Liver Disease as a Risk Factor for the Development of Diabetic Nephropathy in Patients with Type 2 Diabetes Mellitus
Brindha Andal, MH Umran, KS Kapoor, Ranjeet Singh
Shyam Shah Medical College, Sanjay Gandhi Memorial Hospital, Rewa, Madhya Pradesh, India

76. Mucormycosis in Diabetics and Nondiabetics
Kanyadara Roshan Tyae, Ajit Joshi, R Khyalappa
DY Patil Medical College, DY Patil Education Society (Institution Deemed to be University), Kolhapur, Maharashtra, India

77. Type 2 Diabetes Mellitus Complications and VEGF-A: Correlating the Two
S Mazavar, V Singh, A Singh, A Divakar, D Kishore
Institute of Medical Science, Banaras Hindu University, Varanasi, Uttar Pradesh, India

78. To Correlate the Glycosylated Hemoglobin with Newly Diagnosed Type 2 Diabetes Mellitus Patient Having Left Ventricular Diastolic Dysfunction
Bilal Ahmad Khan, Raveshra A, Vidyasagar CR
Sri Devaraj Urs Academy of Higher Education and Research (Deemed to be University), Kolar, Karnataka, India

79. Clinical Implications of Glyoxalase 1 Gene Polymorphism and Elevated Levels of the Reactive Metallopathy Metalloprotein in the Susceptibility of Type 2 Diabetes Mellitus in the Patients from Asir to Tabuk Regions of Saudi Arabia
Javed Iqbal Wani, Muhannad Alhuqayl, Mohammad Muzzaffar Mir, Rashid Mrl, Mushabab Ayed Abdullah Alghamdi
College of Medicine, King Khalid University, Abha, Saudi Arabia

80. Impact of Diabetes Mellitus and Obesity in Alcoholic Liver Cirrhosis
Lakwan Sakti D R, Prabhakar, Anitha
Sri Devaraj Urs Academy of Higher Education and Research (Deemed to be University), Kolar, Karnataka, India

81. Hypoglycemia-associated Autonomic Failure
Dhirajbharti S, Yogand
Combiatore Medical College and Hospital, Coimbatore, Tamil Nadu, India

82. Association of Mean Platelet Volume with Micro and Macro Vascular Complications among Patients with Type 2 Diabetes Mellitus: A Hospital-based Study
Zeeshan Farooqui, Anurag Chaurasia, Balena Shekhar Deepak
Shyam Shah Medical College, Rewa, Madhya Pradesh, India

83. To Study Prevalence of Depression in Diabetes Mellitus
Manoj Salaju, Priyanka Sangar, Ojas Dave, Jyash Arya
Government Medical College, Kota, Rajasthan, India

Endocrinology
1. Thyroid Disorders and Diabetes
Chama Reddy, Verda Reddy, Vishnu, Meghana Malla Reddy Institute of Medical Sciences, Suramal, Telangana, India
2. A Rare Case of SjÖDh in a Patient of Squamous Cell Carcinoma of Esophagus
Rishav Narayan, CB Sharma, RT Gura
Rajendra Institute of Medical Sciences (RIMS), Ranchi University, Ranchi, Jharkhand, India

3. Correlation between Hyposalivation and Metabolic Syndrome
Tung WY Sing, Arya, Vikki Singh, Subodh Prakash, Deepinder Singh
Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

4. Kanugula Sudheer, Mahendran, Seeda Chaitanya Sai Durga
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

5. Clinical Profile of Patients with Hypoglycaemia in a Tertiary Care Center in Central India
Kritika Pant, Vinay K Pandit, Amritdatei Ghosh, Pankaj Kumar Kannauje
All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

6. Thyrotoxic Periodic Paralysis—an Unusual First Presentation of Thyrotoxicosis and Weakness: A Case Report
Devang Sadawani, Harsh Vagadia, Aash N Shah, Vipul Prakash
GCS Medical College, Hospital and Research Centre, Gujarat University, Ahmedabad, Gujarat, India

7. Rare Case of Glomerulonephritis and Hypothyroidism with Coeliac Goiter in a Young Male Namala Achash Vinolia, Shannukh T Kalsal, Sehram Varghese
Aarupadai Veedu Medical College and Hospital, Vinyaka Missions Research Foundation (Deemed to be University), Pondicherry, India

8. A Rare Presentation of Thyrotoxicosis: Dilated Cardiomyopathy
R Rashmitha, Lingjaraj Lature
MNR Medical College and Hospital, (Deemed to be University), Thrissur, Kerala, India

9. A Rare Case of Autoimmune Polyendocrine Syndrome Type 2
Apoorva M, Soji N D, Government Tiruvannamalai Medical College and Hospital, Tiruvannamalai, Tamil Nadu, India

10. A Case of Hypocalcemic Cardiomyopathy
Praneetha A, A Ivan Jones
Kauvery Hospital, Trichy, Tamil Nadu, India

11. Hirata is Not a Peaceful Rice: Paddy Gulla
Kanalakshmi B, Paul Puthuman, Rama Rodriguez
Loureis Hospital, Ernakulam, Kerala, India

12. Urine-specific Gravity as a Predictor for Rate of Recovery of Sodium in Syndrome of Appropriate Antidiuresis
Koneru Sree Chowdary, Chakrapani M, Kasturba Medical College, Manipal Academy of Higher Education (MAHE) (Deemed to be University), Manipal, Karnataka, India

13. A Case of Vitamin D Deficiency with Hypocalcemia
Anuvantha S, G Dominic Rodrigue
Kauvery Hospital, Trichy, Tamil Nadu, India

Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

15. A Study of Serum Uric Acid and Serum Creatinine Levels in Hypothyroidism
Sanjeev Suma, S Moona Gopal
Mamata Medical College, Khammam, Telangana, India

16. A Case of Pituitary Hypoplasia due to Primary Hypothyroidism
Gaurav Bhasankar
Nalanda Medical College & Hospital, Patna, Bihar, India

17. Macroprolactina: A Missing Link between Headache and Amenorrhea
Sakal Das, Debaratik Bhart
RG Kar Medical College and Hospital, Kolkata, West Bengal, India

18. Hoffman’s Syndrome: A Rare Manifestation of Hypothyroid Myopathy
Abhishek Ray
Nalanda Medical College & Hospital, Patna, Bihar, India

19. Stones, Bones, Abdominal Moans, and Psychic Groans Nishanth
Bangalore Baptist Hospital, Bengaluru, Karnataka, India

20. A Study on Thyroid Disorders in Adults with Diabetes Mellitus
T Haritha Reddy, Hanababu, Ramana Murthy
GSL Medical College & General Hospital, Rajahmundry, Andhra Pradesh, India

21. Rathke’s Cleft Cyst: A Case Report
Anjali John, Raker SV, Shibu Prasad, Awnikumar S
De Somerville Memorial CSI Medical College, Trivandrum, Kerala, India

22. An Intriguing Case of Hypercalcaemia
Navin James, Jerry Erali, Sareaen Gikaz, Joe Thomas
Jubilee Mission Medical College & Research Institute, Thrissur, Kerala, India

23. Water Everywhere, Won’t Let the Patient Sleep: A Case Study of Central Diabetes Insipidus
Manohar, S Pawan, V Kumar, B Batheja, C Singh
Government Medical College, Patiala, Punjab, India

24. Conn’s Syndrome with Refractory Hypokalemia and Consequent Hypokalemic Myopathy
Madhusudhan Rao RajuRajaiswari Medical College and Hospital, Bengaluru, Karnataka, India

25. Congenital Hypothyroidism-related Spondolyloepiphyseal Dysplasia: A Case Study before and after Treatment
Kaynat Khan Din, Hamid Ashraf, Ahsan Ahmad
Aligarh Muslim University, Aligarh, Uttar Pradesh, India

26. A Vivid Spectrum of Hypothyroid Complications in a Patient Malavika Menon, Anjula Jose, Melvin Joy
Sree Narayana Institute of Medical Sciences, Ernakulam, Kerala, India

27. Neuropsychiatric Manifestation of Addison’s Disease: A Rare Clinical Presentation
Prayashi Patowary

28. Study of Anemia in Patients of Primary Hypothyroidism
Isha Desai, navyang Angadi
Jawaharlal Nehru Medical College, KLE Academy of Higher Education and Research (Deemed to be University), Belagavi, Karnataka, India

