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Enquiries concerning subscription, advertisement, etc. should be addressed to Prof. Milind Y. Nadkar, Editor-in-Chief, JAPI, No. 006 & 007, Turf Estate, Dr. E. Moses Road, Opp. Shakti Mill Compound, Mahalaxmi (West), Mumbai-400 011. Tel.: (022) 66663224, 24912218. Tel/Fax : 2492 0263. E-mail : onlinejapi@gmail.com / api.hdo@gmail.com

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Dear Esteemed Members of API,

Happy New Year to all of you.

I am delighted to forward this conference issue of APICON 2020. The scientific programme will commence with a CME programme for postgraduates and delegates. Dr. Amal Kumar Banerjee, Dean Indian College of Physicians has drawn an excellent scientific programme catering to all the Delegates attending the conference. President-Elect Dr. S. Arulrhaj has done a marvellous job by having Scientific programme. I am sure you will benefit by attending the same in large numbers.

This abstract issue highlights the CME and Scientific Programme of APICON 2020 to be held at Agra from 6th – 9th January, 2020. This programme will enable the attending delegates to have an overview and plan their scientific hall attendance well in advance.

The conference issue of JAPI contains abstracts for platform presentation and list of poster presentations to be presented during APICON 2020.

I thank the Editorial Board members, and the entire staff of JAPI and API and also each and every member of API for continuous support and guidance.

Wish you all a pleasant stay and look forward to interacting with you at the conference.
Hon. Gen. Secretary’s Message

Mangesh Tiwaskar
Hon. General Secretary

It gives me great pleasure to forward this issue of JAPI with abstracts of free papers submitted for APICON 2020. This year the numbers of papers submitted speak volumes about the interest shown by the young physicians across the country, especially from medical colleges, hospitals and medical research centres in the country. It also highlights the importance given to research papers and paper presentations in APICONs. All delegates will surely be delighted to read these abstracts before the APICON 2020 at Agra – the City of Taj Mahal: One of the Seven Wonders of the World…

Also the scientific program is printed. January 2020 issue of JAPI will reach members before they leave their home towns for the APICON 2020, Agra. This will help the delegates to plan in advance for sessions of their interest. This happened due to the perseverance and thoughtfulness of Chairman of Scientific Committee President Elect – Dr. S. Arulrhaj and Dean ICP Dr. Amal Kumar Banerjee and Editor-in-chief Prof. Dr. Milind Y. Nadkar. They jointly have spread scientific feast before you all. I am sure you will enjoy this scientific feast.

As Hon. General Secretary of our esteemed organization, I had a rich fulfilling experience and great opportunity to interact with many stalwart physicians across India. I promise to try and give my best efforts to fulfil my obligations and every one’s expectations honestly, sincerely and as per the API Constitution.

Thanks to all the relentless efforts of all the members of the JAPI Editorial Board, especially our Editor-in-Chief Dr. Milind Y. Nadkar.

I wish to specially thank Dr. K. K. Pareek, Dr. S. Arulrhaj, Dr. YP Munjal; Dr. Siddharth Shah; Dr. G. Narsimhalu, Dr. Mrs. Sandhya Kamath, Prof. Dr. Milind Y. Nadkar, Dr. Shashank Joshi, Dr. P. K. Maheshwari and all my seniors, my friends for all the selfless help and guidance.

WISHING YOU A PROSPEROUS HAPPY NEW YEAR 2020

Warm Regards and wishing you all the best.
Dear Colleagues,

At the outset let me thank our API leaders & Members for the Confidence reposed upon me. The Scientific Programme of APICON 2020 is well drafted suiting well to the Theme “TRANSLATING EXPERTISE TO EVIDENCE” offering an excellent blend of Research Evidence & with clinical Expertise.

The Programme is targeted on Academicians, Practicing Physicians & future Physicians of our Great Nation.

Scientific Programme APICON 2020 will be conducted in 9 Halls with 643 Topics, 50 International & 700 National Faculties. Free papers & oral presentation by Postgraduates will be nearly 1500. All our Physicians & Post graduates who participate, in this Historic Scientific fiesta, will appreciate a fruitful academic excitement.

The Scientific Advances of APICON 2020 are being compiled as Two Books “Medicine Update 2020” and presented to you all. I am confident Medicine update 2020 will be a ready reckoner for Physicians & Post graduates.

Waiting to receive you all in Agra for APICON 2020.

Wishing you all a Happy Healthy Academic 2020.
It gives me great pleasure to welcome all the delegates attending the 75th Annual Conference of Association of Physicians of India being held at Agra from 5th – 9th January 2020. On behalf of Physicians Research Foundation (API), I invite the physicians attending the conference to send us your research initiatives for support.

I congratulate Dr. Milind Nadkar Editor of Journal of Physicians of India (JAPI) to bring out the Abstract issue to benefit the members of API at large. I also place on record the excellent scientific programme prepared by Dr. S. Arulhraj President of API and Dr. Amal Kumar Banerjee, Dean of I.C.P. for APICON 2020. Dr. P.K. Maheshwari, Organising Secretary APICON 2020 and his team has worked hard to make you all Comfortable at Agra.

I look forward to interact with you all during the conference at Agra. I wish you all a memorable 75th APICON 2020 Conference at Agra.
Dean ICP’s Message

Amal Kumar Banerjee
Dean, Indian College of Physicians and Chairman, CME Programme, APICON – 2020

On the occasion of 75th Annual Conference of Association of Physicians of India, APICON 2020, at Agra, the Journal of Association of Physicians of India is going to publish the Abstract Issue of the JAPI. These abstracts would be presented at the scientific session of APICON 2020. The published abstracts encompass the major research work performed by the physicians of our country.

I hope this Abstract Issue of the JAPI, would be of immense help and stimulus to our physicians, particularly budding and clinical research oriented young physicians.

Dean-Elect ICP’s Message

Shashank R Joshi
Dean-Elect, Indian College of Physicians

“Listen, Learn ans Adapt : Art and Science of Clinical Medicine”

APICON 2020 at Agra aims to get you the best of clinical medicine with a perfect combination of Glocal experts in every domain of medicine which a busy internist needs. The scientific agenda put up by the President Elect Dr. Arulrajh and Dean Dr. Amal Kumar Banerjee has a right mix of art and science of medicine. Today in the fast paced era of technology and internet information travels faster than speed of light. A click of a simple key one can access large volumes of information but to translate it into meaningful clinical decision needs wisdom. APICON aims to ensure and encapsulate contemporary information into clinical decision making tools which can aid clinicians to take right actions for their patients. Patient is the center of our universe and we are all committed to patient care and these learning tools will help and aid every attendees to get the wisdom they need.

I congratulate Dr. Maheshwari for organising APICON 2020 and President Dr. KK Pareekh to usher newer ideas in API. My mentor Prof. Siddarth N shah has been always guiding each one of us with Dr. YP Munjal to ensure API attains larger glory and scientifically is the best. Editor of JAPI Dr. Milind Nadkar deserves congratulation for this mammoth abstract issue. My API wellwishers are Dr. GS Wander, Prof. Alaka K Deshpande, Dr. Pritam Gupta, Dr. Rajesh Upadhaya, Dr. RK Singhal, Dr. Agam Vora, Dr. AM Bhagwati apart from our most hardworking secretary Dr. Mangesh Tiwaskar deserve a special mention. We have global guest especially our Current President of International Diabetes Federation Prof Andrew Boulton, Professors of Mayo Clinic Amit and Karthik Ghosh among many others who are here.

I must say I lost my father Prof. Rameshchandra Joshi on 5 Dec 2019 but his memories and teachings is what I will live for rest of my life.

Jai Hind Jai API
Organising Secretary’s Message

PK Maheshwari
Organising Secretary, APICON 2020, Agra

Dear Colleagues & Friends,

Greetings from APICON 2020 Agra & Happy New Year!!

It is a great pleasure and feel honoured to welcome you all to the 75th Platinum Jubilee of Annual Conference of the Association of Physicians of India (APICON) is going to be held at Agra, Uttar Pradesh from 06th to 09th January 2020.

This conference will be attended by the delegates from across country as well as from the other countries including SAARC countries, European Union and United States. The conference will provide a platform to discuss medical developments and contemporary concerns related to human health. It will be step ahead in reaching our unreached aims.

The subject for APICON 2020 “TRANSLATING EXPERTISE TO EVIDENCE” is directly related to the development and growth of human being. These two words “Expertise” and “Evidence” have a great implication and hold in depth meaning within themselves. We have incorporated both these influential words to make a strong statement towards the careful nurturing of human being of modern and liberal India.

Our Scientific Committee has designed a great programme which will provide high valued deliberations with latest innovations and research. This mega event will create an opportunity to hear and share the experience from the largest number of faculties including renowned international professionals from the medical field from across the globe and I am confident that this program will be a magnificent learning platform for all the delegates.

Apart from educational activities, Agra -the city of love has a lot to offer during your visit. The magical allure of the Taj Mahal draws most of the attraction and makes it stands among the wonders of world. Not only the Taj but The legacy of the Mughal Empire has left a magnificent fort and fascinating tombs. Holy Hindu pilgrimage sites Mathura & Vrindavan are just 1 hrs away.

Agra is also known for its delicacies like mouth-watering Papri chat, Petha, Dalmoth and Mughlai food are the few on the list. It is also acknowledged as one of the best street food serving spots in the country by many connoisseurs.

I invite you all to come and participate in this mega event at Agra and I am sure that you will be benefited a lot and enriched with practical knowledge which will definitely help you in providing better health and care for humans.

Looking forward to WELCOMING you all.
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## TENTATIVE SCIENTIFIC PROGRAMME (APICON CME 2020)

### Monday, 6th January 2020

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00-9:00</td>
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<td>8:00-8:30</td>
<td>Inaguration</td>
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<td>8:30-9:00</td>
<td><strong>Case Based Discussion</strong></td>
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<td><strong>Chairpersons:</strong> SB Ganguly, Jayanta Panda, Kartik Ch. Rout</td>
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<tr>
<td>1. A Young female with fever, confusion and pleural effusion of 7 days duration</td>
<td><em>Santa Subhra Chatterjee</em></td>
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<td>2. Management of difficult rheumatoid arthritis in the era of biologics &amp; small molecules</td>
<td><em>Kaushik Basu</em></td>
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<td>9:00-10:00</td>
<td><strong>Guest Lectures : Session-1</strong></td>
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<td><strong>Chairpersons:</strong> Siddharth Shah, GS Wander, Rabindra Ku Dalai</td>
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<td>9:00-9:20</td>
<td>Is Pharmacoinvasive the Right Approach in India?</td>
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<td><strong>Sandip Mishra</strong></td>
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<td>9:20-9:40</td>
<td>Catheter Based Treatment of Heart Valves : Indian Scenario</td>
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<td><strong>Ashok Seth</strong></td>
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<td>9:40-10:00</td>
<td>How Recent Trials have Changed my Practice in Cardiology?</td>
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<td><strong>VK Bahal</strong></td>
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<td>10:00-10:40</td>
<td><strong>Guest Lectures : Session-2</strong></td>
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<td><strong>Chairpersons:</strong> YP Munjal, Rohini Handa, Manabendra Nayak</td>
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<td>10:00-10:20</td>
<td>How would be Future Physicians?</td>
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<td><strong>H Mardikar</strong></td>
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<td>10:20-10:40</td>
<td>Reactive Arthritis - approach</td>
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<td><strong>Milind Nadkar</strong></td>
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<td>10:40-12:00</td>
<td><strong>Orations</strong></td>
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<td><strong>Chairpersons:</strong> KK Pareek, S Joshi</td>
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<td>10:40-11:10</td>
<td>Dean’s Oration</td>
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<td><strong>Amal Kr. Banerjee</strong></td>
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<td>11:10-11:40</td>
<td><strong>Rabindranath Tagore Oration: Anandaloke Mongolaloke</strong></td>
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<td>- Vision of Euthymic Euglycemia</td>
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<td><strong>Sanjay Kalra</strong></td>
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<td><strong>Guest Lectures : Session-3</strong></td>
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<td><strong>Chairpersons:</strong> Rajesh Upadhyay, Ashok Taneja, Zakir Hussain</td>
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<td>11:40-12:00</td>
<td>Endoscopic Ultrasound - recent advances</td>
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<td><strong>Yim H Boon, Singapore</strong></td>
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<tr>
<td>12:00-13:30</td>
<td>Diabetology</td>
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<td><strong>Chairpersons:</strong> BB Thakur, S Arulrhraj, P Chandrasekar</td>
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<td>DPP4 inhibitors vs SGLT-2 inhibitors- which drug to prescribe after metformin?</td>
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<td><strong>Jamal Ahmed</strong></td>
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<td>12:15-12:30</td>
<td>Pitfalls of hba1c assessment in diabetes management</td>
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<td><strong>Subhankar Chowdhury</strong></td>
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<td>12:30-12:45</td>
<td>Gut microbiota in type 2 diabetes</td>
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<td><strong>Abdul Hamid Zargar</strong></td>
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<td><strong>Pregnancy Medicine</strong></td>
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<td>Hypothyroid and Pregnancy</td>
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<td><strong>Deepti Sharma</strong></td>
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<td>08:45-09:00</td>
<td>Hypertension In Pregnancy - current management protocol</td>
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<td><strong>Kaniz Fatema</strong></td>
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<td>Late Breaking Trials in Diabetology</td>
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<td><em>Shailaja Kale</em></td>
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<td>09:15-09:30</td>
<td>Dual Combination of SGLT2I &amp; DPP4I, What is the Future?</td>
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<td><em>Divya Saxena</em></td>
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<td>Late Breaking Trials in Cardiology</td>
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<td><em>Santanu Guha</em></td>
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<td>Why Cardiovascular Mortality is Higher in India</td>
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<td><em>PP Mohanan</em></td>
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<td><em>Saket Goyal</em></td>
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<td>10.15-10.30</td>
<td>HF with reduced ejection fraction- role of Device Therapy</td>
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<td>Cross Talk - Inmate &amp; Acquired Immunity In Pathogenesis Of Lupus</td>
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<td><em>John Mathews, Vellore</em></td>
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<td>Skin Manifestations of Autoimmune Diseases</td>
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<td><em>Sukumar Mukherjee</em></td>
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<td>11.00-11.15</td>
<td>Can we Really Stop Progression of Ankylosing Spondylitis</td>
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<td><em>Ved Chaturvedi</em></td>
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<td>Pharmacological Modification of DMARD in a Patient with RA &amp; Pregnancy</td>
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<td>Tuberculosis</td>
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<td>Latent TB - When &amp; How to Treat</td>
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<td>Detection of Mutation of INH in Management of MTB &amp; Clinical Significant</td>
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<td>Management of TB in Renal Failure/Hepatic Disease</td>
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<td>Management of Adverse Reaction to Antitubercular Drugs</td>
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<td>Physiology of Renal Tubular Transport and Disease</td>
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<td>Dengue Epidemic Study 2018 from Mysore Medical College</td>
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<td>Cryptococcus infection in HIV - experience from Manipur S Bhagawati Devi</td>
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<td>Diabetes detection from exhaled breath by a novel device</td>
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<td>Autologous haemopoietic stem cell transplantation in chronic liver failure</td>
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<td>Longitudinal ageing studies with special focus on diagnostic assessment of dementia in older Indian AB Dey</td>
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<td>Single centre data on Cardiac Intervention</td>
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<td>Weight loss and exercise and Vit B12 level</td>
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<td>Perioperative management of antiplatelet &amp; anticoagulant - When &amp; how to stop</td>
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<td>Iron Refractory Iron Deficiency Anaemia</td>
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<td>01.45 - 02.00</td>
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<td>02.00 - 02.15</td>
<td>Stages of Drug Development</td>
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<td>03.45 - 04.00</td>
<td>A Patient with Recurrent Severe Infection Host Defence - Basic Physiology</td>
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<td>04.00 - 04.15</td>
<td>How you will Assess Immune Status of the Person</td>
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<td>Kuldeep Astha (Armed Force)</td>
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<td>04.15 - 04.30</td>
<td>How to manage Primary and secondary immunodeficiency disorder</td>
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<td>Case 1: 34 yr/M Non-Diabetic Non-Alcoholic Presented with Recurrent Haematemesis with a Long-Standing Dragging Sensation in Left Upper Quadrant.</td>
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<td>Endoscopy: Multiple Grade IV Esophageal Varices</td>
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<td>Due to Recurrent Esophageal Variceal Bleeding, the Patient Required Surgical Intervention to Control the Bleeding</td>
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<td>i. What should be the Other Causes of Portal Hypertension?</td>
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<td>ii. When should Non-Cirrhotic Portal Hypertension be Suspected?</td>
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<td>iii. Why is Non-Cirrhotic Portal Hypertension more Common in South East Asia?</td>
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<td>iv. Management &amp; Prognosis of Extrahepatic Portal Vein Obstruction?</td>
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<td>Sanjay Bandyopadhyay</td>
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<td>Case 2: A Patient Presents with Features of Cirrhosis of Liver. He is Found to be Anti-HCV Positive.</td>
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<tr>
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<td>i. What is the Appropriate Therapy for this Patient?</td>
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<td>ii. Why is Cure Possible in Hepatitis C Infection and Not Hepatitis B?</td>
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<td>Irritable Bowel Syndrome - Current Approach</td>
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<td>Small Vessel Vasculitis - Approach</td>
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<td>Sapan Pandya</td>
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<td>09:45 - 10.00</td>
<td>ILD with RA on Methotrexate - How to manage</td>
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<td>Liyakhat Ali Gauri</td>
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<td>10.00 - 10.15</td>
<td>Patient of Scleroderma came with Oliguria and S Creatinine 2.3 mg%</td>
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<td>Pradip Sharma</td>
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<td>10.15 - 10.30</td>
<td>Oral JAK Inhibitors: The New Weapon in the Armamentarium</td>
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<td>Cross Talk (How to Manage ?)</td>
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<td>Haemorrhagic CVA with DVT - How to manage ?</td>
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<td>AMI in a patient with CKD - How to manage ?</td>
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<td>ACS in a patient of Thrombocytopenia - How to manage?</td>
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<td>How Recent Trials have Changed my Practice?</td>
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<td>Chairpersons: Sobhan Biswas, Chandana Sharma, Satyapriya Mishra</td>
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<td>How Recent Trials have Changed my Practice in Rheumatology</td>
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Time                  Session
11.45-12.45 Debate
Chairpersons: Arup Das Biswas, Girish Mathur, Taizuddin Ahmed
11.45-12.15 Debate 1: Metformin is to be Used in GDM Patients here in
India
Saumik Datta (Pro)
GB Sattur (Con)
12.15-12.45 Debate 2: All chronic stable angina patient require
intervention
PB Jaygopal (Con)
12.45 -1.30 Oncology and Metabolism
Chairpersons: Shibannis Bhattacharya, Devi Ram, Sabyasachi Mukhopadhyay
12.45-01.00 Current perspective in immuno oncology
DK Hazra
01.00-01.15 Tumour Lysis Syndrome
Madhuchanda Kar
01.15-01.30 Tumour markers in Clinical Practice
1.30 - 2.00 Terminal Care and Death
Chairpersons: Hemsankar Sharma, Parvati Nandy, Niraj Lodha
01.30-01.45 Principles of terminal Care
Dipankar Sarkar
01.45-02.00 Diagnosis of Death
Indranil Sinha Roy
02:00-02:30 Clinical Mirrors
Chairpersons: Anup Das, Mi Patel, Sarat Hazarika
02.00-02.15 Face - Face of Internal Diseases
Prasanta Dihinga, Dibrugarh
02.15-02.30 Hand Examination in clinical diagnosis
Rajesh Devbarman, Agartala
02:30-03.30 Infectious Disease
Chairpersons: CK Jani, Aloka Das panedey, Ripun Borpujari
02.30-02.42 Acute typhus fever - serology or molecular technique - diag-
nostic dilemma
DP Chakraborty, Agartala
02.42-02.54 Antibiotics of enteric fever - Have we run out of options?
BN Mahanta, Dibrugarh
02.54-03.06 Immature platelet fraction in dengue management
Polok Das
03.06-03.18 Need for newer antibiotics or alternate solution in ICU
management
Atul Bhasin
03.18-03.30 Discussion
03.30-04.30 Neglected Tropical Diseases
Chairpersons: Kriphindhu Gantait, Nilanjan Chatterjee, Lokeswar Singh
03.30 -03.45 Neglected Tropical Diseases in India
BV Tandale
03.45 -04.00 Use of MALDI-TOF in diagnosis of fungal diseases
Nitin Gupta
04.00-04.15 Newer diagnostics for intestinal parasites
K Viswanath
04.15-04.30 Antimicrobial prophylaxis in Febrile neutropenia Patient
KC Shashidar

Time                  Session
09:00-11:00 Workshop: Best Case Report Contest Session 1
Moderator:
11:00-12.30 Interpretation of Laboratory Markers
Chairpersons: Amal Dev Goswami, Rajat Goswami, Kalyan Khan
11.00-11.15 Peripheral Blood Smear
Tuphan K Dolui
11.15-11.30 Pulmonary Function Tests
Animesh Roy
11.30- 11.45 Biomarkers In ACS
Dipankar Ghoshdastidar
11.45- 12.00 Procalcitonin
Arumina Goswami
12.00-12.15 AKI Markers in Clinical Practice
Pinaki Mukherjee
12.15- 12.30 ANA Beyond Rheumatology
Sarbani Sengupta
12:30-1.30 Applied Physiology
Chairpersons: Sudarshan Chakraborty, Tapas Kumar, Tarun Roy Choudhury
12.30-12.45 Circadian Biology - How it affect homeostasis
Nandini Chatterjee
12.45-01.00 Hypothalamic Hormones in Health and disease
Sharmistha Mukherjee
01.00-01.15 Hypersensitivity and Disease
RK Jha
01.15-01.30 Blood brain barrier & clinical significance
Subhra Sengupta
1.30-02:45 Geriatric Medicine
Chairpersons: Arun Majumder, AB Dey, Anupam Dey
01.30-01.45 Biology of Ageing
Srinath KM
01.45-02.00 Diabetes in Elderly
Shahjada Selim
02.00- 02.15 Anti-ageing Medicine
Kauzer Usman
02.15- 02.30 Vaccination in Elderly
Jai kishan Karahyla
02.30-02.45 Professionalism and Communication in Geriatric Practice
Anil Chaturvedi
2.45-3.30 Molecular medicine
Chairpersons: Santanu Tripathy, Soumitra Ghosh, Kshetrimayum Birendra Singh
02.45- 03.00 Mechanism of action of different antibiotics
Saurab Jain
03.00-03.15 Telomere and Ageing
Meenaxi Sharda
03.15 - 03.30 Receptor - Drug -disease
Pradip Kr Choudhury
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<td>Microbiology for Internist</td>
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<td>Rapid test vs ELISA - controversy and consensus</td>
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<td>Utility and comparison of different methods in Diagnosis of viral Infection</td>
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<td>04.00-04.15</td>
<td>Molecular based Diagnosis of TB</td>
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**Chairpersons:**
- Ramchandrani, Pradip Mitra, Santanu Hazra  
- Abhra Banerjee  
- Arathi Darsan  
- SK Katiyar

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<td>Gastroenterology - Case Discussion</td>
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<td><strong>Chairpersons:</strong> Pritom Borthakur, Uttam Kr Nath, Prashanta Neog</td>
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<td>Case 1 : A 56 Yr/Gentleman, Cab Driver by Profession presented to the ER with Complaints of Severe Epigastric Pain Radiating to the Back for the Last 4 Hours. He was a Chronic Alcoholic and Smelled of the Same: No History of any Hematemesis, Melena.</td>
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|              | On Examination:  
|              | Distressed and Sitting Up  
|              | Blood Pressure: 110/80 mmhg  
|              | Pulse: 98/Min  
|              | ABD: Epigastric Tenderness, No Features of Peritonitis, Decreased Bowel Sounds. Murphy's Sign - Negative. |
| 11.00-11.15  | I. Assessing the Severity of Pancreatitis  
|              | **Rupjyoti Talukar** |
| 11.15-11.30  | II. Nutrition and Use of Antibiotics in Pancreatitis  
|              | **Gandharba Roy, Orissa** |
| 11.30-12.00  | Chairpersons: Ravi Keerthy M, V Channaraya, Sarat Keot  
|              | I. Probable Diagnosis?  
|              | II. Laboratory Investigations and Imaging Modulation Required for the Treatment of NAFLD  
|              | III. Liver Transplantation as a Treatment for Cirrhosis of Liver  
|              | Kingshuk Dhar (I, II, III) |
| 11.45-12.00  | IV. Physiology of Hepatic Lipid Metabolism  
|              | V. Pathological Process in NAFLD and Potential Therapeutic Targets  
|              | **Sujay Ray (IV, V)** |
| 12.00-12.30  | Rheumatology - Case Discussion               |
|              | **Chairpersons:** Alakendu Ghosh, Madhumathi R, Bhavani Prasad Chakraborty |
|              | 12.00-12.15  
|              | CASE 1: A 55yr/f attended emergency with HIGH GRADE FEVER. What should be the approach of the clinician?  
|              | **HS Pathak** |
|              | 09.27-09.39  
|              | Approach to Dyspnoea with Silent Chest  
|              | **Pratibha Patel** |
|              | 09.39-09.51  
|              | 45 yr male c/o cough for 3 months What will be your approach?  
|              | **Uma Singh Roy** |
|              | 09.51-10.03  
|              | On a summer noon, a forty-five-year-old man is found lying unconscious on the road side- How do you Approach?  
|              | **Manab Kumar Ghosh** |
|              | 10.03-10.15  
|              | Young female with Fever and Cervical lymphadenopathy  
|              | **RR Singh** |
|              | 10.15-10.30  
|              | Discussion  
|              | **Clinico-Pathological Correlation**  
| 10.30-11.00  | How Do I Approach?  
|              | **Chairpersons:** Hara Das, SK Guha, Partha Pratim Ghosh |
| 09.15-09.27  | 15 yr old male attended emergency with HIGH GRADE FEVER. What should be the approach of the clinician?  
|              | **HS Pathak** |
| 09.27-09.39  | Approach to Dyspnoea with Silent Chest  
|              | **Pratibha Patel** |
| 09.39-09.51  | 45 yr male c/o cough for 3 months What will be your approach?  
|              | **Uma Singh Roy** |
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|              | **RR Singh** |
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| 10.30-11.00  | How Do I Approach?  
|              | **Chairpersons:** Hara Das, SK Guha, Partha Pratim Ghosh |

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| 08.30-08.45  | Case Based Discussion on Infectious Disease  
|              | **Chairpersons:** Shyam Sundar, Tonkeswar Deori, Suresh Meena |
| 08.45-09.00  | CASE 2 : 45 yrs male presented with cervical lymphadenopathy. FNABC from lymphnode revealed AFB. Put on antitubercular drugs. HIV screening was negative. After 2 months patient came with increased size of lymphnode and pleural effusion. FNABC revealed no AFB. What is your diagnosis and plan of management?  
|              | **Kaushik Ghosh** |
| 09.00-09.15  | CASE 3 : 45 year old male patient admitted with left sided hemiparesis and confusion. CT scan brain revealed multiple contrast enhancing ring lesions in cortex and subcortical area. His CD4 count was 150. Probable diagnosis and management  
|              | **Tapas Banerjee** |
| 09.15-10.30  | How Do I Approach?  
|              | **Chairpersons:** Hara Das, SK Guha, Partha Pratim Ghosh |
| 09.15-09.27  | 15 yr old male attended emergency with HIGH GRADE FEVER. What should be the approach of the clinician?  
|              | **HS Pathak** |
| 09.27-09.39  | Approach to Dyspnoea with Silent Chest  
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| 11.45-12.00  | IV. Physiology of Hepatic Lipid Metabolism  
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|              | **Sujay Ray (IV, V)** |
| 12.00-12.30  | Rheumatology - Case Discussion               |
|              | **Chairpersons:** Alakendu Ghosh, Madhumathi R, Bhavani Prasad Chakraborty |
| 12.00-12.15  | CASE 1: A 55yr/f presented with complaints of difficulty in eating and swallowing due to dryness of mouth for 1 year associated with dryness of eyes since 7-8 years. O/E : b/l parotid and submandibular glands were palpable. depilation was also present on the anterior 2/3rd of the tongue  
|              | i. Probable diagnosis?  
|              | ii. Investigations required for diagnosis?  
|              | iii. How to manage?  
|              | **P Sinha Mahapatra** |
| 12.15-12.30  | CASE 2: 45 yr male presented with acute joint pain, diagnosed as Gout put on NSAID. Patient came after 3 month with Hypertension and nephropathy. Serum creatinine was 2.3 mg% -  
|              | How will you deal with the patient?  
|              | **Binoy J Paul, Kerela** |
Case 1: A 16 year old boy gets admitted with a 3 day history of fever, sore throat and hematuria.

Case 2: A 56 year old man was admitted with acute exacerbation of COPD.

Case 3: A 70 year old hypertensive man admitted with high fever, with headache nausea and vomiting.

Case 4: A 9 year old boy with good scholastic performance.

Case 2: A 50 year old diabetic lady admitted with paralytic ileus complains of muscle cramps and twitches. Her investigations revealed a low potassium. Despite adequate and repeated correction of potassium, her symptoms persist and potassium is still low.

What could be the possibilities?

Further investigations revealed a low magnesium.

Discuss about the physiology of magnesium ion correlating with clinical implication.

Hamid Ali

Case 3: A 75 year elderly male was admitted with high fever for 7 days. He was obtunded on admission with one episode of convulsion. Routine investigations revealed Sodium of 155 meq/l.

How do you approach this case?

Highlight the prognosis in regards to hypernatremia in an elderly patient.

Krishna Sen

Case 1: 19 years old boy have history of recurrent chest infections from 2 yrs of life along with history of malabsorption and growth retardation. On last 2 occasions, sputum revealed Hemophilus influenza and Pseudomonas aeruginosa growth.

Probable diagnosis and management

Susmita Roychowdhury

Case 2: A retired teacher who was getting demented

Pictorial CME

Case 1: 12:30-12.45

Case 3: 01.30-01.45

Case 4: 02.00-02.45

Pulmonary and Critical Care Medicine - Case Discussion

Chairpersons: AN Bhagwati, Ashwini Bezbarua, AR Pathan

02.00-02.15

02.15-02.30

02.30-02.45

02.45-0.00

02.45-03.00

03.00-03.15

03.15-03.30

03.30-03.45

Time | Session
--- | ---
12:30-01:30 | Pulmonary and Critical Care Medicine - Case Discussion

Chairpersons: AN Bhagwati, Ashwini Bezbarua, AR Pathan

12:30-12.45 | Case 1: 19 years old boy have history of recurrent chest infections from 2 yrs of life along with history of malabsorption and growth retardation. On last 2 occasions, sputum revealed Hemophilus influenza and Pseudomonas aeruginosa growth.

Probable diagnosis and management

Susmita Roychowdhury

12.45-01.00 | Case 2: A 56 year old man was admitted with acute exacerbation of COPD.

Apart from being tachypneic and having sinus tachycardia, patient was conscious and well oriented.

ABG shows:

- ph 7.164
- pO2 66
- pCO2 89
- HCO3 36.2

SaO2 82% (with 2l/min moist O2)

What should be the mode of ventilation - NIV/Mechanical invasive ventilation and why?

Atanu Chanda

01.00-01.15 | Case 3: A 70 year old hypertensive man admitted with AECOPD and progressive drowsiness

On examination, GCS 6/15, Chest: Poor air entry

ABG:

- pH: 7.12
- pCO2: 85
- pO2: 50
- HCO3: 37

What should be the mode of ventilation?

NIV/Mechanical Invasive Ventilation? Why so?

SK Todi

01.15-01.30 | Case 4: 50 year old male admitted in the ICU and mechanically ventilated

ABG shows

- ph 7.54
- pCO2 19
- pO2 100
- HCO3 16

SaO2 98%

Explain your interpretation and what intervention will be appropriate

SK Todi

01.30- 2.00 | Pictorial CME

01.30-01.45 | A young man with arthritis for 12 yrs

Rudrajit Paul

01.45-02.00 | A retired teacher who was getting demented

02.00 -2.45 | Clinical Approach

Chairpersons: Bibhuti Saha, Jayachandra, Bhugeswar Thakuria

02.00-02.15 | Case 1: A 16 year old boy gets admitted with a 3 day history of fever, sore throat and hematuria.

A day later he develops palpable purpura in his lower extremities.

Probable and differential diagnoses.

How to approach a case of palpable purpura?

Visweswara Reddy

02.45-03.00 | Case 3: A 38 year old hypertensive female on medication was referred to an endocrinologist for evaluation of an incidentally detected 1.5 cm adrenal mass on CECT abdomen as a part of work up of pain abdomen and vomiting for which he presented to the local physician. Examination revealed

PR - 80 bpm, BP 148/92 mm of Hg. She had no scalp hair loss, hirsutism or acne. She was obese but did not have striae, pedal edema or proximal myopathy.

- What is the probable diagnosis?
- How will you approach and manage such a case?

Rana Bhattacharya

03.00-03.15 | Case 2: A 62 year old male presented to local physician with neck swelling... A routine ultrasound of neck revealed diffuse enlargement of both lobes of thyroid gland with a heterogenous solid nodule measuring 2.7 x 2 x 2.3 cms in the lower pole of right lobe. He was referred to a endocrinologist. There was no associated symptoms like voice changes, hoarseness. There was no cervical lymphadenopathy. Thyroid function tests were within normal limits

How do you approach such a case?

What are the management options?

Partha Pratim Chakraborty

03.15-03.30 | Case 3: A 38 year old hypertensive female on medication was referred to an endocrinologist for evaluation of an incidentally detected 1.5 cm adrenal mass on CECT abdomen as a part of work up of pain abdomen and vomiting for which he presented to the local physician. Examination revealed

PR - 80 bpm, BP 148/92 mm of Hg. She had no scalp hair loss, hirsutism or acne. She was obese but did not have striae, pedal edema or proximal myopathy.

- What is the probable diagnosis?
- What are the necessary investigations to arrive at a provisional diagnosis?
- How do you manage such a case?

Pradip Mukherjee

03.30-03.45 | Case 4: A 9 year old boy with good scholastic performance presented with growth failure since 4 years of age.His birth developmental and family history was non contributory. On examination Ht 98 cms (-7 SDS) height age 3 years, weight 21.2 kgs, Wt age 6 yrs.he has cheubic facies and no evidence of malnutrition.

- What is the probable diagnosis?
- How to approach such a case?
- Briefly outline the management

Kausik Pandit
**Case 5**: A 32 year old nulliparous female was referred by a gynecologist for evaluation of PRL level of 220 ng/mL. She gives history of oligomenorrhoea and occasional history of headache and galactorrhoea. There was no history of diplopia and visual field defects.

a. What is the probable diagnosis?
b. How to approach such a case?
c. What are the management strategies?

**Sattik Siddantha**

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| 03:45-04:00 | **Case 5** A 32 year old nulliparous female was referred by a gynecologist for evaluation of PRL level of 220 ng/mL. She gives history of oligomenorrhoea and occasional history of headache and galactorrhoea. There was no history of diplopia and visual field defects.  
  a. What is the probable diagnosis?  
  b. How to approach such a case?  
  c. What are the management strategies?  
  **Sattik Siddantha** |
| 04:00-04:30 | **2 Lectures**                                                            |
| 10:00-11:00 | **Session on History Taking**                                             |
|             | *Chairpersons: Anita Dutta, Atul Bhasin, Shantanu Kumar Kar*             |
| 10:00-10:20 | Art of History Taking in Clinical Medicine                               |
|             | *PS Karmakar*                                                            |
| 10:20-10:40 | First Impression of Physicians of Patient Entering in Chamber            |
|             | *Dipanjan Bandypadhyay*                                                  |
| 10:40-11:00 | Clinical Medicine: Is it Going into Oblivion?                            |
|             | *Arup Kundu*                                                             |
| 11:00-12:30 | **Clinico- Anatomical Co - Relation**                                    |
|             | *Chairpersons: MK Roy, Sanjib Maheswari, Amal Dev Goswami*               |
| 11:00-11:15 | Pupillary and Accomodation Reflex: Different Aspects                     |
|             | *Biman Kanti Roy*                                                        |
| 11:15-11:30 | Chorea and Parkinsonism - Anatomy and Physiological Basis of Different Manifestation |
|             | *Arindam Ghosh*                                                          |
| 11:30-11:45 | Bladder Physiology and Different Bladder Dysfunction                      |
|             | *C Justin*                                                               |
| 11:45-12:00 | Corpus Callosum Anatomy and Dysfunction                                  |
|             | *Uddalak Chakraborty*                                                    |
| 12:00-12:15 | Craniovertebral Anomaly - How to Approach                                |
|             | *PR Sowmini*                                                             |
| 12:15-12:30 | Discussion                                                               |
| 12:30-1:00  | Movement Disorder - Approach                                              |
|             | *Bhaskar Ghosh*                                                          |
| 1:00-2:00   | **Understanding Clinical Signs**                                          |
|             | *Chairpersons: Arup Kundu, Soumitra Ghosh, DK Nath*                      |
| 01:00-01:15 | Second Heart Sound                                                       |
|             | *Ruchit Shah*                                                            |
| 01:15-01:30 | Nutritional Assessment                                                   |
|             | *Saikat Dutta*                                                           |
| 01:30-01:45 | Assessment of JVP and Different Methods of Assessment                    |
|             | *Monika Maheshwari*                                                      |
| 01:45-02:00 | Assessment Intrinsic Capacity of Older Adults                            |
|             | *Prasun Chatterjee*                                                      |
| 2:00-3:00   | **Understanding Clinical Signs**                                          |
|             | *Chairpersons: Mukundan, Anup Bhattacharya, Parvinder Singh*              |
| 02:00-02:15 | Memory Assessment                                                        |
|             | *Anand Ambali*                                                           |
| 02:15-02:30 | Cognitive Dysfunction: In Patients With Different Education Levels       |
|             | *V Arul Selvan*                                                          |

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<td>02:15-02:30</td>
<td>Cognitive Dysfunction: In Patients With Different Education Levels</td>
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<td><em>V Arul Selvan</em></td>
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Power and flexibility in a portable ECG

Weighs just over a kilo even with the battery

Bidirectional Wi-Fi communication

Culprit Coronary Artery Algorithm™ for early STEMI detection

Built-in printer - 12-channel printout on z-fold paper
**TENTATIVE SCIENTIFIC PROGRAMME (APICON 2020)**

**Tuesday, 7th January, 2020**

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<th>TIME</th>
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<td><strong>TIME</strong></td>
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<tr>
<td><strong>HALL – A</strong></td>
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<tr>
<td>8.30-9:00 am</td>
<td>Inauguration of Scientific Programme</td>
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| 9:00-10:00 am| Dr. V. Parameshvara Life Time Achievement Award – 2020  
Game changers in Gastro-Hepatology and the challenges ahead.  
Rajesh Upadhyay, Delhi  
Guest Lecture  
Hypertension in Diabetes  
KK Pareek, Kota  
Key Note Address  
CVOT with Antihyperglycemic agents: Lessons for Practice  
YP Munjal, Delhi |
| 10:00–11:00 am | Meet the Expert  
Modern SU in Combination: A safe & Smart approach  
Siddharth N Shah, Mumbai  
State of Art Lecture  
Hypoglycemia in a person without diabetes  
Pankaj Shah, USA  
Recent Updates  
Demystifying Multidisciplinary Approaches Towards Loss of Appetite  
Mangesh Tiwasker, Mumbai |
| 11:00-11:30 am | Presidential Oration  
Advent, Hike, Fortuity of Cardiodiabetes Medicine  
S Arulrhaj, Tuticorin |
| 11:30-12:30 pm | Noncoronary Heart Disease in Diabetes: Diabetic cardiomyopathy/Cardiovascular Autonomic Neuropathy  
Liviu Klein, USA  
State of Art Lecture  
Updates in management of cardiovascular complications of DM  
Thair Al-Jumaily, UAE  
Key Note Address  
Acute Myocardial Infarction in Diabetes  
Avijith Lahiri, UK |
| 12:30-1:30 pm | APICON 2020 Live - Interventional Cardiology  
Convenor: T Neelambujan, Tuticorin  
Faculty: Sivakumar & Team, MMHRC, Madurai  
World Wide Diabetes Symposium  
Introduction and Program Objectives  
Andrew Boulton, UK  
Possibilities and Approaches to Preventing  
Simon Heller, UK  
The Role of insulin Intensification and Managing Clinical Inertia in Type 2 Diabetes Patients  
Anil Bhoraskar, Mumbai  
New Type 2 Diabetes Treatment Options Based on Results of Recent Cardiovascular Outcome Trials  
Shashank Joshi, Mumbai  
Panel Discussion |
| 3:00-3:40 pm | Cardiology Update  
Precision PCI for Complex Lesions - Optimal Use of Physiology, DES & Imaging  
Praaveen Chandra, Haryana  
Key Note Address  
Left main PCI: Current Status and future directions  
Ramasamy Nandakumar, Singapore |
| 3:40-4:55 pm | Grand Master Class  
Managing NCDs in India - a way forward  
AK Das, Puducherry  
Managing heart failure in Diabetes and Hypertension  
Balaram Bhargav, Delhi  
COPD – The Indian Perspective  
Randeep Galleria, Delhi  
Managing and delaying CRF in Diabetes and Hypertension  
Georgie Abraham, Chennai |
| 4:55-5:55 pm | Meet the Legends  
How should I treat my patients with chronic stable angina in 2020  
GS Wander, Ludhiana  
Hypertension and lipid management - what is the latest in 2020?  
Peter Lyn, Canada |
| 5:55-6:35 pm | Sanofi Aventis Lectureship in Diabetes – 2020  
Do we really need to reclassify Diabetes to ensure successful pragmatic treatment?"  
Anuj Maheshwari, Lucknow  
Recent Advances  
WHO emphasis on Emerging and Re-emerging Infectious Diseases  
Anupam Prakash, Delhi  
Integrated management in Type 2 DM  
Banshi Saboo, Ahmedabad |
| 6:35-7:00 pm | Meet the Legends  
How should I treat my patients with chronic stable angina in 2020  
GS Wander, Ludhiana  
Hypertension and lipid management - what is the latest in 2020?  
Peter Lyn, Canada |
| 7:00-7:30 pm | Meet the Legends  
How should I treat my patients with chronic stable angina in 2020  
GS Wander, Ludhiana  
Hypertension and lipid management - what is the latest in 2020?  
Peter Lyn, Canada |
| 7:30-8:30 pm | Meet the Legends  
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Anupam Prakash, Delhi  
Integrated management in Type 2 DM  
Banshi Saboo, Ahmedabad |
| 10:00-10:15 am | Guest Lecture  
Fits faints and funny turns  
Lakshmi Narasimhan, Chennai |
| 10:15-10:45 am | Guest Lecture  
Fits faints and funny turns  
Lakshmi Narasimhan, Chennai |
| 10:45-11:00 am | Block Busters  
Advancements in the Pathogenesis of Vascular Disease in Diabetes  
Suranga Manilgama, Sri Lanka  
Motor Neuron disease  
PK Maheshwari, Agra |
| 11:00-11:30 am | Presidential Oration In Hall – A  
S Arulrhaj, Tuticorin |
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<th>TIME</th>
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<tbody>
<tr>
<td>11:30-12:30 pm</td>
<td>Key Note Address</td>
<td>Management of Type 2 Diabetes Following recent Guidelines Luigi Gnudi, UK Diabetes Updates Session Teneligliptin: An emerging evidence on safety and efficacy: Treat India 2 Update Mangesh Tiwaskar, Mumbai Remogliflozin: A novel SGLT2 inhibitor on the horizon Shashank Joshi, Mumbai</td>
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<tr>
<td>12:30-1:30 pm</td>
<td>State of Art Lecture</td>
<td>ACS With Normal Coronary Arteries Abhay Keshav Pande, UAE Guest Lecture Coronary Revascularization in 2020: Why do we need MDT approach for most? Ashish K Thakur, UK Bench Mark to Bedside GDM and Macrovascular disease Sidhartha Das, Bhubaneswar</td>
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<tr>
<td>1:30-2:30 pm</td>
<td>Guest Lecture</td>
<td>Combination therapy in the management of hypertension K Tewary, Muzaffarpur Key Note Address Update on Diagnostic and Interventional Endoscopic Ultrasound Yim Heng Boon, Singapore Hot Spot in Medicine Microvascular Angina – What is New? Mustafa Zaman, Bangladesh</td>
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<tr>
<td>2:30-3:15 pm</td>
<td>Plenary Session</td>
<td>Overview of AF: Early Diagnosis &amp; Risk Stratification Anil Saxena Use of NOACs for Stroke Prophylaxis in AF Kamal Kumar Sethi, Delhi Panel Discussion</td>
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<tr>
<td>3:15-3:55 pm</td>
<td>Clinical Case Discussion</td>
<td>Luminous interpretation of a case Rajasekhar, Kumbakonam Elderly Gentle man known HT and DM. Admitted for Chest Discomfort No relief with PPI, BP170/110 mm Hg. Smoker and alcohol...60 ml /day OHAS–Glivenclamide, Metformin, Voglibose, Pioglitazone. Not on Insulin, as he is not willing FBG always &gt; 210 mgs HT, drugs Atenolol-25 mg, Nifedipine. 10/mg has had Proteinuria 3 yrs back. but not repeated. Had Dyslipidemia on Atorvastatin on 5 mg /day ECG.. Acute IWMI. How do you manage this Patient? Packiamary Jerome, Neyveli</td>
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<tr>
<td>3:55-4:55 pm</td>
<td>Rheumatology Highlights</td>
<td>ANA testing - What’s new in 2019 Pravin Hissaria, Australia Clinical Dilemmas HBsAg Positive: What to do? SK Sarin, Delhi Calcium and Vitamin D Supplementation in Older People: Why, when and how Much? Jyothismoy Pal, Kolkata</td>
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<td>5.00 pm Onwards ICP Convocation</td>
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<tr>
<td>9:00-10:00 am</td>
<td>Clinical Medicine - Focus Session</td>
<td>Clinical approach to a case of LOC Dwijen Das, Assam Smarjit Banik, Siliguri Nail – An index of Internal disease C Ilango, Tuticorin Immunonutrition – current status Subhaj Dixit, Pune Filariaisis- Clinical Recognition Sarita Behera, Cuttack</td>
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<tr>
<td>10:00-11:00 am</td>
<td>Guest Lecture</td>
<td>Diagnostic approach to the adult with cystic lung disease Arun Rai, Meerut Clinical Updates Role of Alfa cells in diabetes Sanjay Tandon, Lucknow Polypharmacy Anita Nambiar, Kochi Air Ambulance Services In India- Current Status Munish Prabha...Gurgoan</td>
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<tr>
<td>11:00-11:30 am</td>
<td>Presidential Oration In HALL – A: S Arulrhaj, Tuticorin</td>
<td>Millenial Man and Microbes !! - Journey of 4 decades Alaka Deshpande, Mumbai Dr. P.J. Mehta Oration My Journey in Understanding Sleep Dhruva Chaudhry, Rohtak Rheumatology Highlight Approach to Vasculitis G Narasimulu, Hyderabad</td>
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<tr>
<td>11:30-12:30 pm</td>
<td>Meet the Experts</td>
<td>Clinical Approach to Pulmonary Hypertension Devi Ram, Purnia The new UK Internal Medicine Curriculum – why, what, how David Black, UK Nipah Virus- An Update Shyam Sundar, Varanasi Lipid Guidelines &amp; Intervention status-2020 Manotosh Panja, Kolkata</td>
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<tr>
<td>1:30-2:00 pm</td>
<td>Meet the Experts</td>
<td>Irritable bowel syndrome in patient management BK Tripathi, Delhi Are all Vivax Malaria Benign? YS Raju, Hyderabad</td>
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<td>2:00-3:00 pm</td>
<td>Newer Frontiers</td>
<td>Asthma COPD Overlap Syndrome: A New Entity Vitull K Gupta, Bh... Newer Infectious disease and Climate Change KN Vishwanathan, Puducherry Weekly therapy in management of DM Kumaravel, Madurai Rural Model of Epilepsy Control Nirmal Surya, Mumbai</td>
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<td>3:00-4:00 pm</td>
<td>Pregnancy Medicine</td>
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<td>Medical complications in pregnancy</td>
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<td>Hari Kishan Boorugu, Hyderabad</td>
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<td>Thyroid Disorders in Pregnancy</td>
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<td>Indira Maisnum, Manipur</td>
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<td>Anti Rheumatic drugs during Pregnancy</td>
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<td>Bharat Panigrahi, Bhuvaneswar</td>
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<td>Liver diseases in pregnancy</td>
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<td>Usha, Hyderabad</td>
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<td>4:00-5:00 pm</td>
<td>Clinical Update</td>
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<td>Cardiogenic Shock Management- An Update</td>
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<td>Matheswaran, Coimbatore</td>
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<td>Approach to a case of Dengue Fever</td>
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<td>Atul Mehrotra, Gaya</td>
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<td>Three interesting clinical cases</td>
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<td>AN Rai, Gaya</td>
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<td>Early insulin Therapy</td>
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<td>SekarChakraborty, Siliguri</td>
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<td>5:00-5:30 pm</td>
<td>Cardio Diabetes Medicine</td>
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<td>Coronary Interventions in Diabetics- How do they Differ?</td>
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<td>Shahid Merchant, Mumbai</td>
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<td>Inflammatory Markers and Cardiometabolic diseases</td>
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<td>Satish Govind, Bangalore</td>
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<td>5:30-6:10 pm</td>
<td>Hematology Concepts</td>
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<td>Approach to Prolonged PT/aPTT</td>
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<td>AK Tripathi, Lucknow</td>
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<td>Approach to Pancytopenia</td>
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<td>Avinash Kumar Singh, Patna</td>
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<td>IDA – Need Attention &amp; Proper Management</td>
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<td>Balajinathan, Madurai</td>
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<td>9:00-10:00 am</td>
<td>Cardiology Challenges</td>
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<td>Acute Coronary Syndrome - When to refer for intervention? - Physician Perspective</td>
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<td>Chockalingam, Coimbatore</td>
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<td>PCSK9 Inhibitors a new kid on the block for managing Dyslipidemia</td>
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<td>Nirupam Prakash, Delhi</td>
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<td>Management of Ventricular Storm in CCU</td>
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<td>Ulhas Pandurangi, Chennai</td>
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<td>Supraventricular &amp; Ventricular Arrhythmias how to handle today</td>
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<td>Kamal Kishor, Kamal</td>
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<td>10:00-11:00 am</td>
<td>Clinical Challenges- Focus Sessions</td>
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<td>Nephro Emergencies- case based discussion</td>
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<td>Subramanian, Trichy</td>
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<td>Auto immune encephalitis</td>
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<td>Sanjay Sharma, Raipur</td>
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<td>Brain Death - Certification &amp;organ donation.</td>
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<td>Khalid Ismail Khatib, Pune</td>
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<td>Nonalcoholic Fatty Liver Disease(NAFLD) And Risk Of Cardiac Arrythmias: A New Aspect Of Liver Heart Axis</td>
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<td>Ananda Bagchi, Kolkata</td>
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<td>Life threatening mistakes in critical care medicine</td>
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<td>Rajesh Mishra, Ahmedabad</td>
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<td>11:00-11:30 am</td>
<td>Presidential Oration in Hall – A: S Arulrhaj, Tuticorin</td>
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<td>11:30-12:30 pm</td>
<td>Geriatric Medicine</td>
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<td>Anemia in Geriatrics</td>
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<td>Bhupen Barman, Meghalaya</td>
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<td>Surgical strike of morning surge</td>
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<td>AK Singh, Varanasi</td>
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<td>Sarcopenic Obesity-A big Indian Challenge</td>
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<td>Saibal Chakraborty, Noida</td>
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<td>Frailty in Elderly - Implications for end-of-life Care</td>
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<td>Harbir Kaur Rao, Ambala</td>
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<td>12:30-1:30 pm</td>
<td>Practice Challenges- Focus Session</td>
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<td>Dermatophytic infections and steroid menace</td>
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<td>Kopal Maheshwari, Agra</td>
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<td>Dissociative disorders - A Physician’s perspective</td>
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<td>Eish Kumar Dalla, Rudrapur</td>
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<td>Infectious Disease crisis in tropics</td>
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<td>Raman Sharma, Jaipur</td>
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<td>Post stroke complications</td>
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<td>V Shankar, Chennai</td>
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<td>Contrast Nephropathy and Zero contrast PCI</td>
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<td>K Dhamodaran, Chennai</td>
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<td>1:30-2:30 pm</td>
<td>Diabetes Clinical Scenarios- Focus Sessions</td>
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<td>Management of in Diabetes in Elderly</td>
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<td>JA Vasantha Kumar, Salem</td>
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<td>Continuous Glucose monitoring system :The pitfalls</td>
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<td>Amit Kumar Das, Bhair</td>
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<td>New onset Type 2 DM in the young</td>
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<td>Sandeep Garg, Bihar</td>
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<td>Goals of Diabetes Care in the Oldest of the Old</td>
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<td>Hitesh Punyani, Delhi</td>
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<td>“Intermittent Fasting and Diabetes Reversal” - Does Fasting really cures Diabetes?</td>
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<td>Subrahmanyam Karuturi, Rajahundry</td>
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<td>2:30-3:30 pm</td>
<td>Hepatology Update</td>
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<td>Alcoholic Liver Disease – Treatment before Deaddiction</td>
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<td>KT Shenoy, Thiruvananthapuram</td>
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<td>NAFLD – the tip of Iceberg</td>
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<td>VG Mohan Prasanth, Coimbatore</td>
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<td>Obesity &amp; NASH – What is the necessity to take forward ?</td>
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<td>GN Ramesh, Kochi</td>
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<td>Hepatitis C- Significance in Clinical Practice</td>
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<td>Tanuja Manohar, Nagpur</td>
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<td>Liver Dialysis - Promise of the future</td>
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<td>3:30-4:30 pm</td>
<td>Neurology Challenges</td>
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<td>Posterior circulation Stroke- components</td>
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<td>Vijay, Chennai</td>
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<td>TBM: How do I Manage?</td>
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<td>Rajinder K Bansal, Ludhiana</td>
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<td>Stroke Thrombolysis : Never fear the bleed</td>
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<td>Meenakshi Sundaram, Madurai</td>
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<td>Sea Bends</td>
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<td>B Kannan, Tuticorin</td>
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### Time Table

#### HALL-D

**4:30-5:45 pm**
- **Mega Bites**
  - Indian Women in the Field of Medicine  
  - M Gowri Sankar, Coimbatore
  - Never oral anticoagulants  
  - Shyam C Chaudhary, Lucknow
  - Precision Medicine and Diabetes  
  - Vinod Mittal, Delhi
  - ATT in Hepatic/Renal Failure  
  - Jalil Chowdhury, Dhaka
  - Smart ways to choose Antibiotics  
  - NK Soni, Noida

**5:45-6:45 pm**
- **MINI BITES**
  - Use and abuse of PPI in India  
  - KN Padhiary, Cuttack
  - Alcohol-Burden beyond liver  
  - Nagaraja BS, Karnataka
  - Myasthenia Gravis-An Update  
  - Vineet Garg, Ajmer
  - Physiological basis of treating coronary pathology- A wiser approach  
  - Amirtha Ganesh, Puducherry
  - Judicious use of antibiotics in a primary care setting  
  - Santosh Kumar Swain, Cuttack

#### HALL-E

**9:00-10:00 am**
- **Challenges In Geriatric Medicine**
  - Special Considerations in Older Adults With Diabetes: Meeting the Challenge  
  - Krishna Hari, Kochi
  - Osteoporosis: Current Perspective  
  - Sudhir Kumar, Bihar
  - Geriatric Giants: Misperceived as unavoidable part of old age  
  - Veerendra Singh, Faziabad
  - Hypoponatremia in elderly: Causes and approach  
  - PK Thatoi, Baripada

**10:00-11:00 am**
- **GI Cross Talks**
  - Recent trend in the Management of NAFLD  
  - KK Lohani, Gaya
  - Recent Advances in diagnosis & management chronic pancreatitis  
  - Sunil K Dadhich, Jodhpur
  - Hepatorenal Syndrome – Management  
  - Sibabrata Banerjee, Kolkata
  - Legal Medicine  
  - Medical Negligence  
  - B Ramaswamy, Delhi

**11:00-11:30 am**
- **Presidential Oration in Hall–A:** S Arulrhaj, Tuticorin

**11:30-12:00 pm**
- **Tropical Disease Symposia**
  - Challenging cases of fever treated  
  - TV Devarajan, Chennai
  - Acute Encephalitis Syndrome: Little Known Unknown Horizon  
  - Sriprasad Mohanty, Cuttack
  - Hydatid Disease  
  - Rajesh Chauhan, Agra
  - The pathogenesis of cerebral malaria: New concepts  
  - Manoj Kumar Mahapatra, Cuttack
  - Emerging & Re-emerging viral infections  
  - Basavana Gowdappa, Karnataka

**12:30-1:30 pm**
- **Mega Bites**
  - Neuro Imaging - When & How?  
  - Periakaruppan, Chennai
  - Five Can't miss Oncologic Emergencies  
  - Manikandan, Chennai
  - Multiple Myeloma  
  - Lalit Kumar, Delhi
  - Typhoid Fever; Today’s Challenges  
  - Nagesh K, Hassan

**1:30 – 2:00 pm**
- **Debate- Which is the Best Choice in all Stages of HF?**
  - ARNI  
  - Ashish Nabar, Mumbai
  - ACEI  
  - Ramakrishnan, Delhi

**2:00-3:00 pm**
- **Clinical Challenges – Focus Session**
  - Primary malignant gastrointestinal stromal tumor(GIST) of mesentery  
  - BD Goswami, Assam
  - Peptic ulcer- recent advances in treatment  
  - Prem Singh, Kanpur
  - Approach to Vertigo  
  - Giridhari Kar, Tripura
  - Trigeminal neuralgia And Autonomic Cephalgia  
  - Vinay Goyal, New Delhi
  - Diabetic Emergency  
  - Prem Shankar Singh, Lucknow

**3:00-4:00 pm**
- **Hype in Hypertension**
  - Legacy Effect in Hypertension : Is it Relevant  
  - Brij Mohan, Kanpur
  - Management of Hypertension in Diabetes : Recent Guidelines and Beyond Eyes in Hypertension  
  - Balakrishnan Valliot, Kannur
  - Management of Hypertension in Stroke  
  - Kamal K Sawlani, Lucknow
  - Clinical Utility of ABPM In Indian Setting  
  - Santosh Salagre, Mumbai

**4:00-4:30 pm**
- **Practice Solutions**
  - Updated WHO 2018 Guidelines on ART  
  - BB Rewari, Delhi
  - Approach to the patient with kidney disease  
  - Subramanian, Tuticorin

**4:30 – 5:10 pm**
- **Hypertension Updates**
  - Hypertension  
  - Sasi Kumar, Trivandrum
  - Honour Lecture  
  - ‘Health Insurance - a boon or bane’  
  - S. Prakash, Chennai

**5:10– 6:10 pm**
- **Valvular Interventions - Panel Discussion**
  - Percutaneous Valvular Interventions – Emerging Origin  
  - Mirtal Valve  
  - Praveen Chandra, Gurgaon
  - Pulmonary Valve  
  - CS Muthukuran, Chennai
  - Tricuspid Valve  
  - Shrivastava, Raipur
  - Aortic Valve  
  - Sengottuvelu, Chennai
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<th>TIME</th>
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<tr>
<td>9:00-10:00 am</td>
<td><strong>Newer Frontiers</strong></td>
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<td>Hyperparathyroidism - New insights</td>
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<td>Richa Giri, Kanpur</td>
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<td>The intricacies of management of GI bleed in patients of CAD with coronary stenting</td>
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<td>Piyush Manoria, Bhopal</td>
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<td>Hyperpigmentation - Clue to clinical diagnosis</td>
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<td>S Usha, Coimbatore</td>
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<td>HCV management - present day perspectives</td>
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<td>Suresh Kumar, Delhi</td>
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<td>10:00-11:00 am</td>
<td><strong>Hot Spots in Diabetes</strong></td>
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<td>Glucocrinology – Pituitary, Thyroid, Parathyroid and Adrenals</td>
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<td>Navneet Agrawal, Gwalior</td>
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<td>Future drugs in pipeline for treatment of Diabetes</td>
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<td>R Saravanan, Tuticorin</td>
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<td>Managing Acute Complications of DM</td>
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<td>Vaishu Rai, Mumbai</td>
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<td>Pre-Diabetes : Facts &amp; Medication Guidance</td>
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<td>Suhas Erande, Pune</td>
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<td>Insulin Resistance</td>
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<td>Sunanda Chaoji, Nagpur</td>
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<td>11:00-11:30 am</td>
<td><strong>Presidential Oration In Hall–A:</strong> S Arulrhaj, Tuticorin</td>
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<td>11:30-12:00 pm</td>
<td><strong>Clinical Scenarios</strong></td>
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<td>Obesity &amp; Circadian Rhythm</td>
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<td>Soumithra Gosh, Kolkata</td>
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<td>Acinetobacter Sepsis – An Update</td>
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<td>Preetam Arthur, Chennai</td>
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<td>12:00-12:30 pm</td>
<td><strong>Panel Discussion</strong></td>
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<td>Management of Hypertension, Dyslipidemia and Cerebrovascular Stroke</td>
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<td>Man Mohan Mehadiaratta, Delhi</td>
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<td>12:30-1:10 pm</td>
<td><strong>DKD Challenges</strong></td>
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<td>How does diabetes cause kidney disease?</td>
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<td>Arvind Gupta, Jaipur</td>
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<td>DKD: Yesterday, Today and Tomorrow</td>
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<td>Diabetic Nephropathy – Management of Hyperglycemia with newer Drugs</td>
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<td>Impact of SPRINT on CKD</td>
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<td>Sanjay Agarwal, Delhi</td>
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<td>1:10-2:10 pm</td>
<td><strong>Newer Paradigms</strong></td>
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<td>Medical Thoracoscopy in management of Pleural effusions</td>
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<td>Role of Yoga &amp; Meditation for Reduction of Stress &amp; Life Style Diseases - A Holistic Approach</td>
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<td>Love You Dear Zindagi</td>
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<td>Generic Medicine - Western idea in Indian context</td>
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<td>Rajiv Raina, Shimla</td>
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<td>2:10-3:10 pm</td>
<td><strong>Cardiodynamics Symposium</strong></td>
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<td>Approach to Undiagnosed Congenital heart disease in Adults</td>
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<td>Atypical &amp; Typical AMI Presentation In Diabetes</td>
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<td>Diabetes Dysrhythmia – How it is Different</td>
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<td>VK Katyal, Delhi</td>
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<td>3:10-4:10 pm</td>
<td><strong>Neurology Updates</strong></td>
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<td>An approach to Cryptogenic Stroke</td>
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<td>Subash Kaul, Hyderabad</td>
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<td>Nonmotor symptoms of Parkinson’s disease</td>
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<td>Sanjay Kumar, Patna</td>
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<td>Management of status epilepticus</td>
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<td>Approach to Polyneuropathy</td>
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<td>Gurinder Mohan, Amristar</td>
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<td><strong>Tropical Medicine- Focus Session</strong></td>
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<td>Approach to a case of fever in a resource poor setting</td>
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<td>Leishmaniasis- Update</td>
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<td>VR Mohan Rao, Chennai</td>
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<td>Newer insight into Septic Encephalopathy</td>
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<td>Acute encephalitis syndrome- Role of HSV-1</td>
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<td>Shantanu Kumar Kar, Bhuvaneswar</td>
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<td>5:10-5:40 pm</td>
<td><strong>Practice Challenges</strong></td>
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<td>Obesity Management- Surgical Knife or Drugs &amp; Lifestyle?</td>
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<td>Refractory Ascites in Cirrhosis- Current concepts and future directions</td>
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<td>Bhaskar Nandi VSM, Faridabad</td>
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<td>5:40-6:30 pm</td>
<td><strong>Infectious Disease Update</strong></td>
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<td>Acute kidney injury in tropical Infections</td>
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<td>Leptospirosis- an Update</td>
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<td>Falguni Parikh, Mumbai</td>
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<td>Are we missing Typhus fever?</td>
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<td>Prasanta Bhattacharya, Siliguri</td>
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<td>Fever in immunocompromised host</td>
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<td>Geeta Kampani, Delhi</td>
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Wednesday, 8th January, 2020

**TIME** | **SUBJECT**
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9:00- 10:00 am | **Guest Lecture**  
Pain management in CKD  
Pritam Gupta, Delhi

**State of the Art Lecture**  
Young Hypertensives : Do we need to look at them differently?  
BR Bansode, Mumbai

**Honor Lecture**  
Kidney complications and interventions in the cardiorenal syndrome and how the Internist should investigate and treat  
Eddie Greene, USA

10:00-11:00 am | **Key Note Address**  
PCOS: What's Metabolic Dysfunction Got to Do with It?  
N Madhuwanthi Hettiarachchi, Sri Lanka

**Guest Lecture**  
Artificial intelligence in Healthcare  
Tanu Pandey, USA

**State of the Art Lecture**  
Genome Editing  
Vajira Dissanayake, Sri Lanka

11:00-12:00 pm | **State of the Art Lecture**  
Cardiac Transplantation: State of the Art 2020  
Sudhir Kushwaha, USA

**Honor Lecture**  
Longevity beyond 100 Yrs- How to achieve?  
Sam Lingam, UK

**Guest Lecture**  
Black Box Drugs we use –What is the risk?  
SandhyaKamath, Mumbai

12:00–1:00 pm | **APICON LIVE 2020- INTERVENTIONAL ENDOSCOPIES**  
Convene: Ramasubramanian, Tuticorin  
Faculty: TS Chandrasekar & Team, Medindia Hospital, Chennai

1:00–1:30 pm | **Clinical Updates**  
ARISE Against Antimicrobial resistance  
Mangesh Tiwasker, Mumbai

Comparison of Immunogenicity and Safety between Two Quadrivalent Influenza Vaccines in Healthy Indian Adults (18-60 Years) and Elderly (≥ 61 Years) - A Phase III, Active-Controlled, Randomized  
Indraneel Basu, Varanasi

1:30–2.10 pm | **Novo Nordisk Award**  
IMPACTing the future of India: Timely Insulin Initiation in a young person with T2DM  
Ambrish Mithal

**Honour Lecture**  
Hypertension: Clinical Approach  
Muruganathan, Tirupur

2:10-3:10 pm | **Panel Discussion**  
PG Medical Graduation in India Today & Tomorrow  
Abijith Sheth, Delhi; Ajay Kumar, Patna; Ved Prakash Misra, Nagpur

3:10 – 3:40 pm | **Cardiology Challenges**  
Sudden Cardiac Arrest: Predict or Prevent  
Ashish Thakur, UK

Is it time to bid adieu to antibiotic prophylaxis for Infective Endocarditis?  
Pramod Kumar Singh, Begusarai

**TIME** | **SUBJECT**
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3.30-4.40 pm | **Practice Challenges**  
Diabetes and Tuberculosis: Sweet Symbiosis and Strong Defenders  
Jayanth K Panda, Bhubaneswar

Iron deficiency in CKD, beyond Hemoglobin  
Sunil Bhandari, UK

Meet The Expert  
The patients with diabetic nephropathy: Focus on hypertension and Kidney disease progression  
Luigi Gnudi, UK

**State of Art Lecture**  
Clinical Approach to Identification of patient at a risk of Progressive left ventricular Dysfunction  
Liviu Klein, USA

4.40 – 5:40 pm | **Guest Lecture**  
CVD and CKD : common agenda, common goal - community based prevention  
Sanjib Kumar Sharma, Nepal

**Honour Lecture**  
New antidiabetic medications for improving CV outcomes in diabetes: Dawn of a new era  
PC Manoria, Bhopal

**Guest Lecture**  
Liver-Lung Vascular Syndromes  
Vivek Iyer, USA

**TIME** | **SUBJECT**
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5:40 – 6:40 pm | **Insulin Symposium**  
Indian realities of managing T2DM role of insulin co-formulation  
Abdul Hamid Zargar, Srinagar

The Impact of hypoglycaemia and glycaemic variability: Addressing the challenges by basal insulin  
Shashank Joshi, Mumbai

Era of ultrafast insulins : interesting clinical pearls  
Ajay Kumar, Patna

**TIME** | **SUBJECT**
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9:00-10:00 am | **Guest Lecture**  
Complex endoscopic management of gastrointestinal leaks and fistulas  
Navej S Butter, USA

**State of Art Lecture**  
Hope and Scope for Prevention of Diabetes Deluge  
V Seshiah, Chennai

**Honour Lecture**  
DM & Thyroid Disorder- Emerging Twin Epidemic  
Aarthi Surendran, UK

10:00- 11:00 am | **Clinical Update**  
Evolution of insulins in the management of diabetes  
PVRao, Hyderabad

Empowering T2DM Management Beyond HbA1c%- The Vasculo Metabolic Axis, Mortality, & Clinical Place of SGLT2  
Palaniappan, Guzilamparai

Innovations improving survival of patients with excessive blood loss  
Anil Gulati, USA
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<td>11:00–12:20 pm</td>
<td><strong>Dr. Coelho Memorial Lectureship in Experimental Medicine (2020)</strong></td>
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<td>Role of elevated Factor VIII in thrombophilia associated with</td>
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<td>Cerebral Venous Thrombosis (CVT)- An Indian perspective</td>
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<td><strong>RK Anadure, Bangalore</strong></td>
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<td><strong>Dr. GS Sainani Oration-2020</strong></td>
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<td>Evolution of ICU</td>
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<td><strong>Trupti Trivedi, Mumbai</strong></td>
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<td><strong>Hot Spots in Medicine</strong></td>
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<td>Hypertensive scenarios in Pregnancy</td>
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<td><strong>Girish Mathur, Kota</strong></td>
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<td>Systematic hypertension – Confusing guidelines – demystified –</td>
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<td>definition and goals for Indian Patients</td>
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<td><strong>RP Ram, Mumbai</strong></td>
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<td>12:20-1:05 pm</td>
<td><strong>Social Medicine</strong></td>
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<td>Is there a scope from Vedic Wisdom in today’s science</td>
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<td><strong>KK Agarwal, Delhi</strong></td>
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<td>Prevention of re-admission in heart failure patients - A quest</td>
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<td><strong>Avijith Lahiri, UK</strong></td>
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<td>Diabetes trials - what do they really mean?</td>
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<td><strong>Peter Lyn, Canada</strong></td>
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<td>1:05 – 2:05 pm</td>
<td><strong>Management Strategies</strong></td>
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<td>Cardiovascular risk assessment in primary prevention</td>
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<td><strong>Mohan Bhagava, Delhi</strong></td>
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<td>Insomnia: Research on diagnosis in Indian setting and update on</td>
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<td><strong>Manvir Bhatia, Delhi</strong></td>
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<td><strong>Rahul Pathal, Kathmandu</strong></td>
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<td><strong>Clinical Medicine Update</strong></td>
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<td><strong>Rakesh Sahay, Hyderabad</strong></td>
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<td>2:05 – 2:45 pm</td>
<td><strong>Clinical Case Discussion</strong></td>
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<td>Interesting case presentation in infectious disease</td>
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<td>A 60 year old male Diabetic of 15 years duration gets admitted for</td>
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<td>SS Lakshmanan, Chennai; Asha Mahilmaran, Chennai; Ramesh, Chennai</td>
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<td>2:45 – 3:15 pm</td>
<td><strong>Debate – Antibiotic use in Practice</strong></td>
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<td><strong>D Suresh, Chennai</strong></td>
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<td><strong>Ashwini, Nagpur</strong></td>
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<td>3:15 – 4:55 pm</td>
<td><strong>Guest Lecture</strong></td>
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<td>Genetics of breast cancer- new perspectives</td>
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<td><strong>Karthik Ghosh, USA</strong></td>
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<td>Physicians and Bioethics</td>
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<td><strong>Russel D Souza, Australia</strong></td>
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<td>Diabetes with Cardiovascular complications- Therapeutic option</td>
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<td><strong>Robin Maskey, Nepal</strong></td>
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<td><strong>Hot Spots in Medicine</strong></td>
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<td>LDL Cholesterol &amp; PCSK9 inhibitors in a nutshell for the physicians</td>
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<td><strong>Raman Puri, Delhi</strong></td>
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<td><strong>Posterior Reversible Leukoencephalopathy Syndrome</strong></td>
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<td><strong>Mugundhan, Chennai</strong></td>
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<td>4:55 – 5:35 pm</td>
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<td>Ayshman Bharat Pradhan Mantri Jan Arogya Yajana</td>
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<td><strong>A Subrata Rao</strong></td>
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<td>5.35 – 6.35 pm</td>
<td><strong>Panel Discussion</strong></td>
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<td><strong>Diabetes Mellitus - Infections and Antibiotic Uses</strong></td>
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<td><strong>S Sridhar, Madurai</strong></td>
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<td><strong>SM Barua, Assam</strong></td>
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<td>Antibiotics policies in OP &amp; IP Patients</td>
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<td><strong>OP Sharma, Delhi</strong></td>
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<td>9:00 – 9:45 am</td>
<td><strong>Cardiology Update</strong></td>
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<td><strong>Pulmonary Medicine Updates</strong></td>
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<td>Update on Biologics and Biosimilars- What physicians need to know?</td>
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<td>Metabolic Surgery for Diabetes Remission-Indian Experience</td>
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<td>Mahendra Narwaria, Ahmedabad</td>
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<td>5:50 – 6:35 pm</td>
<td><strong>Cardiac Update</strong></td>
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<td>Risk Stratification of Diabetic Heart Disease with Myocardial Perfusion SPECT</td>
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<td>(18F) FDG Cardiac PET and Cardiac MRI in the Evaluation of Myocardial Viability</td>
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<td>Anshu Rajneesh Sharma, Mumbai</td>
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<td><strong>Clinical Challenges in Cardiology</strong></td>
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<td>SCD in Young People – Can it be Preventable?</td>
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<td><strong>Tuberculosis Symposium</strong></td>
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<td><strong>Medicine Update</strong></td>
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<td>Prabhat Agrawal, Agra</td>
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<td>4:50 – 5:50 pm</td>
<td><strong>Newer Paradigms</strong></td>
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<td>Healthy Ageing</td>
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<td>S Avudaippan, Coimbatore</td>
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<td>Music &amp; its role in health care- An Overview</td>
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<td>J Sreekanth, Hyderabad</td>
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<td>Genetics of Indian Diabetes</td>
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<td>Degenerative Osteoarthritis Revisited-Thinking outside the Box</td>
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<td>L Sreenivasa Murthy, Karnataka</td>
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<td>Hypopituitarism- recent Updates</td>
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<td>Swati Srivastava, Jaipur</td>
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<td>5:50 – 6:40 pm</td>
<td><strong>Nephrology Symposium</strong></td>
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<td>Prevention of kidney disease</td>
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<td>Ram Prasad, Bangalore</td>
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<td>Obstetric Acute Kidney Injury – detection and management</td>
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<td>Sampath Kumar, Madurai</td>
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<td>Contrast Nephropathy</td>
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<td>Balasubramanian, Nellai</td>
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<td>Prevention of progression of Polycystic Kidney disease- Evidence based approach</td>
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<td>Marimuthhu, Chennai</td>
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<td>9:00 – 9:40 am</td>
<td><strong>Diabetes Panel Discussion</strong></td>
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<td>Targeting post-prandial Hyperglycemia</td>
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<td>Raj Kishore Singh, Gorakhpur</td>
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<td>Beta cell preservation in type 2 Diabetes Mellitus</td>
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<td>Sudhir Chandra Jha, Bihar</td>
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<td>Diabetic Complications in Indian Scenario</td>
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<td>Benny Negalur, Mumbai</td>
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<td>9:40–10:40 am</td>
<td><strong>Neuro Critical Care</strong></td>
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<td>Anti – Inflammatory Agent Canakinumab Modestly</td>
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<td>Reduces Major CVD events</td>
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<td>Dysphasia VS Dysarthria</td>
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<td>MK Roy, Kolkata</td>
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<td>Clinico-anatomic correlation of cerebellar dysfunction</td>
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<td>Approach to evaluate patients with neurologic symptoms- Anatomic localization</td>
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<td>Managing raised intracranial pressure in ICU: practical tips for the practicing Physician</td>
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<td><strong>Clinical Challenges</strong></td>
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<td>Androgen Deficiency in Ageing Male</td>
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<td>Approach to Spasticity &amp; Rigidity</td>
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<td>EGFR – What an internist should know?</td>
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<td><strong>Diabetic Innovations</strong></td>
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<td>Benedict’s reagent to Precision Medicine in Diabetes: Are we at crossroad?</td>
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<td>NK Singh, Bihar</td>
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<td>Use of mobile applications and Internet for Diabetes management- Where do we stand?</td>
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<td>Ashish Gautam, Agra</td>
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<td>Diabetes is 5 types not 2 types</td>
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<td>Milind Patwardhan, Miraj</td>
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<td>Prediabetes to diabetes: How the biomarkers plays</td>
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<td>Prescribing Exercise In Type 2 Diabetics, are we doing enough!</td>
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<td><strong>Mini Bites</strong></td>
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<td>Immunotherapy - A promising new cancer treatment</td>
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<td>Lung in Thyroid disorders</td>
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<td>Ketan K Mehta, Mumbai</td>
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<td>When and How to treat Subclinical Hypothyroidism</td>
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<td>Erectile dysfunction in DM</td>
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<td>Ravikanth, Rushikesh</td>
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### Thursday, 9th January, 2020

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<th>TIME</th>
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<tr>
<td>9:00 - 9:30 am</td>
<td>APICON Live 2020 - Comprehensive Stroke Intervention</td>
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<td>Convener: B Kannan, Tuticorin</td>
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<td>Faculty: Vikram &amp; Team, NH Institute of Neurosciences, Bangalore</td>
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<td>9:30 – 10:30 am</td>
<td>Future Medicine</td>
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<td>Future of Gastroenterology: Bariatric and metabolic endoscopy</td>
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<td>Navej S Buttar, USA</td>
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<td>Bacteria will become smarter</td>
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<td>Anjali, Thane</td>
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<td>Diagnosing And Management of AKI in ICU</td>
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<td>Vijay Thanaraj, UK</td>
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<td>IVUS &amp; OCT hold the key</td>
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<td>Ramasamy Nandakumar, Singapore</td>
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<td>10:30–11:00 am</td>
<td>APICON Live 2020 - Comprehensive Stroke Intervention (Contd….)</td>
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<td>11:00–11:30 am</td>
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<td>Triple G - Genes, Gut, Glucose Establishing a Link</td>
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<td>Suranga Manilgama, Sri Lanka</td>
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<td>Meet the Legends</td>
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<td>CVOT with Gliptins- Post CREDENCE era</td>
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<td>N Madhuwanthi Hettiarachchi, Sri Lanka</td>
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<td>11.30 – 1.00 pm</td>
<td>API AWARD SESSION</td>
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<td>DR. D. P. BASU YOUNG AWARD (Cardiology)</td>
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<td>2. Vedprakash Verma, Karnataka</td>
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<td>DR. J. N. BERRY MEMORIAL AWARD (Other Specialties)</td>
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<td>1. Ashutosh Singh, Assam</td>
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<td>DR. M.J. SHAH MEMORIAL AWARD (Tropical Medicine)</td>
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<td>DR. V. G. NADGOUDA BEST ALL INDIA THESIS AWARD 2019</td>
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<td>1. Prabhashwari, Kolkata (1st Prize)</td>
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<td>2. Nigarbi Naseem Ahmed Ansar, Mumbai (2nd Prize)</td>
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<td>APICON 2014 LUDHIANA ORIGINAL MERIT AWARDS</td>
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<td>1:00- 2:00 pm</td>
<td>Valedictory Function &amp; Thanks Giving</td>
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<td>Onwards Lunch</td>
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<td>9:00 – 10:00 am</td>
<td>State of Art Lecture</td>
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<td>Revalidation of Doctors in UK - Can it be introduced in India with focus on driving quality of care</td>
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<td>Basant Chaudhury, UK</td>
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<td>Cognitive impairment and heart failure-what is the impact?</td>
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<td>Jackie Taylor, UK</td>
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<td>Do we really need salt in our diet?</td>
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<td>Sunil Bhandari, UK</td>
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<td><strong>Medicine - Newer Insights</strong></td>
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<td>Diabetes as an inflammatory disease - It's clinical &amp; therapeutic implications</td>
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<td><strong>P Dharmarajan, Chennai</strong></td>
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<td>Is high blood Pressure always bad?</td>
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<td><strong>S Chandrasekhar, Chennai</strong></td>
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<td>Physician Burnout- key drivers and solution</td>
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<td><strong>Amit K Ghosh, USA</strong></td>
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<td>Gender Dysphoria and Gender Reassignment Surgery: Update on the WPATH Guideline</td>
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<td><strong>Tanu Pandey, USA</strong></td>
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<td>11:00–11:40 am</td>
<td><strong>Clinical Case Discussion</strong></td>
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<td>Management of STEMI with special reference to Primary PTCA and pharmacoinvasive treatment</td>
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<td>1. STEMI presented within 12 hours of onset of chest pain at the hospital with catheter laboratory</td>
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<td><strong>Bikas Mujumdar, Kolkata</strong></td>
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<td>2. STEMI presented in a hospital without catheter laboratory</td>
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<td><strong>Ganesh Nallur Shibu, Bangalore</strong></td>
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<td>3. STEMI presented late after 12 hours of onset of chest pain</td>
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<td><strong>Sudheer Koganti, Hyderabad</strong></td>
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<td>11:40–12:10 pm</td>
<td><strong>Current Concepts</strong></td>
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<td>Game changers in Gastroenterology</td>
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<td><strong>TS Chandrasekar, Chennai</strong></td>
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<td>Current Concepts of Nuclear Cardiology &amp; it's future directions</td>
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<td>12:10–12:55 pm</td>
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<td>Update on Diuretic Resistance in the Patient with Volume Overload</td>
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<td>Women in Leadership-ensuring success</td>
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<td><strong>Karthik Ghosh, USA</strong></td>
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<td>9:00 – 9:45 am</td>
<td><strong>Clinical Scenarios</strong></td>
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<td>Air Pollution and Kidney disease : review of current evidence</td>
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<td>Role of IABP in ACS</td>
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<td><strong>Vivek Gupta, New Delhi</strong></td>
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<td>Gym Nephropathy</td>
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<td><strong>Clinical Scenarios - Focus Session</strong></td>
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<td>Newer guidelines for myocardial infarction-2020</td>
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<td>Young lady with Hirsutism</td>
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<td><strong>Sujoy Ghosh, Kolkata</strong></td>
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<td>Acute Lung Injury</td>
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<td><strong>Supriya Sarkar, Kolkata</strong></td>
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<td>Physician's update on the diagnosis and classification of dys-proteinemias</td>
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<td>Managing Diabetes in low resource settings</td>
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<td><strong>Mokta JK, Shimla</strong></td>
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<td>10:45–11:45 am</td>
<td><strong>Neurology Update</strong></td>
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<td><strong>Vijay Anand, Coimbatore</strong></td>
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<td>Epileptic Surgery – update</td>
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<td><strong>Rukmini, Hyderabad</strong></td>
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<td>Management of Acute Ischemic Stroke Care</td>
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<td><strong>S Arunan, Chennai</strong></td>
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<td><strong>Cardiology Challenges</strong></td>
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<td>Exercise ECG-Value to Detect CAD-How Does Bayes Theorem Help in Determining CAD?</td>
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<td>Rheumatic heart disease- from stone age to drone age.</td>
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<td>CAD, HF and AF conundrum – How to manage</td>
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<td><strong>Suresh Sagard, Karnataka</strong></td>
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<td>12:30 – 1:30 pm</td>
<td><strong>Infections - Focus Session</strong></td>
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<td>Management of Hepatitis B - Current Status</td>
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<td>Hemophagocytic lymphohistiocytosis – An Enigma</td>
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<td>Metabolic complications after ART therapy</td>
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<td>Viral fever is it really viral</td>
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<td><strong>KC Shashidhara, Mysore</strong></td>
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<td>9:00 – 10:00 am</td>
<td><strong>Rheumatology Clinicals</strong></td>
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<td>RA and SpA: Similarities &amp; Differences</td>
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<td>Very early Rheumatoid arthritis</td>
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<td><strong>Rajan Kumar, Patna</strong></td>
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<td>Adult Onset Still Disease</td>
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<td><strong>Ghan Shyam Pangtey, Delhi</strong></td>
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<td>Diagnosis and management of rheumatological emergencies</td>
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<td><strong>N Raja, Vellore</strong></td>
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</tbody>
</table>
### Time and Subject (Hall – D)

**10:00–11:00 am** **Newer Paradigms**
- Cure of CML in TKI era  
  AP Dubey, Delhi
- Latent Tuberculosis - The current recommendations  
  Geetha Philips, Kochi
- Extracorporeal therapies in Sepsis  
  Garima Aggarwal, Delhi
- Autoimmunity beyond Arthritis  
  Mohit Goyal, Udaipur

**11:00-12:00 pm** **Mini Bites**
- Hepato pulmonary Syndrome  
  Anil Samaria, Ajmer
- Issues and controversies in the management of snake bite and the recent advances in antivenom  
  Neelima Singh, Gwalior
- Anti-fungals update 2020  
  Amitav Mohanty, Bhuvaneswar
- Cirrhosis – Approach and management  
  Yashasvi Gautam, Kota
- Approach to asymptomatic HBsAg person  
  Gautam Bhandari, Jodhpur

### Time and Subject (Hall – E)

**9:00–9:45 am** **Critical Care Symposium**
- Practising Intensive Care in India: Challenges & limitations  
  Vivek Kumar, Mumbai
- Sepsis syndrome and Septic Shock: New Evidence  
  MPS Chawla, Delhi
- Myxedema Coma  
  Chandra Bhushan, Bihar

**9:45–10:45 am** **Clinical Practice – Focus Session**
- An approach to altered thyroid profile  
  Shaibal Guha, Patna
- Foetal origin of Adult Metabolic disorders  
  Saurabh Srivastava, Greater Noida

**10:45–11:45 am** **Sugar Solutions 2020**
- PPBG management in Indian T2DM patients – Challenges & solutions with current therapies  
  Anand Kumar, Madurai
- Oral insulin feasibility  
  Lal Udaï, Hyderabad
- Approach to a patient with high insulin requirement  
  Unnikrishnan, Pune
- Incretin mimetics – current status  
  Shanmugavelu, Trichy

**11:45–12:45 pm** **Endocrine - Focus Session**
- Cushing's Syndrome  
  Dheeraj Kapoor, Gurugram
- Hypogonadotropic Hypogonadism  
  DC Sharma, Udaipur
- SIADH  
  SK Sharma, Jaipur
- Acute coronary syndrome in elderly patients  
  B Kesavamoorthy, Thanjavur
- Infective Endocarditis - Changing scenario  
  Ajeet Chahar, Agra

**12:45 – 1:45 pm** **Cardiology News**
- A review and analysis of evolution of Coronary artery disease in Indians in the last 100 years  
  Sundar Chidambaram, Chennai
- Heart rate in Angina & heart failure-What news for 2020?  
  Shanmuga Sundaram, Madurai
- Coronary artery disease- how to objectively decide the need for revascularization  
  Ravindran Rajendran, Trichy
- Acute coronary syndrome in elderly patients  
  B Kesavamoorthy, Thanjavur
- Infective Endocarditis- Changing scenario  
  Ajeet Chahar, Agra

### Time and Subject (Hall – F)

**9:00 – 9:45 am** **Metabolic Medicine - Clinical Scenarios**
- Gut Microbiota and Metabolic Syndrome  
  Hem Shanker Sharma, Bhopalpur
- Microvascular and Macrovascular complications in Diabetes – A Continuum not Distinct?  
  Manoj Saluja, Kota
- An approach to altered thyroid profile  
  Shailal Guha, Patna
- Foetal origin of Adult Metabolic disorders  
  Saurabh Srivastava, Greater Noida

**9:45–10:45 am** **Clinical Practice - Focus Session**
- Basal First approach:What guidelines say?  
  Girish Verma, Kota
- NODAT (New onset diabetes after transplant)  
  Snehal R Tanna, Thane
- Febrile Thrombocytopenia in Tropics – An approach  
  Umadevi, Chennai
- X-Ray chest in Cardiology  
  Amit Gupta, Delhi
- Acute Ethanol Intoxication  
  Dinesh Sharma, Rajasthan
### TIME | SUBJECT
--- | ---
10:45–11:30 am | **Clinical Medicine**
 | **Non HDL Cholesterol Better Cardiac Marker**
 | M Thakur, *Bihar*
 | Lipoprotein(a): An Independent Cardiovascular risk marker
 | Abha Gupta, *Meerut*
 | Making sense of dyslipidemia controversy and consensus
 | Apurba Mukherjee, *Kolkata*

**11:30–12:30 pm**

**Clinical Medicine**

**Approach to Syncope**

Kunal Kothari, *Jaipur*

**Acute Abdomen-Is it always Surgical ?**

Namitha, *Chennai*

**Frontal lobe Epilepsy**

Rajesh Shankar Iyer, *Coimbatore*

**Pleural Effusion Latest Updates & Intervention**

Puneet Khanna, *Delhi*

**Infections- Old, New & Forgotten**

AK Singh, *Agra*

**12:30 – 1:15 pm**

**Practice Updates**

Rapid fire on common poisoning management in India.

S Senthil Kumaran, *Erode*

**The art and science of writing medical Manuscript**

Surendra Daga, *Kolkata*

**Yoga Capsule - A New Stress Buster**

AK Gupta, *Darbhanga*

**12:00- 1:00 pm**

**"Hot Topics In Neurology" – Symposium**

Indian academy of neurology in collaboration with Agra academy of neurology

Conveners: PK Maheswari, *Agra*

**Hot Topic in movement disorder**

Pramod Pal, *Bangalore*

**Hot Topic in stroke**

JMK Murthy, *Hyderabad*

**Hot Topic in Neuro Muscular Disorder**

Satish V Khadilkar, *Mumbai*

**1:00-1.30 pm**

**Cardiology**

Should non Fasting Lipid Profile be the Standard of Care?

SN Narasingan, *Chennai*

ECMO / LVAD / Heart Transplant – Update for Physicians:

When, Where, Why, How ?