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Bharathi G, Sunethra Muralidhar, Dr Neha Agarwal
Healthworld Hospitals, Durgapur, West Bengal, India

30. A Case of Secondary Adrenal Insufficiency
J Ravir Shankar

31. A Case of Unusual Presentation of Parathyroid Adenoma as Cholecytitis with Sepsis
Pavan Krishna H. Singh Amardeep, Singh Arshdeep
Indian Army Hospital, Mathura, Uttar Pradesh, India

32. A Young Lady with Incapacitating Bony Pains
Mayank Mundada, Anand N Patil
Indian Army Hospital, Mathura, Uttar Pradesh, India

33. A Rare Case of Secondary Adrenal Insufficiency
J Ravir Shankar

34. A Case of Thyrotoxicosis and Weakness: A Case Report
Deang Sadawani, Harsh Vagadia, Aash N Shah, Vipul Prakash
GCS Medical College, Hospital and Research Centre, Gujarat University, Ahmedabad, Gujarat, India

35. A Cross-sectional Study to Estimate the Prevalence and Spectrum of Thyroid Dysfunction in Patients with Metabolic Syndrome
Mukhdoom Rakhshan Jameel Qureshi, Ajanta Ray
Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

36. A Case of Macro Prolactinoma Presenting as Syndrome of Inappropriate Anti-diuretic Hormone Secretion
Jaisunder B. Samuel Dinesh A, Senthil Priyan K, Deepika S
Madras Medical College, Chennai, Tamil Nadu, India

37. A Case of Fahr’s Syndrome due to Hyponormaltehydrotic Thrombocytopeny
V Chandrasekhar, Rajan Kumar, K Mahesh
Kakatiya Medical College, Warangal, Telangana, India

38. A Case of Hypothyroidism due to Hypoparathyroidism
Anushree R, A. V. Apeksha
Kasturba Medical College, Kasturba Medical College, Manipal, Manipal Academy of Higher Education (MAHE) (Deemed to be University), Manipal, Karnataka, India

39. Thyroid Profile Status in Type 2 Diabetes Mellitus Patients
Vaishali Madan, Nikhil Gupta, Subodh Prakash Kataria, Naina Pal, Ila Pahuja
Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

40. A Study of Thyroid Function Status in Patients Admitted in Intensive Care Unit in a Tertiary Care Center
T Lasya Sindhu, MV Sekhar Reddy, B Lakshmi Nageswari, MSD Harshita
GSL Medical College & General Hospital, Rajahmundry, Andhra Pradesh, India

41. Deficient Harmony: A Case Series of Hypogonadotropic Hypogonadism
T B Umadevi, TS Santhi, Prasad, Diwakaralakshmi, Akansas Ajith
Institute of Internal Medicine, MAAS Medical College

42. Primary Adrenal Insufficiency: Diagnosis and Treatment
Chandini Jayakumar
SRM Medical College Hospital and Research Centre, Chennai, Tamil Nadu, India

43. Thyrotoxic Periodic Paralysis: An Unusual First Presentation of Thyrotoxicosis and Weakness: A Case Report
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GCS Medical College, Hospital and Research Centre, Gujarat University, Ahmedabad, Gujarat, India

44. A Case Series of Thyroid Dysfunction in Patients with Metabolic Syndrome
Mukhdoom Rakhshan Jameel Qureshi, Ajanta Ray
Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

45. Hypoglycemic Enigma: Insulin Autoimmune Syndrome
Anisha S Bargar, Sanjyot Guhane, Deep Rawal
Hindhuadhyayinam Balsaheb Thackrey Medical College (HBTMC) and Dr Bostooki Cooper Municipal General Hospital, Mumbai, Maharashtra, India

46. A Study on Response of Glycosylated Hemoglobin Levels in Nondiabetic Hypothyroid Patients with Thyroid Dysfunction
Dhakal Aryal, Gajendra, Prajapati
Healthworld Hospitals, Durgapur, West Bengal, India

47. A Case of Thyrotoxicosis and Weakness: A Case Report
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48. A Case of Thyroid Dysfunction in Patients with Metabolic Syndrome
Mukhdoom Rakhshan Jameel Qureshi, Ajanta Ray
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49. No Obvious Symptoms in Acute (Eltroxin) Thyroxine Hypothyroidism
Deepinder Singh

50. A Case of Thyroid Dysfunction in Patients with Metabolic Syndrome
Mukhdoom Rakhshan Jameel Qureshi, Ajanta Ray
Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

51. A Case of Basal Ganglia Calcification with Hypocalcemia: A Rare Manifestation of Primary Hypoparathyroidism
Anagha P Rao, Ishwar S Hasabis
Karnataka Institute of Medical Sciences, Hubballi, Karnataka, India

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C Harini, K Subramanyam, R Kithanka, Ajay Dev, Uthayalini
SRM Medical College Hospital and Research Centre, Chennai, Tamil Nadu, India

53. No Obvious Symptoms in Acute (Eltroxin) Thyroxine Poisoning
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54. Persistent Hiccup: Rare Presentation of Graves’ Disease
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55. When Less Means More, Look Around Insulin Secreting Net in Duodenum Presenting with Cushingoid Features
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St. Philomena’s Hospital, Bengaluru, Karnataka, India

56. Kocher–Debre–Semplaigne Syndrome
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Raipur Institute of Medical Sciences, Raipur, Chhattisgarh, India
57. Hidden Threat Pheochromocytoma Unmasked in a Hypertensive Women
K Narisima, Shrvan Kumar, S Prem Sagar
Osmania Medical College & General Hospital, Hyderabad, Telangana, India

58. Association between Metabolic Syndrome and Thyroid Stimulating Hormone: A Cross-sectional Study
Gorle Balasundar, J Akkanika
Maharashtra’s Institute of Medical Sciences (MIMS), Vizianagaram, Andhra Pradesh, India

59. A Case Report of Pituitary Adenoma Presenting as Hypopitameric Periodic Paralysis
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Alluri Sitarama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

60. Hypopitameric Paralysis Secondary to Graves’ Disease
Gurusukanth Rao, Manoj, Meghana, Sheetal Sajoy
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61. Tracing the Sodium
M Balaji, J Yamuna, T Togandath
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62. Pseudo is Not Always Pseudo
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Coimbatore Medical College and Hospital, Coimbatore, Tamil Nadu, India

63. What the Mind Doesn’t Know, the Eyes Can’t See, Rare Case of (Hypothyroidism-induced) Encephalopathy: A Case Report
Aasha Singh
St Stephen's Hospital, Delhi, India

64. A Clueless Giant
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Coimbatore Medical College and Hospital, Coimbatore, Tamil Nadu, India

65. From Generalized Weakness to Nonfunctioning Pituitary Macroadenoma: A Case Report
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Tata Motors Hospital, Jamshedpur, Jharkhand, India

66. Occam’s Not Always Right: Delayed Diagnosis of Plummer–Vinson Syndrome in a Patient with Grave’s Disease
N Dantu, A Awarthi
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68. Surviving the Storm: Life-saving Plasma Exchange in Thyroid Storm Patient
Aditi Modi, Abhinav Shoor, Amit Madaan
SBL’s Civil Hospital, Jalandhar, Punjab, India

69. Evaluation of Thyroid Function Tests in Patients with Chronic Kidney Disease
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Sri Devaraj URS Academy of Higher Education and Research (Deemed to be University), Kolar, Karnataka, India

70. Hypothyroidism Presenting as Multiple Body Cavity Effusions
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Jaishottab Hospital & Research Centre, Mumbai, Maharashtra, India

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2. Peculiar Case of Upper Gastrointestinal Bleed Rizwan Iqbal

3. Deep Vein Thrombosis as the Initial Presentation of Crohn's Disease
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Bangalore Medical College and Research Institute, Bengaluru, Karnataka, India

4. Probiotics Prescription Pattern Assessment among Gastroenterologists, Gynecologists, and Internal Medicine Physicians in India: A Pilot Survey
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Panchal Gajanam, Pallewar SK, Chavan GG, Patel KD
Lupin Limited, Mumbai, Maharashtra, India

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Sayali Chaudhari, N Lakkundi, J Savai, K Mehta
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Rajagoparasan Medical College and Hospital, Bengaluru, Karnataka, India

T Nihal Munshi, T Nihal Muniah
S V Medical College and Hospital, Mahabubnagar, Telangana, India

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KPC Medical College & Hospital, Kolkata, West Bengal, India

16. An Unusual Presentation of a Prepyloric Perforation Meckala Dheeraj

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Dr Pranabrao Deshmukh Memorial Medical College, Amravati, Maharashtra, India

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Vinay Vardhan Maddna
SIRM Medical College and Hospital Research Centre, Chennai, Tamil Nadu, India

20. Pancytopenias as Rare and Initial Presentation in Newly Diagnosed Ulcerative Colitis
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21. A Rare Case of Bilary Peritonitis in Sickle Cell Disease
Elcita Rose Anto, John Christopher, Sheik Mohammed Raja, Mohammed Faizal Basheer
Government Medical College, Tiruvellai, Tamil Nadu, India

22. To Analyze the Clinical Features, Lab, Bacteriological Profile, and Outcome of Patients with Spontaneous Bacterial Peritonitis
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Usha Srinag Tappa
Lady Harding Medical College and Associated Hospitals, Delhi, India

24. Endoscopic Management for Failed Heller’s Myotomy in Achalasia Cardia
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GSL Medical College & General Hospital, Rajahmendravaram, Andhra Pradesh, India

25. Neutrophil Lymphocyte Ratio as Prognostic Marker in Assessing Acute Pancreatitis
Kotagiri Lasya, N Govuthum, K Arun
GSL Medical College & General Hospital, Rajahmendravaram, Andhra Pradesh, India

26. Outcome of EUS-guided Transaccoephalic Biopsy of Mediastinal Masses
Abhibaridy Veera Praneth Reddy, Govuthum Kumar Nudaparutu, Arun Karyampudi, M. Srihari Babu, Cheenamal Pravekula
GSL Medical College & General Hospital, Rajahmendravaram, Andhra Pradesh, India

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K Narisima, S Prem Sagar, Shrvan Kumar Osmania Medical College & General Hospital, Hyderabad, Telangana, India

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Ranjita Yatnalli, Anand Koppad
Karnataka Institute of Medical Sciences, Hubballi, Karnataka, India

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V Tyagi Gutek Singh
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Puchakayala Sai Pooppitha, Bhimasen Soren, Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

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Mandaji Sridhar, ME Mohan, Ravi Shankar MS, Shrvanjan RP, Santosh Kumar Pandey
BGS Global Institute of Medical Sciences (BGSIMS), Rajiv Gandhi University of Health Sciences (RGUHS), Kengeri, Bengaluru, India

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5. A Rare Case of Alpha-1 Antitrypsin Deficiency
R Umesh Naik, Ragaswamy
Mysore Medical College and Research Institute, Mysuru, Karnataka, India

6. A Rare Case of Heart Block: Kearns–Sayre Syndrome
Valluri Sai Ashwarya, J Harikrishan
Karnnemi Academy of Medical Sciences and Research Centre (KAMSRC), Hyderabad, Telangana, India

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B Lakshmi Nageswari

8. A Case of Challenging Chondrolysis
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1. Extranasal Presentation of Non-Hodgkin’s Lymphoma

2. Angioimmunoblastic T-cell Lymphoma (AITL) Presenting as PUO: A Case Report

3. A Case Series on Numb Chin Syndrome in Sickle Cell Disease

4. A Rare Case of Multiple Myeloma with Initial Presentation of Chronic Inflammatory Demyelinating Polyneuropathy

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6. A Case of Hypoiodidemic Ectodermal Dysplasia

7. A Case of Hematologic Syndrome and Comprehensive Geriatric Evaluation

8. A Case of Secondary Hemophagocytic Syndrome Presenting with Pancytopenia in Tertiary Care Center

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83. A Case of Numb Chin Syndrome in Sickle Cell Disease
12. Association of TGF-β1 Polymorphism and TGF-β1 Levels with Chronic Hepatitis C and Cirrhosis: A Systematic Review and Meta-analysis

13. Study of Hematological Abnormalities in Chronic Liver Disease

14. A Rare Case of Non-HFE-related Primary Hemochromatosis in Young Adult

15. A Clinical, Biochemical, and Radiological Correlative Study of Ascites with Special Reference to SNAG Snmriga Bommidreddi, Saihilu Klenqun GSG Medical College & General Hospital, Rajamahendravaram, Andhra Pradesh, India

16. Prognostic Value of Neutrophil to Lymphocyte Ratio for Prediction of Short-term Mortality in Acute on Chronic Liver Failure

17. Proportion of Hepatopulmonary Syndrome in Patients with Portal Hypertension

18. Study of Clinical Spectrum of Precipitating Factors of Hepatic Encephalopathy in Cirrhosis of Liver

19. QTc Prolongation in Patients of Hepatic Cirrhosis

20. Tip of iceberg in Chronic Liver Disease: A Case Series of AIP

21. A Rare Case of Acute Liver Failure

22. Unusual Case of Hapemegaly

23. Multiorgan Calcific Lesions: Diagnostic Dilemma

24. Correlation of Ascitic Protein with Spontaneous Bacterial Peritonitis in Chronic Liver Disease Patients

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27. Unveiling the Uncommon: A Case Report of Atypical Budd–Chiari Syndrome Presentation

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29. Autoimmune Hepatitis with Primary Biliary Cholangitis: An Overlap Syndrome

30. A Case Series on Clinical Profile of Auto-immune Hepatitis in Pregnancy and Outcome

31. Hepatic Dysfunction in Sickle Cell Disease in Western Odisha

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34. A Clinical Study of Subacut Bacillary Peritonitis in Patients with Cirrhosis of Liver with Ascites

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37. Renal Clues to Prognosis in Liver Cirrhosis, Intrarenal Resistive Index in Comparison with Hepatic Scoring System: A Descriptive Study

38. Sclerosed Ducts to Sclerosed Liver

39. A Study on ALT/LDH Ratio as a Prognostic Marker in Acute Liver Injury

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41. A Rare Case of ESS–DILI Syndrome

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49. Autoimmune Hepatitis with Primary Biliary Cholangitis: An Overlap Syndrome

50. A Case Series on Clinical Profile of Auto-immune Hepatitis in Pregnancy and Outcome
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1. Association between Serum Calcium and Magnesium in Hypertensive Patients
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2. Inappropriate Intensive Antihypertensive Treatment Resulting in Waterbed Infection: A Clinical Case Report
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3. To Assess Peripheral Vascular Disease in Alcoholic and Nonalcoholic Hypertensives Using Ankle Brachial Index
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2. Brachial Plexus Dilemma: A Short Case Series
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3. Observational Study of Using Lactate Dihyrogenenate as Prognostic Marker in Dengue Patients
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4. Primary Iliopsoas Abscess in North India: A Descriptive Study
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5. An Unusual Presentation of a Severe Dengue Fever Shinian Yasmn P, Salini Baby John, George Kuruth Rajagiri Hospital, Kochi, Kerala, India

6. Dark Urine in Dengue Fever: Not What Meets the Eye
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7. Prognostication of Patients with Dengue Using a Combined Investigation Panel Including Neutrophil–Lymphocyte Ratio, Interleukin-6, and Serum Ferritin Levels
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8. Clinical Profile of Blood Culture Positive Enteric Fever Cases
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9. Hemodynamic Instability in Dengue Fever and Its Correlation with Thrombocytopenia and Dengered Liver Function Tests at Tertiary Care Hospital
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12. COVID and Its Masquerades—COVID-19-associated Coagulopathy: A Rare Case
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13. Rare Case Presentation of a Scrub Typhus Infection with Purpura Fulminans and Arterial Thrombosis
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14. Intestinal Capillaritis: A Rare Parasitic Infection in a South Indian Farmer
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15. Pancolympia in Dengue: A Masquerader
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16. Study on Clinico-hematological Profile and Outcome of Cases of Dengue Fever in North in India
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17. Hookworm Manifestation Presenting as Severe Growth Retardation and Anemia
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Manashwini Darbha
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Velpula Ganesh Kumar, Hanka Meri, Anitha Kolakula, Sesh Mohan Depta, Tippala Anusha
Apollo Hospital, Visakhapatnam, Andhra Pradesh, India