GS Wander, *Ludhiana*

**1:30- 2:00 pm**

**Infectious Disease**

Diagnosis and treatment of enteric fever

Jalil Chowdhury, *Dhaka*

Dengue panic syndrome: lessons to be learnt

Mridul Chaturvedi, *Agra*

**2:00-2:45 pm**

**Neurology**

Eye signs I See in the ICU

Lakshmi Narasimhan, *Chennai*

Compressive vs Non-compressive myelopathy

V Nagarajan, *Madurai*

Triple ED

Deepak Jumani, *Mumbai*
### HALL- G • WORKSHOPS • APICON 2020

**Clinical Decision Making Workshop**  
**Convenor: Shankar Subramanian, Pune**

<table>
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<tr>
<th>Time</th>
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| 2:50-3:50 pm | Introduction: Understanding Illness scripts & Diagnostic strategies & Conclusion  
               Shankar Subramanian, Pune  
               Use of diagnostic tests & Diagnostic errors  
               TSVGK Tilak, Pune  
               Patient Illness script  
               Ajay Handa, Mumbai  
               Prioritising the DD  
               Amitabh Sagar, Chandimandir |

**Medical Quiz for Post Graduates PG Corner**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 3:50-5:50 pm | Medical Quiz for Post graduates  
               Bhatia, Delhi |

**Poisoning Workshop**  
**Shibendu Gosh, Kolkata**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 9:00 – 11:15 am | OP Poisoning  
               Saroj Tripathy, Cuttack  
               Common drug and overdose/ Poisoning  
               V Chandrasekhar, Warangal  
               CO poisoning  
               Gursharan Singh Sidhu, Ludhiana  
               Mushroom Poisoning  
               Lada Tiewsoh, Shillong  
               Dreaded poisoning in India - Methyl Alcohol Poisoning  
               Shibendu Gosh, Kolkata  
               Scorpion sting  
               VN Alaga Venkatesan, Madurai  
               Snake bite  
               Biranchi Mohapatra, Cuttack  
               Parquat poisoning  
               Sagnika Tripathy, Burla  
               Principles and practice of Critical Care Toxicology  
               Omender Singh, New Delhi |

**Critical Appraisal of Research Paper – Workshop**  
**Convenor: Vivek Kumar, Mumbai**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 11:15-12:15 pm | 1. How a RCT should be planned  
               Vivek Kumar, Mumbai  
               2. How to do a critical appraisal of a RCT  
               Sujeet Jha, Delhi  
               3. Application of critique on some landmark papers as examples  
               Amitabh Sagar, Mumbai |

**Vascular Medicine Workshop**

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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 12:15-12:45 pm | Renal Artery Stenting - when and how ?  
               Gaurav Singhal, Jaipur  
               Endovascular Recanalization of Veins in Acute Deep Vein Thrombosis and Chronic setting of Post thrombotic Syndrome  
               Anuj Khanna, Ramnad |

### HALL- H • WORKSHOPS • APICON 2020

**Day 1 • Tuesday 7th January, 2020**

**Cardiology Workshop**  
**Convenor: T Neelambujan, Tuticorin**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 09:00-10:00 am | Echo Workshop  
               2D and 4D strain – live  
               3D TEE  
               V Amuthan, Madurai  
               Hemodynamic evaluation of CHD by Echo  
               BRJ Kannan, Madurai  
               Stress Echo and its role in clinical practice  
               Satish Govind, Bangalore |

### HALL- H • WORKSHOPS • APICON 2020

**10:00-10:45 am**

**ACS Workshop**  
**T Neelambujan, Tuticorin**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 10:00-10:45 am | Refractory angina – treatment options  
               Thrombolysis in interventional era  
               Manotosh Panja, Kolkata  
               Anti thrombotics in Cath lab  
               Shahid Merchant, Mumbai |

**EPS Workshop**  
**Ulhas Pandurangi, Chennai**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 10:45-11:45 pm | Cardio Electro Physiological Study Why & When (15 min)  
               Management of VT- Electrophysiological perspective (15min)  
               Ashish Nabar, Mumbai  
               Basic of Pacemakers (15 min)  
               Mohit D Gupta, Delhi  
               Decoding of Wide QRS tachycardia (15 min)  
               Jayapandian, Madurai |

**Neurology Workshop**  
**Convenor: B Kannan, Tuticorin**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 11:45-12:45 pm | Imaging in Stroke  
               Valavan, Tirupur  
               Restoration of function in Chronic Cerebrospinal Disorders - Aided by Imaging  
               R Ram Narayan, Chennai  
               Spinal cord imaging  
               Amaranath, Chennai  
               PET Scan for physicians  
               Amaranath, Chennai |

**12:45-1:45 pm**

**EEG**  
**V Vasudevan, Vinoth, B Kannan**

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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 12:45-1:45 pm | Basics of EEG for physician  
               Dinesh Nayak, Chennai  
               In different types of seizures  
               Sujit Kumar, Bangalore  
               In metabolic disorders  
               V Sathish Kumar, Chennai  
               In coma and ICU  
               Atmaram Bansal, Delhi |

**ENMG**  
**Vasudevan, Vinoth, B Kannan**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 1:45-2:45 pm | Basics  
               AIDP and CIDP  
               Myopathy, myotonia and myasthenia  
               Diabetic neuropathy  
               Vasudevan, Chennai & Vinoth, Chennai |

**Digital Technology In Diabetes Workshop**  
**Convenor: Banshi Saboo, Ahmedabad**

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<th>Time</th>
<th>Session</th>
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</table>
| 2:45-3:45 pm | Moving beyond SMBG  
               Manoj Chawla, Mumbai  
               Indian guidelines for SMBG  
               BM Makker, Delhi  
               Future technology shaping diabetes management  
               Bansi Saboo, Ahmedabad  
               Time in range evidence to practice  
               Bansi Saboo, Ahmedabad |

**Clinical Correlation Workshop**  
**Convenor: Jyothirmoy Pal, Kolkata**

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<th>Time</th>
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| 3:45-4:15 pm | Clinical-Anatomical correlation  
               Tanuka Mandal, Kolkata  
               Clinicopathological correlation  
               Raja Dhar, Kolkata  
               Prescription Audit  
               Jyothirmoy Pal, Kolkata |
### HALL- H • WORKSHOPS • APICON 2020

#### Sleep Lab Workshop
**Convenor:** Ramnathan Iyer, Mumbai  
**Introduction to Science of Sleep Medicine**
S Ramanathan Iyer, Mumbai  
**Overview of Sleep Disorders**
S Ramanathan Iyer, Mumbai  
**Understanding apnea, hypopnea, OSA, CSA**
Bhattacharya, Delhi  
**Snoring and its consequences**
Pranav Ish, Delhi  
**Upper Airway Resistance Syndrome**
Ramanathan Iyer, Mumbai  
**Obstructive Sleep Apnea**
Ramanathan Iyer, Mumbai  
**Sleep in Women (Pregnancy, Menopause)**
Revati Iyer, Mumbai  
**Central Sleep Apnea, Cheyne Stokes Breathing**
Pranav Ish, Delhi  
**Hooking up for Polysomnography**
Sachin Navre, Mumbai  
**Polysomnography and Normal PSG**
D Bhattacharya, Delhi  
**Abnormal PSG-Interpretation**
Pranav Ish, Delhi  
**PAP Devices**
Pranav Ish, Delhi  
**Interfaces**
D Bhattacharya, Delhi  
**Question & Answers**
Ramanathan Iyer & Team

#### Day 2 • Wednesday, 8th January, 2020

**Respiratory Medicine Workshop**  
**Convenor:** Prashanth Prakash, Agra

#### Gastroenterology Workshop
**Convenor:** R Ramasubramanian, Tuticorin

#### Nephrology Workshop
**Convenor:** Kannan Bhaba, Tirunelveli

#### Lifestyle Workshop
**Convenor:** S Sridhar

#### Legal Medicine Workshop
**Convenor:** RM Chhabra, Delhi

#### Emergency Medicine Workshop
**Convenor:** Senthil Kumaran, Erode

### HALL- H • WORKSHOPS • APICON 2020

#### Oral Manifestations in DM
**Convenor:** Vivek Agarwal, Delhi

#### Insulin Pump
**Convenor:** Rakesh Sahay, Hyderabad

#### Interventional Nephrology
**Convenor:** Kannan Bhaba, Tirunelveli

#### Diet in Health & DM
**Convenor:** KVS Hari Kumar, Chandigarh

#### Governance - safety in health care
**Convenor:** Basant Chaudhury, UK

#### Approach to Chest Pain in ER
**Convenor:** Senthil Kumaran & Team

#### Dyspnœa in ER
**Convenor:** Senthil Kumaran & Team

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>9:00-9:30 am</td>
<td>Chest X-ray for Physicians</td>
<td>GV Singh, Agra</td>
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<td>9:30-10:00 am</td>
<td>Pulmonary Function Tests : A Physicians Perspective</td>
<td>Dipti Gothi, New Delhi</td>
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<td>10:00-11:00 am</td>
<td>Role of CT Thorax in Indeterminate Cases of Lung Diseases on X-ray Chest</td>
<td>Hari Singh, Agra</td>
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<td>11:00-11:30 am</td>
<td>CT Guided Interventions in Pulmonary Diseases</td>
<td>Sonam Spalgais, Delhi</td>
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<td>11:30-12:45 pm</td>
<td>Bronchoscopy: Connoisseur of Lung Diagnosis &amp; Therapeutics</td>
<td>Sandeep Katiyar, Kanpur</td>
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<td>12:45-1:00 pm</td>
<td>Oral Manifestations in DM</td>
<td>Vivek Agarwal, Delhi</td>
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<tr>
<td>1:00-1:15 pm</td>
<td>Insulin Pump &amp; Arrays of Insulins</td>
<td>Rakesh Sahay, Hyderabad</td>
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<tr>
<td>1:15-2:15 pm</td>
<td>Hepatorenal Syndrome</td>
<td>Jalees Fatima, Delhi</td>
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<td>2:15-3:00 pm</td>
<td>Intervential Nephrology</td>
<td>HD</td>
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<td>3:00-4:00 pm</td>
<td>Diet in Health &amp; DM</td>
<td>KVS Hari Kumar, Chandigarh</td>
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<td>4:00-4:45 pm</td>
<td>Governance - safety in health care</td>
<td>Basant Chaudhury, UK</td>
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<td>9:15-9:30 am</td>
<td>Acute Dyspnea with CP angle obliteration – how to proceed?</td>
<td>Senthil Kumaran &amp; Team</td>
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<td>9:30-10:00 am</td>
<td>CPR</td>
<td>ACLS/ BCLS</td>
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<td>10:00-11:00 am</td>
<td>Ventilatory Support</td>
<td>Shilpa Tiwaskar, Mumbai</td>
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<td>• ABG Analysis and management in ICU</td>
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<td>• Ventilator setting in emergencies</td>
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<td>• Lung protective strategies for mechanical ventilation</td>
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<td>• NIV – BIPAP / CPAP</td>
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<td><strong>Senthil Kumaran &amp; Team</strong></td>
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### HALL - H  • WORKSHOPS  • APICON 2020

**Haematology Workshop**  
*Convenor: Sudhir Mehta, Jaipur*

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>11:00-12:15 pm</td>
<td>Haemolytic anaemia</td>
<td>Shubha Laxmi Margekar, Delhi</td>
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<td>Aplastic Anaemia</td>
<td>Ritika Sud, Delhi</td>
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<td>Pancytopenia</td>
<td>Sudhir Mehta, Jaipur</td>
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<td>Blood Transfusion: when it is needed?</td>
<td>KP Chandra, Delhi</td>
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<td>Hemophilia: Recent advances</td>
<td>Tarun Kumar Dutta, Puducherry</td>
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### Hall - I  • Free Paper Platform (Oral)

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<th>Time</th>
<th>Thursday, 9th January, 2020</th>
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<td>11:00-12:00 noon</td>
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Chellaram Diabetes Institute

4th International Diabetes Summit - 2020, Pune
6th - 8th March 2020 (Friday - Sunday)

With Faculty From
- Karolinska Institute, Sweden
- Mayo Clinic, USA
- Imperial College, London
- University of Leicester, UK
- University of Newcastle, UK
- Dusseldorf University, Germany
- University of Virginia, USA

Highlights - 3rd International Diabetes Summit - 2019
- 50 National and 10 Best in class International Speakers from USA, UK and Europe.
- 2000 delegate registrations from all over India and abroad.
- Oral / Poster presentations by 45 young researchers.
- Pre-conference Workshops on Management of Diabetic neuropathy, NAFLD, Symposia, Scientific CME on Digital Diabetology and the Scientific Sessions on Diabetes Complications and Management.
- Chellaram Foundation Diabetes Research Award-2019 of Rs.1,00,000/- given for the outstanding research.
- Chellaram Foundation also announced and gave prizes of Rs. 10,000 and Rs. 8,000 for the 2 best papers in Clinical science presentation.
- The Maharashtra Medical Council awarded 10 Credit Points to the program.

REGISTRATION FEE (FEE / PERSON in INR / USD)

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<tr>
<th>Category</th>
<th>Upto 5th March 2020</th>
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<tr>
<td>National Delegate</td>
<td>Rs. 6750</td>
<td>Rs. 9750</td>
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<tr>
<td>PG Student *</td>
<td>Rs. 5750</td>
<td>Rs. 6750</td>
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<td>HCP's #</td>
<td>Rs. 8750</td>
<td>Rs. 9750</td>
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<td>Accompanying person</td>
<td>Rs. 8750</td>
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<tr>
<td>International Delegates</td>
<td>USD 300</td>
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Medvents Conferences & Events Pvt Ltd
E-mail: reachmedvents@hotmail.com
I Supriya Tak : +91 7767834459

Please send the cheque/ DD in favour of “International Diabetes Summit” to:
The Secretariat Address : 4th International Diabetes Summit 2020
Chellaram Diabetes Institute, Lalani Quantum, Pune-Bangalore NH4 Bawdhan
(Budruk) Pune -411021 / E-mail : ids@cdi.org.in
Contact Ms. Shraddha U. Mahajan : 020 - 66839722 / 8329037854

To register please visit: www.cdi diabetessummit.org

CME Certificate Course in Diabetes Management (CCCDM)
endorsed by the Leicester Diabetes Centre, UK.
This Course is being offered for only Rs 2,900/- at present.

Additionally, there is also a substantial discount on the fee of our other two online courses!

CME Certificate Course in Lipid Disorder Management (CCCLDM)
Available for only Rs. 2,900/-
(Instead of the regular course fee of Rs. 3,900/-)

Hurry! This Offer is for a limited period only.

CME Certificate Course in Diabetic Foot Management (CCCLFM)
Endorsed by the Leicester Diabetes Centre, UK
Available for only Rs. 4,900/-
(Instead of the regular course fee of Rs. 7,600/-)

To register for the courses by availing of the discount and for more details, Please visit www.cdiacademy.org.in
Email for any queries: cdiacademy@cdi.org.in
Abnormalities in thyroid function can cause cardiovascular manifestations, and it is important to detect cardiac complications in time to prevent adverse outcomes. Hypothyroidism and hyperthyroidism can both affect cardiac function, leading to a variety of cardiac dysfunctions, including diastolic dysfunction, cardiomyopathy, and arrhythmias. Early screening for hypothyroidism is crucial to prevent serious cardiovascular complications.

**Material:** This study was conducted in a tertiary care hospital, with 105 male patients admitted to ICU with documented acute respiratory failure over a period of 30 days. Patients were selected based on unexplained pericardial effusion. Serum testosterone was estimated by Electro Chemiluminescence Assay at 24 and 72 hours post intubation. Hypo/hyperthyroidism and survival status were the end-point.

**Observations:** It was observed that 97.1% of the patients had significant fall in testosterone at 72 hours post intubation. 27 patients with severe hypo/hyperthyroidism died, whereas there was no mortality in patients with normal testosterone. There was no statistically significant correlation between severity of hypothyroidism and mortality of patients.

**Conclusions:** A significant drop in serum testosterone at 72 hours compared to 24 hours post intubation was noted. Hypo/hyperthyroidism was associated with a higher mortality rate. Further interventional studies assessing testosterone supplementation and mortality benefit need to be done.

Cardiovascular Manifestations in Hypothyroidism

**Patients:** Prashanth CA

**Material:** Mandya Institute of Medical Sciences

**Introduction:** Hypothyroidism is one of the most common endocrinopathies affecting patients visiting outpatient and inpatient departments. The prevalence of hypothyroidism is high, and it is important to make an early diagnosis and periodically screen for hypothyroidism.

**Observations:** Most cases fell in the age group of 31-40 years. There was an overall female preponderance over all age groups with a mean age of 34.6 years. The female population constituted about 70% of the total. Among 30 new cases of hypothyroidism, pericardial effusion was detected in 21 cases. Hypothyroidism is known to cause reversible cardiac dysfunction in humans.

**Conclusions:** The study highlighted the profile of cardiac dysfunction among different types of thyroid disorders. It is vital to perform detailed cardiological examination in patients with known thyroid disorders to detect cardiac complications in time

**Cardiac Changes in Hypothyroidism by Echocardiography**

**Material:** Descriptive study done on 50 newly detected hypothyroid patients at RRMCH. Lab parameters done were Hb, vit B12, TPT, and presence of antithyroid antibodies were analysed.

**Observations:** Out of 50 patients, 23 (46%) males, 27 (54%) females. Many patients tested positive for antithyroid antibodies. 28 were detected with a parathyroid adenoma, who was a candidate for surgery. Later he underwent surgery, open right parathyroidectomy. His perioperative period was uneventful. Post operatively he developed hypocalcaemia, for which, he received oral calcium. His calcium and phosphorus levels normalised 7 days after surgery. Histopathology of the parathyroid gland revealed a benign adenoma.

**Conclusions:** The study to mainly access the prevalence of B12 deficiency in hypothyroid patients with autoimmune hypothyroidism. Vitamin B12 deficiency in hypothyroid patients may be due to causes like inadequate intake or sluggish bowel movements, bacterial overgrowth. Hence the main objective is to access the prevalence of Vitamin B12 deficiency in patients with hypothyroidism including autoimmune hypothyroidism.
Association between insulin resistance and hypothyroidism – a case-control study
G Koppad
Netaji Subhash Chandra Bose Medical College Jabalpur

Introduction: Thyroid hormones affect glucose homoeostasis and insulin resistance is associated with various metabolic complications like Diabetes Mellitus type 2, Metabolic syndrome, Hypertension, Obesity, NAFLD. Very less information is available about relation of thy.

Material: 40 age matched euthyroids were included in the study. Serum TSH, FT3, FT4, fasting plasma glucose and insulin were estimated. Homeostasis Model Assessment was used to assess insulin resistance (HOMA-IR).

Observations: Serum TSH levels were significantly increased in hypothyroid patients (39.90±30.42) when compared with euthyroid patients (3.86±7.37; p<0.001). The mean HOMA IR was significantly elevated in hypothyroid patients (2.89±2.17) when compared with euthyroid patients (1.54±1.47; p=0.002).

Conclusions: Hypothyroidism is associated with insulin resistance. Early screening of hypothyroidism and appropriate treatment of hypothyroidism will lead to prevention/delaying of complications associated with insulin resistance.

APS -2 -a Subtle Presentation
V Raviteja
SRM Medical College Hospital and Research Centre

Introduction: APS-2 is a rare syndrome with a prevalence of 1:2 per 1,00,000 with a female preponderance. Material: A prospective study. 47 year-old-male, non-vegetarian recently found to have hypothyroidism with no addictions presented with insidious onset, gradually progressive encephalopathy and paraparesis of distal extremities of upper and lower limbs for 3 months. Gait imbalance especially in low light causing him to sway either side while walking.

Observations: Hyperperiglutination of oral mucosa and distal phalanges seen and CNS showed posterior column involvement with positive Romberg's sign and corticospinal signs in form of extensor plantar. A clinical diagnosis of SACC was made. HB was 9.4 with MCV of 112. Pernicious anemia was suspected along with possibility of early and insidious. Anti-parietal cell and intrinsic factor antibodies (positive), Anti-TPO (452.20), 8 AM cortisol (9.72) and ACTH (76.95) were done. Clinical and biochemical multiplicity of leading involvement suggesting APS type 2. Parental B12 was given during hospitalisation and the patient showed significant clinical improvement. He was discharged and advised to continue parental B12, T. thyroutine and follow up regularly.

Conclusions: A case of Autoimmune Polyglandular Syndrome 2 due to presence of subclinical addition of disease, hashimoto's thyroiditis and pernicious anemia.

De Quervain's Thyroiditis Presenting as Pyrexia of Unknown Origin - A Case Report
Ahmed Sainulabdeen
SRM Medical College Hospital and Research Centre

Introduction: De quervain’s thyroiditis is the most common cause of a painful thyroid swelling. It is supposed to be due to a viral infection of the thyroid gland and is relatively uncommon disease with incidence of 4.9 Per 100,000/year.

Material: A 37 year old male patient presented with fever of few weeks duration. Outpatient workup for infectious etiologies were negative and patient was empirically started on oral antibiotics. Due to non resolution of symptoms, patient was admitted in SRM hospital for further evaluation.

Observations: Physical examination and laboratory studies revealed an eviscerated, a whole body pet scint was done which revealed heterogenous attenuation with increased metabolic activity in the right lobe of thyroid gland and a shadow on the left lobe of the gland. Thyroid function tests confirmed the precon of de quervain’s thyroiditis.

Conclusions: The patient was started on T Propranolol, T thyroxine 50 micrograms with complete resolution of symptoms in 4 days. On discharge, patient was on T Propranolol and a day in a week he was on T Propranolol.

Primary Hypothyroidism-An Underdiagnosed Domain???
Siju Jose, Abhishak K, Jayakumar
Sneegokulam Medical College & Research Foundation

Introduction: In this modern medical scenario, diseases present in an atypical form more frequently due to early incomplete therapeutic treatment. During the last few decades, presentation of hyperthyroidism has shifted from classic hyperthyroidism to atypical ones. We report such a case of hypercalcemia with normal PTH.

Material: A 69 year-old female patient presented with 5-month history of on & off abdominal pain&documented hypercalcemia. Common causes of hypercalcemia like multiple myeloma, drug induced & malignancy were ruled out. Serum PTH was also within normal limits. In view of unyielding results, a parathyroid imaging and 99mTc-67Ga dual-phase fusion imaging with single-photon emission computed tomography was done which revealed Parathyroid adenoma.

Observations: A 1.5-cm-sized parathyroid adenoma was removed surgically. The abdominal pain subsided &serum calcium was declined to normal level immediately after resection, as well as in 4-month follow-ups. The immunohistological diagnosis confirmed to be a PTH positive parathyroid adenoma.

Conclusions: In a case of hypercalcemia with unyielding results, a normal serum PTH should not close the eye of the examiner towards the possible diagnosis of a parathyroid adenoma.

Effect of Nutritional Anaemia on HbA1c Levels in Type 2 Diabates
Y Hemachoudary, Prasanna Kumari
Siddhartha Medical College, Vijayawada

Introduction: India being diabates capital where diabetes mellitus stands at 9.4% of India's population and 0.9% of the world's population. Material: 78 patients patients admitted to GGHVijayawada,a prospective study conducted from Feb 2019 to Aug 2019 Inclusion criteria age more than 18 years, type 2 diabetes, HbA1c, iron and vit B12 deficiency were included. Exclusion criteria non diabetics, hemolytic anemia, anemia of chronic disease, bone marrow infiltration anaemia, congenital hypothyroidism and pregnant patients were excluded.

Observations: Among 70 patients 36 were iron deficiency,22 were B12deficiency 12 were both iron and vitamin B12 deficiency. After treatment anaemia improved in all three groups by approximately 2-3 CMS. Out of 70 patients 50 showed fall of HbA1c after treatment Probable causes for fall of HbA1c 1)formation of new erythrocytes in circulation 2) Glycation of hemoglobin chains occur more readily in the absence of iron Rise in HbA1c observed in vitamin B12 deficiency anaemia. As many as 27 patients were in prediabetic range (HbA1c 5.7-6.5) before treatment returned to normal range posttherapy 10 patients after treatment of anaemia found to be in prediabetic range

Conclusions: Patients had significant reductions in HbA1c levels after treatment of anaemia Significant fall or rise of HbA1c might result in vitamin B12 deficiency. Alpha-2a adrenergic agonists should be tested before HbA1c estimation.

Use of Simple Radiograph in Assessment of Diabetic Foot
Harsha V Patel, Jayachandra C
Bangalore Medical College and Research Institute

Introduction: Diabetic patients suffer several joint and bone abnormalities making it one of the most common causes of lower limb amputation. This could possibly be picked up by simple X-ray, which can be used for early recognition and help prevention of complications. Our study aimed at identifying common foot abnormalities in diabetic patients with and without neuropathy using simple X-ray.

Material: This study included 180 patients of Type 2 Diabetes Mellitus who were categorized into three groups, First group consisted of 60 diabetic patients, second had 60 diabetic patients with neuropathy and third of 60 diabetic patients with both neuropathy and foot ulcer. Detailed history was taken, clinical examination carried out Sensory Neuropathy was assessed. Various laboratory investigations were recorded bone and joint abnormalities in the foot were identified by foot X-ray.

Observations: The prevalence of various radiological abnormalities of foot were more common in diabetic patients with both neuropathy and foot ulcer. Some of these abnormalities were osteopenia, vascular calcification, calcaneal spur, peristomal reactions, subluxation. This also correlated with the duration of diabetes and glycemic control.

Conclusions: Simple radiograph can be a more cost effective tool for identification of various foot abnormalities in diabetic patients, which helps in better management, prevent further damage and decrease amputation.

Chronic Adrenal Insufficiency Presenting with Fatal Hypoglycemia
Priya Bansal, Rohit Bansal
Lady Hardinge Medical College and SKS Hospital, PGIMER and Dr. RML Hospital, New Delhi

Introduction: 40 year old female presented with chief complaint of low grade fever and fatigue for a month. On examination the patient had a systolic blood pressure of 90 mm Hg. Rest of the examination was unremarkable. On work up the patient was diagnosed to have Addison's. On further investigations the serum sodium levels were normal. Further tests were done as part of infectious disease profile. Thyroid IgM was positive and patient was treated as Enteric fever.

Material: During her stay in the hospital the patient developed an episode of seizures. She was detected to have hypoglycemia. On giving dextrose infusion the patient recovered. A possibility of adrenal insufficiency was suspected and relevant hormonal profile was sent. The patient was started on steroids. However, the hypoglycemia was persistent and hypoglycemic seizures recurrent.

Observations: The patient eventually succumbed to the biochemical abnormalities of chronic adrenal insufficiency in her first presentation to the hospital.

Conclusions: Adrenal insufficiency can present with a wide variety of non-specific symptoms. thorough history and examination, as well as diligent interpretation of signs, and biochemical abnormalities, is essential for timely management of the disease.

Clinical Profile of Patients with Hypoponatemia in an Urban Tertiary Care Hospital
Khishita Bhagwat, BM Suraj, NS Harsha, SK Supreeth
Siddharth Medical College, Vijayawada

Introduction: Hyponatremia is the most common electrolyte disturbance seen in both the outpatient and inpatient setting. It is defined as serum sodium levels less than 135 mEq/L. Symptomatology varies greatly from asymptomatic patients to non-specific symptoms like nausea and vomiting to coma. Presentation depends greatly on the rate of development of hyponatremia than the severity.

Material: A prospective observational study including 80 patients with hyponosomal hyponatremia was conducted over one year. Patients above 18 years of age were included in the study. History, clinical examination was recorded and necessary laboratory investigations were done. Data were analyzed by univariate methods, followed by multivariate analysis.

Observations: Among the 80 patients, females were more commonly affected. Most common age group of presentation being 59-69 years. Most common cause of hyponatremia was altered sensorium followed by vomiting. Diuretic use followed by SIADH was found to be the most common cause.

Conclusions: Hyponatremia was fairly common in the elderly patients and was most commonly associated with use of diuretics. Studying the aetiology, risk factors and treatment of hypoponatemia will help in reducing its incidence and minimize the complications associated with hyponatremia.
Thyroid Storm Presenting as Jaundice – A Rare Case Report
Naveenkumar Hossali, Ravishankar, Ramesh SS, Vandana Balagi
Mysuru Medical College and Research Institute

Introduction: Thyroid storm is an extreme accentuation of thyrotoxicosis. Only 1-2% hyperthyroid cases manifest as thyroid storm and the mortality range between 20-30% unless adequate intervention. Significant hepatic dysfunction and evidence of liver cell failure is an infrequent manifestation of hyperthyroidism.

Material: We report a case of a 60 year old female patient who presented with fever, icterus & altered mental status.

Observations: Examination revealed tachycardia, wide pulse pressure, pedal edema, raised body temperature, lid retraction with staring look & grade 2 thyroid enlargement. Biochemical parameters revealed TB-12.4 DB-11.8 AST/ALT-172/58 ALP-241 & T3 – 239.0 ng/dl (81.96 ng/dl) T4 – 14.72 microg/dl (4.5-12.5 microg/dl) TSH – 0.005 microRU/ml (0.4-4.2 micro RU/ml). With help of Burch-Wartofsky Point Scale we arrived at diagnosis of Thyroid storm which presented as acute liver failure. Appropriate treatment with carbimazole, propranolol & hydrocortisone was given. Patient recovered significantly and was discharged with normal LFT reported.

Conclusions: Hepatic failure is a rare but serious complication of thyroid storm. Our case should compel physicians to be cautious of liver function abnormalities in patients with hyperthyroid patients and to promptly diagnose and treat thyroid storm.

When Digging Deeper in a Case of Young Stroke
Amrish Sukumaran, N Karunakaran, Ravi A
Government Stanley Medical College and Hospital, Chennai

Introduction: Polyclandaluar Autoimmune Syndrome are a group of multiple endocrine gland insufficiencies of autoimmune etiology. There are 3 variants described by Neufeld and Blizard in 1980.

Material: We report a case of a 34 year old female, a known hypertrophic with a bad obstetric history who presented with difficulty in using right upper and lower limb since the previous night. On examination she was found to have Right Hemiparesis. MRI Brain reported an Acute Infarct in Left Corona Radiata. Routine 4 vessel Doppler showed a 90% occlusion of Left Carotid artery.

Observations: Cause of her Hypothyroidism was found to be Hashimatos with Anti Thyroglobulin and Anti- TPO. Her Pro-Thrombotic work up yielded a 10 fold increase in Homocysteine. Which on further testing revealed a drastically decreased Serum B12 levels. Serum parietal cell anti-body was positive suggesting Perinicious Anemia which was further reinforced by stomach biopsy findings. With a normal Cortisol and Parathyroid levels, her constellation of findings clinched a diagnosis of Polyclandaluar Autoimmune Syndrome Type 3 presenting as Ischemic Stroke.

Conclusions: This marks only the THIRD ever reported case of Polyclandaluar Autoimmune Syndrome presenting as Stroke Worldwide.

Incidence of Relative Adrenal Insufficiency in Patients with Septic Shock in a Tertiary Care
MLN Phanindhar, B Srinivas, P Shrawan Kumar
Osmania General Hospital

Introduction: To find incidence of relative adrenal insufficiency in patients with septic shock admitted to a tertiary care.

Material: Septic fulfilling the criteria of septic shock were assessed with APACHE2 and LODS score. All patients were subjected to short synacthen test. Based on the test results patients with relative adrenal insufficiency were identified and supplemented with steroids, while steroids were withdrawn on patients without relative adrenal insufficiency.

Observations: Incidence of relative adrenal insufficiency was 44%. Mortality was greatly associated with renal failure than relative adrenal insufficiency when analyzed for other parameters like respiratory, logistic and sepsis scores.

Conclusions: On analysis for impact on mortality, duration of vasopressors, or duration of hospital stay, no statistically association was seen with respect to relative adrenal insufficiency.

A Study of Serum Vitamin D and Insulin Resistance in Subjects with Prediabetes
Ankit Kumar Mishra, Abhishek Pandey, Deepak K Gautam
Institute of Medical Sciences

Introduction: Pre-diabetes is an important risk factor for the onset of overt diabetes and cardiovascular disease. Vitamin D plays an important role in glucose metabolism such that patients with diabetes and vitamin-D insufficiency have increased insulin resistance. Similarly observations among individuals with prediabetes are not well documented. The study aims to find the association of vitamin-D and insulin resistance (by HOMA-IR) in subjects with prediabetes

Material: Observational cross sectional study conducted at sir sundar lal hospital, BHU,Varanasi. Total 150 subjects with prediabetes and/or IGT subjects (mg/dl) and/or HBa1c 5.7 - 6.4 (who fulfilled exclusion criteria) were taken FBS, 2HrPPBS, HBa1C, Serum.Vitamin D, Fasting Insulin was done. HOMA-IR calculated statistical analysis done by chisquare test, student t test, wilcoxon test.

Conclusions: Our study results propose vitamin D levels as an early marker for diabetes and help in recommending vitamin D to be precribed in the pre diabetic stage itself (similar to what observed by Dutta et al).

Study of Lipoprotein (A) and Lipid Profile in Type 2 Diabetes Mellitus and their Relationship with Glycemic Control
Madhusudhan K, Nirmala AC
Bangalore Medical College and Research Institute

Introduction: To evaluate lipoprotein (a) and lipid profile in type II diabetics and non diabetics to study the relationship of lipoprotein (a) and lipid profile with glycemic control.

Material: The study will be conducted on known case of type ii diabetics and non diabetics attending hospitals attached to bangalore medical college & research institution during the study period of aug 2018- aug 2019. Data will be analysed by descriptive statistics, student t-test will be used to know significance difference between two means.

Observations: There is higher prevalence of Vitamin D deficiency and clinical neuropathy in patients with Type 2 Diabetes Mellitus treated with Metformin.

Association between Serum Uric Acid Levels and Metabolic Syndrome
Rajeev Bhardwaj, Rajesh Iain
JLN Medical College, Ajmer

Introduction: The metabolic syndrome also termed as insulin resistance syndrome is defined as abnormalities that confer increased risk of cardiovascular disease and diabetes mellitus. The syndrome is end product of purine metabolism in humans the main objective of this study is to evaluate the association between serum uric acid and metabolic syndrome.

Material: This study was conducted among 100 patients with metabolic syndrome (cases) admitted in jln hospital ajmer from aug 2017 to july 2018 on the basis of NCEP ATP III criteria and control group. The study of lipid profile and lipoprotein (a) were done. HOMA-IR calculated statistical analysis done by chisquare test, student t test, wilcoxon test.

Conclusions: There is higher prevalence of Vitamin B12 deficiency and clinical neuropathy with metformin in Type 2 Diabetes Mellitus patients. It is a preventable cause of neuropathy.

Study of Thyroid Function in Non Alcoholic Fatty Liver Disease
Lohitha Mallapeddi, Dhandapani E, Sajmi Shaji
Sne Balaji Medical college and Hospital, Chromepet, Chennai

Introduction: Non-alcoholic fatty liver disease [NAFLD] is increasingly recognized as the cause of chronic liver disease world wide. Thyroid dysfunction has been frequently associated with NAFLD.

Aim: To determine any association between increased TSH concentrations and hepatic steatosis in no

Observations: Thirteen patients [26%] of NAFLD were found having thyroid dysfunction. The most common thyroid dysfunction was thyroid hypofunction.

Conclusions: This study shows a definitive correlation between subclinical hypothyroidism and NAFLD.
Diabetes

A Study of Correlation between Total Serum Adiponectin and Risk of Peripheral Vascular Disease in patients of Type 2 Diabetes Mellitus
Niveditha C, D Smrath Kasal
JMJ Medical College

Introduction: Adiponectin is an adipocyte-derived protein that has gained considerable research interest because of its pleiotropic effects on insulin sensitivity, atherosclerosis, inflammation and endothelial function. It is a protein that has gained considerable research interest. Among adiponectin, there are different patients who require different modalities of titration than compared to conventional treatment. In atherosclerotic diseases, it means it DPN negative and if the score is >2 it means DPN positive. Population in two groups only, if the score is between 0-2 it is DPN negative. In diabetes, higher adiponectin concentrations have also been observed weaker inverse associations after adjustment for high-density lipoprotein (HDL) cholesterol, questioning the putatively protective and independent role of adiponectin in atherosclerotic diseases.

Material: We performed a case control study among 60 diabetic patients in tertiary centre. JMJ Medical College, College davanagere, who were free of diagnosed cardiovascular disease. Among 60 patients, 12 had symptoms of PVD and was confirmed using Ankle-Brachial Index and Doppler study. Using risk set sampling, controls were selected and matched on age, no smoking status, fasting statin use, and profile. HB..

Observations: A total of 6 patients had PVD of which adiponectin levels were decreased in 10 patients and normal in 50 patients who had DPN positive with normal HDN. There were not associated with lower risk of cardiovascular disease (CVD) in several studies. Miyazaki et al. in epidemiological report observed weaker inverse associations after adjustment for high-density lipoprotein (HDL) cholesterol, questioning the putatively protective and independent role of adiponectin in atherosclerotic diseases.

Conclusions: Total adiponectin is inversely associated with risk of PVD in diabetes patients.

Glycemic Variability and its Impact on the T2DM Patient – A Case Based Report
NY Prashanth Chandra, Muzammil Mohammed, Riyaz Mohammed
Aster Prime Hospital

Introduction: Importance of Glycemic variability and prompt treatment results in better control and prevent long term complications.

Observations: 60 years lean women with past history of CVA, presented with symptoms and signs of diabetes 3 years back. Her FBS, PLBS, HBA1C were elevated, Serum C peptide, Insulin levels Normal, Lipid parameters (LDL, HLDL, Total cholesterol, LFT, FTG, ECG, 2D echo normal. Despite on multiple OAD’s her glycemic levels were not under control. Patient was worked up and all other causes including error in technique was also ruled out. Whenever an up titration of insulin, pt was admitted with several cases of hypoglycemia & d/w down titration severe hyperglycemia. Patient was counselled and convinced for basal plus regimen, along with OAD. CCMM was started and real spikes of Glycemic Variability. It should not only severe hyperglycemia (400 mg/dl) with severe morning hypoglycemia (400 mg/dl); CCMM suggested, inv. day phenomenon. Basal insulin dose was readjusted along with prandial insulin. Now patient is better without and hypoglycemic episodes.

Conclusions: Proper titration of insulin is must and there are different patient who require different mode and modalities of titration than compared to conventional methods.

Prevalence and Assessment of Neuropathy in Newer Type 2 Diabetic Patient
Riyaz Mohammed, Muzammil Mohammed, Imran Ahmad S
Esani Diabetes and Multispeciality Centre

Introduction: To assess the usage of basic screening tools in newer onset of diabetes mellitus for diagnosing the DPN and to correlate the importance of DPN.

Material: 380 screened, only 160 Diabetic patients without any prior DM treatment were selected and divided into 2 groups, DPN symptoms Positive and Negative. VPT, Temperature Perception, Tingling and numbness, Monofilament test was done to assess the presence of DPN. We have followed the modified neuropathy disability score (NDS), based on this we had categorized our group population into two groups only. If the score is between 0 it means it DPN negative and if the score is >2 it means DPN positive.

Observations: In the present study it was observed that the no of patients with abnormal VPT, Presence of tingling, abnormal Temperature perception and abnormal

Monofilament test was statically significant in patients who had DPN positive with no DPN (p <0.05). There was no statistically different in gender distribution, presence of HTN, history of smoking.

Conclusions: Screening for DPN using simple clinical exercises can help in preventing onset of total infection. This study can be strengthened with larger population and ENMG for confirmatory diagnosis.

Study Clinical Correlation between Glycemic Control, Lipid Profile and Oral Leukoplakia in Diabetes at Tertiary Care Hospital, Bikaran (North-West Rajasthan)
Shreyans Jain
S P Medical College, P.B.M. Hospital

Introduction: The term “leukoplakia etiologically is common in Greek word leukos, “meaning white” and plax “meaning plaque”. It is being recognised by two forms: Homogenous leukoplakia has predominantly white, soft and smooth flat appearance. It is being seen in diabetics was positively correlated with poor glycemic control. The risk was further increased in association with dyslipidemia. Smoking, tobacco chewing and alcoholism significantly increased the risk in poorly controlled diabetes with dyslipidemia.

Pulmonary Hemodynamics and Right Ventricular Function in Diabetes
Anil Kumar Kusum Bal, Prashart Patel, Vidi Patel
Anubhut Medical Hospital

Introduction: Echocardiography is limited in its ability to provide an accurate measure of RV ejection fraction (RVEF). Evaluated echocardiographic measures of RV function in diabetes.

Material: RV function in 30 patients with diabetes and echocardiography. 2D parameters of RV function – RV dilatation, PAP obtained. RV free wall derived. RV function correlated with mean pulmonary arterial resistance (PVR) in 70 out of 32 patients in group I and normal pulmonary arterial pressure in group II was observed. Increase in PAP was related to pulmonary blood flow and volume, could not be explained entirely by the left ventricular end-diastolic pressure changes. In group I, diastolic dysfunction observed in 11. In group II, normal LV compliance observed. Findings indicate hypertension in diabetes associated with elevation of PAP and of PVR, is not necessarily a consequence of LV dysfunction in LV function; LV hypertrophy associated with enhanced performance of either ventricle, in coincidence with development of ECG signs of LV strain to compensate for right heart failure.

Conclusions: Echocardiographic abnormalities-RV function is not very uncommon in type 2 diabetes.

Study of Profile of Young Diabetics below 25 years with Special Reference to Type2 Diabetes Mellitus
Neil Krishna Reddy Yavavani, Sunith Babu M, Anish Bheel
JSS Medical College, Mysore

Introduction: Type 2 Diabetes Mellitus (T2DM) in young people is a serious concern in the society. Literature suggests that the incidence of T2DM is not only increasing, but there is also a shift in age of onset of T2DM towards younger age groups in India and world wide.

Material: The study is a prospective observational study conducted in JSS Hospital Mysuru. The subjects were categorized according to the c-peptide value with onset of diabetes below 25 yrs.

Observations: The frequency of T2DM in young subjects less than 25yrs was 15.2% T2DM in T1DM patients was 45% compared to T2DM patients. A study was statistically significant P0.0001. ? T CLD LTG in T1DM patients was less compared to T2DM patients which was statistically significant with a P=0.003 (LDL), P=0.015 (TG) and P= 0.03 respectively.

Conclusions: T2DM, earlier considered a disease of middle age or elderly is now increasingly observed among young adults and childhood, probably due to the burgeoning epidemic of childhood obesity and lifestyle. ? However, sparse data about frequency of T2DM among young people, less than 25yrs, is available in Indian subjects. This study reveals 15.2 percent of young diabetics being type 2 DM. T BMI, total cholesterol, LDL-C, Triglycerides were more in Type 2 DM compared to Type 1 DM.

To Study the Effect of Alpha Lipoic Acid Supplementation on Diabetic Neuropathy through Nerve Conduction Test
Anubhav Srivastava, Varun Gupta, PK Maheshwari
Shriram Naidu Medical College, Agra

Introduction: Diabetic neuropathy is the most common complication and greatest source of morbidity and mortality in diabetes patients.

Material: A double blind controlled trial was carried out in diabetic patients of a tertiary care centre. Total 72 cases were divided into two groups study group (A) and control group (B). Baseline NCV was performed. Group A received alpha lipoic acid and group B received placebo for 12 weeks. NCV was repeated after 12 weeks.

Observations: The symptoms of hypoarthesia, paraesthesia, cramp and pain shows statistically significant improvement (p<0.001) in the study group. In the control group, there was no significant change. In study group statistically significant (p<0.04) improvement in sensoral and motor nerve conduction and lost reflexes was observed. In the control group, there was no significant change. NCV was improved in study group but not in control group.

Conclusions: Alpha lipoic acid supplementation helps to improve nerve conduction velocity in patients of diabetic neuropathy (p value<0.05).

To study the correlation of Ankle Brachial Index and Color Doppler Ultrasonography with Peripheral Vascular Disease in Type 2 Diabetes Mellitus
Awadhesh Yadav, Awadhesh Yadav, PK Maheshwari
SNMC, Agra

Introduction: Peripheral vascular disease (PVD) is a common cause of morbidity in type 2 diabetes mellitus (T2DM) and its diagnosis is challenging. Ankle Brachial Index (ABI) is cheap, reliable and non-invasive method for detecting PVD in T2DM.

Material: It was a prospective study. Total 98 patient of T2DM in the age group of 28-78 year having PVD with predefined inclusion criteria were included.ABI was calculated using sphygmomanometer and CDU was used to diagnose PVD. Both ABI and CDU were compared for detecting PVD.

Observations: In this study mean age was 59.0±15.02year, mean body index was 27.12±5.42 kg/m2 and mean duration of diabetes was 7.86±4.45years, among 67 diagnosed cases of PVD on CDU, 49 (73.1%) were detected to have PVD by ABI method whereas 18(26.8%) remain undiagnosed where ABI alone was used in diagnosis. Contrarily among 50 diagnosed cases of PVD by ABI method 36(72%) were found to be normal on CDU. ABI method was found to have specificity of 89.2% but sensitivity was only 73.1%.

Conclusions: ABI has very high specificity but sensitivity is low compared to CDU. Therefore if ABI is abnormal the diagnosis of PVD is almost certain but in symptomatic cases with normal ABI, CDU should be performed to exclude the PVD.

To Study Clinical Characteristic, Aetiology and Outcomes of Clinically Significant and Severe Hypoglycemia in Type 2 Diabetes Patients
Pawan Deep Neekha, PK Maheshwari, Ashish Gautam
SNMC, Agra

Introduction: Hypoglycaemia is the one of the most
common complication of diabetes mellitus. The over emphasis on resultant retinopathy and manage the long-term complications of diabetes have resulted with use of combination of anti-diabetic drugs. This will also help in reducing the economic burden of diabetes. It was also held to be a common practice in diabetic patients in 2 groups based on the presence and absence of diabetic retinopathy.

Material: This is a hospital based observational descriptive comparative analysis with sample size of 64 diabetic patients attending Medicine OPD and 32 diabetic patients attending OPD of diabetic clinic in GMC, Kota. With retrospective analysis it was come to know that the presence of DR was statistically significant (p<0.001).

Conclusions: The study concluded that the early diagnosis via screening programme may help in decreasing the incidence of diabetic retinopathy. It will also help in reducing the economic burden of diabetes. It was also held to be a common practice in diabetic patients in 2 groups based on the presence and absence of diabetic retinopathy.

Observations: There was significant association of albuminuria with hyperglycemia which was statistically significant (p<0.001). The significantly lower values of PEF, FVC and FEV1 and higher FEV1/VC ratio in the cases compared to controls is suggestive of a mixed obstructive and restrictive pattern that is more prominent in diabetics with nephropathy.

Conclusions: Pulmonary dysfunction in diabetes, albeit mostly subclinical and usually having a mixed obstructive–restrictive pattern, runs a course parallel to diabetic nephropathy. The correlation between albuminuria and lung dysfunction remains significant even after adjusting for other parameters suggesting it’s independent impact on pulmonary function. Thus routine PFT screening can serve as an important tool for diagnosing and follow up of diabetic microangiopathies.

Correlation between Mean Platelet Volume and Glycosylated Haemoglobin in Patients with Type 2 Diabetes Mellitus

Manisha Gulia, Monica Gupta, Mandeep Singla, Anita Tafah, Jasbinder Kaur Government Medical College and Hospital, Sector 32, Chandigarh

Introduction: Diabetes mellitus (DM) is a metabolic disorder associated with both microvascular and macrovascular complications. Mean platelet volume (MPV) is a marker of platelet activity, which plays a major role in the development of vascular complications of DM. The aim of this study is to determine the correlation between mean platelet volume and glycosylated haemoglobin in patients with type 2 diabetes mellitus.

Material: This is a prospective and observational study on type 2 diabetic patients between 2018 and 2019 with the participation of 235 diabetic patients, followed up for 6 months.

Observations: When we compared the basal and post-treatment values, a significant decrease of MPV and HbA1c levels was found (HbA1c: 10.8± 2.22% vs 9.0±1.99, p<0.05). MPV was significantly negatively correlated with 10 yr ASCVD Risk Score. Prevalence of diabetes in patients was significantly lower than Non-diabetic Group. (0.92±0.13 6.09 to 7.23, p<0.05). ABPI was also negatively correlated with CRP (r=0.85, 95% CI=0.40 to 0.71, p<0.001).

Conclusions: HbA1c has high prevalence in Diabetes and is significantly associated with Inflammation and Cardiovascular Risk.

Correlation between Mean Platelet Volume and Glycosylated Haemoglobin in Patients with Type 2 Diabetes Mellitus

Manisha Gulia, Monica Gupta, Mandeep Singla, Anita Tafah, Jasbinder Kaur Government Medical College and Hospital, Sector 32, Chandigarh

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neuropathy in prediabetes. Secondary objective: To assess symptomatic severity and its functional economic and social impact on peripheral neuropathy. Description of study: It is case control study and duration is 1 year/sample size is 100 and we used P value to establish association criteria. Patients diagnosed as prediabetes by oral glucose tolerance test as impaired fasting glucose, HBA1C in prediabetic range. Exclusion criteria: patient on anticonvulsants, steroids, toxin ingestion, chronic alcohols. Methodology: vibration sense assessed by Semmes Weinstein monofilament and autonomic tests in prediabetics suggestive of neuropathy. Statistics: Done by SPSS software 2010 windows, mean and median of cardiovascular parameters and student t test to note the variability between subjects and controls. Observations: No obvious statistical difference indicating peripheral neuropathy and/or cardiac autonomic neuropathy was detected between patient group and controls. Conclusions: No obvious statistical difference indicating peripheral neuropathy and/or cardiac autonomic neuropathy was detected between patient group and controls.

Prevalence of Obstructive Sleep Apnea in Diabetic patients
Ankita Singh, SC Chaubary, KK Gupta
King George’s Medical University, Lucknow

Introduction: Obstructive sleep apnea is a major contributor to cardiac, cerebrovascular, and metabolic disorders as well as premature death. It is the most common medical cause of daytime sleepiness and negatively influences the quality of life. OSAH-related hypoxemia also stimulates the release of acute-phase proteins and reactive oxygen species that can contribute insulin resistance and lipolysis and cause an augmented prothrombotic and proinflammatory state.

Material: It is a cross-sectional study, done over for one year in 100 type 2 diabetic patients in the Department of Medicine in collaboration with other Departments, King George’s Medical University, Lucknow. The Screening was done by the STOP-BANG questionnaire and they were classified into low, intermediate and high risk. Patients falling in high risk were taken for overnight polysomnography study.

Observations: In this study, OSA was prevalent in 39% of the diabetic population having age more than 18 years. OSA was more prevalent in the male population, having higher BMI, increased neck circumference and uncontrolled diabetes.

Conclusions: This study shows that OSA has a high prevalence in subjects with T2 DM. Diabetes itself may be a significant independent contributor to the risk of OSA.

Study of Serum Magnesium Level in Type 2 Diabetes Mellitus Patients with Special Emphasis on Microvascular Macrovascular Complications
Sneh Jain
Shyam Shah Medical College

Introduction: Diabetes is an iceberg disease. Prevalence of diabetes in adults was around 4%. The WHO report that over 19% of world’s diabetic population currently resides in India. Patient with longer duration of diabetes had higher mean HbA1c values and lower mean magnesium values. Hypageminemia may lead to the induction of diabetic nephropathy. Both micro and macroalbuminuria were found to be at high in patients who are hypageminemia group.

Material: We did a cross sectional descriptive study on 500 patients attending in Department of medicine, with diagnosis of type 2 Diabetes mellitus from April 2018 to March 2019. We were investigated patients for different microvascular and macrovascular complications and try to establish relationship between low serum magnesium level and micro and macrovascular complications.

Observations: Prevalence of hypageminemia in type 2 diabetes is 33%. Hypageminemia has significant association with uncontrolled fasting blood sugar (FBS >126 mg%) and Hb A1C>7 (p value 0.013). It has significant association with albuminuria and diabetes retinopathy (66%), nephropathy (67%), neuropathy (57%) with P-value was 0.01, 0.05, 0.04 respectively.

Conclusions: This study was to establish relationship between hypageminemia and type 2 DM complications and provide data that will help in management and delaying occurrence of complications and draw attention of clinicians towards a different approach for complications.

A Study of Association of XbaI GLUT1 Gene Polymorphism in Patients of Type 2 Diabetes Mellitus with Diabetic Neuropathy
Ashutosh Singh, Bipul Chandra Kaita
Ascan Medical College and Hospital

Introduction: Diabetic neuropathy (DN) is a major microvascular complication and leading cause of mortality and morbidity in diabetics. Ethnic variation, Familial clustering and the fact that approximately 40% diabetic develop DN, suggests its genetic susceptibility. GLUT1 is facultative glucose transporter in glomerular mesangial cells and its XbaI polymorphism has been suggested in the development of DN. We examined the association between XbaI polymorphism of GLUT1 and susceptibility to T2DM and development of DN.

Material: 110 T2DM cases (64 with DN and 46 without DN) and 110 healthy controls (HC) were included in the study. Genotyping was done by polymerase chain reaction and restriction length polymorphism (PCR-RFLP).

Observations: The GLUT1 XbaI T-allele was associated with increased susceptibility to DM when comparing HC with whole T2DM cases (Odd ratio OR = 1.52, 95% confidence interval [CI] 1.044 - 2.218, p = 0.014). This association was also significant between HC and T2DM with DN group OR=1.665, [CI] =1.072-2.595, p=0.0115. However, there was no association between HC and T2DM without DN OR=0.1198 and T2DM with and without DN groups OR=0.754, [CI] 0.47-1.219.

Conclusions: GLUT1 XbaI T-allele is associated with susceptibility to T2DM, and possibly to development of DN. Further studies are needed to replicate such findings.

Autoimmune Type 1 Diabetes Mellitus and Autoimmune Thyroiditis – A Rare sequelae of Drug Rash with Eosinophilia and Systemic Symptoms (DRESS)
Ankan Patel, Shubhransu Misra, Priti Patel
Kalinga Institute of Medical Sciences, Bhubaneswar

Introduction: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a potentially life-threatening drug reaction characterized by delayed onset, multi-organ involvement, and autonomic sequelae. We report a case of autoimmune Type 1 Diabetes Mellitus (DM) and autoimmune thyroiditis following DRESS. It is believed that dysfunction of T-regulatory cells results in delayed complication of DRESS.