34. A Questionnaire-based Survey to Ascertain the Views of ENT Specialists Regarding Use of Antibiotics for the Treatment of URI's
Gajanjan V. Panchal, Pallawer SK, Lokesh Kumar RV, Chavan GG, Patel KD
Lupin Ltd, Mumbai, Maharashtra, India

35. Melioidosis: A Great Mimicker
Shravan Kumar Samala, Lingaraj Lature
MNR Medical College and Hospital, Sangareddy, Telangana, India

36. Vibrio cholerae-associated Necrotizing Fasciitis in HIV Patient: Trivial Exposure Leading to Life-threatening Illness
Praveen Arumugam

37. Rhabdomyolysis: Rare Presentation of COVID-19
Rupal Aggarwal, Sanjay Pandit
Maulana Azad Medical College, and Associated Lok Nayak Hospital, Delhi, India

38. Post-Varicella–Autoantibody Syndrome
Karthikeyan N, Sohini SD
Government Tirunavunam Medical College and Hospital, Tirunavunam, Tamil Nadu, India

39. Enteroviral Meningitis Masquerading as Idiopathic Intracranial Hypertension: A Rare Presentation
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40. Assessment of Hospital Infection Surveillance Data during Covid Era and Beyond
Harish Gupta
King George's Medical University, Lucknow, Uttar Pradesh, India

41. Analysis of Bacteriology Lab Data of Our Hospital to Assess Impact of COVID-19 Pandemic
Harish Gupta, Ambuj Yadav, Satish Kumar, Amit Kumar
King George's Medical University, Lucknow, Uttar Pradesh, India

42. A Study of Hospital Infection Surveillance Data at the Blood Bank of a Teaching Hospital at North India during and after COVID-19 Pandemic
Harish Gupta, Amit Kumar, Satish Kumar, Ambuj Yadav
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43. ACE2 and SARS-CoV-2's Participation in the Pathophysiology of Organ Damage in COVID-19
Adarsh Sinhal
Prabhakar Hospital & MRC, Belgaum

44. Whitmore: What More Can Be Done
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45. Risk Factors and Incidence of Pulmonary Fibrosis in Patients Recovered from COVID-19 Pneumonia
Eunice Susan Thomson, Shringanaprasannambika T, Smitha K, M. Gopalakrishna Pillai
Armita Institute of Medical Sciences, Ernakulam, Kerala, India

46. A Great Mimicker and a Masquerader: A Case Report Sreevinishaa

47. An Unusual Case of Fever
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KPC Medical College & Hospital, Kolkata, West Bengal, India

48. Cryptococcal Meninigitis in a HIV-negative Immunocompromised Patient
Santhia B, Ravichethan Kumar A N
Mysore Medical College and Research Institute, Mysuru, Karnataka, India

49. Unmasking a Rare Presentation: Gastrointestinal Melioidosis with Multiple Organ Abscesses
Cheeryala Raviteja, Rohit, S B, Shannukh T Kalsod
Arunapadu Veedu Medical College & Hospital, Puducherry, India

50. Stethoscope: An Important Source of Nosocomial Infection
Vipul Chhabra, Arun Kumar, Sapna Chauhan, Vaishali Madan
Muzzafarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

51. Mesenteric Lymph Node Biopsy in PUO: Diagnostic and Therapeutic Advantage?
Aditi Gupta
Kasturba Medical College, Mangaluru, Karnataka, India

52. IgG4 and Tuberculosis: Unraveling an Unforeseen Intersection
Parineeta Singhal, Sengupta S, Ghosh A, Chandra S K,
Bandyopadhyay S
Apollo Multiplicity Hospitals, Kolkata, West Bengal, India

53. A Case of Coinfection of Brucellosis and Tuberculosis, ARDS Improved on Injection Aivitapil
Rupal Aggarwal, Kishore Kumar Chawla, Sanjay Pandit
Maulana Azad Medical College, and Associated Lok Nayak Hospital, Delhi, India

54. A Study on Blood CRP Levels to Differentiate between Lower and Upper Urinary Tract Infections
Veginiath Mahendra, S Muwa Gopal
Mamata Medical College, Telangana, India

55. Primary Central Nervous System Multidrug-resistant Tuberculosis in Immunocompetent Female: A Case Report
Rupal Aggarwal, Kishore Kumar Chawla, Sanjay Pandit
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56. Dengue-associated Hemorrhagic Lymphohistiocytosis
Suvidpta Sardar, Souvik Sen, Saheli Sarkar, Abhishek Prarahaj, Subir Kumar Bandyopadhyay
KPC Medical College & Hospital, Kolkata, West Bengal, India

57. Comprehensive Characterization Study on Peripheral Tubercular Lymphadenitis
Grisha Mas, N. Kumar, S. Anuradha, R. Mishra, A. Bergali
Maulana Azad Medical College, and Associated Lok Nayak Hospital, Delhi, India

58. Correlation between Mean Platelet Volumes with Platelet Count Recovery in Patients with Dengue Fever
Sanjay L, Vishakha
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59. A Study of Drug-induced Liver Injury on Clinical and Bacteriological Profile of Patients at a Tertiary Care Teaching Hospital
Pranav Vinothpandi, Saravanan
Vinothpandi Medical College & Hospital, Tamil Nadu, India

60. Acute Pancreatitis: An Unusual Presentation of Non-autoimmune Disease
Bashant Kali, A Ghosh, A Deshpande, M Debbarma
Agartala Government Medical College & Govind Ballabh Pant Hospital, Agartala, Tripura, India

61. Clinic o-epidemiological Profile and Current Antibiotic Sensitivity Pattern in Cases of Typhi and Paratyphi
Bandyopadhyay S, Sengupta S, Ghosh A, Chandra S K,
King George's Medical University, Lucknow, Uttar Pradesh, India

62. Acute Paediatric Dengue Fever:
Anupama Kurup
King George's Medical University, Lucknow, Uttar Pradesh, India

63. In Vitro PneumococcalSusceptibility to Surveillance Recent Year
Aditya S Agarwal
Kasturba Medical College, Mangaluru, Karnataka, India

64. A Clinical and Bacteriological Profile of Patients at a Tertiary Care Teaching Hospital
Pranav Vinothpandi, Saravanan
Vinothpandi Medical College & Hospital, Tamil Nadu, India

65. Acute Onset Quadriplegia: An Unusual Presentation of Acute Pancreatitis
VS Srilekhya
Kasturba Medical College, Mangaluru, Karnataka, India

66. Incidence and Outcome of Dengue Fever
Pranav Vinothpandi
Vinothpandi Medical College & Hospital, Tamil Nadu, India

67. Patients Recovered from COVID-19 Pneumonia during and after COVID-19 Pandemic
Aditya S Agarwal
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68. M. Vishwanathan Poster Presentation: APICON 2024

69. Bilateral Lateral Rectus Palsy in Tuberculous Meningitis
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Gujarat Institute of Medical Sciences, Kalaburagi, Karnataka, India

70. Clinicalodemographic and Household Characteristics Associated with Household Attack Rate of COVID-19: An Observational Study from Chandigarh, India
Tejinder Pal Singh Grewal
Chandigarh, India

71. TB Meningitis with Spinal Intramedullary Tuberculoma
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

72. A Case Report of Disseminated Tuberculosis Causing Clinical Adrenal Insufficiency
Syeda Juveria, Rani Kalodhar Reddy, Veerabhadracharya Viswabharathi Medical College & General Hospital, Kurnool, Andhra Pradesh, India

73. Occular Fluor in Tubercular Encephalitis
Abhishek Kharkwal

74. Polyserositis: Atypical Presentation of Nonautoimmune Disease
Brainist Kali, A Ghosh, A Deshpande, M Debbarma
Agartala Government Medical College & Govind Ballabh Pant Hospital, Agartala, Tripura, India

75. Mycobacterium Masquerading as Myelitis
Nirmika Mayank, D Kishore, M Chauhey, R Bhatnagare, S Vats
Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

76. Hepatitis C and ICTC Coinfection
Raju Pega, Doley R, D A
Assam Medical College and Hospital, Dibrugarh, Assam, India

77. Predictive Value of Combined Serum Procalcitonin Level (PCT) and Platelet Indices like Mean Platelet Volume (MPV), Platelet Distribution Width (PDW), and Pseudo-e Count (PLT) in Early Differentiation of Gram-positive (GP) and Gram-negative (GN) Bloodstream Infections (BSI)
Vibha Sharma, Shubhranshu Patro
Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