Material: Case Report: A young female with a history of drug intake two weeks prior was admitted with complaints of fever, non-typical mucous rheumatous rashes, swelling of whole body including palm and sole, and breathlessness and was consequent discharged as a DRESS as per RegSCAR criteria. There was no evidence of any connective tissue disorder or common autoimmune diseases were found. She was not on any medications. After two months, when the patient was not on steroids, presented with features of Diabetic ketoadacidosis.

Observations: On further investigation, HbA1C was 6.1%, C-peptide was 0.25 ng/mL and autoantibodies like anti-GAD and anti- TPO antibodies were positive in high titres suggestive of autoimmune Type 1 DM and autoimmune thyroiditis following DRESS. It is believed that dysfunction of T-regulatory cells results in delayed complication of DRESS.

Conclusions: Patients should be closely monitored for resolution of organ dysfunction and development of late-onset autoimmune thyroiditis and autoimmune Type 1 DM following drug reaction.

Lower Levels of 25-Hydroxyvitamin D3 are Associated with a Higher Prevalence of Diabetic Retinopathy in Type 2 Diabetes
M Sai Sekhar, Prabhakar
Sr Devraj Medical College

Introduction: Diabetes is major and most common non-commnicable disease worldwide. Diabetic retinopathy (DR) is a leading cause of vision loss in patients with diabetes. Retinopathy is major complications and 25-hydroxyvitamin D3 deficiency is increased because of more indoor work and less exposure to sunlight. 25-hydroxyvitamin D3 has Anti-inflammatory effect and negative sense assessed by Semmes Weinstein monofilament and has been suggested in the development of DN. We examined the association between decreased levels of 25-hydroxyvitamin D3 and associated with DR and non-proliferative DR.

Material: Total 98 diabetics coming to R.L. Jalappa Hospital, were assessed during June 2019 to July 2019. All diabetics were tested for serum 25-hydroxyvitamin D3 and labeled insufficient for 25-hydroxyvitamin D3 when serum levels were <30 ng/ml. Patients underwent Fundoscopic examination and were classified into No Background Diabetic Retinopathy (BDR), Non Proliferative Diabetic Retinopathy (NPDR), Mild, moderate, severe grade and Proliferative diabetic Retinopathy (PDR).

Observations: 39 patients with 25-hydroxyvitamin D3 insufficiency had No background diabetic retinopathy, 38 patients had mild-moderate NPDR group. 15 patients had severe NPDR and 8 patients had Proliferative DR. In patients with No BDR the mean 25-hydroxyvitamin D3 levels 27.9±5.1 ng/ml. In mild: moderate DR and PDR the 25-hydroxyvitamin D3 levels were 20.8±0.75 and 15.52±0.92 ng/ml respectively. In severe NPDR, 25-hydroxyvitamin D3 levels were in range of 12.05±2.41 ng/ml for Proliferative DR the 25-hydroxyvitamin D3 levels were in range of 11.17±1.91 ng/ml.

Conclusions: This study suggests, Diabetic subjects, especially those with NPDR and PDR, have lower 25-hydroxyvitamin D3 levels.

Association between Left Ventricular Diastolic Dysfunction (LVDD) and Cardiac Autonomic Neuropathy (CAN) in Type 2 DM
Raj Borkar, Shailendra Mane
Dr. D.Y. Patil College

Introduction: There is a continuous increase in the global prevalence of diabetes and its devastating effects on life expectancy and quality of life of individuals. Patients with diabetes mellitus also have high risk of cardiac autonomic neuropathy (CAN). With this background we conducted cross-sectional study to find the association between LV dysfunction and CAN in Type 2 DM.

Material: An observational study was conducted among 30 patients with type 2 DM attending the department of medicine in a tertiary care hospital of Kolhapur. Demographic history along with detailed clinical examination was done of the eligible patients. The main testing parameters were resting HR, deep breathing test, Ysalva manoeuvre, lying to standing test and 30:15 ratio/ITI index were done and CAN score was calculated.

Observations: The mean age of the study subjects was 46.53 years with male preponderance. Giddiness and sweating disturbances were the most common chief complaints. Based on CAN score 26% of the patients has CAN. Similarly, about 25% of the subjects had LVD.

Conclusions: There was significant association between the CAN and LVD in type 2 DM in the present study (p<0.05).

Spirometric Analysis in Type 2 Diabetes Mellitus
Tamil Kanti Hazra, Oheeraj Kapoor, Seema Dhir
Artemis Health Institute, Gurgaon 122001, Haryana

Introduction: Diabetes causes pro-inflammatory states leading to loss of lung function. Lung function analysis helps to determine the effects of DM on respiratory system which is best determined by spirometry. Present study aims to assess lung function affection in diabetes.

Material: Cross-sectional, prospective study performed with 51 diabetics and 51 non diabetics adults. Informed consent, detailed history, anthropometry, blood sugars and pulmonary functions were performed; compared and analyzed statistically with student’s T-Test(Z-Test, Kruskal Wallis test, Mann Whitney U test and by using Microsoft Excel 2016 & SPSS version 21.0).

Observations: There was significant reduction in FVC compared to control suggestive of restrictive pattern in lung function. FVC was found to be lower in Type 2 DM in diabetics. Patients with HbA1c of 7-9% showed mean FVC of 73.07. While non-obese patients with HbA1c >9% showed mean FVC of 73.94.

Conclusions: Type 2 DM causes restrictive lung disease probably by glycosylation of connective tissues, reduced pulmonary elastic recoil, and inflammatory changes and not due to obesity. Spirometry screening should be done in diabetics to prevent further complications.
A Study of Glycemic Profile in Active Cases of Pulmonary Tuberculosis

Bhavuk Jaiswal, Ashok Kumar
Santosh Medical College, Ghazibad

Introduction: Tuberculosis and Diabetes mellitus remain neglected global public health concern. Diabetes has long been known a risk factor for active TB. A poor glycemic control significantly increases the risk of TB reactivation and adversely affects tuberculosis by prolongation of culture conversion, treatment failure, relapse and death. We conducted a study to determine the glycemic status in active cases of pulmonary tuberculosis.

Material: A case control study was conducted among 100 consecutive cases of Active pulmonary tuberculosis meeting the inclusion and exclusion criteria and 30 aged and gender matched controls. Necessary investigations like HbA1c, FBS, PPBS, Sputum for AFB (2 samples), Chest X-ray, LFT, KFT, Urine routine examination were conducted. Data was collected and analysed.

Observations: A total of 15 patients with Tuberculosis were found to have Diabetes mellitus, Prevalence rate of 15%. Mean glycylated haemoglobin level was higher in cases vs. controls (P<0.01). The glycemic control was associated with TB cases with 64% cases having HbA1c levels over 6.5% compared to none in control group (P<0.01). Blood sugar fasting and Post prandial blood glucose (1 hour) was significantly higher among cases (P<0.01).

Conclusions: Cases with poor glycaemic status with symptoms suggestive of tuberculosis should be screened promptly to ensure early detection of Tuberculosis.

Effectiveness of Teneligliptin as an Add-on in T2DM Patients not Controlled on Metformin and Glimepiride

Pranjali Kashiv, Jitendra Kumar
Narayan Medical College and Hospital, Sarsarum

Introduction: To evaluate the effectiveness of teneligliptin as an add on in T2DM patients not controlled on Metformin and glimepiride.

Material: Data of eligible 50 patients was used; teneligliptin 20 mg once daily was prescribed to the T2DM patients uncontrolled on metformin and glimepiride. The mean duration of diabetes was 8 years. Effectiveness assessed by analyzing the mean changes in FPG, FPG HbA1c after 4 months of duration.

Observations: Hypertension was the most common comorbidities with 62% with a mean duration of 8 years followed by dyslipidemia and stroke. significant reduction was seen in HbA1c, FPG and FPG at the end of 4 months.

Conclusions: Teneligliptin found to be effective as an add-on in T2DM patients not controlled on metformin and glimepiride therapy.

Assessment of Risk Factors for Cardiovascular Morbidity in Type 2 DM with and without Non Alcoholic Fatty Liver Disease

Mohit Kishor Borde, Shimpla Sharma
Dr Dny Patel Hospital, Kolhapur

Background: Non-Alcoholic fatty liver disease (NAFLD) affects up to a third of the population worldwide & may confer increased cardiac metabolic risk with adverse cardiovascular outcomes independent of traditional CV risk factors. A noninvasive method for screening of peripheral arterial disease, Doppler sonography is conducted to assess risk factors of cardiovascular morbidity in people with T2DM with and without NAFLD.

Material and Method: This was a comparative observational study including 40 participants of which 20 were having non-alcoholic fatty liver disease. The participants were from out-patient and in-patient departments. 20 controls were selected. NAFLD was assessed using ultrasonography. All the participants were assessed for presence of risk factors of cardiovascular diseases and their cardiometabolic characteristics.

Results: Mean age of patients without NAFLD was 55.2 years and that of patients without NAFLD was 56.4 years. The body mass index and Waist hip ratio were higher among those with NAFLD (27.2 kg/m2 and 96.1) than among those without NAFLD (25.2 kg/m2 and 89.5) (p<0.05). The CMT was higher in participants with NAFLD than patients without NAFLD (p<0.01).

Conclusions: In our pilot study we found risk factors for cardiovascular morbidity were higher in participants with NAFLD than among those without NAFLD.

Clinical and Biochemical Study of Vitamin D Status Among Newly Diagnosed Diabetics

Soomithi AS, Shah Abrar
JIM Medical College

Introduction: Diabetes mellitus is major public health problem worldwide. Deficiency of vitamin D is emerging as one of the important nutritional risk factor for development of insulin resistance and type 2 DM. Vitamin D has been found to have inverse relationship with occurrence of type 2 DM. Vitamin D supplementation has shown to delay the progression of impaired glucose tolerance to overt diabetes thus suggesting its role in pathogenesis of DM. This study is done to see the prevalence of vitamin D deficiency in newly diagnosed diabetes mellitus.

Material: 120 patients, 60 cases and 60 controls mentioned in the inclusion criteria were included in the study. HbA1c, fasting blood sugar, 2 hour postprandial blood glucose levels were assessed by analyzing the mean changes in FPG, PPG HbA1c after 4 months of duration.

Observations: Among newly diagnosed type 2 DM patients 39(65%) were vitamin D deficient, 16(26.6%) had vitamin D insufficiency and 5(8.3%) had optimum levels.

Conclusions: From the above study we conclude that vitamin D deficiency is important adjunctive risk factor for T2 DM. There might be potential beneficial role of vitamin D supplementation in reducing occult cardiovascular status, reducing complications in diabetics and perhaps a newer pathway to regulate blood glucose levels in diabetics.

Correlation between Interm Armb Blood Pressure Difference and Diabetes Retinopathy in Diabetes Patient

Charchit Mehta, Vishwanath Reddy, Vidyasagar CR
Sri Devaraj Urs Medical College

Introduction: Diabetes mellitus is the leading cause of blindness between the ages of 20 and 74. A systolic difference of 10 mmHg or more was associated with peripheral arterial disease, cerebrovascular disease, and increased cardiovascular and all-cause mortality.

Aim: To measure systolic blood pressure difference and its correlation as a predictor of diabetic retinopathy in diabetes patient.

METHOD: 95 diabetic patients were included. HbA1c, interarm BP difference and fundus examination was done.

Observations: A systolic inter-arm difference >710 mmHg was observed in 10% of patients with diabetes, a diastolic inter-arm difference >75 mmHg in 29%.

Conclusions: Accuracy measurement of blood pressure is vital for risk factor management in Type 2 diabetes. Failure to recognize a reproducible difference in pressure measurement to standardize future reading to the higher arm.

The Prevalence of Diabetic Dysfunction in Diabetic Mellitus in the Age Group of 20-40 Years and its Correlation with Duration of Diabetes, HbA1C Level and Diabetic Retinopathy

Arun Vinayagan, Girish Chandra Verma, Abdul wahid
Government Medical college, Kota

Introduction: The incidence of heart failure in diabetes patients are on higher side even in the absence of hypertension and coronary artery disease.

Material: A cross-sectional study. We collected data from 25 diabetes patients in the age group of 20-40 years who visited our department in GMC, Kota. All of them were normotensive without history of CAD, valvular or congenital heart disease, thyroid disorders and CKD. Correlation with the duration of disease, HbA1C level and diabetic retinopathy.

Observations: 25 patients, 13/25(52%)males and 12/25 (48%) females. In 13/25(52%) of them had diabetic dysfunction, >10 year duration seen in 9 patients; of which 8 had diabetic dysfunction p value = 0.0281. Mean value of HbA1c = 8.52±0.23.4%. HbA1c > 7 in 9 patients, of which 2 had DD. HbA1c >7 seen in 16 patients; of which 12 had DD, p<0.0173. Mean FBS value = 194.4±27.8 mg/dl; mean PPBS level = 236.5±26.66 mg/dl. Diabetic retinopathy found in 9 patients of which 8 had DD p value 0.0281.

Conclusions: Prevalence of diabetic dysfunction in our study was 56%. Patients with duration > 8 years; FBS >194; PPBS >236; HbA1c level > 8.5% with diabetic retinopathy should be screened for diabetic dysfunction.

Glycemic Gap as a Prognostic Marker for Critically Ill Patients in ICU

M Kallani, A Mishra, D Himanshu
King George Medical College, Lucknow

Introduction: Glycemic excursions are commonly seen in patients admitted to Intensive care unit (ICU) and are related to adverse outcomes.It can be used to predict adverse outcomes in patients with stress hyperglycemia of and it improved the discriminative performance of the APACHE-II score. The glycemic gap can be used to assess the severity and prognosis of patients with diabetes presenting with critical illness.

A Clinical Study of Peripheral Arterial Disease in Diabetes Mellitus with Reference to Ankle Brachial Pressure Index and Doppler sonography

Rupam Bhowmick, P Bhattacharjee, P Das
Sri Chamarajendra Medical College and Hospital

Introduction: Diabetes Mellitus is a major health problem in India. Peripheral Arterial Disease (PAD) is a major macrovascular complication in Diabetes which contributes to increased morbidity and mortality. Ankle Brachial Pressure Index (ABPI) is a safe, noninvasive method of screening for peripheral arterial disease in diabetic patients.

Material: This study was undertaken for a period of 1 year. A total of 100 type 2 diabetic patients were included. Ankle Brachial pressure index was measured using a hand held Doppler and doppler sonography of the lower limbs were done to find out the prevalence of PAD in the study population.

Observations: Peripherial Arterial Disease was defined by ABI value of < 0.9. Among the study group of 100 patients with diabetes, the study group were found to have ABIPI less than 0.9 (prevalence 31%) whereas 35 patients had peripheral arterial disease identified by doppler sonography.

Conclusions: From our study it can be concluded that PAD is quite common in Diabetic patients. In our observation Ankle Brachial Pressure Index is a simple and effective method for detection of peripheral arterial disease in diabetic patients and early detection of PAD in diabetes should be attempted using ABI.

To Study the Occurrence of Non-Alcoholic Fatty Liver Disease (NAFLD) in Type -II Diabetes Mellitus

Siddharth Arya, Jagr M Varma
Teerthankar Mahaveer Medical College and Research Institute

Introduction: NAFLD is gaining the clinical importance due to increased number of undiagnosed fibrosis and cirrhosis cases and majority of them being retrospectively associated with diabetes. Diabetic patients are usually screened for the known macrovascular and microvascular complications but are majority of time are neglected for liver disease.

Material: The study was conducted in the Teerthankar Mahaveer Hospital, Moradabad, U.P. 50 cases and 50 controls were taken from both OPD and IPD setting over a one-year period. All the patients had undergone Fibroscan for assessing Liver Fibrosis by using M probe. The cases were patients aged from 718 years to 70years with T2DM.

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there is no statically significant relationship found between Hypovitaminosis D among the postmenopausal women but 25(OH) D Level in this study.

There was no relationship observed between FBS and BMI of rural and urban subjects. Urban subjects had more insufficiency of Vitamin D. Obese and overweight subjects had more insufficiency of Vitamin D than the normal subjects. Illiterate subjects were more deficient of vitamin D than the literate subjects. Among 152 study subjects the frequency of deficiency was more among the urban population (36.84%) as compared to rural subjects (52.58%) respectively among the postmenopausal women by student t test.

Mean Platelet Volume (MPV) is a Measure of Glycemic Control in Diabetes Mellitus 2

Shivendra Nagiya
N.S.C.B. MOH, Jabalpur

Introduction: Diabetes mellitus is a global pandemic and is a complex metabolic syndrome, characterized by chronic hyperglycemia resulting in complication affecting the eyes, kidneys, heart, blood vessels, nerves, and the rest of the body. Material: An observational study conducted from 1 September 2017 to 30 August 2018 in Department of Medicine at Pt. J.N.M Medical College & Hospital, Jabalpur. Material: Total 70 diabetic cases and 19 control non diabetic cases were included. MPV, FLP and FBS/PPBS/RBS at the time of admission is measured. Data is calculated by student t test.

Observations: MPV is higher in diabetes (10.1±1.07) fl as compared to non diabetic subjects (9.3±0.9) fl. p<0.0001. there is a positive correlation between MPV and FBS (correlation coefficient 0.9985, p<0.05).

Conclusions: MPV is a simple and cost effective marker to monitor the progression and control of DM 2.And it can be used as prognostic marker of vascular complication of DM 2.

Pattern of Stroke in Diabetes
Rajya Lakshmi M, Dilip M Rampure, Sandeep B
MNR Medical College and Hospital

Introduction: Diabetes mellitus has been established as a risk factor for stroke. Diabetes increases the risk of stroke in younger patients and diabetics are more likely to have an ischemic stroke. Modifiable risk factors other than diabetes in stroke include hypertension, hyperlipidemia, cigarette smoking, cancer and obesity.

Material: 30 diabetic stroke patients were included in the study. Risk factors were noted and their distribution in group was analysed. This observational study was carried out from December 2018 to August 2019.

Observations: The difference in age and gender distribution was not significant. Out of 30 patients, 3 patients had TIA/strokes. Out of 27 patients have ischemic (90%). Out of ischemic stroke cortical infarct (17%) is more common. Mean Hba1C of patients with hemorrhagic stroke is 8.53, for brainstem ischemic stroke mean of 7.33, for cerebellar ischemic stroke mean of 6.22, for cortical ischemic stroke mean of 9.11. There is statistical significant variation of Hba1C values (Student t test) < 0.05.

Conclusions: Diabetics are more likely to have an ischemic stroke and lacunar infarction. Diabetics with high Hba1C value have hemorrhagic stroke. We recommend greater use of ascertainment, strict control of B.P. modification of lifestyle risk factors, ACE inhibitors and statins to lower the risk of ischemic and lacunar stroke in diabetic patients.

Camel Milk: The New Magic Potion for Diabetes Mellitus
Rohit Bansal
Dr. RML Hospital & PGIMER, New Delhi

Introduction: Camel milk also called ‘White Gold of the Desert’ is more similar to human milk, than any other milk. It is low in fat and sugar but high in proteins, minerals and vitamin C. It has protective proteins like lactoferrin, lactoperoxidase, immunoglobulins and lysozyme, which exert anti-oxidative, anti-bacterial, anti-viral, anti-fungal, anti-tumor and ageing prevention activity.

Material: Camels produce more milk for longer periods, even when quality fodder is water scarce harsh conditions. Camel milk is thinner and can be kept for longer duration at room temperature than other milk.

Observations: It has been seen that the incident risk of diabetes in camel breeders like raikas in India, who consume camel milk regularly, is much lower compared to other communities. Camel milk contains high levels of insulin or insulin like protein, which pass through stomach without being destroyed and is absorbed directly in the intestine. Insulin analogues also found to provoke the activity of Insulin receptor substrate, IRS-2 thereby improving insulin resistance. Hence, camel milk may have a pivotal role in the management of both type 1 and type2 diabetes mellitus.

Conclusions: Currently used mainly by nomads as a sole means of survival during long haul in desert conditions, it has the potential to prove as a game changer in diabetes management, though more studies and wider availability of quality camel milk needs to be ensured.

Study of Right Ventricular Dysfunction in Type 2 Diabetes Mellitus Patients Attending Medicine OPD in Dr. Bram Hospital, Raipur
Gourav Behra, Sanjay Varma, Manisha Khande
Pt. J.N.M. Medical College, Raipur, Chattisgarh

Introduction: The right ventricular (RV) function plays a significant role in the overall myocardial contractility. Nevertheless, very less studies regarding diabetes-induced changes in myocardial dysfunction were dedicated to the left ventricle (LV) at the cost of ignoring the role of the right heart chambers. In the clinical practice, right ventricular dysfunction is relevant in a variety of diseases affecting both the course and prognosis.

Material: This proposed study is an observational cross sectional study which will be conducted during 2018-2019 in Department of Medicine at Pt. J.N.M Medical College & associated Dr.B.R.A.M Hospital Raipur (C.G.)

Observations: In our study significant number of diabetic patients were found to have RV Dysfunction as indicated by ECHO Parameters like low TAPSE, significant TII index & low Tricuspid E/A ratio.

Conclusions: Our study highlights the importance of monitoring right ventricular function in diabetic populations and indicates that DM is an independent risk factor for the development of RVD.

Evaluation of Risk Factors of Peripheral Neuropathy in Type 2 Diabetes Mellitus Patients with Special Reference to Vitamin B12 Deficiency
A Bhattacharyya, SL Das, DA Basu
Assam Medical College and Hospital

Introduction: Diabetic peripheral neuropathy (DPN) is a microvascular complication of type 2 diabetes mellitus. Vitamin B12 deficiency is a potential comorbidity that is often overlooked. Concomitant deficiency of Vitamin B12 may cause increased severity of diabetic peripheral neuropathy.

Material: This study included 162 diagnosed cases of type 2 diabetes mellitus. Relevant histories were taken meticulously. Peripheral neuropathy was diagnosed clinically and confirmed by Nerve Conduction Study. Vitamin B12 level was estimated using ELISA Kit.

Observations: The prevalence of DPN was found in 35.18%. Patients with vitamin B12 mean of 7.53, for cerebellar ischemic stroke mean of 6.22, for cortical ischemic stroke mean of 9.11. There is statistical significant variation of Hba1C values (Student t test) < 0.05.

Conclusions: Diabetes B12 deficiency is found to be a potential comorbidity in type 2 diabetes mellitus patients. Patients on metformin should be tested for Vitamin B12 levels and supplementation should be considered in these patients.

Cardiology

Left Ventricular Systolic and Diastolic Dysfunction in Chronic Obstructive Pulmonary Disease
Yogeshwararaj KM, Prakash GM
MMG, Mandya

Introduction: COPD is a chronic progressive inflammatory disease. Close,complex association of CV morbidity exists with COPD. There is evidence that LV dysfunction is also considered a major role in CV morbidity and mortality.

Material: Cross sectional study of 100 COPD patients attending Tertiary care hospital in south Karnataka. 8 patients who were known case of malignancy, diabetes, stroke, hypertension, hyperlipidemia were excluded from study.

Observations: Among 100 patients had LV systolic dysfunction and 35 patient had mild diastolic dysfunction and 45 patients had significant LV dilatation.

Conclusions: Present study shows high prevalence of LVDD in COPD patients. COPD patients with LVD have higher mortality rates. Treatment modalities also should be reassessed when LVD is present. So COPD Patients prone for biventricular dysfunction, not just right heart failure.

Study of Vitamin D Levels in Patients of Congestive Cardiac Failure
Sudhakar, Manjunath Alur
JNM Medical College

Introduction: Vitamin D plays a vital role in maintaining, serum calcium and phosphorous levels for bone mineralization and skeletal growth. It also has cardioprotective, immunomodulatory and antimicrobial functions. Congestive cardiac failure (CCF) is a major problem Worldwide, with more than 20 million people affected with prevalence of about 2%.

Material: In this cross sectional study we compared the levels of vitamin D in patient with CCF and controls after taking inclusion and exclusion criteria. All patients underwent detailed history, physical examination, blood analysis and echocardiographic evaluation were done.

Observations: In present study the vitamin D levels were 18.4±8.6 (ng/ml) in ccf and 30.1±12.38 (ng/ml) in controls. There is a negative correlation with Vitamin D and LV dimension in CCF. Lower vitamin D levels were due to reduced exposure to sunlight, increased immobilization, reduced outdoor activity, nutritional factor and malabsorption due to intestinal cedema in severe right heart failure.

Conclusions: Vitamin D levels were lower than controls in patients with ccf and vitamin D deficiency have significant correlation with cardiac function. Screening for vitamin D deficiency along with prompt treatment is recommended in CCF patients.

To Study Significance of Reciprocal ST-T Changes in Acute Inferior Wall Myocardial Infarction
Babasheb Kambale
Government Medical College and Hospital, Nagpur

Introduction: ST Elevation acute inferior myocardial infarction (IMI) is frequently associated with reciprocal ST depression in the contralateral leads (STV3, V4, V4a, V4b). The significance of reciprocal ST segment depression during the early phases of acute IMI has been an area of debate, whether it is a sign of multi- vessel disease,
Intoxication: There has been growing attention given to the relationship between RDW and cardiovascular diseases. RDW has recently been discovered to be a novel prognostic marker in patients with heart failure.

Material: The study was a cross sectional study including 200 subjects (70 Heart failure cases and 30 healthy controls). Data was obtained from history, biochemical tests and echocardiographic tests.

Conclusions: RDW values increase with severity of heart failure. Hence can be used as a prognostic marker at admission. However, follow up studies should be done in the future to further support the data.

PDA with Eisenmenger Syndrome Masquerading as Idiopathic Pulmonary Hypertension

Niveditha, Srirath Kasal
JIM Medical College

Introduction: If Eisenmenger syndrome develops in a known ductus arteriosus, it is much easier to diagnose by differential cyanosis and clubbing in upper limb and lower limb. It is quite uncommon when patients with PDA present primarily after development of Eisenmenger syndrome, the diagnosis is bit confusing.

Material: A 30 yr old female presented with history of acute exacerbation of Breathlessness since 1 day. Past history of cyanotic spells which improves on Squatting, similar episodes since 15 yrs. She has been evaluated and diagnosed as idiopathic pulmonary hypertension.

On examination central cyanosis present with clubbing. Ejection systolic murmur of grade 3 in pulmonary area with loud p2. TTE showed dilated RA, RV and dilated pulmonary artery with moderate PAH. Clinically pt was suspected to have Congenital heart disease with Right to Left shunt. CT pulmonary angiography done showing right ventricular outflow tract dilatation with patent ductus arteriosus. The above-mentioned patient had PDA with Eisenmenger syndrome, but PDA presenting primarily as Eisenmenger syndrome will masquerade as Idiopathic pulmonary hypertension.

Conclusions: A 30 year old female Patient with longstanding idiopathic pulmonary hypertension should be evaluated for PDA with Eisenmenger syndrome.

A Study on Clinical Profile, Risk Factors and Outcome in Atrial Fibrillation

Shashank J Krip, Suhrat K
JIM Medical College

Introduction: Atrial fibrillation (AF) is the most common arrhythmia for which patients seek medical attention. It is associated with higher risk of mortality and morbidity mainly from stroke and heart failure.

Material: Hundred patients aged ≥78 years, meeting clinical and electrocardiographic criteria for atrial fibrillation were included and patients previously diagnosed to have any type of arrhythmia were excluded. Appropriate history taken, examination and investigations done. Clinical parameters and outcomes were studied.

Observations: Study consisted of 52 males and 48 females, of which 84 had had non-valvular and 36 had valvular AF. Overall incidence and the large non-valvular AF was highest in 61-70 years age group, whereas for valvular AF was maximum in 31-40 years age group. Breathlessness (48%), palpitation (44%), dyspnea (48%), chest pain (44%) were the common presenting symptoms. CCF was associated with 48% cases. Independent risk factors for non-valvular AF were hypertension (40%), diabetes (36%), IHD (32%), hyperthyroidism (8%), CKD (6%), alcohol intoxication (2%). 2 deaths occurred in each group. Rate control achieved in all patients. Sinus rhythm restored in 48% of patients.

Conclusions: Clinical presentation of AF was similar to previous studies. Although non-valvular heart disease is the major cause of AF, the burden of valvular heart disease remains high.

Clonidine and Life Threatening Arrhythmias
Shahabaz Ahmed Patel, Renuga BK
JIM Medical College, Davangere, Karnataka

Introduction: Mobitz type 2 heart block is defined by a fixed PR interval, followed by a missed beat. The site is usually the Bundle of His proximal to it. Sinus arrest and symptomatic bradycardia in patients with pre-existing AV node and SA node blocks are cardiac adverse effects associated with clonidine use. Clonidine is a centrally acting drug with Mobitz type 2 heart block with intermittent complete heart block caused by clonidine.

Observations: A 55-year-old female patient, known hypertensive, presented with bradycardia. Laboratory investigations were within normal limits. ECG showed bradycardia with type 2 Mobitz block and intermittent complete heart block. She was on clonidine for hypertension. Clonidine was discontinued and Amlodipine was started. The patient improved. Repeat ECG was normal. The patient was discharged.

Conclusions: The above-mentioned patient had symptomatic AV block, which resolved on stopping clonidine and there was no other concomitant medication that could have caused the same. It took 2 days for normalization of ECG. In the above case, the patient neither had a pre-existing damaged myocardium nor she was over-dosed.

Conclusions: Regular follow up and monitoring are necessary to prevent and manage cardiac complications like bradyarrhythmia’s which can turn out to be life-threatening.

Prehypertension and its Correlation with Anthropometric Measures among Medical Students

B. Siva Kumar, G Swarna Latha Devi, KI Chalapathi Rao
Aaram Medical College

Introduction: Prehypertension is one of the leading causes of death and disability worldwide. JNC-VII has introduced prehypertension as a new category for classification of BP level from 120-139 mmHg as SBP and/or 80-89 mmHg as DBP. Basic anthropometric measurements and their derived indices are used as indicators for the presence of diseases and their assessment in clinical practice.

Material: Cross sectional study where 106 individuals were included. Blood pressure, weight, height, waist circumference and hip circumference were measured. BMI and waist hip ratio were calculated. Number of individuals having BMIs labelled as overweight and correlated with prehypertension. Waist-hip ratio of > 0.85 for females and > 1.0 for males was considered.

Observations: Age of individuals varied between 18-24 yrs. Among 106 individuals 22 (20.75%) were prehypertensives. 18 (16%) individuals were under the category of overweight as per the study. Percentage of prehypertension among individuals having BMI was 55.55% (10 out of 18 overweight individuals). 16 (72.7 %) out of 22 prehypertensives had waist-hip ratio more than 0.85 in females and 1.4% in males.

Conclusions: Individuals with higher BMI and waist hip ratio have a higher incidence of prehypertension. Careful follow up can prevent hypertension related complications.

The Assessment of Efficacy of Late Thrombolysis in Acute Myocardial Infarction
K Karthik, G Srinivas, G Swarnalatha Devi
Alluri Sthiramaraju Academy of Medical Sciences

Introduction: Acute myocardial infarction is a leading cause of death in India. In India, thrombolysis has been used in window period as treatment. As many patients present to the emergency room after window period, its usefulness to study the outcomes after late period of thrombolysis after the onset of first symptom is important.

Material: 100 patients were studied, divided in to 4 groups based on the duration of onset of the first symptom and administration of thrombolytic therapy. Patients were followed up for in hospital complications and mortality.

Observations: The results were interpreted as the patients who got rapid relief of chest pain after thrombolytic therapy, different complications and mortality rate.

Conclusions: thrombolytic therapy is most effective if given early, but late treatment is also beneficial. Efforts should continue to administer thrombolytic therapy as early as possible and treatment should not be denied in those who presented late.

To Evaluate Echocardiographic Profile in Chronic Kidney Disease Patients and its Correlation with GFR

Sumit, M Chaturvedi
5 N. Medical College, Agra

Introduction: 2D echocardiography is a very helpful, inexpensive and non-invasive tool for detecting early cardiac dysfunction. In the present study cardiac profile of patients with chronic kidney disease with the help of echocardiography and to correlate the findings with the GFR.

Material: Present study was carried out in tertiary care centre, those patients who have GFR less than 90/ml/min/1.732m2, were included in the study. In present study 100 patients were taken and creatinine clearance were calculated by the use of Cockcroft formula CrCl (male) = [[140-age] × weight in kg]/(serum creatinine × 72) CrCl (female) = [[140-age] × weight in kg]/(serum creatinine × 72) × 0.85.

Observations: The prevalence of LHV were 65 out of 100 patients. The prevalence of diastolic dysfunction in CKD were 38% out of 100 patients. The prevalence of Mitral annular calcification were 35 out of 100 patients, the prevalence of systolic dysfunction were 23% out of 100 patients. The prevalence of pericardial effusion were 15 out of 100 patients.

Conclusions: LV diastolic dysfunction and hypertrophy were most common echocardiographic findings, 2D echocardiography required for early detection of cardiac complication and better management strategy of CKD.

Conduction Blocks in Medically Managed Patients with Acute ST Elevated Myocardial Infarction during Index Hospital Admission: An Observational Study

B Siva Kumar, G Swarna Latha Devi, KI Chalapathi Rao
Aaram Medical College

Introduction: Conduction blocks (CB) are well-recognized complications of AMI(Acute Myocardial Infarction). They are induced by either autonomic imbalance or ischemia and necrosis of the conduction system.

Material: This study was conducted among 100 patients with AMI-between August2018 to July 2019 at ASRAM medical college,Ehubu.

Exclusion Criteria:Age > 18yrs,patients with congenital and valvular heart diseases.

Observations: First degree heart block was commonest among all 27 (27.3%) cases. Complete heart block and bundle branch blocks accounted for 39.3% of all conduction abnormalities noted. 51.39% AVB occurred in Inferior wall AMI, while 6% of bundle branch blocks were present.

Conclusions: Conduction blocks are associated with higher in hospital mortality rate and are important predictors of poor outcome in patients with AMI. The higher prevalence of heart blocks in anterior wall Q-wave infarctions indicates that the increased mortality following heart block development is probably not related solely to the conduction disturbance itself, but also to the relatively larger infarct area.
Study of Platelet Indices in Patients with Acute Coronary Syndrome in a Tertiary Care Hospital
Ajay Peter Topno
Silchar Medical College and Hospital

Introduction: Platelets have been implicated in the pathogenesis of cardiovascular disorders including atherosclerosis and its complications such as Acute Coronary Syndrome (ACS) and sudden cardiac death. Platelet indices correlate with functional status of platelets and are among risk marker for atherothrombosis.

Material: An observational cross-sectional hospital based study was carried out on 100 cases diagnosed with Acute Coronary Syndromes (ACS) and 100 Non-ACS patients from June 2018 to May 2019 considering the inclusion and exclusion criteria. Blood venous sample were drawn from all subjects after admission and collected in EDTA tubes. Platelet volumetric indices were assessed within hrs of blood collection, using Sysmex XT 4000i hematology analyser.

Observations: Platelet indices were significantly higher in ACS patients in comparison to Non-ACS group (p<0.001). In patients with ACS, the mean values of MPV, PDW, P-LCR were 11.5, 16.39, 35.07%, 0.24% respectively. In normal healthy controls the mean values of these indices were 10.89 fl, 13.90%, 29.66% and 0.21% respectively.

Conclusions: Platelet indices can be used as simple and cost effective diagnostic parameters to predict ACS. Their use in a risk stratification system to predict ACS and in response to intervention are worthy of consideration.

A Study of Stress Hyperglycemia in Acute Myocardial Infarction in Non-Diabetic Patients
Tejas P. Khopkar, Abhijeet Swami
Silchar Medical College and Hospital

Introduction: Stress hyperglycemia has been associated with increased mortality in acute myocardial infarction patients. However there is lack of such studies in Indian population.

Material: The present study is a hospital-based observational case-control study, carried out in 200 patients of acute myocardial infarction in non-diabetic patients, of either sex over a period of 1 year.

Observations: The association between stress hyperglycemia and complication including mortality was statistically significant, determined by the chi-square test. Out of 200 patients, 48 patients developed the stress hyperglycemia. 19 of 48 patients expired during hospital stay whereas 29 patients recovered and 10 developed arrhythmia and another 10 developed heart failure.

Conclusions: Stress hyperglycemia is strongly associated with poor immediate outcome including mortality during hospital stay, in acute myocardial infarction in non-diabetic patients.

A Comparative Study of Novel Inflammatory Markers (High Sensitivity C-Reactive Protein (HSCRP) & Lipoprotein A) and LDL/HDL Cholesterol Ratio in Acute Coronary Syndrome at Tertiary Care Centre in Central India
Rupanshu Mehra
N.C.B. Medical College, Jabalpur

Introduction: Acute coronary syndrome (ACS) [STEMI, NSTEMI & Unstable angina] is due to decreased blood flow in the coronary arteries such that part of the heart muscle is unable to function properly or dies. hsCRP and Lipoprotein A are inflammatory markers increased in ACS.

Material: A comparative study was conducted on 80 patients with ACS in the Department of Medicine, N.C.B. Medical College, Jabalpur, India. Data from OPD and IPD patients were collected from March 2018-August 2019.

Observations: Out of all ACS patient, 48(61.25%) patient had increased hsCRP level and 44(55%) patient had increased Lipoprotein a whereas LDL/HDL cholesterol ratio was increased in 40(50%) patients suffering from ACS.

Conclusion: hsCRP was increased in more patients with ACS than LDL/HDL cholesterol. Most common complication was Left ventricular failure.

Study of Etiological Profile of Heart Failure
Ankiti Rajpai
Sundaram Arulraj Hospital

Introduction: Heart failure (HF) is a burgeoning problem worldwide. HF prevalence follows an exponential pattern, rising with age, and affects 6–10% of people over age 65. Very little is known about the prevalence or risk of developing HF in emerging nations because of the lack of population-based studies in those countries. The objective was to assess the associated cardiovascular risk factors and etiological conditions in patients with heart failure and to identify common and distinctive risk profiles between patients with HFrEF (>50%), HfPEF (EF <49%) and patients with HFMR EF.

Material: A retrospective study of 100 patients with heart failure who were admitted in our hospital. The data reviewed for this process included demographic, past medical history, and available test reports including echocardiogram and ECG findings. Inclusion criteria- age >35yrs are included. Exclusion criteria- congenital heart diseases patients were not included.

Observations: The incidence of HF is equally frequent in men (52%) and women (48%). Most of the patient were >65 years of age (18%). Hypertension was the most common (68%) etiology in HF, followed by Diabetes (48%) followed by obesity(41%), smoking (31%), dyslipidemia (27%) and alcohol (24%). Heart failure was associated with ischemic heart disease in 48% and with non-ischemic conditions in 52 % as follows: Hypertensive Heart Disease (38%), Dilated Cardiomyopathy-DCM (14%), and valvular heart disease (9%). The ECG showed Atrial Fibrillation in 16% and LB BB was noted in 16 %. ECHO showed LVDD in 64%. Valvular heart disease leading to HF followed by T2DM in age group <50yrs while dilated cardiomyopathy and ischemic heart disease in >65 years of age.

Conclusions: Hypertension was the most common etiology and most of the HFrEF had hypertension as a risk factor. Most of the ischemic heart disease patient had HFrEF while Hypertensive heart disease had HfPEF. Dilated cardiomyopathy and valvular heart disease patients had HFrEF at presentation. Most of the HFrEF had LBBB. Most of the Atrial fibrillation patients had HFrEF while LB BB had HFrEF. Obesity, smoking and alcohol are common comorbid conditions in heart failure.

Study of Stress Hyperglycemia as a Prognostic Factor in Acute Myocardial Infarction Patients
Mohammed Jamaluddin Naveed, B Prahlad, Saraswathi Shadan Institute of Medical Sciences

Introduction: Stress hyperglycemia after MI is associated with an increased risk of hospital mortality in patients with & without diabetes. Acute MI has an extremely unfavourable effect on glucose metabolism. In such situations there is very often an increase in catecholamine concentration suppression of insulin release, development of peripheral insulin resistance and increase in growth hormone and cortisol concentrations.

Material: A total of 50 consecutive patients admitted at TMCH, Thanjavur, with acute onset of ST elevation MI who satisfied the above criteria. Among these 30 non-diabetic cumulative charts were a control group. Blood sugars at the time of admission, 24 hrs, 48 hrs and 72 hrs. ECG, 2Decho, blood pressure.

Observations: In the present study there were 39 males and 11 females out of 50 cases. 20 patients were under Group I with stress hyperglycemia & normal fasting blood sugar levels, 20 patients were under Group II with hyperglycemia & newly detected diabetes mellitus and 10 patients were under Group III with euglycemia and Non diabetic group 1 significant reduction in blood sugars group 2 persistent elevation of fasting blood sugar group 3 no reduction

Conclusions: In the previously undiagnosed healthy individuals who were admitted with acute myocardial infarction, 20% of them had elevated blood sugar at the time of admission out of which 40% had stress hyperglycemia and it came down within 24-48 hours.
A Study on Clinical Profile of Supraventricular Tachycardias
Chintna Venkata Siriam, VC Patil, Abhejlet Shelke
KIMS

Introduction: Supraventricular tachycardia (SVT) is a term used to describe a group of tachycardias, mechanism of which involves tissue from his bundle or above. Prevalence of SVT in the general population is 2.29 per 1000 persons. The episodes range from 30 beats/minute to 180 beats/minute, pattern, causes, and effects is imprecisely defined because of incomplete data and failure to discriminate among atrial fibrillation, atrial flutter, atrial tachycardia, atrioventricular reentry tachycardia (AVNRT), & electrophysiological studies when required are the need

Material: A prospective observational study was done on 100 patients with a diagnosis of SVT in a tertiary care center. Duration of the study was 18 months. Patients diagnosed with atrial flutter & AVNRT were excluded from the study. Descriptive statistics were calculated using IBM SPSS Version 24.0

Observations: Out of 100 patients, 51 were males and 49 were females. The mean age was 51.26 ± 7.14. Patients with a history of atrial fibrillation & other supraventricular arrhythmias.

Conclusions: Therapeutic intervention is very important to prevent further episodes & complications associated with these arrhythmias.

“Malignant Course” Angina
Chintna Venkata Siriam, Arvind Chandrantrakt Botre
KIMS

Introduction: Coronary anomalies are incidentally found during coronary imaging and are mostly asymptomatic due to benign course of anomalous coronary artery. They are sometimes life threatening when there is a malignant course of the anomalous artery.

Material: A 50 year old female presented with angina for last one month. Electrocardiogram showed T wave inversion in V5, V6. The Cardiac markers were within normal limits. 2DCECHO revealed normal LV systolic function with no resting regional wall motion abnormalities. Coronary angiography revealed Anomalous origin of Left anterior descending artery from Right coronary sinus with no significant obstructed coronaries. CT coronary angiogram showed anomalous course of Left anterior descending artery between aorta & Pulmonary artery. Patient opted for a conservative line of management & is being regularly followed up.

Observations: Anomalous course of coronary artery between the aorta and pulmonary artery is termed as “malignant course”. Proposed mechanisms leading to sudden death of the patient is because of the coronary artery due to slit-like orifice, vassospasm and ventricular tachycardia.

Conclusions: Identifying symptomatic coronary anomalies is very important to prevent sudden cardiac death and other life threatening complications.

Effect of IV Iron Therapy in Heart Failure with Iron Deficiency
Rajpal Prajapti
MLN Medical College, Allahabad

Material: This prospective pretest and posttest design study was conducted in SRN hospital, M.L.N. medical college, Allahabad over 50 clinically stable patient of heart failure of NYHA class II or III, a left ventricular ejection fraction (LVEF) < 45% or less with iron deficiency (ferritin level <10 micro gm per litre or between 100 and 299 micro gm per litre, if the transferrin saturation was <20%). Iron deficiency was confirmed using six minute walk test. Then patients have been given bolus of ferrous carboxymaltose over 30 minute. Reassessment of symptoms of patients was done after 24 hours follow-up on NYHA functional classification and exercise capacity using 6 minute walk test on day 90.

Observations: On day 90 it was observed that treatment with FCM significantly prolonged 6WMT distance (pre-treatment 353.6±43.6 m vs post-treatment 353.6±43.6 m, p value <0.05), an improvement in NYHA was detected with statistical significance (p value <0.05), statistically significant improvement in value of BNP (pre-treatment 1174.6±560.6 pg/ml vs post-treatment 898.3±541.5 pg/ml, P value <0.05) observed.

Conclusions: Treatment with intravenous iron in patients with heart failure and iron deficiency anaemia, improves symptoms, functional capacity and quality of life.

A Rare Case of Congenital Heart Disease - Malignant Coronary Transposition of Great Arteries (CC-TGA) with Infective Endocarditis and Stroke
Harshini, UB Padmanaban, A Ganesh Raja, A Joseph
Government KAPV Medical College and Hospital

Introduction: Adult congenital heart diseases are not uncommon, this is a rare case of congenitally corrected transposition of great arteries which constitute less than 1% of congenital heart diseases.

Material: CT-brain, blood culture and sensitivity, ECG/ chest x-ray, ECHO.

Observations: 26 yr old female presented with history of fever, breathlessness and weakness of right upper and lower limb. No history of any cyanotic spells in childhood. On examination patient was found to have pallidial clubbing, cyanosis & reduced left heart sounds. Hemoglobin 7.0 G/DL, BUN 68 mg/dl, creatinine 3.8 mg/dl, total bilirubin 7.5 mg/dl, direct bilirubin 6.2 mg/dl, LFT showed elevation of total bilirubin (99 micro gm per litre) and AST (697IU/L).

Prostacyclin worsens the symptoms. Lung transplantation can improve the outcome. Pericardial decompression syndrome can be used as an inexpensive and easily accessible pathophysiological sign of adequate decompression in patients with Acute Heart failure. Prostacyclin worsens the symptoms. Lung transplantation can improve the outcome.

Role of Hemoconcentration during Acute Heart Failure Therapy on Mortality and its Impact on Worsening Renal Function
Vedprakash Verma
Al-Amin Medical College and Hospital, Vijayapura, Karnataka

Introduction: This study shows that hemoconcentration can be used as an inexpensive and easily accessible pathophysiological sign of adequate decompression in patients with Acute Heart failure.

Material: Hemoconcentration occurred in 119 (38.5%) patients, with a similar incidence of the early (44.6%) and late (55.4%) phenotype. Signs of congestion (reduction in BNP blood concentrations, P = 0.003; weight loss, P = 0.002) were significantly more pronounced in patients with hemoconcentration. Common in hemoconcentration patients (P = 0.04). After adjustment for established risk factors for AHF mortality, including inotropic and vasopressor therapy and the absence of pulmonary edema.

Conclusions: Hemoconcentration represents an inexpensive and easily assessable pathophysiological signal of adequate decompression in AHF and is associated with lower mortality. WRF in the setting of hemoconcentration does not appear to offset the benefits of hemoconcentration.

Statin Induced Rhabdomyolysis
Jananipriya Duraisamy, M Ravichandran
Tirunelveli medical college and hospital

Introduction: Statins, commonly used for hypercholesterolemia acts by inhibiting HMG Co-A reductase. The adverse effects ranges from mild myalgia, myositis, myopathy to rhabdomyolysis. The risk of developing rhabdomyolysis from statin is very low (1/10000).

Material: A 56 year old male patient with c/o low back pain & pain over both thighs for 1 week & h/o passing dark coloured urine for 2 days duration. Patient was a known case of CAD (Inferolateral wall MI) PCI to left circumflex artery done 1 month back. Patient was on T. Aspirin 150 mg OD, T. Clopidogrel 75 BD, Atorvastatin 10 mg HS. Patient presented with muscle tenderness over both arms and thighs.

Observations: LFT showed elevated level of total bilirubin (1.8mg/dl), hepatic transaminases (636/5231) with normal ALP & total proteins.

Contraindicate 46055 IU/L.
Urine myoglobin-positive

Conclusions: Rhabdomyolysis is the most severe adverse effect of ethanol, characterized by myoglobinuria, renal impairment & elevation of creatine kinase (>10 fold). This case is presented for its rarity.

To Study the Electrocardiographic and 2D Echocardiographic Changes in Chronic Asymptomatic Alcoholics

Theya R
NSCB Medical college, Jabalpur

Introduction: Alcohol is a widely used psychoactive substance with dependence producing properties known to affect almost every organ in the body. The main purpose of the study is to evaluate preclinical left ventricular dysfunction, arrhythmias, cardiomyopathies & also correlation of findings found by UGI endoscopy and Fibroscan in Chronic alcoholics.