78. Infective Endocarditis: A Grand Masquerader
Peddolla Duchh Reddy, Meghana Madi
Kasturba Medical College, Mangaluru, Karnataka, India

79. A Case Report of Incompletely Treated Pulmonary Tuberculosis
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80. An Atypical Case of Dengue and Enteric Fever Coinfection Complicated by Pulmonary Embolism
Aparna Tewari, Ankam Pathak, Suman Sarkar
Medical College & Hospital, Kolkata, West Bengal, India

81. A Study of Drug-induced Liver Injury on Antitubercular Therapy in a Tertiary Care Center
Darshith Shetty, Amit Kamat
Karnar Institute of Medical Sciences, Karwar, Karnataka, India

82. A Rare Case of Leprosy Neuroradiology
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Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India

83. Is a Negative AFB Test Really Negative?
Gyanavi Nandanraksha, Vasudevacharya, Cynthia Amutha, Raksha Malliga
Kasturba Medical College, Manipal, Karnataka, India

84. Predictive Value of Hematocrit-albumin Discrepancy in Scrub Typhus Related Severity
Gundapaneni Eashwar Chand, Biranchi Narayan Mohapatra, CBK Mohanty
Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

85. Unraveling the Mystery of Gout
Bobbala Ashritha, Govdheran, Ganta V Sailaja
CARE Hospitals, Hyderabad, Telangana, India

86. A Masquerader of Tubercular Head and Neck Abscesses: Melioidosis
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Kasturba Medical College, Manipal, Karnataka, India

87. GSIL Medical College, Rajmahendravaram, Andhra Pradesh, India
93. Kasturba Medical College, Mangaluru, Karnataka, India

92. Santosh Medical College and Hospital, Ghaziabad, Uttar Pradesh, India

105. Yashwanth Kumar Kola, G. Balaraju, S. Prem Sagar

97. Saccadomania as a Rare Manifestation of a Tropical Disease

96. SRM Medical College Hospital & Research Centre, Kattankulathur, Tamil Nadu, India

94. Tenosynovitis in a Patient with HIV and Ankylosing Spondylitis

90. Immunocompetent Host

89. Are Atypical Presentations of Dengue Fever More Common in Immunocompetent Patients?

88. Muzaffarnagar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

Atypical Presentation of Leprosy

Karnataka Institute of Medical Sciences, Hubballi, Karnataka, India

Progressive Disseminated Histoplasmosis with Clinico and Microbiological Profile of Asymptomatic Right Pleural Effusion

Pant Hospital, Agartala, Tripura, India

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108. The Study of Immature Platelet Fraction and Its Correlation with Platelet Count in Dengue Fever

109. An Unusual Presentation of Extraluminal Tuberculosis with SLE in a 16-year-old Male Adolescent

110. A Case of Nonresolving Fever with Tendril Cervical Lymph Nodes: TB or Something Else?

111. A Rare Case of Dengue FEVER Coinfection

112. A Case of Nonresolving Fever with Tendril Cervical Lymph Nodes: Is It TB or Something Else?

113. A Rare Case of Dengue Fever Coinfection

114. A Rare Case of Dengue Fever Coinfection

115. A Clinical Profile, Risk Factors, and Outcome in Hospitalized Patients with Gram-negative Infections


117. A Rare Case of Dengue Fever Coinfection

118. Clinical Profile, Risk Factors, and Outcome in Hospitalized Patients with Bloodstream Infections

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120. Novel Biomarkers on the Horizon: NLR And PLR as Diagnostic and Prognostic Tools in Septic Pneumonia

121. A Case of Left Parapharyngeal Abscess Presenting as Right Pleural Effusion

122. A Case of Right Pneumothorax with a History of BCG Instillation for Bladder Cancer: Obvious in Hindsight, but an Unusual Presentation of a Rare Complication

123. Progressive Disseminated Histoplasmosis with Primary Adrenal Insufficiency in Immunocompetent Person: A Rare Case Report

124. The Prevalence of Hypokalemia Paradox in Hospitalized Patients with Fever in SIV Medical College & Hospital

125. A Study on Red Cell Distribution Width as a Prognostic Marker in the Patients with Sepsis in Tertiary Care Center

126. The Sick Brain and the Sympathetic Heart: A Case Series of Stress Cardiomyopathy in TB Meningitis Patients

127. The Silent Invader: A Unique Case of Tubercular Neuroinvasion

128. Prognostic Significance of Nucleated RBC Counts in Adult Sepsis Patients

129. Kikuchi Disease with Refractory Pulmonary Consolidation

130. A Comeback: Two Friends, One Bite, and Different Fates: A Rare Case of Falciparum Paralysis

131. Dengue Fever Coinfection

132. A Rare Case Report of Isolated Oculomotor Nerve Palsy in a Tuberculosis Meningoencephalitis Patient

133. Acute Lung Injury/Acute Respiratory Distress Syndrome in Plasmodium Vivax Malaria

134. A Challenging Case of Chronic Diarrhea

135. Facial Cellulitis in a Young Adult Due to Meticillin Resistant Staphylococcus Aureus: A Case Report from a Tertiary Care Hospital

136. Scrub Typhus Acting as Silent Assassin—Presenting as Meningoencephalitis with a Specific Presentation

137. Maremmeddy Vijay Kumar Reddy, Uma M.A

138. A Rare Neurological Presentation of Scrub Typhus Debapriyo Mukherjee, Kumaraguru C., Medica Super specialty Hospital, Kolkata, West Bengal, India

139. Influenza Virus-induced Hyperesponophilia

140. Covishield Vaccine-induced Myocarditis

141. Tropical Pyomyositis Association with CD4 Count in Adult Sepsis Patients

142. A Case Series of Stress Cardiomyopathy in TB Meningitis Patients

143. The Sick Brain and the Sympathetic Heart: A Case Series of Stress Cardiomyopathy in TB Meningitis Patients

144. The Silent Invader: A Unique Case of Tubercular Neuroinvasion

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159. Scrub Typhus Acting as Silent Assassin—Presenting as Meningoencephalitis with a Specific Presentation

160. Maremmeddy Vijay Kumar Reddy, Uma M.A
1. Immunochemistry

1. Secondary Hemophagocytic Lymphohistiocytosis—rare Cause of Pyrexia of Unknown Origin: A Case Report
   - Samal Satarupa

2. An Interesting Case of COVID in Association with Autoimmune Cytopenia
   - Rajeev Kumar
   - Patna Medical College and Hospital, Patna, Bihar, India

3. A Rare Case of Systemic Lupus Erythematosus with Hepatic Cirrhosis Probably Due to Autoimmune Hepatitis
   - Debashree Karmakar, AK Das, Rima Mori Doley
   - Assam Medical College and Hospital, Dibrugarh, Assam, India

4. A Rare Case of Autoimmune Hepatitis Masquerading as Decompensated Chronic Liver Disease
   - Kethrdhy Lakshmi Swetha

5. Unmasking the Masquerader—bicyclopedia in a 17-year-old Male Reveals an Unexpected Culprit: Hemophagocytic Lymphohistiocytosis
   - Rajendran Rajbharat
   - Kilpauk Medical College; Government Royapettah Hospital, Chennai, Tamil Nadu, India

6. Unveiling the Silent Storm: HLH Secondary to Disseminated Tuberculosis
   - Zil Parekh, T Santakke, K Rajmohan, S Nandanjan, V Gabale
   - MGM Medical College, Navi Mumbai, Maharashtra, India

7. An Interesting Case of Intractable Fever
   - RS Kadiwala

8. Typhoid Triggered Secondary HLH: A Rare Presentation of Typhoid Fever
   - Anujkumar Patel
   - ESIC Medical College & Hospital, Hyderabad, Telangana, India

9. A Rare Case of Secondary Immune Mediated Thrombocytopenia Due to Helicobacter pylori Infection
   - Ruchi Mahapatra, Manoj Kumar Malik, Pradeep Kumar
   - CMC Vellore, Vellore, Tamil Nadu, India

10. An Interesting Study on knowledge about Hepatitis B infection among HBsAg Positive Pregnant Women in a Tertiary Care Hospital
    - Suraj Gautam Duche