Material: A prospective case-control study was conducted on 30 asymptomatic chronic alcoholics. All had undergone routine blood investigations, ECG, 2D Echo, UGI Endoscopy and fibroscan.

Observations: Among the observed chronic asymptomatic alcoholics, 36% had presented with ECG changes most common being Sinus tachycardia (12%) followed by Non specific ST-T changes (8%) & 38% of them were presented with UGI findings most common being LHV (14%) followed by Diastolic Dysfunction (8%).

Conclusions: Preclinical cardiac abnormalities occurs in chronic asymptomatic alcoholics and were significantly correlated to the duration of drinking. Further studies are required to demonstrate the course and progression of these abnormalities and their reversibility with early abstinence.

Atherosclerosis

Purusharth Kumar Sharma
RDCI R N

Introduction: So my research work is to dissolve this plaque more efficiently with less side effect and more effectively.

Material: To dissolve this first we need to decrease the formation this LDL so there is composition of chemical which lead to decrease or stop the formation of LDL in liver after the mevalonate formation.

Observations: The plaque is dissolved with very less side effect.

Conclusions: If given in prescribed amount then it will reduce plaque as it is a good lipid lowering agent.

Association of Fragmented QRS (QFRS) Complex in a 12-Lead Surface Electrocardiogram and Troponin-I (Trop-I) in Acute Coronary Syndrome (ACS)

Smitvahi K, Ravish Verma
Yenepoya Medical College and Hospital

Introduction: QFRS complex is present of an additional R wave or notch in the nadir of 5 S wave, presence of more than one R wave in two contiguous leads,corresponding to a major coronary artery territory on ECG. Several studies have shown the usefulness of QFRS in the setting of ACS. Study was done to evaluate if there is any association between QFRS complex and Trop-I in ACS. If such a simple and widely available test can improve the assessment of severity or help prognosticate in the setting of acute myocardial infarction, it will go a long way in improving the health care of our country.

Material: Patients admitted to the wards of Yenepoya Medical College Hospital in the study period with a diagnosis of ACS were included in the study after obtaining informed consent. ECG was taken at 0,12,24,48hrs of admission and studied for the presence of QFRS complex. Simultaneously CBC and Troponin I were determined and compared with presence or absence of QFRS complex in the ECG.

Observations: 30 participants were enrolled in the study after informed consent was taken. 17 had a Troponin I value of lower than 1 ng/ml and 13 greater. Of the 17 in the low Trop-I group, 8 participants had QRS on ECG, while in the high Trop-I group (n=13) 7 had QRS.

Conclusions: There was no association between QRS complex and value of Troponin-I levels in ACS.

A Comparative Study of Correlation between Serum Uric Acid Levels and Severity of Coronary Artery Disease

Chethan H, Nirmala AC
Bangalore Medical College and Research Institute

Introduction: To compare the Serum uric acid levels with Gensini score in patients with Coronary Artery Disease (CAD).

Material: A cross sectional study of 120 patients with CAD visiting the OPD or admitted in Medicine department at hospitals attached to BMCRi between June 2018 to July 2019. All patients were assessed for the presence of cardiovascular risk factors. Other biochemical investigations Serum uric acid levels, creatinine level, fasting lipid profile were measured in all patients before Coronary Angiogram. The severity of CAD (percentage of stenosis) was assessed by the Gensini score.

Observations: The study showed that the increased serum uric acid levels was associated with the severity of CAD.

Conclusions: In conclusion, serum uric acid levels were associated with the severity of CAD.

Comparative Study of Coronary Artery Angiography Findings and High Sensitive C-Reactive Protein Levels with Coronary Artery Disease at Tertiary Care Hospital

Manjunatha T, Meenakshi Shetty
Kasturba Medical College, Mangalore

Introduction: Coronary artery disease (CAD) has emerged as the major cardiovascular disease & also the common cause of premature death. Developing countries experience a much greater burden of cardiovascular disease. It’s been over a decade since high-sensitive C-reactive protein (hsCRP) as a risk marker for future cardiovascular events. Study aimed to compare CAD in patients with DM & without and Hs-CRP levels among them.

Material and Method: It is a prospective observation study with total of 220 diagnosed patients of CAD with DM (n=110) and without DM (n=110) & Hs-CRP was measured in all the patients.

Results: Total 220 patients are included with male preponderance (74%). Gensini score & HbA1c were significantly higher in patients with diabetes mellitus with CAD than the non-diabetic group. Hs-CRP was significantly higher in patients with DM with CAD (6.4±0.88) than the non-diabetic CAD (6.4±0.95). In DM involvement of Lt anterior descending artery, Lt circumflex artery, rt coronary artery, rt coronary artery was comparably more common than the non-diabetic patients with CAD.

Conclusions: Conclusion: Raised hs-CRP levels are independent predictors of adverse outcome in the patients at risk of cardiovascular events. In patients with diabetes adds the risk more in such patients for CAD.

Case Report: A Rare Case of Rapidly Progressive Multifocal High Altitude Vasculitis

Mohd Ansaruddin Zoheb
Deccan College of Medical Sciences

Introduction: A 60 year old male, hypertensive presented with history of dyspnea since 4 days, followed by vomiting, loose stools, abdominal pain following his trip to Shikim 6 days back with no other risk factors for thrombosis

Material: S1Q3T3 pattern on ECG. 2D ECHO: Right atria and ventricle dilatation with mild hypokinisa. Thrombotic profile of the patient and family members was CTPA- thrombus in right and left pulmonary artery. Later, CECT abdomen was s/o bowel ischemia.

Observations: He was diagnosed to have massive PTE and was thrombolyzed. Following this he had aggravation of abdominal pain and was found to have superior mesenteric artery thrombosis with gangrene of small intestine requiring a proximal bowel resection. He underwent explorative laparotomy with jejunico-colic anastomosis. Post op patient had AKI and was put on HD/CRRT, inspiratory ventilatory support. Subsequently he developed ischemia of left lower limb. He later had DIC requiring SDP transfusion. Despite the above measures patient couldn’t be saved.

Conclusions: Vascular thrombosis is an uncommon but recognized peril of high altitude travel. Reasons proposed were dehydration, hemocencentration, cold, use of constriction clothing, and entonised stasis. We report a unique case of pulmonary thromboembolism with superior mesenteric artery thrombus with critical lower extremity ischemia.

An Unusual Case of Fever with Respiratory Distress (Viral Myocarditis)

Anasuyak Ray, Rishad Ahmed
KPC Medical College and Hospital

Introduction: A female 36 years old, presented with difficulty in breathing and cough. Breathing difficulty started 3 days before admission following a fever which started 4 days back before the fever subsided but respiratory distress kept increasing. There was no expectation or burning urination. She had given childbirth 5 months back(vaginally) without peripartum complications. She is presently a smoker without any addictions or significant family history.

Material: Her Hb was 10.2, PT PRO BNP =33000, trop T -be, other biochemical investigation were within normal limit. ST changes in ecg. Echo.dilated LV,LYEF 35%, evidence of PAH, global LV wall hypokinisa. This is a rare case of viral myocarditis.

Observations: clinically there was pallor, no cyanosis or pedal oedema. BP was 90/60 at the time of admission which further fell down to 70/50 in 30 mins.pulse was 150/min regular, hypodynamic. No engorged neck vein. Apex beat shifted to 6th intercostal space and slightly outward. On auscultation no murmur or bruit was found. On chest auscultation bilateral basal crepitations were found and bilateral vesicular breath sound were heard. Examination of other systems were within normal limits.

Conclusions: Myocarditis is the inflammation of myocardium. It is most commonly attributed to infective agents that can directly invade myocardium or may produce cardiotoxins causing damage to myocardium. Virus commonly gains entry through CV tract and attaches to specific receptors causing damage.

Significance of Neutrophil-Lymphocyte Ratio as Predictor of In-Hospital Morbidity and Mortality in Acute Coronary Syndrome

SR Sridhar
Shyam Shah Medical College, Rewa

Introduction: Inflammation plays an important role in all stages of atherosclerosis, from initiation and growth to complication of plaque including, USTEMI and STEMI. Inflammation plays an important role in the development of atherosclerotic plaque and its complications. So my research work is to dissolve this plaque more efficiently with less side effect and more effectively.

Material: We did an observational study on consecutive 200 patients diagnosed with ACS in our department. On admission day, once the ACS is diagnosed, included patients were divided on the basis of pre-treatment, on-admission HLR into 72, 2,1-3, 3-1, 4-1, 5, 5-1, 6,1-7, 7, 7. As NLR value increases, Survival rate is decreasing and morbidity, mortality rate is increasing with significant P value of 0.0003. Increasing Absolute neutrophil count and Decreasing haemoglobin also significantly associated with increased morbidity & mortality with P-value 0.008, 0.000106 respectively.

Conclusions: NLR value is a useful, easily calculable, simple tool, available all hospitals and can be used independently of other parameters to risk stratify patients of Acute coronary syndrome.

Rare Case of Right Sided Atrial Myxoma

Keerti Manocha, Anubhav Singhal
Subharti Medical College

Introduction: A 16 yr old young girl,student,presented to the cardiology OPD with chief complaints of nausea, intermittent pain,chest pain,shortness of breath, swelling over both feet and abdomen since 2 months. She had no risk factors for atherosclerosis.She was a known case of hypothyroidism with a TSH of 43. Her pulse rate was 92 beats/min, and her blood pressure was 120/60 mmHg.CVS Examination revealed mitral diastolic murmur in right lower parasternal area. Normal ECG and X-ray chest.

Material: Electrocardiography (ECG) was normal. 2 D echocardiographic (TEE) examination showed a large, polyloid, right atrial mass with an irregular surface. The mass was prolapsing into the tricuspid valve orifice during diastole. The left ventricular function and wall
motion were normal. CT Pulmonary angiography was suggestive of a mass extending from right atria to right ventricle involving the tricuspid valve with no evidence of pulmonary embolism. Doppler of both lower limbs did not show any evidence of DVT. Haematological investigations were normal.

Observations: The mass was removed completely. Pathologic examination of the tumor confirmed the diagnosis of atrial myxoma. The patient did well after the procedure. At her last follow-up visit, she was still well.

Conclusions: Patient was diagnosed with right sided atrial myxoma.

Prevalence of Iron Deficiency in Heart Failure Patients with Reduced Ejection Fraction
Subrat Kumar Bhuyan, SI Sivastava, RK Thakur, Rashmi Anand, V Krishna
Tata Motors Hospital

Introduction: Iron deficiency is an extremely common comorbidity in patients with heart failure, affecting up to 50% of all ambulatory patients. It is associated with reduced exercise capacity and physical well-being and reduced quality of life. However, since symptoms related to iron deficiency are not specific, only assessment of biological iron parameters allows its diagnosis. Either absolute or functional, iron deficiency is an independent predictor of outcomes and a major contributor to exercise intolerance, even in the absence of anemia. The purpose of the study is to find out prevalence of iron deficiency without or with anemia in heart failure patients with reduced ejection fraction.

Material: All the patients admitted to the ICU during the study period (September 2019 to December 2019) with symptoms suggestive of heart failure will be included in the study. Patients with normal ejection fraction will be excluded. A 2D ECHO Brain natriuretic peptide (BNP), Hemoglobin percentage, Peripheral smear, Reticulocyte count, Red cell indices, Serum ferritin, Serum iron, Serum total iron binding capacity (TIBC) and Serum transferrin saturation will be measured in the study subjects and will be compared with the normal range.

Observations: will be discussed at the time of presentation.

Conclusions: will be discussed at the time of presentation.

Serum Uric Acid Levels in Patients with Acute Myocardial Infarction and its Correlation with the Severity of the Disease
Yashvahan Ganapathi, Yarramachi Dharaniraddeyya
S.S. Institute of Medical Sciences and Research Centre, Davangere

Introduction: Myocardial Infarction is one of the key components of cardiovascular disease burden all around the world. Considering this huge burden, there are no on going biochemical substances found to be elevated in complicated cases of STEMI like hsCRP, NT-BNP,19 for prediction of prognosis. Serum uric acid is one among which is under study in acute coronary syndromes as a prognostic predictor.

Material: Prospective observational study of 100 patients of STEMI admitted in our hospital. The serum uric acid levels of patients with new onset myocardial infarction were measured and correlated with the severity using prognostic scores such as Killip, TIMI as well as ejection fraction.

Observations: In our study, 55 had STEMI and 45 had NSTEMI. Patients with high Troponin T values, high serum uric acid levels had higher mortality rates and belonged to Killip class II. Out of the patients with uric acid >9mg/dl, 100% had an ejection fraction <30%, and 91.6% belonged to Killip classes III and IV which was highly significant statistically.

Conclusions: In this study, there is a strong correlation between serum uric acid levels and short-term mortality in patients with myocardial infarction. Uric acid may be considered as a reliable, easily available independent prognostic marker in predicting the severity of myocardial infarction.

C-Reactive Protein for Risk Stratification and Prognosis in Acute Coronary Syndrome
Y. Sreekamadhuri, SwarnaIatha Devi G
Aram Medical College, Eluru, Andhra Pradesh

Introduction: The role of plaque rupture and inflammation has already been established in acute coronary syndrome. C-reactive protein is a prototypical acute phase reactant whose levels are increased in proportion to the extent of inflammation.

Material: This study was conducted among 100 patients with acute coronary syndrome between August 2018 to July 2019 at ASRAM medical college, Eluru, Andhra Pradesh. Inclusion Criteria: 1. STEMI 2. Unstable Angina/ NSTEMI Exclusion Criteria: Patients with infections, neoplastic disease, acute surgical conditions, trauma, neoplastic diseases, immunological disorders, patients on statins, fibrates, niacin, aspirin.

Observations: There were 70 male and 30 female patients of which CRP was elevated in 76 patients out of which 64 patients met with complications and among 24 patients in which CRP was not elevated only four patients met with complications.

Conclusions: Plasma CRP levels on admission serves to identify high risk patients in acute coronary syndrome and the risk stratification may be of specific value for early therapeutic decision making.

Hypertension
Clinical Profile of Isolated Systolic Hypertension in Elderly Patients in Tertiary Care Hospital
Thahir Baig M
Sir Venkateswarao Medical College, Tirupati

Introduction: Isolated Systolic Hypertension (ISH) defined as systolic blood pressure >140 mmHg and diastolic blood pressure <90 mmHg. The prevalence of Isolated Systolic Hypertension is higher in elderly age and is a major risk factor for cardiovascular morbidity and mortality.

Material: A prospective observational study with a sample size of 60 patients with isolated systolic hypertensive of age above 60 years. Data like history, age, sex, weight, body surface area, blood pressure, blood pressure recording, systematic examination, Fasting and post-prandial blood sugars, Blood urea, Serum creatinine, Lipid profile, electrocardiography, echocardiogram were done and results analysed.

Observations: The study population included 39 males and 21 females with a mean age of 70.88±6.13 years. 23 (38.33%) Patients with Stage 1 ISH (140-159) are 23 (38.33%) and 37 (61.67%) patients were in the Stage 2 (>160). 35 (58.33%) were asymptomatic. 17 (28.33%) patients have BMI more than 25.0. 31 (51.67%) patients have raised waist/hp ratio, 24 (40.0%) patients were diabetic, and 23 (38.33%) patients have Dyslipidemia. 43 patients showed retinal changes. 21 (35.0%) patients had ECG-LVH as per Sokolov-Lyons criteria. 14(23%) patients showed reduced ejection fraction in echocardiogram.

Conclusions: Screening of ISH and co-morbidities should be done in all elderly patients to reduce morbidity and mortality.

Recurrent Hypoglycemia in Non-diabetic Patient with ACE Inhibitor – A Case Report
Mohammed Riyaz, Imran AS, Mohammed Muzammul, Esami Diabetes and Multispeciality Centre

Introduction: Recurrent severe hypoglycemia in a non-diabetic patient caused by lisinopril.

Observations: This is a 60 yr old diabetic female patient with past medical h/o hyperglycemia presented to ER with abrupt onset of confusion and found to have blood glucose of 25 mg/dL that responded to IV Dextrose.

Conclusions: screening of ISH and co-morbidities should be done in all elderly patients to reduce morbidity and mortality.

A Study of Serum Uric Acid Level in Essential Hypertension
Rajeev Bhardwaj, Rajesh Jain
JLN Medical College, Ajmer

Introduction: Hypertension is leading killer disease in the world there is strong correlation between BP and risk of cardiovascular disease serum uric acid was first noted as an inhibitor of acute phase reactant whose levels are increased in proportion to the extent of inflammation.

Material: This case control study was conducted in JLN hospital for 12 months from August 2017 to July 2018. A total of 200 patients were studied of which 100 essential hypertensive patients were selected who were controls who who were without hypertension. Patients with renal failure chronic inflammatory diseases such as rheumatoid arthritis gout and sarcoidosis and patients with secondary hypertension were not included in the study.

Observations: It was observed that the value of mean serum uric acid was 5.6 mg/dL significantly more in cases
than control group 4.3 mg%. Values rises with severity of hypertension.

Conclusions: There is definite association between uric acid levels and hypertension serum uric acid levels have direct relation to the severity and duration of hypertension serum uric acid can be used as biochemical marker to determine the severity and duration of hypertension.

**Study of Obstructive Sleep Apnoea in Patients with Hypertension**

Archana Rao
Ramakrishna MMM Medical College

**Introduction:** OSA is a chronic condition characterised by repetitive, partial or complete collapse of upper airways during sleep, associated with increasing respiratory efforts, intermittent arterial oxygen desaturation, systemic and pulmonary arterial blood pressure surges and sleep disruption. OSA is an important secondary cause and an independent risk factor for hypertension.

**Material:** A total of 76 patients with systemic hypertension attending OPD from August 2018 to 2019 were included for the study. Clinical and demographic data was abstracted. Hypertensive patients with an AHI score of over 10 underwent limited polysomnography. Patients were diagnosed as with and without OSA and their characteristics were compared.

**Observations:** Among 76 hypertensive patients, mean age group was 59 years, 48.7% were males, 51.3% were females and 63.8% had OSA, BMI, neck circumference, waist circumference, SBP, Obesity, Resistant HTN showed statistically significant association in OSA group as compared to Non OSA group (p<0.05).

**Conclusions:** The present results could contribute to an increased identification of OSA among patients with hypertension. We have found that among hypertensive patients, the presence of OSA was associated with greater frequency of co-morbidities and risk factors. Thus, the need for screening hypertensive patients for OSA has been reinforced by this study, especially if HTN is refractory.

**Neurology**

To Study the Clinical Profile and Outcome in Patients with Cerebral Venous Sinus Thrombosis

Anuj Darak, Priti Dave, Sojti Jagtap
Bharati Vidyapeeth Medical College, Pune

**Introduction:** Cerebral Venous Thrombosis (CVST) refers to occlusion of venous channels in the cranial cavity and is an important cause of cerebral infarction and haemorrhage.

**Material:** A retrospective, observational study carried out in 50 patients above 18 years of age with diagnosis of CVST confirmed by MR brain venography/CT Brain.

**Observations:** The maximum incidence was observed in the age group 21-40 years. A male preponderance of 64% was seen. Headache was the predominant symptom in 34% cases, 32% cases presented with a combination of seizure, vomiting and altered sensorium; 16% cases had both seizure and headache and 16% others had focal neurological deficits. Hypercoagulability was the main risk factors observed (75% cases). Most common sinus involved was the superior sagittal sinus (46% cases) followed by right transverse and right sigmoid sinus. Majority of patients were started on anticoagulation and B12 supplementation, with a complete recovery observed in 70% cases. A neurological intervention was done in 7 patients (15% cases) with cranialotomy as the modality of surgery. Clinical and radiological presentation and outcome in CVST patients.

Clinical and Diagnostic Evaluation in Case of Viral Encephalitis

Sajid Khan, SK Gautam, MP Singh
GSM Medical College, Kanpur

**Introduction:** The most common identified viruses causing sporadic cases of acute encephalitis in immunocompetent adults are herpes viruses. Epidemics of acute encephalitis are caused by arboviruses.

**Material:** This prospective study in which patients with clinical features of encephalitis enrolled after using inclusion criteria and exclusion criteria.

**Inclusion Criteria:**
- 15-75 years age
- Both genders
- AFI < 4 weeks

**Exclusion Criteria:**
- known case of epilepsy and seizure disorders
- chronic liver disease
- electrolyte imbalance
- hypoxic injury
- alcoholic intoxication
- pregnant lady
- diabetic ketoacidosis
- drug ingestion
- cerebral malaria
- metabolic disturbance.

**Methods:** HSV-1 and HSV-2 IgM and IgG ELISA - HSV encephalitis.

**Observations:** Dengue Serology: dengue NS1antigen, dengue IgM/IgG JE IgG/IgM RAPID TEST: used as screening test.

**Conclusions:** This is prospective clinical and diagnostic study of viral encephalitis over a period of one year.

**Cardiovascular Manifestations in Acute Ischaemic Stroke**

A Sridhar, K Sudheer
ESIC Medical College and PGIMSR, Chennai

**Introduction:** Super Refractory Status epilepticus (SRSE) is status epilepticus that has continued or recurred with anticonvulsants for >24 hours. The infrequency with which it is encountered makes super refractory seizures a formidable diagnostic challenge.

**Material:** A 21 year old male came to the casualty with drowsiness and involuntary movements in all 4 limbs, high fever and recent alcohol intake. On examination the patient was drowsy in post icteral state. Acute Meningoencephalitis was suspected and empirical antibiotics with steroid coverage was started. MRI Brain and CSF analysis were normal. Seizures continued so LV Fosphenytoin, Levitracetam, Anti-Viral, Anti-Malarial and Scrub Typhus coverage was given.

**Conclusions:** Since Seizures remained emergency intubation with LV Midazolam, Thiopental infusion was started and diagnosed as SRSE. Autimmune work-up was negative and Urine Porphobilinogen was positive. Hence the diagnosis of acute intermittent porphyria was reached. Immediately Thiopental Infusion was stopped and High glucose formula feed was given. Seizures reduced within 24 hours and patient was discharged with no residual neurological deficit.

**Conclusions:** A possibility of porphyria is to be entertained in all cases of Status epilepticus and SRSE with detailed personal and family history. The epileptogenic potential of anticonvulsants should be considered in patients with super refractory seizures.

**Conclusions:** Super Refractory Seizures - A Learning Curve

K Gorthai, AR Malathy, Jia George
ESIC Medical College and PGIMSR, Chennai

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**Conclusions:** A possibility of porphyria is to be entertained in all cases of Status epilepticus and SRSE with detailed personal and family history. The epileptogenic potential of anticonvulsants should be considered in patients with super refractory seizures.

**Conclusions:** Cardiovascular Manifestations in Acute Ischaemic Stroke

P Vijay Kumar, A Sridhac, K Sudheer
Great Eastern Medical College and Hospital

**Introduction:** Stroke is defined as a rapidly developing symptoms and/or signs with global loss of brain function, lasting for more than 24 hrs, or leading to death, with no apparent cause other than vascular origin. A significant number of stroke patients are having co-existent cardiac abnormalities.

**Material:** Study conducted in Medicine dept Great Eastern Medical School & Hospital on 50 patients diagnosed to have acute ischemic stroke during the period of August 2018 to August 2019. Data was collected by relevant history, clinical examination, investigations.

**Observations:** The mean age of the patients was 51.7 years, with a male –female ratio of 7:5. Chest pain 12%, palpitations 2%, Orthopnea 6% are main presenting symptoms of acute ischemic stroke during the period of August 2018 to August 2019. Data was collected by relevant history, clinical examination, investigations.

**Conclusions:** 50 subjects studied for cardiac abnormalities by means of history, risk factors, ECG, 2D echocardiography, and cardiac biomarkers. LV dysfunction most common ECG abnormality. CKMB was elevated in 56% & Troponin in 26%. The results show that LV dysfunction most common ECG abnormality. CKMB was elevated in 56% & Troponin in 26%.

**Conclusions:** Cardiovascular Manifestations in Acute Ischaemic Stroke.
A Rare Case of Vitamin B12 Deficiency Peripheral Neuropathy Presenting as Claw Hand
Sharat Amarkhed, Sritha Kasal
JMI Medical College, Davangere, Karnataka

Introduction: Vitamin B12 deficiency is a metabolic disease associated with neurological manifestation. It often presents as megaloblastic anemia and neurological disorders which entail prompt treatment. The diagnosis of Vitamin B12 deficiency is challenging due to unfamiliarity with the disease, owing to its rarity especially in young people.

Material: An 18 year old girl presented with weakness of all limbs along with claw hands and foot drop with paraesthesia of upper and lower limbs for a period of 6 months. She was on various medications before presenting but with no relief of symptoms. After clinical examination and laboratory evaluation, diagnosis of Vitamin B12 deficiency associated neuropathy was made after ruling out other causes of claw hand.

Observations: She was started on parental B12 supplements and then changed to oral B12 supplements. Follow up was marked by good clinical recovery after 15 days of therapy.

Conclusions: Vitamin B12 deficiency associated neuropathy is a rare debilitating disease that affects mostly elderly. However neuropathic symptoms in young adults warrant a high index of suspicion. Though subacute combined degeneration is common in prolonged B12 deficiency, B12 deficiency causing peripheral neuropathy and causing claw hand and foot drop is rare.

Silent Brain Infarcts in Patients with Non Specific Neurological Symptoms
Abhilash S Junjappanavar, KV Chandrashekar
J.J.M. Medical College, Davangere

Introduction: Silent brain infarction is preclinical warning of symptomatic strokes and brain damage related to multiple deep infarcts. Study was done to find the lesion between silent brain infarcts (SBI) and non-specific neurological complaints (NSCL), association of risk factors with SBI and association of high sensitive C-reactive protein (hsCRP).

Material: Study was conducted on 51 patients with NSCL attending OPD and IPD. All the revelant investigations were done and patients were evaluated with 1.5TESLA Siemens symphony.

Observations: Out of 51 patients, 26(50.98%) were males and 25(49.02%) were females. Patients were higher (31.37%) in the 31-49yrs age. Headache was most common (54.90%). NSCL 6 patients (11.76%) were obese and 4 patients (7.84%) were overweight. Most common risk factor was HTN in 7 patients (13.78%). 13 patients (25.49%) had diabetes with hypokalemic periodic paralysis. in which were 4 patients (7.84%) had cortical infarcts and 1 patient had both cortical and subcortical infarct. 31 patients (60.78%) had HDL levels -<40 mg/dl, 15 patients (29.4%) had raised triglyceride levels and 32 patients (62.75%) had raised hsCRP levels.

Conclusions: Patients presenting with non specific neurological complaints have to be evaluated at the earliest to detect silent brain infarcts which is a risk factor for major stroke.

Study of Blood Glucose and White Blood Cell Count Combination in Predicting Short Term Outcome of Acute Ischemic Stroke
Dhruvanandan K, Prasad RSS
SN Medical College, Agra

Introduction: Stress and inflammatory response is considered and studied as factors which can predict severity and outcome in acute ischemic stroke. In many patients with acute ischemic stroke it found to have increased white blood cell count and increased blood glucose. This is attributed to increased inflammatory response and stress.

Material: This is an observational study conducted in R.L. Jalapa hospital in patients who presented with acute ischemic stroke. Where WBC and RBS was done at the time of presentation and outcome was measured on 4th day of presentation.

Observations: Total of 68 patients were included in the study among majority of them showed that increased blood cell count and increased blood sugar was associated with poor outcome in terms of hospital mortality and morbidity. Combination of high blood sugar and high WBC appeared to be better predictor of the outcome of acute ischemic stroke.

Conclusions: Higher blood sugar and higher white blood cell count at the time of presentation is associated with poor outcome in acute ischemic stroke.

To Compare the Efficacy of CSF Lactate and CSF Cortisol Levels as a Diagnostic and Prognostic Marker in Patients of Acute Bacterial Meningitis
Paramjeet, PK Maheshwari, M Bansal
SN Medical College, Agra

Introduction: Bacterial meningitis is associated with significant morbidity and mortality and long-term sequelae affecting as much as 50% of survivors. Elevated serum cortisol levels have been detected in several studies conducted in patients with a complicated course of bacterial meningitis.

Material: A prospective observational study on patients with clinically suspected bacterial meningitis were confirmed with CSF cell count/biochemistry with or without positive Gram’s stain or culture. Total of 50 patients with confirmed acute bacterial meningitis were included.

Observations: The mean age of the bacterial meningitis patients was 46 years, and the mean Glasgow Coma Scale on admission was 12, 35 patients (70%) were admitted in ICU with a mean length of stay of 8 days. The mean cortisol concentration in cerebrospinal fluid (CSF) was 113 nmol/l and 5.8 nmol/l, respectively. The CSF cortisol concentration of 33.1 nmol/l was found to be the optimal cutoff point for bacterial meningitis. Furthermore, CSF cortisol levels were correlated with Glasgow Coma Scale score (r = 0.547, P<0.001).

Conclusions: CSF Cortisol levels were found to be highly elevated in patients of acute Bacterial Meningitis. And levels correlated with the disease severity whereas CSF lactate levels were elevated and found to be of diagnostic importance only.

A Case Series of Hypokalemic Periodic Paralysis
Deepak Chadda, Punnet Saxena, S5 Dariya
Sawai Mansingh Hospital

Introduction: Periodic paralysis is a rare neuromuscular disorder related to defect in the ion channels, characterized by episodes of muscle weakness, precipitated by heavy exercise, fasting or high carbohydrate meals. It is classified as hypokalemic when episodes occur in association with low K+ levels. They can be familial (primary) or acquired (secondary). Secondary periodic paralysis can be due to multiple causes. HPP incidence is 1 in 100,000.

Material: We report a case series of 10 individuals presenting with periodic paralysis of 1 year with S100K deficiency. They had quadriparesis without positive Gram’s stain or culture. Total of 50 patients were confirmed with CSF cell count /biochemistry with or without positive Gram’s stain or culture. Total of 50 patients with confirmed acute bacterial meningitis were included.

Observations: In this study we present ten patients with hypokalemic periodic paralysis, in which were barter syndrome, Conn’s syndrome, thyrotoxic periodic paralysis, myotonia with hypokalemic periodic paralysis and two patients with hypoglycemic periodic paralysis. Patient were investigated for various assay for oligoclonal bands, was normal. Serum anti topoisomerase antibodies were negative.

Conclusions: Parry romberg syndrome is a condition in which there is slow progressive shrinkage of tissues and sometimes bones and it is also associated with migraine, epilepsy, trigeminalneurolalia. Treatment includes multidisciplinary approach with reconstructive surgery, fat graft, fat cell injection, silicon implantation, muscle and bone graft. If there is progression of atrophy immunosuppressive therapy is used to stop progression.

Acute Presentation of Subacute Combined Degeneration Mimicking Multiple Sclerosis- Neuromyelitis Optica Spectrum Disorder
Adanya Gupta, Archana Verma, VP Pandey, Archana Verma
MGM Medical College, Indore

Introduction: Subacute combined degeneration is caused by vitamin B12 deficiency & is a treatable non-compressive myelopathy. It mimics myelopathy during these days, of which Subacute presentation is common, while Acute presentation of SCD is rare.

Material: A 22-year-old male, vegetarian,Presented with gradual onset of lower limb weakness immediately few hours after which he developed spastic paraparesis.

Neurologic examination reveals features of non-compressive myelopathy that are spastic paraparesis & profound posterior column involvement predominantly in lower limb in form of positive rhomberg’s sign s/o sensory ataxia, increased deep tendon reflexes and extensor plantar responses.

Possibility of infective or demyelinating disease (ADEM/MS) was kept..

Observations: HB-11 gm% (Mild Anemia), Peripheral smear s/o hypersegmented neutrophils Serum B12 low (89 pg/ml),EMG & NCV s/o Sensory & motor polyneuropathy, MRI Whole Spine was Unremarkable. Right sided Visual Evoked Potential showed prolonged P100 (150 ms) s/o severe visual nerve involvement Anti-Perifascial Cell Antibody Positive, a cerebospinal fluid analysis, including and July smear of blood, was normal. Serum anti aquaporin 4 antibody were negative.

Conclusions: This is the rare case report of SCD with Acute presentation mimicking Demyelinating Disease/ MS/MSAO. This case demonstrates that although B12 deficiency causes subacute presentation (usually with 3 months duration) of neurological manifestations but acute presentation (say 1 day in this case) is also possible.

Possible causes of hypokalemic periodic paralysis include hyperparathyroidism, hypokalemic periodic paralysis, in which were 4 patients (7.84%) with raised triglyceride levels and 32 patients (62.75%) had raised hsCRP levels.

Conclusions: Patients presenting with non specific neurological complaints have to be evaluated at the earliest to detect silent brain infarcts which is a risk factor for major stroke.

A Case Report of Blood Transfusion Related Posterior Reversible Encephalopathy Syndrome
Suraj Kumar Chimata, Dr. Bhushan Chakrabart, Dr. Chandrashekar, Kriti Vinay Kumar Goud
Katkatia Medical College/Mahatma Gandhi Memorial Hospital, Department of Internal Medicine, Warangal

Introduction: First described by Hinchey et al in 1996, Posterior reversible encephalopathy syndrome is described as a clinical and radiological disease entity with good prognosis.

Material: A 45 year old female with a background history of longstanding anemia presented with sudden painless bilateral loss of vision, occipital headache, one episode of GCS-15. She was treated with 3 PRBC in the week prior to presentation. Her neurological examination including fundoscopy was normal. Her decline in visual acuity and depressed level of consciousness. Over next 10 days her mental status, vision improved close to her baseline.

Observations: Her MRI Brain was suggestive of patchy mild hyperintensities noted at gray-white matter junction of bilateral occipital cortex and left basi-frontal region and periventricular trigonal regions noted on T2WI, FLAIR sequences with no corresponding restriction on DWI sequences with no abnormal contrast enhancement. Patient’s Hb prior to transfusion was 3.1g/dl and a week after transfusion Hb being 7.7 g/dl and screening ANA, CSA, CRP, 2D Echo were normal.

Conclusions: A rapid increase in the Hb level, viscosity by the blood transfusion is thought to induce acute vascular endothelial dysfunction and an elevation of vascular resistance, extravasation of fluid and macromolecules in the brain which triggers occurrence. There were 21 cases reported in the literature as of November 2018.

A Rare Case of Parry Rhomberg Syndrome
Suraj Kumar Chimata
Government Medical College, Kadapa

Introduction: Parry romberg syndrome or progressive hemifacial atrophy is very uncommon degenerative condition characterised by slow progressive atrophy of one side of the face which progresses slowly ans stabilize.

Material: A 18 year old female came with complaints of headache-unilateral throbbing type with focal seizures involving the right upper limb and lower limb with no history of fever or blurring of vision. She complained of wasting over the left side of face since 2 years and also wasting of left upper limb since 1 year.

Observations: On examination she had atrophy of left side of face, left upperlimb and lower limb. She had hypopigmented patches over the legs. All routine investigations were normal. MRI brain showed frontal lobe calcifications. X-ray of both fore arm and thigh showed decrease in bone size. ANA, anti centromere and anti topomaserne antibodies were negative.

Conclusions: Parry-rhomburg syndrome is a condition in which there is slow progressive shrinkage of tissues and sometimes bones and it is also associated with migraine, epilepsy, trigeminalneurolalia. Treatment includes multidisciplinary approach with reconstructive surgery, fat graft, fat cell injection, silicon implantation, muscle and bone graft. If there is progression of atrophy immunosuppressive therapy is used to stop progression.
Dyskynergia Cerebellaris Progressiva
Harini, Alagesan
Tirunelveli Medical College And Hospital

Introduction: Dyskinesia cerebellaris progressiva is also known as Ramsay Hunt syndrome/dyskinesia cerebellaris myoclonica. It is characterized by tremor, progressive ataxia, GTCs, myoclonus. It is typically of idiopathic origin sharing clinical features of mitochondrial disorders.

Material: On admission the 25 year old patient presented with history of progressive ataxia for 2 years which was followed by development of myoclonic jerks. History of GTCs for a duration of 1 year was present. On examination patient had a gait evoked nystagmus, cerebellar function tests were impaired, tremors superimposed with myoclonic jerks were present. Patient had a severe action induced truncal myoclonus which made walking very difficult. On investigation routine investigation, MRI brain, muscle biopsy was normal. CSF and serum lactate levels were normal.

Observations: The concept of progressive myoclonic epilepsy covers many distinct clinical entities including DCM, MERRE, Balkic myoclonicencephalopathy, cherry red spot myoclonus syndrome, Lafora’s disease etc. Based on the presence of ataxia, seizures and action myoclonus and a normal muscle biopsy a diagnosis of dyskinesia cerebellaris progressiva was attained.

Conclusions: Based on the presence of ataxia, seizures and action myoclonus a normal muscle biopsy a diagnosis of dyskinesia cerebellaris progressiva was attained which is a very rare entity.

Electrocution Causing Acute Ischemic Stroke - A Rare Presentation
Satish Kumar R, Satish Kumar G, Muthumani L
KAVP Government Medical College

Introduction: Electricity played an important role in our modern development and this growing dependence of Electricity in our lives has increased the incidence of Neurological Injuries due to Electric current.

Material: Our Patient, 41 year old Male, Welder by occupation, a previously healthy person presented with alleged history of sustaining Electric shock while working with his welding machine of 440 V (low voltage). He had a severe action induced truncal myoclonus which made walking very difficult. On investigation routine investigation, MRI brain, muscle biopsy was normal. CSF and serum lactate levels were normal.

Observations: Patient was hemodynamically stable with signs of Left VII Cranial Nerve UMN type of palsy and Left Brachial Monoplegia. MRI Brain showed focal ischemic lesions in both Grey and White matter, also Attenuation of Right and Left Brachial Monoplegia. MRI Brain showed focal ischemic lesions in both Grey and White matter, also Attenuation of Right and Left Brachial Monoplegia. MRI Brain showed focal ischemic lesions in both Grey and White matter, also Attenuation of Right and Left Brachial Monoplegia. MRI Brain showed focal ischemic lesions in both Grey and White matter, also Attenuation of Right and Left Brachial Monoplegia.

Conclusions: Patient was started on category 1 Antitubercular therapy. Patient weakness started improving after start of antitubercular therapy. Thus, clinical modalities may sometimes be unable to decipher the actual deep seated pathology as in our case.

Uncommon Presentation of a Common Disease
Aayushi Singhal, Ratnakar Sahoo, Jaspereet Kaur, Vaibhav Padole
Atal Bihari Vajpayee Institute of Medical Science and Dr RML Hospital, New Delhi

Introduction: Tuberculosis presenting as spinal intramedullary involvement is extremely rare, accounting for 1-2 / million cases and 1/1000 of CNS tuberculosis cases.

Material: This is a case of 45 year old male who presented with complaints of fever for 15 days, bilateral lower limb weakness with band like sensation at the level of umbilicus for last 10 days and UMN type of bladder (developed during hospital stay).

Observations: On clinical examination found to have UMN type paraplegia in bilateral lower limb with power of 3/5 and 2/5 in right and left lower limb respectively, exaggerated Deep Tendon Reflexes, extensor plantars, absent abdominal reflexes suggestive of extramedullary compressive myelopathy, level being localised at T8- T9 level.CEMRI brain, lung and whole spine screening done was suggestive of inflammatory granuloma of spinal cord at T3 level with ring enhancement with edema extending above up to C5- C6 level and consolidation with cavitation of right middle zone.

Conclusions: A final diagnosis of disseminated Koch’s (pulmonary and extramedullary tuberculosis) was made and patient was started on category 1 Antitubercular Therapy. Patient weakness started improving after start of antitubercular therapy. Thus, clinical modalities may sometimes be unable to decipher the actual deep seated pathology as in our case.

Profile of Patients with Altered Sensorium in the Medical Emergency
Sarabmeet Singh Lehl, Daljinderjit Kaur
GMCH

Introduction: Altered sensorium is a common presenting feature often with a definite localization and is a challenge for the emergency physician. Aim of this study is to describe the clinical and diagnostic features of patients with altered sensorm in various subgroups and to determine the outcomes at the end of two weeks.

Material: 120 patients presenting to medicine emergency with altered sensorium were enrolled. The level of consciousness was graded by RASS (Richmond Agitation Sedation Scale), GCS (Glasgow Coma Scale) and by the CAM (Confusion assessment method). From the history, clinical examination and investigations; a clinical diagnosis was made and management done accordingly.

Observations: Majority of the patients were in the age group of 38-45 years (43.3%). Most of the patients were from Punjabi speaking community. 57.7% of the patients were having complete being altered sensorium (70.8%)and seizures (30.8%). The most common aetiology identified was CNS infections (19.2%) and CVA (19.2%). At the end of two weeks 60% of the patients either improved or recovered and 38 % of the patients died.

Conclusions: Patients in the younger age group (>60 years) had better outcomes as compared to the elderly population (>60 years). Those with CNS infections showed improvement as compared to those of patients with CVA.

From Telephone to Telepathy in Two Decades of Telemedicine-A Case Study
Venkatesh Kumar P, Arun Prasath, Tarun Kumar Dutta
MGMCR, Puducherry

Introduction: Parkinson’s Disease (PD) is a common neurodegenerative disorder in the west and India. Our patient was a 54 year old man with a history of 7 years of rest tremors, bradykinesia, rigidity and gait disturbance. She also had “scanning speech” and auditory hallucinations.To answer this complex was the aim and objective of this study.

Material: Case was subjected to Sneddon’s olfactory experiment-objective to plot in quartile of intensity the quintet of odorants (irritants-garlic acid, camphor, moustard, cardamon and Mentha arvensis) in 5 incremental responses.

An MRI scan was also performed to study intensity of T2 weighted diffusion signals in the placode of arcuate fasciculus and pituitary.

Observations:
1. Hypoaesthesia a dopaminergic symptom of PD harbinger other cardinal non-dopaminergic features.
2. Parameter of olfactory threshold was seen in the 2nd quartile for irritant odours and fourth quartile for mould.
3. Smell identification and discrimination-studied with respect to the physician.
4. Olfactory memory-with the extent of dorsiflexion of the pleximeter finger in prone position and was always in the third quartile for both case and its age matched control.
5. MRI brain showed hypointensity in the placode of arcuate fasciculus and pituitary.

Longitudinal Extensive Transverse Myelitis Secondary to Tuberculosis- A Case Report
Sharan Shreavan Hesaru, Murugesh Pastapu, Basavaraj Mahadevappa Rampure Medical College, Kalaburagi

Introduction: Longitudinal extensive transverse myelitis(LETM) is contiguous, inflammatory lesion involving three or more spinal segments. Less than 1% of them are caused by tuberculosis.

Material: A 20 year old lady presented with history of fever since 20 days on the background of recent abortion. Two days later she developed generalized seizures and lapsed into altered sensorium.

Observations: On examination heart rate was 109 bpm and blood pressure was 140/80 mmHg. Neurologically she was irritable with left hemiparesis. MRI Brain revealed acute infarct in left frontal region with effacement of bilateral frontal-parietal sulci and features of basal ganglia lesion. CSF analysis showed 950 cells (Lymphocytes 55%, Neutrophils 45%) with elevated protein (2887 mg/dl), hypoglycorrachia (26 mg/dl), positivity for TB-PCR and varied ADA levels. She was started on AIT with dexamethasone and sensorium improved drastically. Two days later she developed paraplegia with retention of urine. MRI Spine showed T2 and STIR hyperintensity with edema extending from D3-D11 which enhanced on contrast. A diagnosis of LETM was made and she received pulse methylprednisolone for five days followed by high dose oral methylprednisolone tablets (80 mg/day). There was gradual recovery in limb power and required minimal support to walk at one month.

Conclusions: LETM due to Tuberculosis is a rare entity and needs aggressive treatment to prevent long term disability.

Correlation of Stress Hyperglycemia with Clinical Outcome in Acute Stroke Patients in a Tertiary Care Centre of North India
Avirup Majumdar, Vrendra Atam, D Himanshu
King George’s Medical University, Lucknow

Introduction: Stress Hyperglycemia refers to the acute elevations of blood glucose in conditions of stress in patients without pre-existing diabetes. Various clinical and experimental studies have shown that admission hyperglycemia has an adverse effect on the neurological and short term outcomes in stroke.

Material: A Total of 152 patients presenting with acute stroke (Ischemic and Hemorrhagic) to emergency department or to the out-patient department were enrolled in the study. All the participants were evaluated by detailed history, clinical examination and severity assessment by NIHSS (National Institutes of Health Stroke Scale) score. Serial monitoring of blood glucose was done starting from day of admission till outcome (discharge or mortality). Disability on discharge was determined by Modified Rankin Scale (mRS).

Observations: A positive correlation is observed between the admission hyperglycemia and a worsened clinical outcome (increased in hospital mortality) in both ischemic and hemorrhagic stroke patients (P value 0.001).

Non diabetics with stress hyperglycemia at baseline had higher mortality (91.4%) than non diabetics (73.6%)

Conclusions: We found admission hyperglycemia to be a significant determinant of poor prognosis in Acute stroke patients.
Role of CSF-LDH and Serum LDH Levels to Differentiate between Different Types of Meningitis
Mayank Mishra, D Himanshu, KK Sawalni
King George Medical University

Introduction: Different infective etiologies of CSF lead to different types of meningitis. Varying degrees of increased levels of CSF-LDH have been found in different types of meningitis. This study is done to establish the role of different levels of LDH in both CSF and serum to differentiate meningitis of different types.

Material: A cross sectional study involving 100 in-door patients aged 14-70 years in altered sensorium with varying degrees of meningitis and signs of septic origin was done in Department of medicine, King George Medical University, Lucknow between 30 November to 30 September 2019.

Observations: We identified 100 patients with a median age of 30 years. CSF-LDH level was quite high in Pyogenic meningitis followed by tuberculocerebral meningitis. Viral meningitis showed mild increase of CSF-LDH while in those wherein Japanese Encephalitis was positive CSF-LDH was significantly high. Serum LDH levels didn’t show any conclusive difference in meningitis of different types.

Conclusions: CSF-LDH, SERUM-LDH levels were having no correlation between them for different types of meningitis, while CSF-LDH was highest for pyogenic meningitis followed by tuberculocerebral meningitis and least in viral.

An Interesting Case of Stroke in Young
S Chatterjee, S Chatterjee, CB Sharma, RT Gurnia, S Dubey
Rajendra Institute of Medical Sciences

Introduction: Cerebral venous sinus thrombosis (CVT), once thought to be rare, now is being diagnosed with increasing frequency due to heightened awareness amongst clinicians and improved imaging modalities. It is notoriously known for its varied presentations and extremely high risk of mortality, if remains undetected and untreated. On the other hand, life can be saved with full functional recovery if it can be identified with high index of clinical suspicion with supportive imaging and treatment with appropriate anticoagulation.

Material: Here we report a case of CVT involving right sigmoid and transverse sinuses presenting with acute onset left sided hemiplegia without antecedent headache or seizures.

Observations: Patient was successfully treated with anticoagulation without any full functional recovery. Multiple predisposing factors were identified from history and extensive thrombophilia screening in this single case. It’s not unusual to see CVT to be a clinical suspicion to screen for both the potential reversible and heritable causes of CVT so that appropriate measures can be taken to prevent such catastrophes.

Conclusions: As per our knowledge, this is a unique case of CVT with underlying conglomeration of multiple factors (lactation, folate deficiency, hyperhomocysteinemia, defect medroxyprogesterone acetate injection) and hereditary risk factors (deficiency of protein C, protein S and antithrombin-III) in a single patient.

Study of Thyroid Profile in Patients with Ischemic Stroke at Presentation with Special Reference to Subclinical Hypothyroidism and Stroke Outcome
Anoop BR, R Subhash Chandra
JSS Medical College and Hospital

Introduction: There is a complex relationship between thyroid hormones level and stroke. We intend to study if subclinical hypothyroidism has any bearing effect on the outcome of ischemic stroke.

Material: Primary objective - Assess the association between subclinical hypothyroidism and outcome after acute ischemic stroke

Description of the study: This study is an observational prospective case series.

Inclusion Criteria: Age > 40 years,patients diagnosed to have ischemic stroke (Embolic, Thrombotic) with a focal neurological deficit. Exclusion Criteria: Patients with overt thyrotoxicosis or taking medications that could alter T3/T4.

Methodology: Thyroid function profile (TSH, Free T4) at the time of admission or within two days of admission is done. The end point is a favourable outcome as defined - A mRS score of 0 for patients with a baseline NIHSS score of ≤8. A mRS score of 0 or 1 for patients with a baseline NIHSS score of >8. A mRS score of 0-2 for patients with a baseline NIHSS score of >14.

Observations: Acute stroke patients with subclinical hypothyroidism had a better outcome at the end of 3 months

Conclusions: Acute stroke patients with subclinical hypothyroidism had a better outcome at the end of 3 months

A Case Study of Hereditary Spastic Paraplegia
Amit Kumar Normal
NMCH, Patna

Introduction: Hereditary spastic paraplegia is a neurodegenerative disease characterized by progressive spasticity & weakness of the lower extremity, lowest extremity hyperreflexia & extensor planter response. There is no specific treatment. The treatment is symptomatic to reduce spasticity & improving gait.

Material: A 15 yr male presented with complaint of difficulty in walking - 8 yrs, unable to walk without support - 6 yrs. Her younger sister 10 yr old has also same complaint of difficulty in walking - 2 yrs. There is no history of similar problem in maternal or paternal side of relatives.

Observations: On examination pt there is spastic gait, weakness at ankle & hip joint, ankle clonus, no cerebellar sign, normal sensaion. No peripheral neuropathy, no intelligence deficit.Laboratory parameters are in normal range. USG abdomen - normal study. MRI of spine shows facet atrophy at multiple lumbar spine level, no abnominal enhancement & no abnominal marrow signal intensity.

Conclusions: Hereditary spastic paraplegia is a group of hereditary,degenerative,neurological disorders that primarily affect the upper motor neurons.If only lower body is affected HSP is classified as uncomplicated; if other systems are involved then classified as complicated. The different types of HSP are caused by mutations in different genes.Inheritance varies.There are no specific treatment of HSP.

Dystrophia Myotonica - A Case Report
Ravindranath Reddy K, K Narasimulu, vidyasagar K
Kurnool Medical College

Introduction: Myotonic dystrophy is the disorder characterised by muscle wasting, weakness, myotonia with systemic features like cardiac abnormalities,gonadal atrophy, endocrine abnormalities. It is inherited in autosomal dominant manner, caused by mutations in gene encoding protein kinase on chromosome19, with incidence of 1 per 8000. Here, we present a case of Myotonic dystrophy type I.

Material: 30 years old male presented with complaints of slurring of speech, difficulty holding objects and releasing handgrip since 10 yrs which was gradually progressive. On examination, there was frontal baldness, facial muscle weakness, bilateral temporalis and sternocleidomastoid muscle wasting. No tender face appearance with positive percussion myotonia. Tone was normal with normal deep tendon reflexes, with predominant distal muscle weakness in 4 limbs. On the site blood investigations were normal. Serum creatine phosphokinase was mildly elevated. Electromyography revealed bursts of repetitive potentials with dive bomber sounds suggesting myotonia. Silt lamp examination showed anterior subcapsular cataracts. 24 hour holter monitoring revealed intermittent bundle branch blocks.

Observations: Genetic testing is the definitive test in diagnosis. There is no specific therapy. Death is due to recurrent respiratory infections or complete heart blocks.

Conclusions: Frequent followup is essential to prevent complications.

Assessment of Left Atrial Volume Index in Acute Ischemic Stroke Patients; An Observational Study
A Mittal, P Punekar
Netaji Subhash Chandra Bose Medical College, Jabalpur

Introduction: Left atrial enlargement has recently emerged as a marker of adverse outcomes in various diseases. However its role in acute stroke is not adequately studied. This study assessed left atrial volume index in acute ischemic stroke patients.

Material: Study included 86 patients with clinical and radiological finding suggestive of acute ischemic stroke. All the patients underwent transthoracic echocardiography and LAVI was measured with the biplane a- length method and categorised as 16-28ml/m2 as within reference range and >28ml/m2 as moderately abnormal and 740/mlm2 as severely abnormal.

Observations: The mean LAVI in all study cases was 31.30±12.98. Most of the male patients with range of 86 (61.2%) had increased LAVI with mean of 38.77±10.44.

60.4% of male patients and 39.6% of female patients had LAVI more than the reference range. It is also seen that 38.2% of patients with nonthrombolytic acute ischemic stroke and 37.7% had subcortical infarct. 61.5% patients of large size infarct and 50% of lacunar infaract had increased LAVI.

Conclusions: Increase in left atrial volume index is common seen in acute ischemic stroke patients. Thereby this index is a potential tool for estimating risk of stroke in clinical practice and can have definitive preventive implications.

Neuromyelitis Optica Spectrum Disorder Causing Longitudinally Extending Transverse Myelitis – A Case Report
K Soundarya Rajeshwari, KT Jayakumar
SRM Medical College Hospital and Research Centre

Introduction: Longitudinally extensive transverse myelitis (LETM) is a neurological condition characterised by a contiguous inflammatory lesion of spinal cord extending to 3 or more vertebral segments. Neuromyelitis optica (NMO) is the most common LETM etiology. This study is done to establish the criteria for LETM in patients and to document the clinical presentations of LETM and NMO, along with the response to immunosuppressive therapy.

Material: A 65 year old female presented with complaints of weakness of trunk and bilateral lower limbs for past 6 weeks associated with bowel and bladder incontinence following a fall. She also complained of inability to feel her clothes. General examination, vitals were normal. CNS examination showed flaccid paraparesis with sensory deficit from level T4. MRI brain showed longitudinally extensive T2 hyperintensity extending from C2 to D7 with cord edema. Optic disc showed mild optic disc swelling and showing normal.Serum Anti Aquaporin-4 antibody was positive. Patient was started on intravenous methylprednisolone 1g/day IV for 5 days following which the patient improved significantly and was discharged on oral prednisolone.

Observations: NMO is an autoimmune inflammatory disorder of CNS primarily affecting the eye (optic neuritis) and spinal cord (LETM). It was considered as a variant of multiple sclerosis but it is regarded as a distinct entity due to the presence of Aquaporin4 antibodies.

Conclusions: When a patient presents with acute transverse myelitis without optic neuritis still there should be a clinical suspicion of NMO, confirmed by imaging showing LETM and anti-aquaporin4 positivity.

Marchiafava Bignami Disease - A Case Report
Yashilha D, AK Geetha Devi
SRM Medical College Hospital and Research Institute

Introduction: Marchiafava Bignami Disease (MBD) is a rare neurodegenerative disease characterised by demyelination and necrosis of corpus callosum. There are acute,subacute and chronic forms associated with neurological symptoms like seizures, unconsciousness,behavioural abnormalities, memory deficit,impairment of gait and dementia.

Material: A 46 year old male presented to the casualty with 2 episodes of seizures at his residence followed by loss of consciousness for 10-15 mins. History of one episode of vomiting. He is a known case of diabetes, hypertension, hyperlipidemia. History of alcohol consumption for the past 20 years-180 ml of brandy almost everyday. On examination,patient was drowsy,pale,poorly nourished. Vitals were stable. CCS-ESU2/3 with no signs of meningeal irritation. Other system examination was normal.

Observations: Investigations revealed derranged liver function test with a normal hemogram. EEG showed moderate generalised electroencephalographic dysfunction. MRI brain showed T2/FLAIR hyperintensity in the body of corpus callosum with areas of diffusion restriction and TI hypointensities within it. On the basis of history,clinical features and imaging,a diagnosis of MBD was made. Patient was given IV Thiamine (multivitamins), antiplatelets and supportive care. Patient was registered in alcohol deaddiction clinic and psychiatric counselling given.

Conclusions: MBD is a complication of chronic alcoholism which is often misdiagnosed and mistreated. A high index of suspicion is critical in revering the underlying pathophysiology in the early stage.
Autoimmune Encephalitis: A Diagnostic Challenge For Physician
Swastik Acharya, Shubhransu Patro, Payod Kumar Jena, Swastik Acharya
Kalinga Institute of Medical Sciences

Introduction: Autoimmune encephalitis is a recently detected yet rare immune mediated disease that involves the central nervous system demonstrating a wide spectrum of clinical features. It mimics other forms of diseases of central nervous system, autoimmune encephalitis remains a diagnostic challenge for all practitioners. We report here two cases of autoimmune encephalitis.

Material: Both the cases who were young adults presented to OPD with recurrent episodes of fever, altered sensory and motor functions and seizures.

On investigation, CSF study of both the cases revealed lymphocytic pleocytosis with MRI brain revealing T2 hyper intensities at multiple areas of brain. Necessary investigations were done to rule out other causes of encephalitis and systemic autoimmune disorders. As patients condition were not improving and investigations did not reveal any causes, samples for auto antibodies against central nervous system like anti-NMDAR were sent and was found positive in high titres. Both the cases were managed with IV immunoglobulin, improved and discharged in a stable condition.

Observations: In cases of new onset altered sensorium and seizures, autoimmune encephalitis should always be kept as an important diagnostic consideration.

Conclusions: Prognosis remains poor unless early diagnosis and timely treatment is initiated.

Curschmann–Steinert disease- A Case Report
Srushti D
SRM Institute of Science and Technology

Introduction: Myotonic dystrophy type 1 or Curschmann–Steinert disease is the most common adult-onset muscular dystrophy with autosomal dominant inheritance. It includes myotonia, limb muscle weakness, muscle atrophy, facial weakness, ptosis, and multi-organ involvement including cataracts, insulin resistance, elevated liver enzyme levels, male hypogonadism and cardiac conduction defects. DM1 may also present with peripheral nervous manifestation (polyneuropathy).

Material: A 47 year old woman presented with a 5 year history of dropping of eyelids, and slurring of speech. She complained of a chronic nonproductive cough with history of admissions for pneumonia. Chest auscultation showed crackles across all areas bronchial breathing. Bilateral ptosis, frontal balding, dysarthria, glosso- and palatal weakness, facial muscle weakness, bilateral sternomcleidomastoid atrophy and thenar atrophy noted. Muscle strength in the hands and muscle tone of all four limbs was normal. There was a lack of emotional expression in the extremities. Atrophy was observed in the leg extensors and forearm muscles with a cavoos deformity of both feet. EMG showed 2nd phase of CMT. HRCT chest revealed bronchiectatic segments in right middle lobe and right upper lobe with consolidatory patches in right lower lobe.

Observations: Genetic analysis revealed DM1 mutation >50 CTG repeats.

Conclusions: The skeletal muscles are most frequently involved, whereby the disorder manifests as myotonia, muscle weakness and atrophy. Respiratory manifestations may result from a number of factors including weakness of diaphragm, abdominal, and intercostals muscles and atelectasis of respiratory alveoli, which lead to poor breathing force and results in low blood oxygen/elevated carbon dioxide levels, and aspiration of foreign material due to result from abnormal swallowing.

Risk Factors and Clinical Feature of Subarachnoid Hemorrhage: An Institution Based Study
Jayasri Medhi, Swaroop Kumar Baneraj
Gauhati Medical College

Introduction: Spontaneous subarachnoid hemorrhage (SAH) is the presence of blood in the subarachnoid space and accounts for almost 5% of all the causes of stroke worldwide and 3.4% of stroke in India. Almost 85% cases occur due to rupture of aneurysm. Apart from Smoking and hypertension alcohol abusers are also more prone to develop SAH.

Material: The study has been carried out for a period of 1 year from 1st July 2018 to 30th June 2019 including all the patients of SAH attending the emergency department. Data is collected and documented including identification, history, clinical findings and radiology.

Observations: 73 patients with SAH were included in the study. 61.6% cases were female and the mean age was 53.16 ± 16.27 years. 47.9% cases were hypertensive and 36.8% patients were smokers. Headache was present in 90% cases and 83.56% cases had neck rigidity. Seizure was seen in 19.17% cases and motor deficit in 20.35% cases. Anterior circulation aneurysms were most common.

Conclusions: Smoking and hypertension continues to be the most important risk factors of SAH. Most patients presented with headache and neck rigidity and less frequently with seizure and motor deficit.

Lipoprotein(a) Levels as an Independent Risk Factor for Ischemic Stroke
Gurunathrao Sah

Introduction: Lipoprotein(a) is an non conventional risk factor for ischemic stroke.

Material: A Cross sectional study of a total of 50 patients admitted in Our Hospital with confirmed diagnosis of Acute Ischemic Stroke were included in the study. After getting informed consent Lipoprotein(a) levels was done along with other routine investigations & reports were collected & study was done.

Observations: Lipoprotein(a) levels as an independent risk factor for Ischemic Stroke.

Conclusions: Lipoprotein(a) levels as an independent risk factor for Ischemic Stroke.

Serum Ferritin Levels in Patients with Acute Ischemic Stroke
Rakesh Noubade, Manjunath Alur
JMMC, Davangere

Introduction: Cerebrovascular accidents cause major morbidity and mortality. Many risk factors have been predicted for progression and prognosis in CVA. In this study we evaluated the levels of Serum ferritin levels as predictor for neurological severity in acute ischemic stroke

Material: In this study we tried to assess the severity of acute ischemic stroke and its correlation with serum ferritin levels.100 Patients fulfilling inclusion and exclusion criteria were selected. CT brain done on presentation to rule out Hemorrhagic CVA. Serum ferritin levels were estimated in patients presented within 48 hours of onset of acute ischemic stroke.

Observations: A sum of 180 cases were included, out of which 50% were females and 50% males. About 31% of the cases were there in the age group of 56-70 years. The mean serum ferritin level was 90.25±0.7 ng/ml in a group of patients of improved whereas it was 322.2±50.5 ng/ml in those who deteriorated.

Conclusions: The raised level of serum ferritin indicates poor prognosis in terms of mortality and neurological deterioration in stroke patients. This study also showed that serum ferritin is an important independent risk factor in prognosis of stroke.

Multidrug Therapy - An Open Clinical Trial on Migraine
Sharan Chandra, Kayav, Ramaswamy, Prabhad, Prabhad
Shadan Institute of Medical Sciences

Introduction: Management of acute migraine and its high recurrence rate is still a problem for the physicians. To have further research in the innovation of new molecules, multi drug therapy is studied.

Migraine is one of the most common primary headaches and the most disabling of neurological disorders. It is identified among the top 20 leading causes of disability. It constitutes 16% of primary headaches, because of increasing disability, high recurrence rate and refractory monotherapy, multi drug therapy has been studied. The approach to the treatment is use of sumatriptan plus naproxen for acute headache and divalsalven for secondary prophylaxis. Propranolol and paracetamol for maintenance therapy.

Material: 125 cases from shadan institute of medical sciences (inpatient and outpatient).

Observations: With headache being more common in women when compared to men, accompanied with symptoms like nausea, vomiting, photophobia, phonophobia. Blurring of vision etc more common in age group of 20 to 30. Multidrug therapy in low doses is very effective with good response and fewer dropouts when compared to single drug therapy with high doses and dropouts.

Conclusions: Migraine is a manageable clinical syndrome with multidrug therapy.

Multiple Intracranial & Intraventricular Tuberculosis: Rarest Presentation of CNS Tuberculosis
Hargudas Singh, Dinesh Yadav, Prateek Mangal, Raghwendra Singh, Neelad Karim, Ariz Kumar Sah, Mota Gopal Memorial Medical College

Introduction: Tuberculosas are granulomatous intracranial space occupying lesions and result from hematogenous seeding of tubercle bacilli to leptomeninges, brain parenchyma and subarachnoid space. Tuberculous meningitis is extremely rare. Multiple intraventricular tubercula along with intracranial tuberculosis has never been reported earlier.

Material: A 23 years old male presented with history of low grade fever, dry cough, headache for two months and confusion, somnolence, disorientation, slurred speech for five days.

CEMRI showed multiple ring enhancing lesions in different areas of brain parenchyma, lateral and third ventricles and right retrobulbar space with leptomeningal involvement and hydrocephalus. MR spectroscopy identified lipid peak in most of lesions and was suggestive of tuberculosis. HHRT thorax showed small nodular opacities with cavitation in right upper lobe and fibrotic patches in right lower lobe.

Lumbar puncture of CSF revealed 23-24cells/mm3, 95%lymphocytes, ADA 26U/L, Protein 114 mg/dl and sugar 46mg/dl. CSF TB PCR was positive.

Cysterciosis (Tania Solium)Antibody, IgG serum was 0.18 (<0.90 negative).

Observations: Diagnosis of pulmonary and CNS tuberculosis was made. Patient was given antitubercular therapy with steroids and patient showed improvement.

Conclusions: Take home message: Tuberculosis should be considered as differential diagnosis for intraventricular lesions especially in endemic areas when tuberculosis is present elsewhere in body.

Validity of Siriraj Stroke Score in Differentiation of Acute Ischemic and Hemorrhagic Stroke in a Tertiary Care Centre
Meghana BS, Ravi K
SMS Medical College and Research Institute, Bangalore

Introduction: Computed tomography (CT) scan is gold standard investigation used to distinguished cerebral infarction and hemorrhage. However early access to CT is sometimes not feasible. In the study we have proposed various scoring systems to differentiate cerebral infarct and hemorrhage based on clinical findings. Siriraj Cerebral Infarction Score (SIS) is one of the best stroke scores. The aim of our study was to assess sensitivity, specificity and accuracy of SIS in differentiating cerebral infarct and hemorrhage in comparison with CT brain findings.

Material: 60 consecutive cases of acute stroke were included in the study. SIS was calculated at the time of admission. Sensitivity and specificity of SIS for infarction and hemorrhage were tested against CT brain. Findings recorded and statistically analyzed.

Observations: Among 60 patients, CT brain showed cerebral infarction in 45 and hemorrhage in 15 patients. The sensitivity of SIS for detecting infarction was 86.48% and specificity was 90.90%. The sensitivity of SIS for detecting hemorrhage was 90.90 % and specificity was 86.49%. The overall accuracy of SIS was 87.5%.

Conclusions: When CT scan is not available for initial assessment, Siriraj Stroke Score can be used as bedside diagnostic tool for to classify stroke subtypes.

Pantothenate Kinase Associated Neurodegeneration- A Rare Case Report
Ragini, Syam Sunder Raju, Srikanth Goud
Gandhi Medical College

Introduction: Hallervorden–Spatz disease is a rare disorder of neurotransmitter synthesis. This report describes pantothenate kinase 2 producing gene located on chromosome 2p13- p12.3 is reported in most cases. We report presence of...
Seasons change and so does Mr. ALLERJIO

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this syndrome in 15 yr old male patient with classic MRI findings.

Material: A case of 15 yr old male born of 3rd degree consanguinous marriage with poor scholastic performance, Abnormal posturing of both upper limbs since 1 yr, difficulty to speak since 6 months, abnormal posturing of both lower limbs, difficulty in walking, flexion deformity of toes intermittent episodes during walking since 2 months. On examination he was examined and right extensor capsule MRI brain showed acute infarct with hemorrhagic transformation in the left inferior frontal gyrus and right frontal subcutaneous.

Observations: He improved with supportive care, Ryles tube feeding, statins, anti-hyperbiuric but swallowing difficulty persisted.

Conclusions: Classic FCSM is bilateral opoceral involvement, but very rarely unilateral opcular involvement with contralateral cortical/subcortical lesions also cause FCSM (operculo - subcortical syndrome), as seen in our case.

Study of Neutrophil-to-Lymphocyte Ratio (NLR) as Predictor of Neurological Deterioration in Patients with Acute Intracerebral Hemorrhage

Kshitij Bansal, Smita Mohanty

VMC 5 & SH

Introduction: Inflammation plays an important role in the pathophysiology of Intracerebral Hemorrhage (ICH) and causes secondary brain injury. Aim of this study was to assess the role of neutrophil-to-lymphocyte ratio (NLR), a readily available biomarker of systemic inflammation as a predictor of Neurological deterioration (ND) during the first week of hospitalization in ICH patients.

Material: A total of 80 patients with spontaneous episodes presenting within 24 hours were recruited, GCS & NIHSS scores, total white blood cells (WBC), absolute neutrophil count (ANC), absolute lymphocyte count (ALC) & NLR were determined at baseline & then daily till development of ND (decrease in GCS 72 points, increase in NIHSS 74 points or death during first week).

Results: Out of total 80 patients, 50 patients (62.50%) developed ND. Baseline mean NLR was 6.61 ± 3.5 in patients with ND and 3.2 (P<0.0001) & NLR>5 had 96% sensitivity & 100% specificity for predicting ND. However, multivariate analysis failed to show baseline NLR as an independent predictor of ND.

Conclusions: NLR >5 at baseline has the potential for helping in risk stratification of ICH patients for development of ND.

Artery of Percheron Infarct - A Rare Case Report

Aishwarya, Ramurty Pujar, SL Ravi

Vijaynagar institute of medical sciences

Introduction: The blood supply for the thalamus arises from posterior communicating arteries, F1 and F2 segment of posterior cerebral arteries. The artery of Percheron (AOP) is a rare variant of posterior circulation characterised by presence of a single thalamic trunk which supplies both medial thalamus and rostral mid brain to a lesser extent. The stroke in this territory is rare.

Material: To report a 68 year old female with this rare stroke syndrome.

Case report: A 68 year old female a known hypertensive presented with loss of consciousness. On examination patient’s GCS was 5/15 with hypotonia in all limbs, areflexia and bilateral extensor plantar responses. On Neuroimaging studies patient had involvement of territory of artery of Percheron. Over a span of 5 days she had improved consciousness with GCS score of 15 and residual deficits in the form of vertical gaze palsy, hemiparesis and gait ataxia.

Conclusions: Any Neuroimaging showing involvement of bilateral paramedian thalamus and midbrain an infarct in the arterial territory of Percheron should be considered.

Role of Platelet Indices in Predicting Severity of Disease in Patients of Acute Ischemic Stroke and its Correlation With NIHSS (National Institute of Health Stroke Scale) Score

Nikhil Gandhi, Deepthi Sharma

Government Medical College, Kota, Rajasthan

Introduction: Platelet activation aggregation plays an indispensable role in the pathogenesis of acute ischemic stroke (AIS) by accelerating the process of atherosclerosis. Hyperactive platelet aggregation is also an early marker of ischemia, endothelial damage &new platelet formation. Newer platelets are larger in size, metabolically and enzymatically more active and releases more prothrombotic factors. Platelet size/function is measured by MPV, increased platelet count &size also affects the PDW contributing to vascular & thromboembolic phenomena. Thus, MPV & PDW serves as determinants of platelet function. Hence, our aim is to study the role of platelet indices (Platelet count, MPV & PDW) in predicting the severity of disease in patients of AIS & its correlation with NIHSS score.

Material: The study included 100 patients of AIS admitted in our institute.NIHSS score was calculated at admission. Blood sample was drawn before starting treatment & platelet indices were obtained. These indices were compared with healthy controls & patients of AIS in different NIHSS score group.

Observations: Mean values of Platelet count, MPV and PDW in the patient of AIS were 2.51±0.63, 10.27±0.82, 20.10±4.96 respectively, which was higher than control group & all parameters had statistically significant correlation with AIS group (P<0.001, P<0.02). Moreover, values of platelet count, MPV & PDW increased proportionately with increased NIHSS score with significant p value (P<0.05).

Conclusions: Thus, platelet indices are easily obtainable and cost effective haematological parameter that may help in predicting severity of disease in patients of AIS as evidenced by its positive correlation with increasing NIHSS score.

36 year old male with cognitive disturbance, ataxia and speech disturbances.

Ahnag T5, Nandinsiwamy

ESIC FGHMR Bangalore

Introduction: Fahr’s syndrome is a rare, neurological disorder characterised by abnormal calcified deposits in basal ganglia and cerebral cortex.

Material: 36-year-old male patient with no co morbidity presented with complaints of impulsive behaviour (as history given by attenders), speaking and writing difficulty for 1 year.

Family history – nothing significant

Observations: en examination revealed Language - slurred Writing difficulty Frontal lobe test - abnormal Cranial nerves - normal Motor - normal Sensory - normal Reflexes - normal Cerebellar signs:

Gait ataxia - tandem walk difficult Finger nose test - normal Shin heel test – normal TFT – normal B12 – normal Serum calcium – 9.1 Serum ph – normal HIV, HBSAG – normal MRI brain – B/L calcifications in cerebellum, thalamus and B/L basal ganglia

Conclusions: evaluation of gait and neurocognitive disturbances in a middle aged patient a rare neurological disorder - fahr’s disease should be considered when there is a strong positive family history.

New treatment modalities need to be discovered and employed to minimise loss of functionality associated with the disease.

Even more important is to emphasise on the significance of genetic counselling of known at risk parents before conception.

A Clinical study to determine levels of vitamin B12,Folic acid and Homocysteine in patients of Ischemic stroke.

Preeti, RP Saini, Sumita Saluja, BC Kabi

VMC and Safdarjung Hospital

Introduction: Ischemic stroke VITB12 deficiency by virtue of causing hyperhomocysteinemia may be implicated as an acquired risk factor. There is a scarcity of data in Indian population regarding this correlation. The objective of this study is to evaluate the relationship between serum Vitamin B12 levels and ischemic stroke, including Folic acid and Homocysteine levels.

Material: This was a matched case-control study.50 cases of ischemic stroke were compared with 50 age and sex matched controls. Serum Vitamin B12, folate and Homocysteine levels were analyzed and Correlation between Serum B12, folate and Homocysteine in Ischemic stroke was studied using Pearson’s coefficient.

Observations: Mean levels of S.Vit B12, Folic acid and Homocysteine in cases were 187.25 pg/ml, 7.95 ng/ml and 31.12 μmol/l resp. while in controls it was 463.84 pg/ml, 13.42 ng/ml and 66.74 μmol/l resp. which were statistically significant, pvalue<0.001. There was a positive correlation of S.Vit B12 and Folic acid levels and negative correlation of Homocysteine with Ischemic stroke.
Conclusions: Vitamin B12 and Folic acid deficiency and autoimmune thyroiditis seem to be associated with Guillain-Barré syndrome and Cerebellar ataxia. Vitamin D deficiency may cause alterations in coagulation functions and central auditory system thus affecting the Brainstem Auditory Evoked Response (BAER).

Material: Vitamin D deficient diabetic patients with paresthesia were selected for the study. The selection was done in and around the regions of Agra. Assessment was done by standard procedures.

Observations: The prevalence of diabetic neuropathy was found to be higher among males than among females. No case was found in >70 age group. The duration of diabetes in maximum no. of patients was found to be between 11-15 years. The mean baseline value for latency of wave III and V as well as prolongation of interpeak latency I-V were seen in hypothyroid patients. Prolongation in absolute latency of wave I-V as well as prolongation of interpeak latency I-V were seen in ischemic stroke patients with hypothyroidism.

Conclusions: The number of patients with deranged BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who had higher NIHSS. BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who have lower NIHSS score than Group 2 patients who have higher NIHSS.

Conclusions: This Study suggests that Monocyte to high-density lipoprotein ratio is associated with stroke severity on admission in patients with acute ischemic stroke.

To Study the Effect of Vitamin D3 Supplementation on Brainstem Auditory Evoked Response in Diabetic Patients with Neuropathy

Pulkit Chaudhary, SC Yadav, PK Maheshwari
SN Medical College, Agra

Introduction: Some studies show that young people having higher vitamin D levels have low chances of developing type 2 diabetes. Vitamin D deficiency may cause alterations in coagulation functions and central auditory system thus affecting the Brainstem Auditory Evoked Response (BAER).

Material: Vitamin D deficient diabetic patients with paresthesia were selected for the study. The selection was done in and around the regions of Agra. Assessment was done by standard procedures.

Observations: The prevalence of diabetic neuropathy was found to be higher among males than among females. No case was found in >70 age group. The duration of diabetes in maximum no. of patients was found to be between 11-15 years. The mean baseline value for latency of wave III and V as well as prolongation of interpeak latency I-V were seen in hypothyroid patients. Prolongation in absolute latency of wave I-V as well as prolongation of interpeak latency I-V were seen in ischemic stroke patients with hypothyroidism.

Conclusions: The number of patients with deranged BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who had higher NIHSS. BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who have lower NIHSS score than Group 2 patients who have higher NIHSS.

Conclusions: This Study suggests that Monocyte to high-density lipoprotein ratio is associated with stroke severity on admission in patients with acute ischemic stroke.

To Study the Brainstem Auditory Evoked Potential (BAEP) Response in Patients of Ischemic Stroke with Hypothyroidism

S Sabu, PK Maheshwari, P Prakash
SN Medical College, Agra

Introduction: Thyroid dysfunction has been associated with cerebrovascular accidents. Hypothyroidism is associated with increased cardiovascular risk factors and leads to progression of atherosclerosis. In the present study we try to establish a relation between hypothyroidism and ischemic stroke.

Material: The study was conducted among patients of ischemic stroke presenting within 48 hours in a tertiary care centre. The patients were divided into two groups, each comprising of 30 each – one with hypothyroidism and other with euthyroid status. A separate group of 30 age and sex matched hypothyroid patients were also selected.

Observations: Patients with ischemic stroke with euthyroid status showed prolongation of wave I-V in BAEP. Prolongation in absolute latency of wave III and V was seen in hypothyroid patients. In hypothyroid patients, absolute latency of wave III and V as well as prolongation of interpeak latency I-V were seen in ischemic stroke patients with hypothyroidism.

Conclusions: The number of patients with deranged BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who had higher NIHSS. BAEP, of severe magnitude was more in patients of ischemic stroke who had lower NIHSS score than Group 2 patients who have lower NIHSS score than Group 2 patients who have higher NIHSS.

Conclusions: This Study suggests that Monocyte to high-density lipoprotein ratio is associated with stroke severity on admission in patients with acute ischemic stroke.
Development and Validation of a Questionnaire to Assess Insomnia in Indian Setting

Manvir Bhatia
Neurology and Sleep Centre

Introduction: Though self-reported questionnaires are a common method for assessing insomnia, these questionnaires are not specifically validated in Indian setting. The objective of the study was to develop a questionnaire for patients with insomnia for Indian setting, and validate the newly developed questionnaire against standard assessment tool.

Material: In Face validity (Phase-I), the insomnia questionnaire was administered to 6 patients with insomnia and 6 healthy subjects, followed by the AIS (after 1-week), to understand the clarity and acceptability of the questionnaire. In Phase-II, developed questionnaires and AIS would be administered to 104 insomnia patients and 34 healthy subjects to assess reliability and validity. Data from Phase-I is presented here.

Observations: Mean age and BMI of insomnia patients were 38.8 ±12.97 years and 25.17 ±9.52 kg/m2, respectively, while those of healthy subjects were 31.63 ±9.52 years and 22.13 ±3.13 kg/m2, respectively. The mean score (based on insomnia questionnaire and AIS) was 22.33±6.15 and 12.67±2.94 for insomnia patients and 3.33±3.80 and 0 for healthy subjects respectively. The responses were evaluated, and necessary changes were made in the insomnia questionnaire.

Conclusions: The Phase-I of the study indicates that the questionnaire can be used for validity and reliability testing in Phase-II.

A clinical study of Cerebral Venous Thrombosis (CVT)

Vidya Sagar Kota, G Svarna Latha Devi
Aaram Medical College, Eluru

Introduction: CVT is an uncommon form of stroke, usually affecting young population. Clinical features of CVT are diverse, and high degree of clinical suspect is mandatory to diagnose. The objectives of the study were to analyse commonest clinical modes of presentation, possible etiologies, to evaluate clinical outcome.

Material: This study was prospective, clinical study was conducted on 40 patients, the period August 2018 to August 2019 in Emergency room, ASRAM Hospital, Eluru, Andhra Pradesh. All patients in study were subjected to Computed tomography (CT), magnetic resonance imaging (MRI) along with magnetic resonance venography (MRV) according to guidelines and standard protocol

Observations: Majority of the patients involved in the study were in the age group of 21-40 years. Male: female ratio was 1.5:1. Headache was the most common presenting symptom seen (87.5%) cases.convulsions (80%) patients. Altered sensorium was observed in (65%), focal deficits (55%). On MRI scan, superior sagittal sinus thrombosis was observed in (60%).

Conclusions: Clinical symptoms of CVT are not specific, as a result of chances of misdiagnosis tends to be more. CT scan and MRI along with MRV can improve precision of diagnosis.

A Study of Acute Ischaemic Stroke with Special Reference to Serum Albumin Level as an Indicator of Short Term Prognosis

Parvathy Rajmahajan
Silschar Medical College

Introduction: Cerebrovascular accident is a life-threatening neurological disorder. Identification of predictors of morbidity and mortality is vital so that prompt therapeutic measures can be instituted to improve outcome. This study has been undertaken with the intention to determine the association between serum albumin and the severity as well as the short-term outcome of acute ischaemic stroke.

Material: This observational study was conducted in a tertiary care hospital in North-east India, over a period of 1 year. The study population comprised of 289 patients who were admitted in medicine wards with first-ever acute ischaemic stroke within 72 hours of onset of symptoms. Functional status was assessed on 28th day post stroke which was graded using the modified Rankin Scale and checked for association with serum albumin level on admission.

Observations: The mean serum albumin level of the study population was 62.28 ± 11.27 g/L. A strong significant (p value < 0.0001) negative correlation (correlation coefficient = -0.808) was noted between serum albumin at admission and MRS score on discharge, indicating a strong association between serum albumin and the functional outcome at 28 days.

Conclusions: Low serum albumin level is good marker of poor prognosis in acute ischaemic stroke.

A Case of Acute Parkinsonism

Niyya S Ajay, Mano P C Jayakumar, S Bhasi
Sree Gokulam Medical College

Introduction: Extra pontine myelinolysis in osmotic demyelination syndrome has been identified as a complication of the rapid correction of Hyponatraemia which can present as agitative behaviour. We present a case of a 70 year old female known of case of systemic hypertension for 3 years (on Losar H), presented with difficulty in walking and tremor of both upperlimb for 2weeks.

Material: Our case represents a female known of case of systemic hypertension for 3 years (on Losar H), presented with difficulty in walking and tremor of both upperlimb for 2weeks. Patient had a history of metabolic encephalopathy (hyponatremia) which got corrected,3 days prior to symptom onset.

Observations: On examination: conscious, oriented, under nystagmus, was a bilateral, stable, cerebellar cogwheel rigidity and tremor of both upper limbs Normal blood parameters.MRI Brain showed symmetric hyper intensity in T2 weighted images in bas ganglia suggestive of Extra pontine myelinolysis. Patient was treated with low dose levodopa-carbidopa and other supportive measures. Patient had full recovery after one month.

Conclusions: Hyponatremia is a common electrolyte abnormality,rapid correction of it can lead to complication like osmotic demyelination syndrome, which is often fatal. This case highlights the importance of early identification and treatment,which improves the quality of life of patient.

A case-control study on role of Mean Platelet Volume in acute ischaemic stroke

Sushrutha Dandapani, G Swarna Devi, Swarnalatha Devi G
Allur Sirarama Raju Academy of medical sciences

Introduction: Thrombotic occlusion of a stenosed atherosclerotic vessel is one of the main causes of ischaemic stroke. Platelets play a pivotal role in atherothrombotic events during evolution of acute ischaemic stroke. Mean Platelet volume (MPV) is a variable of platelet function with larger platelet being more reactive.

Aims and objectives: To determine the association between incidence of ischaemic stroke and MPV, platelet count.

Material and methods: The study was conducted in 50 cases with age, sex matched controls between August 2018 to July 2019 at ASRAM medical college, Eluru, Andhra Pradesh.

Inclusion criteria all patients more than 18 years of age presenting with ischemic stroke less than 48 hours of onset.

Exclusion criteria hemorrhagic stroke, duration of stroke more than 48 hours, patients having diseases and/or taking drugs causing platelet abnormalities.

Observations: MPV in cases was 7.45±0.81fL and in controls was 6.84±0.59fL, (p value <0.005) Platelet count in cases and controls was 2.60±0.54x10^12/L & 2.76±0.85x10^12/L respectively (p value >0.005).

Conclusions: Increased MPV is independently associated with increased incidence of acute ischaemic stroke.
A study to correlate the serum levels of interleukin 6 with the disease activity indices (CDAS and DAS28 ESR) in seropositive rheumatoid arthritis patients

Ankush Rana, Arun Gogna, BC Kabi
VMMC and Safdarjung hospital

Introduction: IL-6 plays an important role in pathogenesis of rheumatoid arthritis. Previous studies have shown that the clinical parameters of disease activity, including the 28-joint disease activity score (DAS28) and clinical disease activity indices(CDAI). Serum concentrations of IL-6 were measured using an enzyme-linked immunosorbent assay (ELISA).

Observations: Serum concentrations of IL-6 were significantly elevated in patients with RA compared to those of healthy controls. In our study, we found significant relationship between IL-6 and DAS28 and that between IL-6 and CDAI. The correlation coefficient for SERUM IL-6 and DAS28 ESR was 0.83 and p value was <0.0001, whereas for IL-6 and CDAI, the correlation coefficient was 0.863 and p value was <0.0001.

Conclusions: The serum concentrations of IL-6 were significantly elevated in patients with RA and had linear correlation with disease activity.

Clinical and Autoimmune Profile of Systemic Sclerosis Patients from a Tertiary Care Centre in Central India

Rajat Deb, 55 Nelson
Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur

Introduction: Systemic sclerosis (SSc) is a disorder characterized by fibrosis of skin and visceral organs. Pathogenesis of systemic sclerosis is complex and is incompletely understood. Disease autoantibodies in SSc represent serologic hallmarks which have clinical relevance, with diagnostic and prognostic potential.

Material: 33 SSc patients were clinically classified according to the European League Against Rheumatism (EULAR) criteria. Clinical manifestations were recorded at the time of presentation. Autonomic abnormalities were tested in them. These parameters were further correlated with clinical presentation of the disease.

Observations: SSc patients had M:F ratio of 1:15 where mean age was 41.9±15.5. Clinical subtypes showed that 20% (60) had diffuse cutaneous (dcSSc) lesions, 13 patients (40%) had limited cutaneous (lcSSc) lesion. The overall frequency of ANA in SSc patients studied was 93.9%. The frequency of anti-Topoisomerase (anti-Scl70) and anti-centromere were 57.4% and 21.2%, respectively. Anti-Scl70 antibodies were significantly high (90% versus 4%) among dcSSc patients (P<0.0001) whereas anti-centromere antibodies were significantly high (90% versus 4%) among lcSSc patients (P<0.0001) when these two subtypes were compared (P<0.0001).

Conclusions: This study supports that there are good seromorphological variations among systemic sclerosis patients for their clinical presentation, autoantibody profile, and immune parameters across the country.
Diagnosed as SLE / autoimmune vasculitis of the bowel and appropriately treated. Case 2: A 19 years female with breathing difficulty, pedal edema, abdominal distension. She had undergone laparoscopic appendicectomy inview of acute appendicitis. She had urine albumin, non scarerring alopecia. Detailed history had arthralgia, anorexia for 3 months. Diagnosed as SLE/LUPUS NPHRITIS and appropriately treated. On re-evaluation, the acute appendicitis was a presentation of lupus vasculitis.

Observations: Autoimmune vasculitis of GIT which is considered as fatal can have good prognosis if appropriately diagnosed and treated.

Conclusions: The treating physician should always have an high index of suspicion for rare presentations of common diseases for appropriate diagnosis and treatment.

A follow up study of rheumatism (Poncet’s Arthritis) among patients with active Tuberculosis

Ankshani Agarwal, Anjana Pandey, Rosmy Mathew
S M Medical College, Agra

Introduction: Tuberculous Rheumatism or Poncet’s disease is probable due to tuberculous with tuberculosis with evidence of direct bacteriological involvement of the joints. In contrast to tuberculous arthritis which is monoarticular, infectious and destructive, Poncet’s disease is non-destructive, para- infectious polyarthritis in patients with active tuberculosis. The arthritis in Poncet’s disease resolves completely on anti-tuberculosis therapy.

Material: In this follow up observational cross-sectional study of rheumatism (Poncet’s Arthritis) among patients with active TB (both pulmonary and extra-pulmonary), a total of 33 patients were enrolled to document the proportion and patterns of rheumatism among patients with active TB over a period of 18 months. These patients were started on Anti-tuberculosis treatment. Patients were then followed up weekly till 12th week. If the arthritis resolved at the end of follow up, the patients were considered as a case of poncet’s arthritis.

Observations: Out of 33 patients, 7 were diagnosed as Poncet’s disease. Most of the patients found synovitis was dramatic and symptomatic relief within 6 weeks of initiation of treatment (85%).

Conclusions: Poncet’s disease is relatively rare even in countries with high incidence of TB. The study concluded oligoarthritis being more common than other patterns. However, limited time and number of patients constrained further detailed analysis necessary.

To Study Prevalence of Fibromyalgia Among Health Care Personnel Working in Tertiary Care Center of North India

Ayaj Kumar Maurya, Anjana Pandey, PK Maheshwari, Ankshani Agarwal
SN Medical College, Agra

Introduction: Fibromyalgia (FM) is a rheumatic condition characterized by muscular or musculoskeletal pain with stiffness and localized tenderness at specific points on the body. FM is often associated with sleep disorders, fatigue, somatic and cognitive symptoms, as well as psychiatric disorders more common in females.

Material: This was a cross-sectional prevalence, analytical study conducted in the period of one and half years in a tertiary care centre of north India. Total 376 subjects of age group of 18-60 years from various departments fulfilling the modified criteria of 2010 American rheumatoid criteria for diagnosis of fibromyalgia were enrolled. All participants were subjected to fibromyalgia questionnaire and interpretative measures were made.

Observation: Overall prevalence of fibromyalgia among hospital workers was 3.98%. Prevalence among female (5.73%) was more as compared to male (3.14%). Prevalence in clinical and preclinical participants were 5.30% and 3.27% respectively. Other co-morbid condition like depression (46.6%), fatigue (40%), IBS (33.3%) are associated with fibromyalgia.

Conclusions: Fibromyalgia more commonly seen in health personnel. Fibromyalgia prevalence is more common in female health personnel and participants from clinical side. This was probably related to long working hours, stress and disturbed sleep wake cycle.

Osteoporosis in Rheumatoid Arthritis -An Observational Study in Tertiary Care Hospital of Central India

Nishant Kumar Jain, Pramod Binayake
JLN NITR Hospital, India

Introduction: Osteoporosis is a “disease characterized by low bone mass (T-score of < -2.5 SD) and structural deterioration of bone tissue, leading to bone fragility and increased susceptibility to fractures, especially of the hip, spine and wrist and are the most common complications that occur in rheumatic diseases like RA.

Material: In this prospective observational study, 81 patients satisfying the inclusion and exclusion criteria were enrolled

Observations: Out of 81 patients, female constituted 79.01% and F:M ratio 3.7:1. Osteoporosis was found in 34.29% patients (majority (33.33%) were belonging to elderly (61-70yrs) age group. RF and Anti-CCP was present in 38.71% and 35.71% osteoporotic patients, respectively. Risk factor like in post-menopausal age group, 40.81% were osteoporotic, those having long disease duration (mean±SD) 12.8±3.69 years, low serum calcium 7.88±0.53

Clinico-immunologic profile, treatment strategies and response to treatment in a lupus cohort from a tertiary care centre in South India

Swathi S Prakash, Keerthi Talari, JM Gurunath
Vishada Hospitals

Introduction: Systemic lupus erythematosus is a chronic autoimmune disease with diverse presentations. Lupus registry at our centre was started with an aim of understanding disease patterns and response to therapy in different clinical subgroups of lupus.

Material: 50 patients of lupus diagnosed for the first time who have sequentially presented to the Department of Rheumatology have been studied. Demographic, clinical and immunological details were recorded at 0, 1, 3 and 6 months. SLEDAI-2K was calculated at all 3 visits.

Observations: Highest Incidence was between 21-30 years. Female: Male: 12:1. 64% had cutaneous manifestations (f/b fever, arthritis, hematologic, renal, neuropsychiatric manifestations). 7 out of 11 with nephritis underwent renal biopsy. 1 patient expired during the course of study due to dual infection with Aspergillus and Tuberculosis. Hydroxycorticosterone was given to all while prednisolone was used in 49 cases. 13 received Methotrexate, 15 Azathioprine, 6 Mycophenolate, 5 Cyclophosphamide and 2 Rituximab. At first visit mean SLE Disease Activity Index was 13.58 ± 7.05 and it reduced significantly at 3 months to 2.59 ± 2.74 which remained stable at 6 months (2.27 ± 2.68).

Conclusions: Our findings correlated with previous studies reported from other parts of India. We have noted that low disease activity at 3 months will usually sustain until 6 months. Longer duration of follow up will help identify factors that predict long term remission.

Naifold Venoscipilorsscope: A Diagnostic as Well as Prognostic Tool in Systemic Sclerosis

Trinayani Barua, Sreemanta Madhab Barua, Sanjeeb Kakati
Assam Medical College and Hospital

Introduction: Pulmonary arterial hypertension (PAH) and Intestinal Lung Disease (ILD) are severe complications of Systemic Sclerosis. Our main outcome is to correlate capillary abnormalities with PAH or ILD for early detection.

Material: This is a hospital based observational study done in 1 year in Assam Medical College and Hospital from July 2018 to June 2019. All cases of Systemic Sclerosis aged 13 years and above attending outpatient departments or in various wards of Assam Medical College and Hospital, who fulfilled the ACR criteria for diagnosis of Systemic Sclerosis have been taken up for the study. Naifold capillaroscopy, echocardiography, PFT, HRCT thorax and routine blood investigations were done.

Observations: Out of 61 SSC patients, 14 patients (22.95%) had PAH and 43 developed ILD(70.49%). Out of 43 patients with PAH, 33 (77.2%) had late SSC pattern (71.43%), 4 patients (28.57%) showed active SSC pattern and 5 had early SSC pattern. Patients with ILD showed predominantly Active naifold pattern (52.94%). PAH and ILD have statistically significant correlation (p value <0.05) with naifold capillaryscop changes.

Conclusions: So diagnosing capilarroscopic changes can help us in early detection of these complications and thereby take necessary measures to prevent or treat it.
mg/dl and steroids users group had increased risk of osteoporosis but high BMI had protective role. Inverse linear correlation was found in between mean age and Hip or spine T score. 10years probability of Hip fracture and Major Osteoporotic Fracture was 71.42% and 35.71% respectively.

Conclusions: Osteoporosis is common complication in RA and its prevalence increases with advancing age, female sex, low BMI, menopausal status, long disease duration, use of glucocorticoids, low serum calcium level.

It's always the joints!

Priyamvada Ramesh, Kushagra Gupta, Rajnish Singh, Premaprasan Krishnamurthy
Dr. Ram Manohar Lohia Hospital, New Delhi

Introduction: Rheumatoid arthritis is a long standing inflammatory arthritis affecting the peripheral joints and cervical spine resulting in autoimmunity, joint destruction, erosions and ankylosis. Cervical spine is the most common axial region affected. We present a case of a previously undiagnosed rheumatoid arthritis with the initial presentation of acute rheumatoid cervical spondylitis.

Material: A 33 year old pregnant female presented with a 15 day history of ascending quadriparesis. On examination, the patient had LMN signs over bilateral upper and lower limbs with sensory involvement, muscle wasting and type 2 respiratory failure. The peripheral joints were freely mobile and reducible without any evidence of synovitis.

Observations: On evaluation, she was found to have features suggestive of vasculitis. Imaging with cervical cord edema suggestive of rheumatoid spondylitis. Inflammatory and rheumatological markers were positive. She was started on steroids and other DMARDs and was followed up.

Conclusions: Rheumatoid cervical spondylitis is a dreaded complication of RA and can present in varying forms from asymptomatic cervical involvement, neck pain to a atlantoaxial instability and sudden subluxation of the joints. The peripheral joints can be either hyperextensible or ankylosed in the late stages of the disease.

Thinking beyond Pancreatitis

Vishnuvarthan RS, Jayas Shankar C
Vedehi institute of medical sciences and research centre

Introduction: Pancreatitis is commonly caused by gall stones and alcohol. Association between acute pancreatitis and vasculitis is rare and can result in diagnostic difficulty allowing severe pancreatitis to develop.

Material: A 32 year old male, non-alcoholic, presented with acute abdomen to medicine opd. Amylase(3-times) and CRP were elevated. The CE-CT abdomen showed non-enhancing fluid collection in peri-p�ancreatic region in the head neck and body of pancreas- acute pancreatitis. Patient was diagnosed with acute pancreatitis and managed conservatively keeping pain and fever discharged. Two days later patient presented with rashes in both the lower limbs and severe joint pain. On examination- multiple, non-pruritic palpable purpura over the lower limbs. Investigation of hyper protein total count was with in normal limits. ESR and CRP were raised. RFT, CRAB and microscopy were within normal limits. Skin biopsy: features suggestive of cutaneous small vessel vasculitis. P-ANCA was positive.