11. Adrenal Histoplasmosis: A Rare Cause of Adrenal Insufficiency
    - SK Biswas, N Chakrabarti, S Ray, K Basu
    - Bombay Hospital Institute of Medical Sciences, Mumbai, Maharashtra, India

12. A Rare Case of Disseminated Histoplasmosis Presenting as Fever with Spleenomegaly
    - V Saurav Narayan, Priyanka Yojna, Amit Kumar, Lakshmi Raj, Rajesh Upadhyay
    - Max Superspeciality Hospital, Delhi, India

13. A Study on Knowledge about Hepatitis B infection among HbsAg Positive pregnant Women in a Tertiary Care Hospital
    - Shamana Mallick, Partha Chattopadhyay, Sumantha Chattature
    - College of Medicine & Sagore Dutta Hospital, Kolkata, West Bengal, India

14. Concomitant Occurrence of Intracranial, Intramedullary Conus Tuberculoma in Disseminated Tuberculosis
    - Pruthvihal Hegde, Elfrida Fernandes
    - AI Institute of Medical Sciences and Research Centre, Mangaluru, Karnataka, India

15. Ovarian Ectopic Pregnancy as the Inaugural Presentation of Latent Genital Tuberculosis: Battling a Dual Headed Monster
    - Sparsh Madan Talwar, Arpita Jaiswal

16. Immunochemistry and Safety of the Adjuvanted Recombinant Zoster Vaccine (RV) in Adults ≥50 Years of Age from India
    - Abhi Naficy, Yashpal Chugh, Mohd Tajir, Lalit Raghunath Sankhe, Agnes Mwangiwe-Omari
    - GSK, Rockville, Maryland, United States of America; GSK, Mumbai, Maharashtra, GSK, Bengaluru, Karnataka, India; Grant Government Medical College, Mumbai, Maharashtra, India

17. A Study on Knowledge about Hepatitis B infection among HBsAg Positive Pregnant Women in a Tertiary Care Hospital
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1. Secondary Hemophagocytic Lymphohistiocytosis—rare Cause of Pyrexia of Unknown Origin: A Case Report
   - Samal Satarupa
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1. Clinical Study of Cardiac Changes in End-stage Renal Disease with Reference to ECG, Chest X-ray and 2D Echocardiography
   JTV Krishna Parvath Kumar, Uma M A
   PES Institute of Medical Sciences & Research, Kuppam, Andhra Pradesh

2. A Study of Prevalence of Renal Function Abnormalities and Its Association with the Individual Components of Metabolic Syndrome
   Amit Kumar Sarkar, Nandini Chatterjea, Soumitra Ghosh, Dipankar Sircar
   Institute of Post Graduate Medical Education & Research & SKSN Hospital, Kolkata, West Bengal, India

3. Relationship between ERCCR and Acid-base Status in CKD Patients: An Observational cross-sectional Study
   RK Das
   Darbhanga Medical College and Hospital, Darbhanga, Bihar, India

4. IL-18, EGFR, and Arterial Stiffness in Chronic Kidney Disease
   Chinnayya Daklia, K Rithjapappa
   D V Path Medical College, Khairtabad, Hyderabad, Telangana, India

5. Clinicalopathological Analysis in Patients Undergoing Renal Biopsy in a Tertiary Care Hospital
   Nikhil Kumar D G, Pramod G R, Yeshevath G, Arthik S
   SSIMS & RC, Davanagere, Karnataka, India

6. Etiology and Risk Factors Evaluation of Acute Kidney Injury (AKI) in a Elderly in a Tertiary Care Hospital
   Smita Biswas, Rajumar Chakkadath, Amruta Damdhere
   SSKM Hospital, Kolkata, West Bengal, India

7. Quality of Life in CKD Patients on Hemodialysis
   Digvijay Singh, Ashish Mahajan
   Government Medical College, Jammu, Jammu and Kashmir, India

8. An Uncommon Cause of Nephrotic Syndrome in Young—amyloidosis: A Case Report
   Sanjay Sinha, Y S Kiran, Aniruddha Freez
   Dr DY Patil Medical College, Kolhapur, Maharashtra, India

9. Indication for Initiation of Hemodialysis (Emergency/ Elective) and Associated Morbidity Risk after 1 Year: A Prospective Study
   Nandini Deva
   Muljibhai Patel Urological Hospital, Nadiad, Gujarat, India

10. Hemolytic Uremic Syndrome with Acute Kidney Injury Following Paraphenylenediamine-containing Hair Dye Ingestion
    Sai Pranavi Valmeti
    Government Medical College, Warangal, Telangana, India

11. Hypopocalcemia Reveals a Unique Presentation of Secondary Hypocalcemia in pacientes with familial Hyperparathyroidism
   Geetha Mahes, Ninad Deshpande, Shruti Ghanekar
   Gandhi Medical College, Miranda, Kolkata, West Bengal, India

12. A Study of Lipid Profile in Chronic Kidney Disease Patients
   Raviprakash, Gaurav, Charu Singh
   Chalmeda Anand Rao Institute of Medical Sciences, Nalgonda, Telangana, India

13. Electrocardiographic and Echocardiographic Assessment of Cardiovascular Dysfunction in Patients of Chronic Kidney Disease
   Apoorva M, Balachandra G, Harishch C
   BGS Global Institute of Medical Sciences (BGGIMS), Bengaluru, Karnataka, India

14. From the Lungs to the Kidneys: A Case of Renal AA Amyloidosis in a Patient with Pulmonary TB
   Akash J B
   Sakal Hospital, Mumbai, Maharashtra, India

15. Prevalence and Predictors of Heart Failure among Patients on Maintenance Hemodialysis in a Tertiary Care Hospital in Jharkhand
   Diwya Jyoti
   Kasturba Medical College, Mangaluru, Karnataka, India

16. A Rare Case of Anti-GBM Disease
   Chetan Shah, Ketan Pakhale, Hanmant Mayur Jadhav
   GSL Medical College & General Hospital, Dadra and Nagar Haveli, India

17. A Study on Pulmonary Hypertension in Chronic End-stage Kidney Disease
   Chhippada Yassaree, Shrivasta N, Sarayyana
   GSL Medical College & General Hospital, Nellore, Andhra Pradesh, India

18. Real World Evidence on Effectiveness of Aleglumidipe in Elderly Indian Hypertensive Patients with Chronic Kidney Disease
   A Post Hoc Analysis of Redefine Study
   Mayur Ganesh, Chetan Shah, Ketan Pakhale, Hamrun Barkate, Prashant Mishra
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19. A Rare Case of Secondary Dialated Cardiomyopathy in Focal Segmental Glomerulosclerosis Patient
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   Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India

20. A Rare Case of C3-mediated Glomerulonephritis
   Phanindra Sree Dheeraj
   Government Medical College, Jammu, Jammu and Kashmir, India

21. Acute Respiratory Failure Due to Hyopakemic Muscular Paralysis from Distal Renal Tubular Acidosis
   Nanak Lah, Vidya Virender Shrivastav, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

22. Chronic Kidney Patients on Maintenance Hemodialysis with Hypertension C Infection
   Ashish Kr Naik, Devika Dua, Aashish Mahajan
   CARE Hospitals, Hyderabad, Telangana, India

23. Covid-19 Vaccine and Nephrotic Syndrome
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   Annapurna Veedu Medical College and Hospital, Puducherry, India

24. A Case of Spina Bifida Occulta Presenting as Acute Renal Failure Secondary to Obstructive Uropathy Caused by Neurogenic Bladder
   Ashwin J Dhas, Nirmala Devi, J S Kumar, Oshti Rao, Sneevinshah
   SMB Medical College Hospital and Research Centre, Nagercoil, Tamil Nadu, India

25. Exploring Diverse Presentations of Thrombotic Microangiopathy: A Case Series
   Selva Krishna, C Harinaran, N Pakalpakarishnan, S Yogesh, S Surya Prakash
   Madras Medical College, Chennai, Tamil Nadu, India

26. Case of Gitelman Syndrome
   Nallawar Divya Jyothi, Lingaraj Lature
   MN Medical College and Hospital, Sangareddi, Telangana, India

27. Subclinical Hypothyroidism in Patients with Chronic Kidney Disease
   Chakri Krishna, S Gaurav
   GITAM Institute of Medical Sciences and Research, Visakhapatnam, Andhra Pradesh, India