Observations: Patient was diagnosed with small vessel vasculitis and treated with systemic corticosteroids. Patient responded to the same and showed resolution of the lesions.

Conclusions: Pancreatitis should also be considered as a manifestation of vasculitis. Early diagnosis of small vessel vasculitis in patients with acute pancreatitis and timely treatment with immunosuppressant drugs will improve the clinical outcome. We declare no conflicts of interest.

Horror Autotoxicus

Jaspreet Kaur, Ratnakar Sahoo, Sunil Mangla, Priyamvada R, Nirupama J
Dr. Ram Manohar Lohia Hospital

Introduction: SLE results from chronic and recurrent activation of the immune system, with production of antibodies and other immune products contributing to inflammation and tissue damage. Autoimmune antibodies form about 20-23% of the manifestations in the disease course.

Material: 18 years old female, with no previous comorbidities was evaluated and treated as a case of ITP in March’11, only later to be admitted in December’11 with new onset AHA. After being lost to follow up, she was presented in February’17 with a papuleous acanthotic rash over trunk (biopsy suggestive of mild perivascular and perineural lymphoplasmacytic inflammatory infiltrate with few dermal foci of diagnosed granulomas on CECT abdomen as Acute Intestitisal Pancreatitis (CTSI 4) + PV thrombus + IVC(septicant) thrombus).

Observations: The patient over these years the development of autoimmune cytopenias to full-blown SLE, as corroborated by positive ANA(1:320 end titre, homogenous pattern) and characteristic rash of subacute onset with development of secondary APLA(lupus like anticoagulant+, IgG anti CD125 antibody+).

Conclusions: Isolated hematological abnormality may be an initial manifestation of lupus, preceding other manifestation by months or even years, as was in our case.

Kaleidoscope of MPO Positive Vasculitis

Sayan Saha, Shubhanshu Pal, Sourav Panda, Akalendu Ghosh
IGMER & SSKM

Introduction: The greatest challenge in dealing with Vasculitis probably is its pattern mimicking any many diseases. Thus having a wide open eye while dealing with any dubious condition is extremely important in diagnosing Vasculitis, otherwise it’s very difficult to reach the diagnosis. This will be very clear after the case series I’m gonna present.

Material: Case: 35 year diabetic female presented with gradually progressive hearing loss 1 year (rtt>lt), right sided LMN type facial palsy, nasal regurgitation, dysphagia, dysphonia 2 month. 2 episodes severe respiratory failure and was associated with wheezing during hospital stay. Examination pallor+, B/L SNHL (rtt>lt), absent jaw jerk & corneal reflexes (lt), palate deviated to left & B/L lower limb atrophy.


Observations: MPO+Vasculitis can mimic various conditions apart from it classical clinical presentation & exlusive result with appropriate therapy.

Conclusions: Atypical MPO+Vasculitis is a diagnostic dilemma & require prompt diagnosis & treatment due to its excellent prognosis.

Clinical and Biochemical Profile in Patients with Rheumatoid Arthritis with Special Reference to Insulin Resistance

Sahoni Agarwal, Jaya Chakravarti, Manaswi Chaubey, Madhukar Rai, Rishabh Jaswal, Anij Pal
Institute of Medical Sciences, BHU

Introduction: Rheumatoid arthritis is a chronic multisystemic immune-inflammatory disease. It is to be associated with accelerated atherosclerosis. Insulin resistance can serve as a biomarker of increased risk of cardiovascular events.

Material: The study included 50 RA patients presenting in Rheumatology unit, BHU, diagnosed according to 2010 ACR-EULAR criteria and treatment naive. Their clinical profile were done. The biochemical profile including CBC, RFT, LFT, blood glucose, lipid profile, and fasting insulin levels were done. Homeostatic model of insulin resistance (HOMA-IR) was determined. These parameters were measured at baseline and 6 months of treatment.

Observations: In our study, the mean age of presentation was 49±13 years with smoking and smoking cessation: 20%. There was a significant reduction in CRP titre, ESR, RA titre and anti CCP 2 after 6 months of treatment. There was a significant improvement in lipid profile. The HOMA index calculated was initially 2.90±1.22 which improved to 2.03±0.87 (p<0.001) after 6 months of treatment. However, insulin resistance was not found to be significantly associated with disease variables.

Conclusions: The chronic inflammatory disease process of rheumatoid arthritis is found to be associated with increased insulin resistance. With adequate treatment, there was a significant reduction in the HOMA-IR. Thus the evidence and treatment and is highlighted for management of the disease.

Spectrum of infections occurring in patients with inflammatory arthritis on biological versus Concomitant Disease Modifying Anti-Rheumatic Drugs

Partishita Gupta, Krishna Padarbadi Tripathi, Prasanta Padhan, Pradip Kumar Behera
Kaling Institute of Medical Sciences

Introduction: Biological disease modifying anti-rheumatic drugs (bDMARDs) have revolutionized the management of inflammatory arthritis but are perceived to cause increased risk of severe infection against conventional DMARDs (cDMARDs).

Material: The aim was to compare the spectrum of infection between patients on bDMARDs versus cDMARDs for at least 3 months and who develop any infection. Known immunosuppressant use was noted, and patients on predonolone >7.5mg were excluded.

Observations: 100 patients (76 females; mean age 40.2 ± 12.4 years) were included, and the mean disease duration was 6.04 ± 6.13 years. 32 patients had Rheumatoid Arthritis, 24 had Lupus, 24 had Spondyloarthritides and 11 had mixed connective tissue disorder. 95 patients were on bDMARDs and 85 patients on cDMARDs. The most common infection in the biological group was fungal skin infections followed by respiratory tract infections and pneumonia as compared to usualy tracts infections and pneumonia in the DMARDs group: 1 patient had Pott’s spine and 1 had Pulmonary TB with the use of enetanecort.

Conclusions: The knowledge of spectrum of infections occurring in patients on bDMARDs and cDMARDs is imperative for clinicians to be better prepared in early diagnosis and treatment of these infections to reduce morbidity and mortality associated with it.

Curious case of a Featherhead

Razim Islam, Parvez Shahide Biswas, Sayonee Das
KPC Medical College and Hospital

Introduction: 29 years old female admitted with C/O low grade fever, small joint pain, loss hair, maculopapular skin rash over trunk & limbs for past 7 months. She was having depression, anxiety, cognitive dysfunction for past 7 months.

Material: O/E she was C/A/C, power 3/5 of the 4 limbs, preserved DTR, B/L flexor plantar and preserved sensory function noted. On the second day of hospital patient
admission she suddenly has an episode of seizure and her sensorium and brain with spectroscopy revealed B/L cerebral cortical & subcortical white matter confluent hypertensity with symmetrical restricted diffusion in T2 and FLAIR/ADC abnormality, no evidence of hemorrhage, NCV + EMG revealed proximal myopathy. EEG suggestive of diffuse encephalopathic changes. Ophthalmological examination revealed bilateral papillitis occurring in patients with Pulmonary and Extra pulmonary tuberculosis. It is associated with tuberculosis with no evidence of any other pathologic involvement of the joint.

Material: It was a cross-sectional, prospective and observational study conducted in TB center. ANA hep 2(1:160) with Anti-ribosomal P came positive. Immunofluorescence revealed flattened epidermis with myopathy. Muscle biopsy and immunohistochemistry were normal. Normal serum creatinine & urea, Hb 12.1, Total white cell count 9 K with 4% eosinophils, NCS-sensory motor neuropathy. NCV + EMG revealed proximal myopathy. O/E Pallor-absent, no Neurocutaneous discolouration of fingers. He takes mixed diet, nonalcoholic, no smoking and nonsmoker. He has a history of bowel and bladder involvement. No h/o cranial nerve involvement. No h/o fever, longstanding night sweats, gross drenching night sweats, diarrhoea, abdominal pain is rare. multiplex is seen in 40-80% of cases, but with quadriparesis is even rarer, with very few cases reported.

A Rare Presentation of Pan - Quadriparesis with Abdominal Pain
Hemanth Kalakunta
Gandhi medical college, secunderabad

Introduction: Pan is a connective tissue disorder characterised by inflammation of small and medium sized arteries, which can occur at any age without gender preference, involving most of the systems prevalence is 3-4.5 cases for 1,00,000 population and presenting as quadriparesis is even rarer, with very few cases reported.

Material: 18 year female presented with c/c fatigue since 2 months, loss of appetite since 1 month, pain in the left hypochondric region, altered sensorium, weakness of all limbs, paralysis in all limbs since 5 hours, denovo detected hypothyroidism, h/o pyogenic meningitis 2 years back and treated.BP: 160/100mmhg in right upper limb, all peripheral pulses felt, fundus: normal, power 3/5 in all limbs, 4/3 sensory loss in bilateral lower limbs. Upper limb and lower limb Deep Tendon Reflexes: Hyporeflexic, Superficial reflexes bilaterally preserved down going, CSF: normal, ENMG: Sensory Motor Axonal Neuropathy, CSF: ALB 2+, SPOT PCR: 2.27 ANA: SCL-70 (1+), CT Angiography: Bilateral renal arterial attenuation, B/L hepatic encephalopathy, B/L hepatic swelling. Doppler of both renal arteries, ANA, ANCA, ANTT, CMV, VZV, HSV, EBV, C. pneumoniae, HIV, HBV, HCV, all were negative.

Conclusions: A rare presentation of systemic autoimmune disease with myopathy and quadriparesis.
A clinical profile of extra-articular manifestations of rheumatoid arthritis

Shekar Raina

Bhagwan Mahaveer Jain hospital

Introduction: Rheumatoid arthritis (RA) is a chronic and multisystemic inflammatory disease of unknown etiology, characterized by immunological synovitis. The inflammatory process can spread to other systems and organs, causing extra-articular manifestations of Rheumatoid arthritis. Rheumatoid arthritis may result in variety of extra-articular manifestations including subcutaneous, pulmonary, lung involvement, pericarditis, peripheral neuropathy, vasculitis, hematological abnormalities. Extra-articular manifestations in RA occur in up to 50% of patients with RA and are associated with poor outcomes. Patients with extra-articular manifestations will have higher mortality, poorer functional status, and higher comorbidities than patients without extra-articular manifestations.


Results: A total of 50 patients were enrolled in the study. The maximum incidence of RA was between 30-40 years of age in females more than males with anaemia as the commonest extra articulations complication.

Conclusions: Although, the RA was common among the females, the extra-articular manifestations were, however, commonly seen in males. Longer duration of disease, positive RA factor were associated with higher incidence of extra-articular manifestations.

Antinuclear Antibody Positivity in Spondyloarthritis

VAN Nagapravat, Velamallari Padma, Gayathri Anand

Sakshi Rheumatology Centre Pvt Ltd

Introduction: Spondyloarthritis(SPA) diagnosis and classification have changed with the introduction of MRI and HLA-B27 assays. These groups of disease are more common nowadays and the exact pathogenesis is not clear. We intended to analyse the antinuclear antibody positivity in patients with diagnosis of spondyloarthritis during the period June 2014 to July 2016.

Observations: There were a total of 971 patients who were diagnosed as spondyloarthritis during this period. There were 565 males and 386 females. The mean age of the patients was 36.59 years (mean ± SD) ranging from 19 to 198 and negative in 773. Antinuclear antibody was positive in 77 patients and was negative in 195 patients.

Conclusions: Antinuclear antibody assay by immunofluorescence is positive in majority of patients with spondyloarthritis and might open different therapeutic options.

Clinico-laboratory profile of Systemic lupus erythematosus – our experience

Bijaya Mohanty, Ashok Sunder

Tata Main Hospital

Introduction: SLE is an autoimmune disease with protein manifestations which are sometimes atypical. High degree of clinical suspicion is mandatory to diagnose it at the earliest.

Material: Patients fulfilling SLICC criteria for diagnosis of SLE were retrospectively studied for a period of 6 years. Presenting signs and symptoms, duration of the disease, clinical features & laboratory investigations including imaging & biopsy results were thoroughly analysed. Statistical analyses were done using SPSS.

Observations: 77 patients fulfilling SLCIC criteria were included in this study. There were 69 female (89.6%) and 8 male (10.4%) with the female: male ratio being 8.6:1. The mean age was 31.29 ± 14.36 (mean ± SD) ranging from 12 to 86 years. Musculo-skeletal manifestations were the earliest & most common which occurred in 59 patients (76%), followed by mucocutaneous manifestations found in 42 patients (54%). Three patients presented with atypical cutaneous manifestations camouflaging as acne leading to delayed diagnosis. ANA was positive in 88% & Ant Dna in 55% of cases.

Conclusions: Musculoskeletal & mucocutaneous manifestations were common in our series. Atypical cutaneous manifestations mimicking acne leading to delayed delayed diagnosis was also observed demanding a high index of clinical suspicion.

Genetics

Grabbing Gaucher’s: A Case Study of an Atypical Case of Gaucher’S Disease

Adwait Akash, Raj Kirsh Singh, Adwait Akash

Darbhanga Medical College and Hospital, Laheriasarai

Introduction: Gaucher’s disease is an autosomal recessive disorder, characterized by lack of acid beta-glucocerebroside enzyme resulting in accumulation of glucocerebroside in different organs. It remains a rare disease in India. Here we present an atypical case of 16yr old female presenting as growth retardation and primary amenorrhoea.

Material: A 16yr female presented with complaints of weakness for last 5 months, poor performance of secondary sexual characters and primary amenorrhoea. Body weight 32kg. Genital development was complete with normal pubertal and massive splenomegaly. Rest of systemic examination was normal. All the common differentials for primary amenorrhoea were ruled out.

Observations: CECT ABD showed mesenteric lymphadenopathy and portal hypertension. The diagnosis was made by bone marrow and confirmed by beta GLUCOCEREBROSIDASE LEUKOCYTE test showing decreased activity.

Observations: Gauchers disease, most common among Ashkenazi Jews remains a rare disease in India with prevalence of 1/6000 to 1/10000 in general population. Very few cases have been reported with primary amenorrhoea as presentation. Early diagnosis and treatment are essential as it is one of the few treatable storage diseases with ERT.

Conclusions: Usually at the end of the differential list for unexplained splenomegaly, Gauchers must be considered especially if associated with stunted growth. Hence a high index of suspicion is needed for unexplained splenomegaly with primary amenorrhoea.

A Rare Case of Oculofaciocardiodental Syndrome

Siva Santhosh, S Neenalchi Sundari, Jubilee

SRM Medical College

Introduction: The association of facial dysmorphism, congenital cataract, microphthalmia, heart defect and dental irregularities indicate a distinctively X linked dominant syndrome that has been described as Oculofaciocardiodental (OFCD) syndrome(1) in a million cases.

Material: A 66 year old female presented with history of excretory dyspepsia and recurrent respiratory tract infections. On examination cyanosis, panastolic and palpable P2 were present. Left sided heart failure and left sided cataract was seen. Dental examination showed the presence of dental anomalies. Antinuclear antibody was negative.

Observations: The diagnosis of OFCD syndrome must be considered when seeing a patient with ASD and contiguous atypical features of craniofacial dysostosis in patient’s offspring describes the X linked dominant nature.Confirming our diagnosis of OFCD.

Conclusions: This case presented because of its rarity and also the presence of OFCD syndrome.Due to genetic predisposition, the off springs must be screened as earliest as possible to avoid the complications of heart failure and development of Eisenmenger syndrome and heart failure.

Nephrology

A Study of Correlation between Ankle Brachial Index & Toe Brachial Index with Dyslipidemia, ECG & Echocardiography in Patients with Unilateral CKD

HS Siddiqui

Dr. D Y Patil Hospital & Research Institute, Kolhapur

Introduction: The aim of this study was to evaluate whether there any correlation between ABI, TBI & risk factors for cardiovascular events in patients with chronic kidney disease (CKD) who had not been undergoing dialysis.

Material: As per inclusion and exclusion criteria 40 patients were included in this observational study. Investigations like CBC, RBS, RFT, urine routine microscopy were done and then ABI & TBI was measured in these patients. Then ECG & Echocardiography was also done. Patients were stratified into two groups according to the ABI value with a cut point of 0.9 and TBI value with cut point of 0.7

Observations: 55% patients had dyslipidemia & 37.5 % patients were having ABI & TBI less than 0.9 & 0.7 respectively. Out of Dyslipidemic patients 54.5 % patients had both ABI & TBI Abnormailties. Proportion of patients with dyslipidemia, abnormal ECG finding and abnormal arterial stiffness were more among patients with ABI & TBI less than 0.9 & 0.7 respectively and this difference was statistically significant. (p=0.02).

Conclusions: ABI & TBI both had good association with risk factors responsible for cardiovascular events in patients with chronic kidney disease (CKD) who had not been undergoing dialysis.

Study of Urinary Cystatin C and Neutrophil Gelatinase Associated Lipocan (NGAL) Levels during the Progression of Early CKD

Renuka Titiyal, RS Ahlawat

Maulana azad medical college

Introduction: CKD is a major public health problem and it is important to identify patients at early stage of CKD. There are patients in whom the renal decline may be rapid yet proteinuria remains relatively low. Hence, biomarkers like NGAL and Cystatin C have been used for early CKD progression.
Clinical Profile of CKD with Special Reference to Asymptomatic Cardiovascular Abnormalities

Chirantan Mandal, Pradeep Kumar Dutta

Introduction: Chronic Kidney Disease patients face extraordinary risk for premature death, because of cardiovascular events. This increased risk of CV events may begin during early stages of CKD much before the onset of ESRD. Our study aim was to non-invasively identify prevalence of various asymptomatic cardiovascular abnormalities using ECG & Echo changes in patients with CKD.

Material: Sample of 100 patients enrolled, 2D Echo & ECG was used after ethical approval and consent

Observations: Mean age of patients 48.99±SD 15.8 years. 82% presented within 6-months of diagnosis. Male-Female ratio = 2:1. Presence (47%) was the leading etiology, cardiovascular abnormalities detected in 72% by ECG & 56% by Echo. LVH was the commonest abnormality (14% by ECG, 34 by Echo), identified in 1.7 times more likely to be detected LVH by Echo than males. LVH was 2 times more in on-dialysis patients. Hyperkalemia & Pericardial Effusion in ECG were more evident in on-dialysis patients. Conduction abnormality were more common in patients on dialysis. Echo revealed LV diastolic dysfunction in 46, LV systolic dysfunction in 36, pericardial effusion in 19 patients.

Conclusions: Asymptomatic cardiovascular abnormalities in such significant percentage of patients should enlighten the clinicians regarding CVD in CKD.

A Study of Electrocardiographic Changes in Patients with Chronic Kidney Disease Undergoing Hemodialysis

Chaitra H, Puneeth BS

Introduction: Chronic kidney disease affects 5-7% of the global population and is associated with a 10-fold increase in cardiovascular mortality. The spectrum of cardiovascular abnormalities in CKD includes Coronary artery disease, Cardiac failure, Cardiac arrhythmias and sudden cardiac death. Among these, CAD serves as the predominant cause of morbidity and mortality. The prevalence of occult coronary artery disease and LVH is very high in CKD patients.

Material: Cross-sectional study. Patients above 18 years of age with CKD on maintenance hemodialysis. Sample size 50. ECG with standard calibration was used.

Observations: In this study 22 (44%) patients had LVH changes and 16 (32%) had ST depression in ECG. Left axis deviation was seen in 20 (40%) patients. The patients had Tall T waves, T wave inversion and prolongs PR interval each. Rhythm disturbances atrial fibrillation and ventricular tachycardia was seen 2% and ventricular tachycardia in 4%.

Conclusions: In summary, our study shows that resting ECG abnormalities are common in CKD patients who were hospitalized and underwent hemodialysis. LVH is the most common abnormality and an independent risk factor for cardiovascular morbidity and mortality. So all hospitalized patients should undergo ECG to detect early ECG abnormal findings. Further studies are needed to see whether early intervention can reduce morbidity and mortality.

To assess the prevalence of thyroid disorders in hemodialysis patients

Anurag Sagar, Upendra Nuth Gupta, PK Maheshwari

Introduction: CKD is a clinical syndrome occurring due to irreversible loss of renal function leading to metabolic, endocrine, excretory and synthetic function resulting in accumulation of non-protein nitrogenous substances which leads to metabolic derangements and ends up with distinct clinical manifestations. Patients with CKD often have signs & symptoms suggestive of thyroid dysfunction. Hyperthyroidism, hypothyroidism & euthyroid state have all been reported. A low T3, T4 syndrome is evident when GFR is reduced below 30±16ml/min.

Material: In this observational cross-sectional study, 100 patients were enrolled from indoor and outdoor departments of Medicine over a period of 18 months. A battery of investigations were performed and the results were analysed and documented.

Observations: Abnormalities in thyroid profile were found in 53% of patients; the most common was subclinical hypothyroidism (SCH) (3%). These findings were independently associated more with lower GFR. The number of patients progressed with the severity of renal failure.

Conclusions: The study concluded SCH being very common in CKD patients(35%). As thyroid disorders increases morbidity, the patients should be routinely screened for thyroid disorders and further studies concentrating on improving clinical and biochemical criteria to diagnose thyroid dysfunction in CKD patients is needed.

To Study the Incidence of Tenofovir Related Nephropathies in HIV Infected Patients

Pavan Bapaji, Apoorva Jain, PK Maheshwari

Introduction: Tenofovir is an effective and widely used drug in treatment for human immunodeficiency virus infection and in combination antiretroviral therapy including a fixed dose combination pill tenofovir is a effective drug with good safety profile however several case reports found tenofovir to be associated with a host of renal complications including acute kidney injury renal failure, proximal tubular injury.

Material: Study was carried out in PG department of medicine SNMC agra and in patients attending art centre in hospital it was hospital based.

Observations: In this study total 200 patient were taken from ART centre all patient had normal baseline renal function and urine routine and were on tenofovir based ART regimen.

Conclusions: Tenofovir based ART regimen is associated with derangement in renal function in the form of increase serum creatinine levels decrease incretinate clearance proteinuria and increased 24 hour urinary protein. By this study it can be concluded that use of tenofovir based ART regimen is associated with increased incidence of nephropathy, however further work is required to make suitable and acceptable recommendations for proper management of disease.

Comparative study of cutaneous manifestations in chronic kidney disease patients not on hemodialysis with patients on hemodialysis

AC Gupta, AK Nigam

Introduction: CKD often produces specific skin changes that can develop early before renal failure manifest clinically. Early recognition of these severe skin disorder and prompt initiation of treatment can markedly alter their course and even save a patient life. The aim of this study is to investigate and compare cutaneous manifestations in patients of CKD not on hemodialysis with patients on hemodialysis.

Material: Total 100 patients with CKD were recruited 50 on maintenance hemodialysis and not on hemodialysis.
group. Detailed dermatological examination and necessary investigations in relation to skin manifestation were compared between two groups.

**Observations:** Of the 100 patients 65 were male and 35 female. Common dermatological manifestations observed were pruritus (40; 40%), keratosis pilaris (35.8%), xerosis (55; 55%), pruritus in 40 (40%) and keratosis in 35.7% in patients with CKD (40%). Purpura was found in 8 (21%); pruritus in 9 (22%).

**Conclusions:** There was significant association with the mean duration of disease which was high in patient who were on maintenance hemodialysis as compared to non-hemodialysis group. Xerosis, pruritus, purpura, hypopigmentation were more common in patients on maintenance hemodialysis.

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**Gentamicin Induced Bartter Like Syndrome**

Ranitha Gopi
Kantura Hospital Manjalpally

**Introduction:** Aminoglycosides are known for their nephrotoxic potential, typically found to cause acute nonoliguric kidney injury. However there have been very few reports where administration of aminoglycosides especially gentamicin has been found to induce a Bartter like syndrome.

**Material:** Here we report a case of a 61 year old female patient who had recently been diagnosed with and management.

**Observations:** A 61 year old female patient who had recently been diagnosed with severe allergic reaction in its placid course. It primarily affects the skin and the target organs also. Renal involvement is quite frequent in form of contrast induced nephropathy.

**Conclusions:** Of the 100 patients 65 were male and 35 female. Common dermatological manifestations observed were pruritus (40; 40%), keratosis pilaris (35.8%), xerosis (55; 55%), pruritus in 40 (40%) and keratosis in 35.7% in patients with CKD (40%). Purpura was found in 8 (21%); pruritus in 9 (22%).

**Conclusions:** There was significant association with the mean duration of disease which was high in patient who were on maintenance hemodialysis as compared to non-hemodialysis group. Xerosis, pruritus, purpura, hypopigmentation were more common in patients on maintenance hemodialysis.

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**Effect of training programme of medical residents on frequency of catheter-associated urinary tract infection (CA-UTI) in general medicine ward patients.**

Chandan Sharma, RS Ashwath
Madhava Azad Medical College

**Introduction:** Catheter-associated urinary tract infections (CA-UTIs) are one of the most commonly reported healthcare infections (HAI)s, accounting for 15-30% of all HAIs. Upto 69% of the CA-UTIs are avoidable. Training programme of the medical residents regarding urinary catheter insertion and care may help in reducing CA-UTIs.

**Material:** A mean serum phosphate level of 3.9 ± 0.8 mg/dL in the study group and 7.0 ± 2.4 mg/dL in the control group was observed.

**Conclusions:** Hyperphosphataemia, in addition to neointimal hyperplasia, is a rare complication that should nevertheless be looked for as it requires prompt recognition and management.

**Association between NAFLD and CKD and its effect on eGFR.**

DhruvaTripathi
NIN Medical College Prayagraj

**Introduction:** CKD is defined as abnormalities of kidney structure or function, present for >3 months, with implications for health. Diagnostic thresholds for GFR of <60 mL/min per 1.73 m2 and an albumin–creatinine ratio (ACR) of 30 mg/g or greater. NAFLD is the most common cause of chronic liver disease in many parts of the world. NAFLD is considered to be the hepatic manifestation of metabolic syndrome. Pathophysiological mechanisms that lead to the development of CKD in patients with NAFLD include insulin resistance, inflammation, oxidative stress, and fibrogenesis.

**Material:** NAFLD was diagnosed by USG Abdomen and its severity was assessed using MDRD formula. Significant hyperphosphataemia was noted in the study group and 7.0 ± 2.4 mg/dL in the control group was observed.

**Conclusions:** Clinical judgment, so more objective laboratory parameters may be a useful marker to determine timing of hemodialysis in advanced CKD patients. Significant hyperphosphatemia are needed to help decide when to initiate dialysis in advanced CKD patients.

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**Acute flaccid quadriplegia:** is it Hypokalemia or hyperkalemia?..?

T Keerthana, C Sridhar, K Raja
Sri Devraj Urs medical college and hospital

**Introduction:** Hyperkalemia has been described as a rare and under recognised cause of acute flaccid quadriplegia. A 63 years old male with no other known condition presented to the emergency department with acute flaccid quadriplegia and neck muscle weakness for 5 hours duration.

**Material:** Investigations revealed mild renal impairment. He had a past history of open laparotomy for which he was immobilised for a long period. His renal function analysis was initially suspected but serum creatine phosphokinase was normal and urine myoglobin was negative. ABG revealed normal anion gap metabolic acidosis (Hyperchloremic metabolic acidosis). Urine potassium <5.5.

**Conclusions:** The goal of this case report is that hyperkalemia induced acute flaccid quadriplegia is completely reversible once immediate treatment is given. Hyperkalemia should always be considered when treating acute flaccid paralysis.

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**Training programme of medical residents to reduce CA-UTI.**

Sidharth Patnaik
VIMSAR, Burla

**Introduction:** Chronic Kidney Disease (CKD) encompasses a spectrum of different pathophysiologic processes associated with abnormal kidney function and progressive decline in Glomerular Filtration Rate. Guidelines for CKD suggest initiation of dialysis when a patient experiences symptoms or signs attributable to kidney failure. However, not all symptoms are partially based on patient perceptions and physician judgments, so more objective laboratory parameters are needed to help decide when to initiate dialysis in advanced CKD patients. Significant hyperphosphatemia occurred in CKD patients who chose to delay initiation of dialysis therapy. So evaluation of potential role of hyperphosphataemia as a marker to initiate dialysis in CKD is necessary.

**Material:** A study group consisting of CKD patients having been selected for initiation of dialysis according to guidelines for CKD suggest initiation of dialysis when a patient experiences symptoms or signs attributable to kidney failure. However, not all symptoms are partial based on patient perceptions and physician judgments, so more objective laboratory parameters are needed to help decide when to initiate dialysis in advanced CKD patients. Significant hyperphosphatemia occurred in CKD patients who chose to delay initiation of dialysis therapy. So evaluation of potential role of hyperphosphataemia as a marker to initiate dialysis in CKD is necessary.

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**Serum Phosphate as a marker for initiating dialysis in CKD patients.**

Siddharth Patnaik
VIMSAR, Burla

**Introduction:** Chronic Kidney Disease (CKD) encompasses a spectrum of different pathophysiologic processes associated with abnormal kidney function and progressive decline in Glomerular Filtration Rate. Guidelines for CKD suggest initiation of dialysis when a patient experiences symptoms or signs attributable to kidney failure. However, not all symptoms are partially based on patient perceptions and physician judgments, so more objective laboratory parameters are needed to help decide when to initiate dialysis in advanced CKD patients. Significant hyperphosphatemia occurred in CKD patients who chose to delay initiation of dialysis therapy. So evaluation of potential role of hyperphosphataemia as a marker to initiate dialysis in CKD is necessary.

**Material:** A training programme of the medical residents regarding urinary catheter insertion and care may be a useful marker to determine timing of hemodialysis in advanced CKD patients.

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**Rapidly progressive glomerulonephritis (RPGN) in Hansen’s disease.**

Akshaykumar Doshi, Yeshwanth G, Vishwanath Patil
55 Institute of Medical Science & RC

**Introduction:** Leprosy is a slowly progressive mildly infectious disease caused by Mycobacterium leprae, complicated by potential intermittent hypersensitive reaction in its placid course. It primarily affects the skin and nerves, but in highly bacilliated state can involve internal organs also. Rarely, it can be quite frequent in form of amyloidosis. RPGN is rarely seen.

**Material:** Patient admitted in SSIMS & RC

**Conclusions:** Leptospirosis is the third most common cause of hospital acquired acute kidney injury (AKI). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which is currently being used as a marker of contrast induced nephropathy is inadequate because it is not sensitive to acute renal damage and reflects kidney function and not acute tubular damage seen in contrast induced nephropathy.
Incidence of proteinuria in CKD patients on CAPD (Continuous Ambulatory Peritoneal Dialysis) at Shah Hospital, Darbhanga

Introduction: Proteinuria is common and serious complication of Peritoneal Dialysis

Material: Centrifugation of 50 mL of peritoneal effluent at 3000g for 15 minutes, followed by re-suspension of the sediment in 3 mL of sterile saline and incubation of material both on solid culture media and standard blood culture media, was the method employed to identify the causative organisms.

Observations: 1. In 30% CAPD successful patients, significant proteinuria was found in 77% /55.8% / 19.2% at 0 / 6 / 12 months. 2. In 25% CAPD failure patients, significant proteinuria was found in 28% / 90.5% / 94.7% at 0 / 6 / 12 months. 3. We found very high rate of proteinuria: 1 in 11.03 patients month. 4. Culture positive results in CAPD fluid, is not a significant parameter to predict the outcome of failure or success (p=0.469.929.085) at 0,6,12 months respectively.

Conclusions: We emphasize the adherence of latest ISPDP recommendation for teaching PD patients and their caregivers. PD training should be conducted by trained nursing personnel.

Role Of Efonidipine In CKD Patients: A Study in North Bihar

Asish Narayan, UC Jha
Darbhanga Medical College

Introduction: The role of efonidipine, a calcium channel blocker in reducing the progression of chronic renal disease is well established by various studies. There is decrease in proteinuria and decrease in urinary protein as efonidipine reduces glomerular capillary pressure. And overall there is improvement in GFR too. The aim of the study is to find the role of efonidipine in CKD patients.

Material: CKD patients (age >25 years, both gender) attending outdoor clinic and indoor CKD patients of Medicine department Darbhanga Medical College were selected. After taking informed and advised efonidipine 40mg once daily. The statistical significance of improvement in proteinuria and GFR was measured.

Observations: There was improvement in proteinuria in 52% patients taking efonidipine 40mg once daily. The GFR was increased in 54% patients taking drug. In 52% patients taking efonidipine 40mg once daily. The beneficial effect on proteinuria was found in 54(65.8%) patients taking drug. The role of efonidipine in pre-dialysis CKD patient is paradoxical. To assess the impact of adiponectin on cardiac and renal disease risk in these patients. Thus, the role of adiponectin appears to have paradoxical role in CKD

Conclusions: As UGI abnormalities in endoscopic studies were common in different stages of CKD, so evaluation of patients having UGI symptoms is necessary in order to early detect and properly manage any abnormal lesions.

A Study of Lipid Profile in Chronic Kidney Disease Patients without Diabetes

D Raviteja, G Srinivas, G Swarnalatha Devi
Alluri Sitaramaiah Academy of Medical Sciences

Introduction: Chronic kidney disease is a disease of different pathophysiological processes. Cardiovascular disease is a major cause of morbidity and mortality in chronic kidney disease patients. As dyslipidemia is a major factor for cardiovascular disease, this study aimed at studying lipid profile in these patients who were non-diabetics.

Material: 50 patients of non diabetic, chronic kidney disease patients, both males and females were taken for the study. For diagnosis, history and physical examination with supportive biochemical and sonological evidence was taken.

Observations: Results were interpreted by comparing the triglycerides, LDL and total cholesterol values which were high and HDL, which was low in the patients. Interpretation of the HDL:TC ratio was also done.

Conclusions: The significant rise in triglycerides and VLDL concentrations and significant reduction in HDL cholesterol were the causes for increased cardiovascular abnormalities in CKD patients. So detection and treatment of hyperlipidemia in these patients will control atherosclerosis.

Evaluation of Upper Gastrointestinal Lesions in Patients with Chronic Kidney Disease

N Kalita, BN Mahanta, MK Katakabahi
Assam Medical College and Hospital

Introduction: Upper gastro-intestinal lesions are frequently encountered in patients of chronic kidney disease which is multifactorial leading to increase morbidity and mortality in this group of people.

Material: This study included 100 diagnosed cases of Chronic kidney disease. Stage 5 based on Estimated glomerular filtration rate using the 2009 CKD-EPI creatinine equation. Upper GI endoscopy was performed with UGI endoscope.

Observations: In our study, 61% of patients were in Stage 5 followed by 35% and 4% in Stage 4 and 3.Out of 100 patients abnormal UGI finding was seen in 53% patients, with most common abnormal endoscopic lesion as antral erosions(16%), antral gastritis(15%), esophagitis(7%) and duodenal ulcer(7%). The GI symptoms were anorexia(60%), vomiting and nausea(53%), epigastric pain(31%), dyspepsia(22%) and hematemesis(20%).

Conclusions: As UGI abnormalities in endoscopic studies were common in different stages of CKD, so evaluation of patients having UGI symptoms is necessary in order to early detect and properly manage any abnormal lesions.

Infection Related Glomerulonephritis (IRGN) in a Small Tertiary Care Hospital

Natesh Gowtham K, M Sivashankar, R Hemachandar
Mahatma Gandhi Medical College and Research Institute

Introduction: Infection related glomerulonephritis has a varied presentations and course in adults. Most commonly caused by non-streptococcal organisms like staphylococcus. This study is done to assess the clinical profile, role of serological assays, outcome of adult IRGN.

Material: A retrospective study was done between July 2015 and July 2018 in which 70 cases of IRGN cases were taken. All details of patients who underwent essential investigations, clinical examination were obtained from case records.

Observations: Total biopsies taken during this period was 550 and IRGN present in 82(14.9%). Male to female ratio is 48:34. Mean age was 43.4 years. The clinical presentations were nephrotic syndromes were nphritic syndromes 30(36.3%). Hypertension was noted in 34(65.5%) patients. Mean serum creatinine was 2.1 mg/dL. Hematury, crescents were seen in 28(41%) patients. In immunofluorescence there was no IgA dominant IRGN. Most commonly associated infections are skin lesions in 38(53%).

Conclusions: Nephritic syndrome is most common presentation followed by acute nphritic syndrome. Serological assays are often unsupportive. Complete and partial recovery was noted in 62.8% and 30.4% cases respectively. Renal replacement therapy (RRT) was required
Incidence of Tuberculosis after Routine IPT (Isoniazid Preventive Therapy) in HIV Infected Patients at a Tertiary Center
Parshika Panwar, SC Mautry, RK Nag, SK Srivastava, Sandeep Chowdhary
Ram Manohar Lohia combined hospital, Lucknow

Introduction: Preventive therapy with isoniazid has been known to reduce the incidence of Tuberculosis (TB) in HIV patients but optimum duration remains debatable. Here we aim to study the incidence of TB after 6 months of isoniazid preventive therapy (IPT).

Material: It was a prospective observational study of total 200 HIV patients, examined for 6 months for signs and symptoms of active tuberculosis after completion of 6 months IPT using 4-5 symptom complex with chest X-ray and sputum examination.

Observations: 96% patients were taking ART for greater than 1year, 55% patients did not have any constitutional symptoms during follow up, 6% had adverse effects with isoniazid, 4% had vomiting, and 2% had peripheral neuropathy symptoms. 67% patients had increased weight more than 1 kg over one year follow up, 55% had increase in CD4 count over time of 1 year. Only 2 (1.98%) patients developed TB at 1 year follow up even after 6months of IPT.

Conclusions: Development of TB and adverse outcome can be prevented to a large extent by starting early ART and general health of HIV affected people can be improved with earlier institution of proper ART and 6 months IPT.

Lupus nephritis in cases of human de/ficiency virus infection: A rare case report
Jagadishkumar Biradar, Anwar Mi
Vijayanagar institute of medical sciences, ballari

Introduction: SLE and AIDS(Acquired Immunodeficiency Syndrome) share many clinical features including vasculoskeletal symptoms such as myalgia, skin rash, lymphadenopathy and involvement like kidneys, heart and CNS. Both of these conditions involve dysregulation related to T lymphocytes, cytokine production alteration and polyclonal activation of B lymphocytes. SLE may prevent HIV Infection as a result of polyclonal antibodies stimulation, treatment with antimalarials and high Interleukin 16 levels. Autoimmune manifestation in HIV patients occurs after restoration of immunological competence(CD count >500 cells & low viral load).

Material: To report a rare case of SLE in a patient with HIV

Observations: A 40 year old female presented with fever and polyarthralgia since 2 weeks. Known HIV positive since 5yrs(TLE with CD4 count 036).Examination pallor present. Systemic examination was unremarkable. Inflammatory markers showed raised ESR, CRP, LT & urine p/c ratio, nephrotic range protein urea, p-ANCA positive. ANA,C3,C4 normal. Renal biopsy suggested class 4-5 lupus nephritis. Patient was started with oral steroids and hydroxychloroquine.

Conclusions: Reported coexistence of HIV and SLE is unusual.26 cases published worldwide. Early diagnosis of SLE in HIV will reduce significant morbidity.

Clinical Spectrum of Tuberculosis in HIV Seropositive Persons with Reference to CD4 Count
Sadanand Indi, Dhananjaya PE
JIM Medical College

Introduction: HIV pandemic is responsible for the resurgence of TB worldwide, resulting in increased morbidity and mortality. With CD4 count monitoring can be managed early to reduce morbidity and mortality.

Material: It is a prospective study, Examined 87 HIV-infected patients with associated tuberculosis and were subjected to thorough clinical examination. X-ray chest, tuberculin testing and sputum examination for AFB and necessary relevant investigations for EPTB.

Observations: Most common affected age group was 31-40 years. EPTB was the commonest form of TB in our study detected in 65 patients. Commonest EPTB was CNS tuberculosis. Disseminated tuberculosis was only found in patients with CD4 count less than 200/mm. Majority of lymph node TB was diagnosed by fine needle aspiration cytology examination.

Conclusions: The results of this study provide information regarding the various forms of TB and their presentation in HIV-infected persons. Early diagnosis
Introduction: Endocrine and metabolic disorders in HIV-positive patients have myriad spectrum ranging from insulin resistance, dyslipidemia to hyperthyroidism, hypothyroidism and cortisolism. Material: Hospital based observational cross-sectional study, carried out in tertiary care-center. Total 100 patients were enrolled for the study out of which 80 were males and 20 females. Observations: The mean values for TGG (148.29±59.88), LDL (75.19±39.38) were higher in advanced stages. Patients of advanced stages had lower levels of HDL (29.43±12.6). The prevalence of dysglycemia was found to be more in HIV population, in 33% and out of them 12% had frank diabetes and 21% prediabetes. Most of the patients had normal T3 and T4 levels and TSH was raised in 9 patients but only 4 of them were found to have overt hypothyroidism. Decreased serum cortisol was found in 25% patients. Impotence was reported in 24% patients of advanced stage of HIV. Amenorrhea was present in 9 out of 20(45%) female patients.

Conclusions: In our study, endocrine dysfunction was common among HIV-infected patients. Gonadal dysfunction was the most common endocrine dysfunction followed by thyroid and adrenal dysfunction. Secondary hypogonadism was more common than primary. Low T3 syndrome (isolated low free T3) was the most common thyroid dysfunction. Adrenal excess was more common than adrenal insufficiency.

To study clinical factors and serum testosterone in relation to erectile dysfunction in his infected men Santosh Kumar, Dnyanesh Morkar Jawaharlal Nehru Medical College, Belagavi

Introduction: Erectile dysfunction is one of the increasingly recognized condition in HIV infected men with significant impact on life in HIV infected population factors associated with erectile dysfunction is poorly understood so through this study we are aiming to find the clinical and testosterone factors that may contribute to erectile dysfunction.

Objectives: To correlate between erectile dysfunction with clinical factors and serum testosterone

Material: Hospital based cross sectional study 75 patients age >18 were included according to inclusion and exclusion criteria.relevant clinical and biochemical data were collected and analyzed as presented by frequency and percentages.convenient and sampling method used and sample size calculated by chi square formula with power analysis completed 30 sample.

Observations: Till now on the basis of 30 sample erectile dysfunction reported in 60% of those 30% did not have enough erection for penetration,40% were unable to sustain erection for intercourse.

Conclusions: We find till now that HIV infected men experience mild to moderate erectile dysfunction mainly related to emotional disturbances,older age and serum testosterone level normal in all patients

A study on clinical profile of HIV positive patients admitted in a tertiary care hospital in South India KSSS Yura Prakash, Siddeswar R, V Sai Ramya, T Sikandar Mohan Siddhartha Medical College, Vijayawada, Andhra Pradesh

Introduction: The global prevalence has increased overall, reflecting the combined effects of continued high rates of new HIV infections and life-prolonging impact of treatment measures. The objective of the study was to study the clinical profile of HIV positive patients admitted in a tertiary care hospital.

Material: Observational and prospective study was carried out over 110 10 HIV positive patients admitted in a tertiary care hospital.

Observations: Out of 110 HIV patients,65% were male and 35% were female. Mean age of presentation was 39 years. Out of the 110 known HIV cases, whereby 26 cases were newly detected and accounted for about 24%. Mean CD4 count is 342.9 cells/µL and Central nervous system (33%) and Gastrointestinal system(18%) were predominantly involved. Most common symptom was fever(18%),followed by loose stools(16%), with Meningitis and Acute Gastroenteritis being the most common diagnoses for hospital admissions.

Conclusions: HIV is more common in reproductive age group with males being more affected with mean age of 39 years and fever is the most common symptom.Meningitis and Acute Gastroenteritis are the most common causes for hospital admissions. Mean CD4 count among patients presenting with meningitis is 16 cells/µL. Mean CD4 count among patients presenting with Acute gastroenteritis is 289 cells/µL.

HIV presenting as Cerebellar Ataxia - A Case Report Gangasani Siri Chandana, M Jubilee, Salim Javeedh SPJ Sir Medical College Hospital and Research Centre

Introduction: HIV has multiple varied presenting features because of both the virus and large array of opportunistic infections. This is a rare case report of 30 year old patient presenting as cerebellar ataxia later found to be HIV positive.

Material: 30 year old male patient with history of fever for 2 days following which patient had one month history of vertigo and gait disturbance. Patient is IV drug abuser, alcohol abuse for last 2 months. No known comorbidities. History of significant weight loss (10 kg over 4 weeks). Patient is conscious,oriented,Vitals stable.

Observations: CSN examination revealed dysarthria,horizontal nystagmus with fast component to either side,pendular knee jerk, past pointing, finger nose incoordination, dysdiadochokinesia. Motor examination showed normal power,bilateral plantar flexor,brisk deep tendon reflexes.Patients is atonic on standing,cannot walk without support.Blood investigations were normal and severe thrombocytopenia. HIV ELISA, VHC, ANA was positive. MRI brain showed bilateral symmetric T2/FLAIR cerebellar hypointensity suggestive of cerebellitis. Supportive treatment with platelet transfusion was given. Patient was advised CD 4 count and anti retroviral therapy accordingly.

Conclusions: Subacute or acute onset of a cerebellar syndrome should prompt diagnostic workup including HIV diagnostics.

Veeramani S. Thyroid dysfunction among HIV infected individuals in South India G.S. Gangasani, K.S. Prasad, K.N. Shriram, K.A. Reddy, S.S. Prasad, S. Reddy, and T. Prasad NGM Medical College, Chittoor

Introduction: Thyroid dysfunction has been reported among HIV infected individuals. Though the prevalence of thyroid dysfunction is 25% patients. Impotence was reported in 24% patients of advanced stage of HIV. Amenorrhea was present in 9 out of 20(45%) female patients.

Conclusions: In our study, endocrine dysfunction was common among HIV-infected patients. Gonadal dysfunction was the most common endocrine dysfunction followed by thyroid and adrenal dysfunction. Secondary hypogonadism was more common than primary. Low T3 syndrome (isolated low free T3) was the most common thyroid dysfunction. Adrenal excess was more common than adrenal insufficiency.

Prevalence of Hepatitis-B virus (HBV) coinfection among people living with HIV in Mthatha Region of South Africa Ramprakash Kaswa Walter Sisulu University

Introduction: Hepatitis-B virus (HBV) infections among people living with HIV (PLWH) are highly endemic in South Africa. Despite the availability of an effective vaccine since the last three decades, chronic HBV infection is a major cause of morbidity and mortality among PLWH.

Material: This cross-sectional descriptive study was conducted in King Sabata Dalindyebo (KSD) sub-district municipality,Eastern Cape, South Africa in order to determine the prevalence of HBV Co-infection among people living with HIV.

Observations: One hundred and twenty-one people living with HIV were recruited in the study. The mean age of the participant was 38.27±11.07 years and the majority (72.5%) of them were female. The prevalence of HBV co-infection among people living with HIV was 14% and the males had two-time higher than female counterparts (72.9±7.4, P=0.002). The prevalence of HBV co-infection was significantly low among PLWH who had an undetectable viral load (72±0.5, P=0.001). The median CD4 count of participants was 453.5 (IQR=305.5-712.2) and there was no significant CD4 count and association between HBV co-infection and CD4 count.

Conclusions: There is a high prevalence of HBV co-infection among people living with HIV in the Mthatha region of South Africa. The high prevalence of HBV co-infection recommends the need for routine screening of Hepatitis-B among HIV infected patients in the ART programme in South Africa.

Seizure in a HIV Patient- A Rare Cause of Intracranial Hemorrhage MM Mewada, ME Youlek, S Hare Jijpomay Medical College and Hospital, Ayurvedhar, Sion, Mumbai

Introduction: Neurological manifestations of HIV have been of continuing clinical diversity. Post HAART the life-expectancy and QOL have substantially improved.

Material: Presented here is a HIV patient with spontaneous intracranial haemorrhage, where multiple predisposing factors contributed to the occurrence, including ART agent.

Observations: SCI 55 year female a known HIV since 7 years on Zidovudine based ART presented to casualty with two episodes of tonic-clonic seizures over last few days. She had well controlled hypertension and diabetes since twenty years was obtained. Clinical diagnosis of Neuro-HIV was made. In the ICU patient was loaded with IV levetiracetam. CBC showed neutropenia with platelet-count of 4500. Brain CT showed 6 mm thickness subdural hematoma along the falx cerebri, left tentorium and the left temporal lobe. MR Angiography showed absence of any AV malformation or underlying mass lesion/infection. Opinion of neurologist and HIV specialist was sought. Zidovudine was promptly stopped.