28. A Case of Primary Membranous Nephropathy
   Senthilnathan
   Madras Medical College, Chennai, Tamil Nadu, India

29. Study of Anemia and Iron Profile on Dialysis (Chronic Kidney Disease) Patients and Its Correlation with Diabetes Mellitus
   Himashara Patel, Rahul Arya, Samadri Dashe
   T S Misra Medical College and Hospital, Lucknow, Uttar Pradesh, India
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A Case of Neurological Wilson Disease
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An Uncommon Complication of Dialysis in a Patient with CKD
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Regional Institute of Medical Sciences, Imphal, Manipur, India

Migration from Tubules to Tubers: Renal Angiomyolipoma as the Initial Finding in a Case of Tuberous Sclerosis
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A Rare Case of Bartel–Beidt Syndrome with Renal Failure
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Fibillary Glomerulonephritis: Rare Cause of Nephrotic Syndrome in a Patient with Asymmetric Kidneys
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Prosppective Cohort Study of Cardiovascular Complications in CKD Patients Undergoing Hemodialysis
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Spectrum of Biochemical Abnormalities in Mineral Bone Disorder Occurring in the First 6 Months of Renal Transplantation
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Army Hospital (Research and Referral), Delhi, India

A Case of Vitamin B12 Deficiency with SACD in Malankara Orthodox Syrian Church Medical College, Ernakulam, Kerala, India

Gulosum Tumor Mimicking as Cervical Radiculopathy
Praeen Kumar Yadav, Aapoov Deokuliar
DSP Mam Hospital, Durgapur, West Bengal, India

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2. Miyelodysplastic Syndrome: As a Rare Complication of Methotrexate Therapy in Rheumatoid Arthritis Ayush Gupta, Venugopal D, Alam Nawaz, Shubham Garg Kasturba Medical College, Manipal, Karnataka, India

3. A Camouflaged Pulmonary Lesion: V Pavithra, G.Velkumar
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4. Hypokalemia-induced Paraparesis as the First Manifestation of Primary Sjogren Syndrome Shreya Kashyap
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5. The Initial Presentation of Distal RFA with Hypokalemia Quadrupled in Primary Sjogren’s Syndrome Mohit Prakash Kondapalli
98. Henoch Schonlein Purpura in Adult without Renal Involvement
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99. Adult-onset Still's Disease: A Diagnostic Dilemma
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100. Myopathy as the Unusual Face of Granulomatosis with Polyangiitis, Intertwined with Glastromerulonephritis and Cranial Nerve Challenges
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101. Autoimmune Thyroiditis and Autoimmune Hemolytic Anemia as the First Presentation in SLE with Lupus Nephritis with Complications in Form of Neuropsychiatric SLE
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102. Case of Takayasu Arteritis
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103. Neurological Puzzles: Gangliopathy in the Spectrum of Mixed Connective Tissue Disorder A Rahi, D Gautham
Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

104. Distal RTA and Recurrent Hypokalemia in a Patient of Cirrhosis: A Case Based Approach to Diagnosis and Management
Prachi Trivedi, Amit Mahajan
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105. Unravelling the Bleeding Jeopardy
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Government Medical College, Kozhikode, Kerala, India

106. Case of sarcoidosis presenting as dilated cardiomyopathy
Priyanka Thakur, Vidya Nagra, Vishalika Sawdekar, Madhukar Gaikwad
Grant Government Medical College, Mumbai, Maharashtra, India

107. A rare case of Rhusus Syndrome
Gauri Singh, Vidya Nagra, Wajahat Shaikh
Grant Government Medical College, Mumbai, Maharashtra, India

Command Hospital (Eastern Command), Kolkata, West Bengal, India

109. Untangling complexity: Rituximab’s role in resolving Neuropsychiatric Lupus and AIHA
A Gupta, R Mukherjee, M R Bengur Super Speciality Hospital, Kolkata, West Bengal, India

110. A case of IgG4 related fibrosing mediastinitis
Bhagyashri, Anwes M Naik, Rachna Oommen, R Legha, Ankush Thulasidas
Travancore Medical College Hospital, Kollam, Kerala, India

Poisoning

1. Study on the role of Prazosin in Scorpio Sting Envenomation
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2. Pretelachium poisoning: A Rare case of Hericobitis Poisoning with Neurotoxicity
Vemreddy Akhil Reddy
Ranga Raja Rao Mamata Medical College and Hospital, Khammam, Telangana, India

3. Household poisoning: An Emerging Hazard
Sudipta Ranab, Sunita Aggarwal, Sreenu Kumar, Sandeep Garg, Harpreet Singh, Anchit Aggarwal, Anshul Tomar

4. A case of Morvan’s Syndrome associated with Mercury Poisoning
Abinaya C S
Madras Medical College, Chennai, Tamil Nadu, India

5. Paracetamol Poisoning
Aditya Solanki, Madhuvan HS
Akash Institute of Medical Sciences & Research Centre, Bengaluru, Karnataka, India

6. A case of Paracetamol Poisoning
Barun Kumar

7. Two cases of zinc phosphide poisoning
Sinduri Goud Nimmala, Vijayashree Gokhale
Dr DY Patil Medical College, Hospital & Research Centre, Pune, Maharashtra, India

8. Effectiveness of Therapeutic Plasma Exchange in Rat Killer Poisoning (Yellow Phosphorus -3%) with Acute Liver Failure
Tarun Kumar Guvalia, Kannanprab Babu Raj, Nedunchezhian Pao
Government Cuddalore Medical College and Hospital, Cuddalore, Tamil Nadu, India

9. A case of Gloriosa Superba poisoning: Clinical presentation, diagnosis, and management
Ram Kishore Sundaresan, Ranjish Wainger, Vinny Joema Velammal Medical College and Research Institute, Chikballapur, Tamil Nadu, India

10. Paracetamol-induced Pancytopenia
Buchipalli Gauravthi Priya, Vijaya Mohan Reddy, Venkataramaiah, Sanjay Kalbande
Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar, Telangana, India

Koppal Institute of Medical Sciences, Koppal, Karnataka, India

12. Atropine poisoning mimicking septicaemia
Arjan Ban Burmanagamar Medical College and Hospital, Muzaffarnagar, Uttar Pradesh, India

13. Organophosphorus poisoning presenting as motor neuron disease
Mailed Sokhdadhi, C M Singh
Raipur Institute of Medical Sciences, Raipur, Chhattisgarh, India

14. Acute pancreatitis in viper snake bite
Anchal Kujur, Aijit Dungdung, Abhay Kumar, Siddharth Kapoor, Stuti Sinthi Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

15. Snake bite and aki: Think beyond usual suspects
Sivaraman N, Abirami, Gowri Shankar, J T Sathish Kumar, Vinuth Kumar
Government Vellore Medical College, Vellore, Tamil Nadu, India

16. Snake bite with intracerebral hemorrhage and pulmonary hemorrhage: A rare case report
Ramlal Kauligud, Shivkumar L

17. Intriguing case of arsenic induced hematologic anemia and AKI requiring hemodialysis
Ujwala Kanagala, Sridhar Joshi, Kishan Ram Daram, Prasad Rao Kodur, Santhosh Bomm
Mahavir Hospital & Research Centre, Hyderabad, Telangana, India

18. Snake bite with hemotoxicy renal failure and myocarditis
Rathod Rahul

19. Case report of methemoglobinemia in nitrobenzene poisoning
Bhimasen Y, Sandra Upendra
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

20. A rare manifestation after deliberate consumption of pesticide -methemoglobinemia
Kavi Kumar N

21. Rare case of indoxacarb poisoning with methemoglobinemia
D Hanesh Reddy, N Raghavaram, B S S V S Ashok, R Sidderswami
Allan Sitarana Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

22. Unusual case of Bruxism in a middle-aged man: A rare presentation secondary to organophosphorus poisoning with hypoxic ischemic encephalopathy and refractory seizures
Thamanagari Dinesh, Dhananjaya P
Department of General Medicine, PES Institute of Medical Sciences & Research, Kuppam, Andhra Pradesh, India

23. A case report on acute kidney injury secondary to fish bile (gallbladder) poisoning
M Chethan Nayak, Suvani, Vrisha
Allan Sitarana Raju Academy of Medical Sciences, Eluru,
19. A Practical Approach to Hyponatremia and Its Outcome in Hospitalized Patients
Kunj Bihari Singh, Ajit Karmakar, Soubhieb Roy
Durgapur Steel Plant Hospital, Durgapur, West Bengal, India

20. A Case of Immunodeficiency
Fasna TP
Coimbatore Medical College Hospital, Coimbatore, Tamil Nadu, India

21. A Gentleman with Dyselectrolytemia
Prasanth S, T Yogananadh, Nilavan, Dinesh Coimbatore Medical College Hospital, Coimbatore, Tamil Nadu, India

22. Bartter’s Syndrome-like Phenotype in Patients with Chronic Diabetes: Something Rare and New or Commonly Ignored?
Ravi Kumar, Purshottam Singh Chauhan
Armed Forces Medical College, Pune, Maharashtra, India

23. A Case of Challenging Channelopathy
Radha Ganga

24. A Rare Case of Mikulicz Syndrome
Shubham Pawar, VP Singh, S Kansukar Bharati Vidyapeeth (Deemed to be University) Medical College, Pune, Maharashtra, India

25. You Touch; I Bleed a Case of AV Malformation
Nikhil Raj H M, Kayyaa S T, Avinash HR
Bangalore Medical College and Research Institute, Bengaluru, Karnataka, India

26. Puzzled by Potassium: An Interesting Case of Gitelman Syndrome
Mehnaz Sardar, Nisa Susan Thomas, Setu Jain, Yogesh Kumar Bareth, Shersingh Meena
Government Medical College, Kota, Rajasthan, India

ANNOUNCEMENT

DR. J.C. PATEL AND DR. B.C. MEHTA BEST PAPERS AWARD 2023

1st Prize for Best Original Article entitled – Usage Pattern of Fixed-dose Combinations at ICMR Network of Rational Use of Medicine Centers across India: Recommendations for Policymakers and Prescribers – Jaya Ranjankar1,4, Ratinder Jha2, Sujit J Chandy3, Heber R Bright4, Preeta K Chugh5, Chakra D Tripathi6, Dinesh K Badyal7, Sadasivam Balakrishnan8, Bikash Medhi9, Sandhya Kamath9,10, Raakhi Tripathi11, Hanilor Dikshit12, Sukalyan S Roy13, Suparna Chatterjee14, Manjari Bhattacharjee15, Niyati Trivedi16, Chetna Desai17, Pooja Gupta18, Atanu Roy19, Ramasamy Raveendran20, Jayanthi Mathiyan21, Sandeep Kaushal22, Samriti Jain23, Rajni Kaul24, Nilima A Kshirsagar25 – 1Senior Research Officer (former), Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, Tamil Nadu; 2Additional Professor, Department of Pharmacology, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh; 3Professor, Department of Pharmacology and Clinical Pharmacology, Christian Medical College; 4Lecturer, Department of Pharmacy, Christian Medical College, Vellore, Tamil Nadu; 5Associate Professor; 6Professor and Former Head of the Department, Department of Pharmacology, Vardhaman Mahavir Medical College & Safdarjung Hospital, New Delhi; 7Professor and Head, Department of Pharmacology, Christian Medical College, Ludhiana, Punjab; 8Professor and Head, Department of Pharmacology, All India Institute of Medical Sciences, Bhopal, Madhya Pradesh; 9Professor, Department of Pharmacology, Postgraduate Institute of Medical Education & Research, Chandigarh, Punjab; 10Professor and Head; 11Associate Professor, Department of Pharmacology and Therapeutics, Seth GS Medical College and KEM Hospital, Mumbai, Maharashtra; 12Professor and Head; 13Associate Professor, Department of Pharmacology, Indira Gandhi Institute of Medical Sciences, Patna, Bihar; 14Professor; 15Pharmacovigilance Associate, Department of Pharmacology, Institute of Postgraduate Medical Education & Research, Kolkata, West Bengal; 16Professor and Head, Department of Pharmacology, Medical College Baroda, Vadodara; 17Professor and Head, Department of Pharmacology, B.J. Medical College, Ahmedabad, Gujarat; 18Additional Professor, Department of Pharmacology, All India Institute of Medical Sciences, New Delhi; 19Professor and Former Head; 20Professor and Head, Department of Pharmacology, Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry; 21Professor and Head; 22Resident, Department of Pharmacology, Dayanand Medical College and Hospital, Ludhiana, Punjab; 23Ex-Scientist-G & Head, Division of Basic Medical Sciences, Indian Council of Medical Research, New Delhi; 24Former National Chair in Clinical Pharmacology, Indian Council for Medical Research (ICMR), New Delhi; Chairperson SAG BMS, Member SAB, NIRRH, Mumbai, Maharashtra, India; – J Assoc Physicians India 2023;71(2):30–36.

2nd Prize for Best Original Article entitled – Study of Association of Chromosomal Region 1Q21–23 with Rheumatoid Arthritis and Their Correlation with Severity of Disease – Liyakat Ali Gauri1, Manoj Kumar Meena2, Ummed Singh3, Nikita Manoj4, Nadeem Liyakat5, Ramratan Yadav6, Ambreen Liyakat7, Nisha8 – 1Senior Professor; 2Senior Specialist, Department of Medicine, Sardar Patel Medical College, Bikaner; 3Associate Professor, Department of Medicine, Shri Kalyan Government Medical College,Sikar; 4Associate Professor, Department of Pathology; 5Senior Resident, Department of Radiodiagnosis, Sardar Patel Medical College, Bikaner; 6Associate Professor, Department of Surgery, Shri Kalyan Government Medical College, Sikar; 7Director, The Galaxy Ultrasound and Diagnostic Centre, Jaipur; 8Resident, Department of ENT, Shri Kalyan Government Medical College, Sikar, Rajasthan, India; – J Assoc Physicians India 2023;71(9):28–32.

1st Prize for Best Case Report entitled – Familial Ectopia Lentis: Looking Beyond Marfan’s Syndrome – Shahnaaze Javath Hussain1, Deepak Amalnath2, Nirupama Kasthuri3, Vishnu Karthika Subramaniyam4 – 1Senior resident, Department of Medicine; 2Additional Professor, Department of Medicine; 3Postgraduate Resident, Department of Ophthalmology, JIPMER; 4Junior Resident, Department of Medicine, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India; – J Assoc Physicians India 2023;71(11):94–95.

2nd Prize for Best Case Report entitled – Hirayama Disease: A Rare Case Report and Review – Heli Kapoor1, Varuna Yadav2, Shubha L Margarkar3, Debashis Chaudhury4, Ashok Kumar5, Ankur Verma6 – 1Senior Resident; 2Postgraduate Resident; 3Professor; 4Director Professor Medicine, Lady Harding Medical College, New Delhi; 5Professor of Medicine, Santosh Medical College & Hospitals, Ghaziabad, Uttar Pradesh, India; 6Corresponding-Senior Resident; 7Postgraduate Resident; 8Professor; 9Director Professor Medicine, Lady Harding Medical College, New Delhi; 10Professor of Medicine, Santosh Medical College & Hospitals, Ghaziabad, Uttar Pradesh, – J Assoc Physicians India 2023;71(3):88–90.

1st Prize for Best Correspondence entitled – Etiology and Clinical Profile of Patients with a Tree-in-bud Appearance on High-resolution Computed Tomogram of the Thorax – Vyasak Uddur Surendra1, Ann Roy Febi2, Mohan K Manu3, Aswini Kumar Mohapatra4, Koteswara Prakashini5, Vishnu Prasad Shenoy6, Kiran Chawla1 – 1Assistant Professor; 2Senior Resident; 3Professor, Department of Respiratory Medicine; 4Professor, Department of Radiodiagnosis; 5Associate Professor; 6Professor, Department of Microbiology, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Udupi, Karnataka – J Assoc Physicians India 2023;71(12):104–105.

2nd Prize for Best Correspondence entitled – Morvan’s Syndrome after Siddha Drug Intake – Mangalapalli Vijaya1, Sowmini Padma Rama2, Sakthi Velayutham Saravanam3, Malcolm Jeyaraj Krishnasamy4, Vivek Dasaravanan Raja5, Mugundhan Krishnan6 – 1Postgraduate; 2Assistant Professor; 3Associate Professor; 4Professor, Department of Neurology, Stanley Medical College (SMC), Chennai, Tamil Nadu, India – J Assoc Physicians India 2023;71(4):101.
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