Conclusions: HIV infection alone remains a significant risk factor for Intracranial haemorrhage and seizures. Underlying intracranial haemorrhage was confirmed by brain MRI, with a high propensity for deadly synergistic interaction leads to difficulties in both the diagnosis and treatment of tuberculosis.

Tubercular manifestation in patient with HIV infection and its relationship with CD4 count and duration of illness. Shaobi Mehboob, Prashant Prakash, Abhishek Raj Sarojini Naidu Medical College, Agra

Introduction: In India the pool of HIV-infected individuals is quite large and hence a large number of those infected do not present with symptoms. HIV positivity is associated with increased risk of tubercular/HIV coinfection. This subsequently reduces the immune response and increases the risk of tuberculosis. The objective of the study was to determine the prevalence of HBV Co-infection among HIV infected people. Screening of the patient for TB should be undertaken with falling CD4 count as to detect and treat early.

Immunology

Wegner Granulomatosis - Great Masquerader of Lung Malignancy Gyan Prakash, Madhukar Rai IMS, BHU

Introduction: 50 year hypertensive male, wailing worker presented with 1. Generalized weakness and easy fatigability for 6 month, insidious onset,gradually progressive such that he has left job due to weakness and breathlessness. 2. Fever with cough, sometimes productive for 6 month.recorded 102 on/off. with no diurnal variation. 3. Nose bleeding for 15 days.

Laboratory reports: Hb 10.2 gm,TLC 16,500. creat/urea 2.1/65. It was a prospective study conducted over 110 HIV positive patients admitted in a tertiary care hospital.

Observations: Out of 110 HIV patients,65% were male and 35% were female. Mean age of presentation was 39 years. Out of the 110 known HIV cases, whereby 26 cases were newly detected and accounted for about 24%. Mean CD4 count is 342.9 cells/µL and Central nervous system (33%) and Gastrointestinal system(18%) were predominantly involved. Most common symptom was fever(18%)followed by loose stools(16%), with Meningitis and Acute Gastroenteritis being the most common diagnoses for hospital admissions.

Conclusions: HIV is more common in reproductive age group with males being more affected with mean age of 39 years and fever is the most common symptom.Meningitis and Acute Gastroenteritis are the most common causes for hospital admissions. Mean CD4 count among patients presenting with meningitis is 16 cells/µL. Mean CD4 count among patients presenting with Acute gastroenteritis is 289 cells/µL.
up chest x-ray became clear, C ANCA became normal, patient improved symptomatically.

Material: OJD, Medicine Ward

Conclusions: Patient presenting with cough, nose bleeding, opacity on chest x-ray, think of Wegener also

Case Report of Henoch Schonlein Purpura in an Adult
Sanjay Fotado, VK Katyal, Anghunam Mukherjee
PT BDS PGIMS Rohtak

Introduction: Henoch Schonlein purpura is a small vessel vasculitis mediated by Ig A antibody, characterized by clinical triad of palpable lower extremity purpura, arthralgias and abdominal pain. Seen commonly in pediatric age group and not so common in adults, varying degrees of GI and renal involvement is seen in adults with renal being severe

Material: case summary : 28 yrs old male patient presented with complaints of diffuse joint pain associated with rash on lower extremities, routine hematological investigations were normal. Urine 1+ proteinuria with few pus cells. Indor stay was associated with melena, followed by hematuria and facial puffiness, working diagnosis of vasculitis was made.

Observations: GPE was grossly normal except facial puffiness and lower extremity rashes Investigations : CH normal, hemoglobin 12.8, creatinine 1.8, urinel+ protein with 10-15 pus cells/hpf. Serology : c-ANCA, p-ANCA and ANA by ELISA +ve, USG abdomen grossly normal. Skin biopsy was suggestive of leukocytoclastic vasculitis with renal biopsy revealing IgA nephropathy with mesangial proliferation. Based on clinical presentation and investigations, adult HSP was made.

Conclusions: Henoch Schonlein Purpura is a rare but important differential diagnosis to be considered in adults in the background of typical skin rashes and arthralgias. Gastrointestinal involvement is less common. Though self limiting, immunosuppression becomes treatment of choice as presenting illness. First patient a 47 years old female presented with acute anterior wall myocardial infarction and primary percutaneous coronary intervention done. Patient developed stent thrombus post procedure. Workup for hypercoagulable state was suggestive of SLE. Second patient a 39 years old female with acute coronary syndrome, laboratory workup done was positive for ANA and APLA. Third patient a 32 year old female had presented with diplopia, acute pulmonary edema and left wrist drop. Imaging revealed demyelination and further investigations were suggestive of variant secondary to SLE.

Atypical presentation of SLE makes diagnosis extremely difficult and need high index of suspicion when multorgan involvement is present.

Case Report of a Rare Association of Secondary Amyloidosis with Intrahepatic Cholangiocarcinoma
Vibhav Karoliya, DP Bhdoria
Maulana Azad Medical College

Introduction: Amyloidosis is a disease characterized by extracellular tissue deposition of fibrils composed of low molecular weight subunits of a variety of proteins. Amyloid A protein associated amyloidosis or secondary amyloidosis has been described with chronic infections, autoimmune disorders, and malignant disorders. Rarely it has been documented with solid tumors. Secondary amyloidosis may manifest as proteinuria, progressive renal insufficiency, or nephrotic syndrome.

Material: A 55-year-old female presented to a medical emergency of Lady Hardinge Medical College Hospital with chief complaints of abdominal pain, vomiting and loss of appetite for 3 months, generalized body swelling and decreased urine output along with shortness of breath for 4 days.

Observations: On investigations, she had renal failure, subnephrotic range proteinuria with non-glucomerulnuror hypertension and hypocholeastic mass lesion in liver on USG. She was diagnosed to have intrahepatic cholangiocarcinoma on liver biopsy and secondary amyloidosis on kidney biopsy.

Conclusions: There is no such case reported of cholangiocarcinoma presenting with amyloidosis. Cholangiocarcinoma is the second most common primary malignant tumor of the liver after hepatocellular carcinoma. The median time from diagnosis to death for intrahepatic CCA is 6 months.

An Overlap of Primary Biliary Cirrhosis and Sarcoidosis
Akshata Manohar, Jayashankar CA, Nithin Kumar MN
Vidyah Institute of Medical Sciences and Research Centre

Introduction: Primary biliary cirrhosis is an autoimmune liver disease with worldwide annual incidence of 3.9 to 15 cases/1,000,000. Sarcoidosis is a multisystem inflammatory disease with versatile manifestations.

Material: A 34 year old female, presented with discolouration of the extremities since 1 year, lesions over nose and forehead, and weight loss since 6 months. On examination, she had multiple well defined, erythematous plaques over the left nostril and temporal region of forehead. Systemic examination was normal. Investigations showed normocytic normochromic anemia, elevated ALP, A/G reversal. USG abdomen showed coarse echotexture of liver. AMA-M2 was positive. Skin biopsy of lesion showed dense non-casing granulomas containing epithelioid cells and Langhans's giant cells suggestive of sarcoidosis. Liver biopsy showed portal to portal bridging fibrosis with chronic lymphocytic infiltrate suggestive of early primary biliary cirrhosis.

Observations: PBC can be associated with autoimmune phenomena like systemic sclerosis and Sjogren's syndrome. 88% of cases have dermatologic symptoms. AMA-M2 has nearly 100% specificity. Sarcoidosis can affect lung, skin, eye and liver. Hepatic granulomas in sarcoidosis are usually numerous and they coalesce.

Conclusions: There are very few case reports of simultaneous presentation of PBC and sarcoidosis or primary biliary cirrhosis and sarcoidosis. This association may be attributed to a similar defect in cell mediated immunity.

Antipsythesis Syndrome: A rare entity
B Rath, D Miskey, A Dua
NHMM Narayana Multispeciality Hospital, Raipur

Introduction: Antipsythesis syndrome (ASS) is an uncommon entity, and has been largely missed if not specifically looked for. Its presentation with intestinal lung disease alters its prognosis.

Material: 53 years old female presented with progressive dyspnea on exertion, weight loss, associated with pain, stiffness and swelling in multiple joints since 2 months, fever since 1 month. She had history of multiple visits to dermatologist over the past 6 months with recurrent rash. On examination, she was pale, tachypneic, SpO2 of 93% on ambient air. She has mechanic's hands and rashes present over face and over proximal joints. She has symmetrical polyarthritis and Raynaud's phenomenon. She has proximal muscle weakness and bi-axial end-inpiratory cracks.

Observations: Investigations revealed normocromic anaemia, raised ESR, CRP. Cultures were

Atypical Sarcoidosis
Satya P Mahapatra, Dhira Kishore, Amita Diwaker, Viveksingh Sushilkgaur, Saketramkika Anuj Kumar
Department of Medicine IMS, BHU, Varanasi

Introduction: Sarcoidosis a disease with noncaseating granulomas of any organ except adrenal, commonly lungs, eye and skin. Diagnosed in asymptomatic subject during radiography. But the renal affection is very rare < 1% which correlates to hypercalcemia in acute cases and hypercalcaemia in chronic cases

Material: We present a case of 55 year male with Dry cough, dysphagia, blurring of vision for 1 month. Externally showed normal sinus, chest X-ray normal, CV/CNS, P/A, Skin showed annular lesion on chest, slit lamp showed mutton fat KP with uveitis. We kept D/D tuberculosis and sarcoidosis.

Observations: CBC-normal, s. cr. 3.3mg/dl, urea-99mg%, raised TSH- 6.10LFT- raised alkaline phosphatase,, serum calcium-11mg%, 24 hour urinary calcium > 300mg/d, low PTH-11.8 IU, serum ACE-122 IU, urine R/M- sterile pyuria, Chest Xray- B/L hilar lNPathology like potato node, CT Chest- B/L hilar, paratracheal, node with multiple fibroparenchymal bands, USG- Mild hepatostipomelonegaly, moderate hydroaerotonerenephrostone, Bronchoscopy showed extraluminal compression, BAL -ve AFB and malignant cell with leukocytosis, BAL CD4/CD8 reversal, TB PCR n- Mtx test-absolute normal

Conclusions: On 5th day of presentation patient started showing improvement. We finally diagnosed an immunosuppressice agent with marked improvement in eye and skin lesion. We make the final diagnosis of sarcoidosis involving almost all organ of body with acute on chronic, requiring immunosuppressice agent.

A rare case of DRESS syndrome
Shreya Patel, Indranee Raut, RP Ram
Jalok Hospital and Research Centre

Introduction: DRESS (Drug Rash with Eosinophilia and Systemic Symptoms) is a distinct idiosyncratic drug reaction associated with an array of clinical manifestations with systemic involvement.

Material: A 53 year old diabetic female presented with undiagnosed pyrexia for last 10 days, following a series of visits to different physicians with consumption of multivariated medications (details unavailable). She had maculopapular erythematous pruritic rash on face, upper trunk along with facial edema; complained of abdominal pain and vomiting.

Observations: While being investigated for the same, she was admitted and landed into shock with renal failure and worsening hepatitis. Her sequential blood counts revealed a rising trend of eosinophilia (upto 25%), with elevated leucocytosis (65000). But renal involvement indicated by increased BUN, creatinine, hypocalcemia, hypercalcemia, hypertriglyceridemia. Urinalysis showed WBC casts, proteinuria, hypochloremic metabolic acidosis. Most of the patients with DRESS showed rise in LDH, AST, ALT. Stool was suggestive of SLE. Second patient a 33 year old female had chest pain and ECG suggestive of acute coronary syndrome. Third patient a 32 year old female had pneumonia and primary percutaneous coronary intervention done. Workup for hypercoagulable state was suggestive of SLE. Fourth patient a 32 year old female presented with dilated heart on chest x-ray, became clear, C ANCA became normal, patient improved symptomatically.

Conclusions: She was treated with corticosteroids and other supportive measures and landed into shock with renal failure and worsening hepatitis. Her sequential blood counts revealed a rising trend of eosinophilia (upto 25%), with elevated leucocytosis (65000). But renal involvement indicated by increased BUN, creatinine, hypocalcemia, hypercalcemia, hypertriglyceridemia. Urinalysis showed WBC casts, proteinuria, hypochloremic metabolic acidosis. Most of the patients with DRESS showed rise in LDH, AST, ALT. Stool was suggestive of SLE. Second patient a 33 year old female had chest pain and ECG suggestive of acute coronary syndrome. Third patient a 32 year old female had pneumonia and primary percutaneous coronary intervention done. Workup for hypercoagulable state was suggestive of SLE. Fourth patient a 32 year old female presented with dilated heart on chest x-ray, became clear, C ANCA became normal, patient improved symptomatically.
sterol. Her creatinine kinase was 1598 IU/L. ANA was positive with markedly raised anti-jo-1, Anti Ro and La antibodies. C3 was low while C4 was normal. HRCT chest revealed NSIP pattern of ILD. Our patient was managed supportively, mycocept, methylprednisolone and rituximab. Based on clinical, radiological and serological investigations, a diagnosis of antinuclear syndrome was made.

Conclusions: AS is apart from clinical presentation requires specific serological investigations for diagnosis. Concomitant association of ILD gives it a guarded prognosis.

Adult Onset Still Disease - An Uncommon Etiology of Non Resolving Pneumonia, Rare Case Entity
Anil Kumar Behera, Sarat CV Talluri, KB Chetan Reddy
Care Hospital, Banaglore, Hills

Introduction: Adult onset still disease (AOSD) is a rare systemic inflammatory disorder of unknown etiology and pathogenesis with high spiking fever accompanied by systemic manifestation. Few reports in medical literature explaining pulmonary manifestation of AOSD. Case of non resolving pneumonia, rare manifestation of aod is reported.

Material: A 33 year male presented with high spiking fever, right lower lobe consolidation on chest X-ray. On examination, patient was tachypneic, hypoxia with bilateral basal crepitation with polynarthitis and salmon coloured rash. Serology showed CRP 181 mg/l, lactate dehydrogenase 4567 IU/l, high ESR and CRP. Chest imaging showed bilateral mild pleural effusion with mediastinal lymphadenopathy. Pleural fluid showed transmitted in nature, Sputum culture and PCTQ and autoimmune work up was negative. Serum ferritin was high.

Observation: patient did not respond to antibiotics, having persistent high fever. Patient was diagnosed to have adult onset still disease among yamaguchi criteria. Patient was started with naproxen, hydroxychloroquine and iv steroids. Patient improved symptomatically and follow up with steroids.

Conclusions: AOSD is an uncommon immunological disorder, diagnosis being made by yamaguchi criteria. Pulmonary manifestations are rare in AOSD. So any must be kept in differential in all clinicians dealing with non resolving pneumonia.

Study of clinical profile of Juvenile Systemic Lupus Erythematuosis patients in a tertiary hospital
Praveen Kumar, Liza Rajashekar
Nizams Institute of Medical Science

Introduction: Juvenile systemic lupus erythematous although is rare, mimics common pediatrics conditions.

Material: Case files of all outpatients and inpatients diagnosed with juvenile SLE during 2017-2019 were included.

Results: Forty-two juvenile lupus patients were included in analysis. The mean (SD) age of disease onset was 13.5 years (2.29) and disease duration was 8 months(QR 2-12). Arthritis was the most common manifestation seen in 26 patients followed by alopecia (23), oral ulcer (20) and malar rash (14). Non-resolving pneumonia, rare manifestation of aod is reported.

Observations: 45 out of 100 patients developed hypoaetraemia. The median serum sodium levels were 129.964±3.2mmol/L and the median serum sodium levels were 131±0.5mmol/L. Most common cause was hypoaetraemic crisis. Of 45 hypoaetraemia patients, 33(73.3%) out of 45 hypoaetraemia patients.

Conclusions: In our study, the most common cause of hypoaetraemia was CI loss (vomiting),24 patients (53.33%) out of 45 hypoaetraemia patients.

Family Physician’s Knowledge, Awareness and Practices about Peak Flow Meters in the management of Bronchial Asthma – A Study from Mysore City, South India
Mahesh M
JSS Medical College, JSS Aher, Mysore

Introduction: Asthma guidelines recommend that practitioners-should use peak flow meters routinely. There is a paucity of data from South India regarding the usage of peak flow meters.

Material: A questionnaire was administered to 70 general practitioners of Mysore City. Details concerning the extent and indications for use of PFM s were analysed.

Observations: 33 General Practitioners participated. The age ranged from 40 years to 65 years. (Mean 59.5 ± 8.33).Lack of knowledge was cited as a major reason by 12(44.4%). A similar number stated that it was the lack of patients’ interest.4(13.3%) knew about the advantages of PFM (53.3%) agreed with the assessment of severity of asthma as the indication for use.5(16.6%) felt it was very easy to use it. There were more users of PFM among the doctors who had less than 10 years experience 25(75.8%).

Conclusions: Peak flow meters are underutilised by family practitioners. Cost of the peak flow meter was one of the factors mentioned. It is important to ensure that the peak flow meter in the management of asthma should be emphasised at the undergraduate and continuing medical education level.

Pulmonary

Epidemiology of Hypoarnaetma Among Elderly Patients with Lower Respiratory Tract Infection
Akash C, Raju Badiger
Jawaharlal Nehru Medical College, Khar

Introduction: To assess the prevalence of hypoaetraemia in lower respiratory tract infection in geriatric age group and to determine the association between severity of hypoaetraemia and EIA.

Material: Cross sectional study done in the Internal Medicine department of Jawaharlal Nehru Medical College, Belgaum. 100 elderly people aged 70 years who presented with history of cough for more than four to five days, clinical findings and X-ray findings suggestive of LRTI, were selected. Patients with cardiac disease, diabetes mellitus, hypertension, renal diseases and terminaly ill patients were excluded from study. Written informed consent was taken, ethical clearance obtained. Blood samples were taken within throrus of admission. All cases were followed up till the hospital stay to assess outcomes, mortality, morbidity and complications. Severity of hypoaetraemia was determined as Mild(131-135mmol/L), Moderate(126-130mmol/L) and Severe(<125mmol/L).

Observations: 45 out of 100 patients developed hypoaetraemia. The median serum sodium levels were 129.964±3.2mmol/L and the median serum sodium levels were 131±0.5mmol/L. Most common cause was hypoaetraemic crisis. Of 45 hypoaetraemia patients, 33(73.3%) out of 45 hypoaetraemia patients.

Conclusions: In our study, the most common cause of hypoaetraemia was CI loss (vomiting),24 patients (53.33%) out of 45 hypoaetraemia patients.

A Comparison Study on Performance of Scoring Systems in Assessing Prognosis and in-Hospital Mortality in Acute Exacerbation of Chronic Obstructive Pulmonary Disease
Veeramani Chetan Kumar, Thomas Raju Paul, Gopakumar, Jerry Jose
Little Flower Hospital and Research Centre

Introduction: An exacerbation of COPD is defined as an acute worsening of respiratory symptoms that result from a sudden increase in respiratory distress. It is a common cause of hospitalisation in patients with COPD. Accurate diagnosis and early treatment of exacerbation can improve the patient’s quality of life and prevent hospitalisation. Over the years, several scoring systems have been developed to predict the risk of in-hospital mortality and to determine the association between severity of hypoaetraemia and EIA.

Material: 77 patients admitted for management of AECOPD were included. Admission clinical data, including age, gender, smoking history and type 2 diabetes mellitus though had an association but were statistically not significant.

Conclusions: The present study shows high prevalence of LVDD in COPD patients and have higher mortality rates. The treatment modality for a patient needs to be reassessed when LVD is present. Every physician must know that COPD patients are prone for biventricular dysfunction, and not just right heart failure.
Impact of H1N1 Infection on Long Term Exercise Tolerance

Chithra Suhaz Suman, Manoj Saluja
Government medical college Kota

Introduction: Swine influenza is an acute, highly contagious respiratory disease that not only causes an immediate adverse morbidity and mortality but also has been very rare to have adverse impact on long-term health outcome.

Material: This was a cross sectional study conducted at tertiary care centre. Sixty patients were included and evaluated regarding the level of illness by standard protocol, and the best is standard protocol, and the best is standard protocol, and the best is standard protocol, and the best is standard protocol.

Observations: Out of Sixty patients, Group-1 included-38(63.3%) patients were observed to have mild decrease in exercise capacity and mild restriction in PFT; group-2 included-12(21.6%) patients with smoking habits, showed decrease in exercise capacity more than group-1 and mixed pattern in PFT. Group-3 comprised of 9(15%) patients with h-o asthma/chest disease showed marked decrease in exercise capacity and predominantly obstructive pattern in PFT. Requirement of bronchodilator was significantly increased in group-3 patients.

Conclusions: H1N1 infection is associated with significant long term respiratory morbidity. Exercise tolerance was significantly reduced as evident from symptoms profile, obstructive pattern in PFT and increased need of bronchodilator.

Chyliform Pleural Effusion- Rare Manifestation of Tuberculosis Sequale

S Abinaya, Joseph Panneerselvam, UB Padmanaban
K.A.P.V. Government Medical College, Trichy

Introduction: CHYLFOMUL PLEURAL EFFUSION occurs when there is accumulation of cholesterol or lecithin in pleural fluid. Mostly due to long standing pleural effusion. Two most common causes are rheumatoid arthritis and tuberculosis.

Material: 58 year old female, presented with H/O difficulty in breathing, gradual in onset, MMRC gradeIII. Past history of pulmonary tuberculosis treated with ATT drugs 20 years back. With the general examination provisional diagnosis made as right upper lobe fibrosis with right side pleural effusion. Chest X-ray and CT suggested right side moderate pleural effusion with upper lobe fibrosis and parenchymal calcification on both sides.

Observations: Diagnostic thoracentesis found to be milky white, odourless, opalescent pleural fluid with values of sugar-71 mg/dl, protein-3.7gms, triglycerides-379mg/dl, cholesterol-333mg/dl, serum cholesterol - 163mg/dl. Serum cholesterol-163mg/dl. Ratio of pleural fluid cholesterol with serum cholesterol > 1. CBNAAT- Negative

Conclusions: A diagnosis of chyliform thorax was made and managed with pleural decortication.

CBNAAT Positivity in Sputum of Tuberculosis Patients with HIV

MK Prajapati, HO Gupta, RP Pandey
S.G.M.H. and S.S.M.C. Rewa

Introduction: PTB is most common association among all opportunistic infections in HIV. WHO recommended use of a new cartridge based nucleic acid amplification test (CB-NAAT) for rapid and early detection of TB. CB-NAAT is more sensitive diagnostic test to detect TB bacilli than ZN staining for AFB spumum.

Material: This is an observational study of 160 patients age>15 years. Inclusion criteria : All patients with HIV positive, sputum positive and sputum negative PTB. Exclusion criteria: All extra pulmonary TB patients.

Observations: Commonest age group 26-45 years (38.75%) mostly rural population affected (87.9%) most of the population ones under educated group primary and high school (37.93%, 40.51%), but in female uneducated group is more common. Root of transmission sexual (75%), blood borne and environmental (12%), and its CD4+ (0.7%). CBNAAT positivity (45%) is more than sputum AFB positive (15%) shows more sensitivity. Drug resistance mainly rifampicin through CBNAAT is 24.73% among CBNAAT positive patients.

Conclusions: Proper education should be provided to age group of 25-45 years about HIV and sputum, safety measures, precautions. Special care fragile houseswive group. Ensuring the diagnosis through CBNAAT of TB and HIV patients is useful for rapid and early treatment and multiple drug resistance, thus effective treatment.

Use of Oral Medications for Managing Asthma Results in Poor Disease Control

Sundeep Salvi, Sushmeeta Chhowala, Raja Dhar
Chest Research Foundation

Introduction: Numerous studies conducted in India have demonstrated the under use and awareness of 10 medications over the guideline defined inhaled medications for asthma. Though the oral medications for asthma are effective the impact on asthma control is not known.

Material: In a retrospective analysis, 381 males (70%) and female adult asthmatics (mean age of 48.26±13.83 years) diagnosed with asthma during health camps across India and receiving oral medications only (bronchodilators, corticosteroids, theophyllines or montelukast alone or with antihistaminies), were randomly selected to evaluate their level of asthma control by the Asthma Control Questionnaire- 5 (ACQ-5).

Observations: The mean pre-bronchodilator peak expiratory flow was 245.47±78.93 l/min. Breathlessness (91.8%) and cough (90.26%) were the most common symptoms. 70% 2.5% of the entire cohort had a mean ACQ-5 score of >0.75 indicating inadequate control.

Conclusions: The underdiagnoses and inappropriate management as indicated by the poor control seen in our study, is probably a key factor contributing to the increased burden of the disease in India.

Quick sequential organ failure assessment score and systemic inflammatory response syndrome in community acquired pneumonia

Neha Sharma, Kamal Singh, Pritam Singh, Narinder Kaur
Government Medical College and Hospital sec-32 Chandigarh

Introduction: Despite on-going advances in medical treatment, the burden of pneumonia remains high. We aimed to determine the prognostic accuracy of qSOFA and SIRS score in predicting in-hospital mortality, length of hospitalisation, and admission to the intensive care unit (ICU) in patients with community acquired pneumonia (CAP) and other clinical outcomes were compared for qSOFA with SIRS.

Material: In this prospective study, 130 patients of CAP were enrolled who were admitted in the institution between Jan 2018 and July 2019. CAP severity were assessed on admission, at 72 hours and discharge by qSOFA and SIRS scoring systems.

Observations: This study includes 130 patients of CAP, 70 male (53.8%) and 60 female (46.1%). The median age was 49 years (18–90 years) diagnosed with asthma during health camps across India and receiving oral medications only (bronchodilators, corticosteroids, theophyllines or montelukast alone or with antihistaminines), were randomly selected to evaluate their level of asthma control by the Asthma Control Questionnaire- 5 (ACQ-5).

Conclusions: qSOFA and SIRS scores were able to evaluate the severity of CAP but qSOFA outperformed SIRS in predicting in-hospital mortality, length of hospitalisation, and admission to ICU in CAP patients.

A Case Report on Uncommon Cause of Pulmonary Thromboembolism

Sankavi K, Manjula, Sureshkanna
Government Mohnakaramanglam Medical College and Hospital

Introduction: A 38 year old women a known case of diabetes & laundry worker by occupation presented with the complaints of painful erythematous swelling of right thigh with history of fever and chills for 5 days with shortness of breath. Patient gave the history of strenuous laundry work prior to the presentation. No other significant history.

Observations: On examination pt was dyspneic, tachyphoeic at 130 ± 20. No other physical examination was remarkable.

Conclusions: Pt was treated with low molecular weight heparin & warfarin. Over the course of time patients symptom resolved and discharged with oral anticoagulant with INR of 2.1 and advised for regular follow up.

Drug Resistance Tuberculosis Patterns in TB Cases in South Indian Tertiary Hospital

Chandra Babu, Bhaskar Rao
Government Medical College, Kadapa

Introduction: Early suspicion and diagnosis of Drug Resistance in Tuberculosis is important. Culture and drug susceptibility testing are gold standard but never always available. Molecular methods like CBNAAT help in rapid diagnosis.

Material: This is a prospective observational study done in TB centre using CBNAAT/LPA and other culture methods at GGH,kadapa from Jan 2018 to Jun 2019.

Observations: We have collected 3231 sputum samples suspected of pulmonary tuberculosis and tested for mycobacterium tuberculosis and Rifampicin sensitivity with CBNAAT. Of them 898 (28%) were detected mycobacterium tuberculosis positive, of which 7% were Rifampicin Resistant, 0.66% were INH Resistant and 0.89% were ESx Resistant.
multidrug-resistant (Rifampicin-isoniazid-ofloxacin-k
ambenone (R- INH-OFLX-K) ANMYCIN)

Conclusions: All TB cases must be tested to see if CN B ATL, LPA and modern molecular methods for early detection of drug Resistance (MDR and XDR) and to initiate early and prompt treatment with new and anti TB regimens. High suspicion of MDR TB and XDR TB is necessary.

Prevalence of ABPA among asthma patients with serum total IgE >1000 IU/mL
Iluvan Srinivas, George Mutti Jithin
Medical Trust Hospital, Kochi

Introduction: Allergic bronchopulmonary aspergillosis (ABPA) is a disease exclusively seen in those with underlying obstructive or bronchial asthma. Among those with asthma, this epidemiologic study by Novey and colleagues estimated that ABPA occurs between 0.25% and 11%. However, the reported prevalence of ABPA in this population has varied widely and may be >20% among those with poorly controlled asthma.

Material: In this prospective study, we enrolled diagnosed asthma patients (using spirometry) with serum total immunoglobulin E (IgE) >1000 IU/mL and positive skin prick test (SPT) for aspergillus antigens. HRCI chest done among Aspergillus hypersensitivity (AH) to detect ABPA based on Rosenberg-Peterson truly minimal criteria.

Observations: We studied 52 asthma patients with IgE >1000 IU/mL. AH was 55.8%; ABPA was 17.3%. The prevalence of ABPA in our study was 23.8%.

Conclusions: There is a high prevalence of AH and ABPA among asthma patients with IgE >1000 IU/mL. Therefore careful screening should be done among them.

Role of the Neutrophil-Lymphocyte Count Ratio in the Differential Diagnosis between Pulmonary Tuberculosis and Bacterial Community-Acquired Pneumonia
Kalluru Sreenath Reddy, Mahara LSUMY
RL Jalappa hospital

Introduction: Mycobacterial TB is a frequent cause of CAP, however, it is difficult to distinguish pulmonary TB from bacterial CAP during the initial diagnostic stage. The clinical and radiological features of TB are often nonspecific, and the sensitivity of microscopic examination of expectorated fast bacilli is as low as 50-60%. This study aimed to compare neutrophil-lymphocyte count ratio (NLR) in patients with pulmonary tuberculosis (PTB) and community-acquired pneumonia (CAP) to find out their diagnostic value in early stage of disease.

Material: This was a retrospective record based analytical study which was conducted on patients of RLJH, Kolar. A questionnaire was prepared which included detailed history, clinical examination and requisite investigations which were performed and the data was captured in Excel Records.

Observations: This study included 30 subjects each who had PTB and Bacterial CAP. The median age of patients being 58 yr(n=18,58 yr) and 54 yr(n=20,71 yr) respectively. Total Neutrophil count, NLR and CRP were lower in patients with pulmonary TB than in patients with Bacterial CAP, whereas lymphocyte count having vice versa a patients is superior to that of CRP, and WBC, neutrophil and lymphocyte counts alone.

ABPA - Presenting as Total Lung Collapse
Namatra Srinivas, Dipen Manjre
MM Narayana Hospital, Raipur

Introduction: ABPA usually presents as lobar or segmental collapse in asthmatic patients. Mucous plugs, one of the diagnostic features, are generally described as hyperdense masses.

Material: 50 years/F, non-anastham, no h/o any respiratory disease, non-smoker, presented with c/o gradually progressive dyspnoea since 2 months and non-productive cough, dyspnoea worsened since last 2 days. Observations: Respiratory system examination and CXR demonstrated total collapse of left lung. HRCT Chest showed complete bronchial cut-off distal to left mainstem bronchus, complete collapse of lung, multiple dilated bronchi filled with faintly hyperdense calcium density. Mucous plugs could not be removed through rigid bronchoscopy. The patient fulfilled following criteria of ABPA –raised AEC, raised Total Sr. IgE >3000, specific IgE to Aspergillus fumigatus, IgG to Aspergillus fumigatus, immunoglobulin G to antistreptols and tiraconazole. Repeat bronchoscopy was done, this time mucous plugs were removed successfully. X-ray on 10th day of admission showed complete re-expansion of left lung.

Conclusions: A high suspicion of ABPA should be kept in mind in patient presenting with total lung collapse irrespective of asthma or atopic history, or hypodense mucous plug finding in bronchoscopy.

Association of Serum Ferritin Levels with Smoking and Lung Function in COPD Patients of Tertiary Care Center: Myssuru
Tilak N, Mahesh MG
JSS Medical College and Hospital

Introduction: Ferritin, a ubiquitous intracellular protein, is one of the key protein that regulates body iron homeostasis and is a marker of the iron store it the capacity to oxidise and sequester the metal preventing its capacity to oxidise and sequester the metal preventing its

Material: Descriptive analysis of data a) Study Design: Comparative study design. b) Study place: JSS HOSPITAL MYSURU-04 c) Study Duration: Maximum One and half year. d) Sample size: 90 cases, based on prevalence e) Sampling technique and study population : purposive sampling f) Inclusion criteria patients with chronic obstructive pulmonary disease (COPD) for the study.

Observations: It proves that serum ferritin levels will be increased in former or current smokers and were increased with smoking amount in the patients. The result will also evident in the subgroup divided by obstructive severity, while smoking amount is inversely related to lung function.

Conclusions: Positive association of ferritin helps to use as an independent variable for detecting severity of COPD.

Family Physician's Knowledge, Awareness and Practices about Peak Flow Meters in the management of Bronchial Asthma – A Study from Mysore City, South India
M Mahesh
JSS Medical College, JSS Aher, Mysore

Introduction: Asthma guidelines recommend that practitioners should use peak flow meters routinely. There is a paucity of data from South India regarding the usage of peak flow meters.

Material: A questionnaire was administered to 70 General Practitioners of Mysore City. Details concerning the extent of and indications for use of PFMs s analysed

Observations: 33 General Practitioners participated. The age ranged from 40 years to 65 years.(Mean 59.55 ± 8.33). Lack of knowledge was cited as a major reason by 12(44.4%).A similar statement was noted that it was the lack of patients' interest.4 (66%) knew about the advantages of COPD patients, and to use as an independent variable for grading COPD severity.

Conclusions: There were more users of PFM instrument amongst the doctors who had less than 10 years experience 25(75.8%) and 5(83.3%) gave assessment of the severity of asthma as the indication for usage.5(100%) felt it was very easy to use PFMs.5(100%) stated that PFMs were underutilised by the practitioners.

APCA score for assessing prognosis in Acute Exacerbation of COPD
Preetham K, Sasan Surapaneni, Srinath K
M.S. Ramaiah Medical College

Introduction: A hospital based prospective study conducted over 2 years from September 2016 to August 2018, in 84 patients admitted in medicine and respiratory medicine.

Observations: DECAF score was a significantly stronger predictor of mortality than CURB-65 and APACHE and CAPA score of greater than 2.5 was a predictor of longer duration of hospital stay. The DECAF score is a robust predictor for assessing the prognosis of patients with acute exacerbation of COPD. It terms of hospital and ICU stay duration using routinely available indices on admission.

Spectrum of Pulmonary Tuberculosis in HIV Positive Patient with Special Reference to CD4 Count
R Tikadar
S.M. Singh

Introduction: Tuberculosis is one of the commonest opportunistic infections in HIV positive patient. Person with HIV is up to 30 times more likely to detect active TB than the general population. Material: This is a PROSPECTIVE OBSERVATIONAL STUDY of 150 patients with age >15 years of all HIV positive patients with spumut positive or sputum negative TB.
Role of Vitamin D Levels in Pulmonary Tuberculosis
Sanjeev Kumar, Anshuma Badyal
GMC, Kathua

Introduction: An estimated 3/5 population of the world has latent tuberculosis. India accounts for 25% of the world’s cases of tuberculosis. There is epidemiological evidence to support the role of vitamin D in the immune response to tuberculosis. Many immune cells express the vitamin D receptors, including T and B cells, dendritic cells, and macrophages. Vitamin D also exerts its effects on innate immune responses by the promotion of autophagy and the suppression of tissue remodelling and lung matrix breakdown.

Material: This study was conducted on 101 patients of sputum positive pulmonary tuberculosis attending OPD of chest diseases hospital, GMC Jammu, between October to December 2018. Level less < 30 ng/ml was considered hypovitaminosis D.

Observations: Out of the subjects, 76 patients were found to have low serum vitamin D levels, with 68.4% males and 31.6% females. In case of controls, 52 subjects were suffering from hypovitaminosis D with 99.7% males and 40.3% females. This difference between cases and controls was statistically significant.

Conclusions: Poor intake of vitamin D containing food items and decreased sunlight exposure seemed to be primary cause, while our results suggested therapeutic role of vitamin D in the treatment of tuberculosis.

Obesity and Metabolic Disorder
Correlative Study of HbA1c in Non Diabetic NAFLD with Carotid Intimal Medial Thickness and Abdominal Fat Indices
Nikhil Shinde, Mahesh M
JSS Academy of Higher Education and Research

Introduction: NAFLD is an increasingly important area of clinical research. Several studies in literature have looked into cardiovascular risk parameters in Diabetics with NAFLD. However, there is a significant lacuna in our understanding of cardiovascular risk factors in NAF Diabetics. Carotid Intimal Medial Thickness (CIMT) is one of the gold standard methods for estimating atherosclerosis burden. In Diabetics with NAFLD, HbA1c has been found to correlate with CIMT and shown to be useful as an independent risk marker. However, in Non Diabetics with NAFLD, only one study has been carried out in North Indian population and there is presently no study regarding this issue done on South Indian population. Hence this study is being taken up.

Material: Non diabetic NAFLD patients in JSS hospital studied by Non-interventional, Cross-sectional, Hospital based Observational Study 35 subjects of both genders aged between 15-60 years selected with prefixed inclusion and exclusion criteria. Laboratory Investigations: HbA1c and Sonography estimation of CIMT, Liver fat, Visceral and Subcutaneous fat

Observations: Three HbA1c groups correlated with CIMT, Visceral fat and Subcutaneous in Non Diabetic NAFLD patients.

Conclusions: HbA1c significantly and positively correlated with CIMT. Positive relationship between HbA1c and CIMT may reveal association between HbA1c and cardiovascular risk in non-diabetic NAFLD patients.

Environmental Medicine
Behavioral Patterns of Visitors Attending the Respiratory Diseases and Swine Flu OPD in Relation to Droplet Borne Infection: A Prospective Observational Study
Vishwas Galav
Government Medical College Kota

Introduction: Air-borne droplet infection demands strict practices on part of patient and community at large to avoid spread of disease. However behavior of members of community is generally not in accordance with norms. We aim to study the behavioural pattern of visitors attending swine flu OPD while coughing, we conducted a prospective observational study at GMC Kota involving 1100 participants including attending seasonal infections and swine flu OPD.

Material: Patient population comprised of 637 males and 463 females aged more than 10 years. Primary predefined observational outcomes include: 1) Coughing with face covered by a cloth, 2) Coughing with mouth covered by hand, 3) Coughing without covering mouth.

Observations: A large section of study population (n= 927, 94.27%) were not using a cloth or handkerchief to cover their mouth while coughing. Some participants covered their mouth with bare hands while coughing (n=433, 39.36%) while maximum participants did not use any sort of protection while coughing (n=494, 44.9%).

Conclusions: 84.27% visitors were not covering their face with a cloth which is a huge contributor to the spread of fatal infections like swine flu via air-borne route. Health and hygiene education is a simple and cost effective method to prevent such infections.
Quantification and Correlation of Serum Cortisol Levels with Different Parameters of Metabolic Syndrome
Saurabh Gupta, Rajesh Chetival, Priyank Rastogi
ESI PGIMSR Basadapurapur, New Delhi

Introduction: Cushing's syndrome shares many features with metabolic syndrome including insulin resistance, hypertension, obesity and dyslipidemia. It was thus proposed that the pathogenesis of Metabolic Syndrome evolves prolonged and excessive glucocorticoid exposure. We thus evaluate morning serum cortisol levels in these patients.

Material: A cross sectional study including 100 patients in which 50% of metabolic syndrome are thalassemia major subjects and rest healthy controls. Morning cortisol values were measured and compared with those of healthy adults and with different parameters of metabolic syndrome.

Observations: Morning Serum cortisol levels were high in 80% of cases with mean values of 459.44 ng/ml. Impaired fasting glucose levels in 80% of the cases with mean levels of 120.04±22.36 mg/dl. Mean serum HDL levels were 40.25±6.2 mg/dl. Both systolic and diastolic blood pressure was raised in about 38 patients. When comparing the serum cortisol levels with different parameters of MetS it was found that it was positively correlated with both Fasting blood glucose levels and serum HDL levels.

Conclusions: Our report has documented significantly raised plasma cortisol levels in metabolic syndrome patients with positive correlation with fasting glucose and negative with serum HDL levels.It implies possibility of subtle abnormalities of cortisol biosynthesis/metabolism in the pathogenesis of Metabolic Syndrome.

Inulin resistance in transfusion dependent adult beta haemolasia major subjects with metabolic syndrome
Nitaasha Pasricha, Ramesh Aggarwal, Sachin Kumar Jain, Anupam Prakash, Anju Jain
Lady Hardinge Medical College and Associated Hosp

Introdunction: Frequent blood transfusion in beta thalassemia adult patients predisposes them to chronic inflammation and makes them susceptible for developing atherosclerosis. Inulin resistance, diabetes and other endocrine disorders have been found in beta thalassemia major children. However scarce data is available about such problems in adult beta thalassemia major patients. This study was done to find insulin resistance in adult beta thalassemia major patients with and without metabolic syndrome.

Material: Study population included 55 adult beta thalassemia major subjects (Age >18yrs) visiting Adult Thalassemia Day Care Centre (TDDC) at Lady Hardinge Medical College, New Delhi. Serum insulin and ferritin levels were measured.

Observations: 63.63%(n=35) subjects had HOMA-IR <2.24, 27.27%(n=15) had HOMA-IR between 2.24-3.59 and 9.09%(n=5) had HOMA-IR >3.59. Mean HOMA-IR in 9 patients having metabolic syndrome was 2.92±0.49 as compared to the patients not having metabolic syndrome 2.07±1.75.

Conclusions: This is the first study in the country which has found an increase in intracellular insulin resistance and metabolic syndrome in adult beta thalassemia major patients. The presence of insulin resistance in this study may be due to beta thalassemia adult patients may be predisposed to metabolic diseases like diabetes, dyslipidemia and metabolic syndrome.

A Case of Massive Splenomegaly
Akila, Bagalakshmi
Madurai Medical College

Introduction: Splenomegaly is one of the most common clinical findings with extensive differential diagnosis. 30% of patients have no identifiable underlying pathology. Overlap features may necessitate dependance on laboratory investigations for arriving at a diagnosis. Laboratory reports have to be interpreted prudently.

Clinical and Biochemical Profile of Scrub Typhus: A Re-Emerging Infection in Western Odisha
Gayathri C, MK Mohapatra
VSSM SAR, Burla

Introduction: Scrub typhus is caused by the obligate intracellular rickettsial pathogen Orientia tsutsugamushi, transmitted by the bite of chiggers of trombiculid mite. Reports of scrub typhus were rare for several decades, but currently a clear emergence has been documented from western parts of Odisha. This resurgence may be attributed to unplanned urbanisation and deforestation leading to displacement of rodents.

Material: This was a hospital based observational (cross sectional) study, in which patients with fever admitted in the medicine wards of VSSM SAR, Burla (during the period of October 2018 to September 2019), diagnosed with scrub typhus by IgM rapid slide test, confirmed by IgM ELISA were selected by non probability convenience sampling. Presenting symptoms were noted. Thorough physical examination with monitoring of vital signs was carried out and all routine investigations were done and evaluated till diagnosis from hospital.

Observations: 100 patients were diagnosed with scrub typhus with incidence during wet season from July to October. Presenting symptoms were intermittent type of fever (100%), of 5-10 days duration, headache (55%), myalgia (42%), vomiting (41%), abdominal pain (31%), oliguria (25%), jaundice (25%), loose stool (16%), cough with shortness of breath (16%), chest pain (11%), altered sensorium (21%) and seizure (7%), upper GI bleed (2%), hematuria and palpitation (1%). On examination, 26% had eschar, most common sites abdomen (35%), leg (19%), axilla (15%), beneath breasts (12%), trunk (12%) and neck (8%). 32% were in shock. 44% pallor, 27% icterus, 18% material pitting pedal edema, 15% skin swelling, clubbing, nodular enlargement of cervical (50%), inguinal (33%) and axillary (16%). Systemic manifestations were ARDS (28%), hepatic encephalopathy, jaundice (11%) of fever. Renal injury is(6%) with 2 patients showing obstructive hydrocephalus, pleural effusion (5%), congestive cardiac failure (4%), ascites (4%), myocarditis (1%) and cerebellitis (1%). Among 20% patients with multiorgan dysfunction at admission, 7 patients(35%) expired. Laboratory investigations showed microcytic hypochromic anaemia (65%), leucocytosis (32%), leucopenia (32%), thrombocytopenia (32%), raised ESR (30%), deranged LFT (99%) with direct hyperbilirubinemia and elevated enzymes (208-600 IU/L), deranged renal function test (38%).

Conclusions: Scrub typhus is an important cause of fever in western Odisha during monsoon. Common complications include MODS, multiorgan failure, kidney injury with hepatopathy, ARDS, menigitis and meningoenecphalitis, myocarditis, cerebellitis. Scrub typhus can be fatal if treatment is delayed.

Tropical Medicine

Co-Existent Tropical Infection: An Analytical Study
MM Mewada, ME Yedekar, S Hare
KJ Somaiya Medical College and Hospital, Ayurvedhar, Sion, Mumbai

Introduction: Infections in the tropical and subtropical regions of the world are common. Co-existent tropical infections may pose a challenge in diagnosis and treatment. A clinician has to be on guard to avoid missing co-existent infections. Overlap features may necessitate dependance on laboratory investigations for arriving at a diagnosis. Laboratory reports have to be interpreted prudently.

Material: A prospective study was done over a period of one year from 21 August to 2019 August at a medical college in Mumbai.

Observations: Ten patients were found to have coexistent tropical infections. None required ICU admission. Age ranged from 18 to 81 years. Hospital stay was longer in elderly. Commonest coinfection was dengue plus enteric fever. One patient had a triple infection with dengue, meningitis and scrub typhus. One case of mixed malaria with vivax and ovale was also recorded. A ‘syndromic approach’ to diagnosis and treatment of crtical tropical infections is recommended. Division into five major clinical syndromes namely undifferentiated fever, fever with rash /thrombocytopenia, fever with acute respiratory distress syndrome (ARDS), fever with encephalopathy and fever with multi organ dysfunction syndrome is followed.

Conclusions: In a2 bedridden healthcare setting, a clinician has to be on guard to avoid missing co-existent infections. Overlap features may necessitate dependance on laboratory investigations for arriving at a diagnosis. Laboratory reports have to be interpreted prudently.
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Study of electrolytes in patients of Dengue in a tertiary care hospital in India

Prakash Ram Rweli, Redkar NN, Garg D
HBT Medical College, Mumbai

Introduction: Dengue is a mosquito borne viral infection. During 2017-2018, India had 1,53,635 cases of dengue with 226 deaths. Electrolyte disturbances in dengue infection are hypokalaemia, hypochloremia and hyperglycemia. Considering the serious nature of electrolyte dysregulations and high incidence of dengue, it is necessary to have a thorough understanding about electrolyte disturbances in Dengue so as to predict, diagnose and treat them accordingly.

Material: This study was performed in a tertiary care centre in Mumbai. The study was a prospective observational study. This was carried out in collaboration with Dengue were enrolled for the study. Patients’ demographic data, clinical history, examination findings and investigations including electrolytes were recorded.

Observations: Hypernatremia (45.33%) and Hypokalaemia (10.60%) were more common. Hypochloremia (6.66%) was seen slightly more. Fever was present in 98.66%, headache in 86.66%, vomiting in 56%, joint pain in 69%, lethargy in 70.66%, breathlessness in 36%, bleeding in 8.66%, abdominal pain in 18.85% had low platelet count, 36.66% had leucopenia. Haematocrit was found to be less in 27.33% and high in 1.33%.

Conclusions: From the above results we concluded that there was a need to have a degree of suspicion about dyselektrolytiasis while managing patients with Dengue. Also, necessary investigations need to be done early during management so that if abnormalities are found, they can be promptly managed as may lead to increased severity as well as mortality.

Clinical, Hematological and Coagulation Profile in Malaria

Manvitha G, Dilip M Rampure, Md Zeeshan Tanveer
MNR Medical College and Hospital

Introduction: Malaria is a major health problem in many parts of India. Several factors have been attributed to increased morbidity and mortality in malaria with altered hematological and coagulation parameters playing an important role.

Material: 100 patients of malaria confirmed by peripheral smear, malaria parasitological buoy count or Antigen assay underwent detailed clinical history, thorough physical examination and investigated with hematological and coagulation parameters are taken in this study. Duration of this study – 6 months.

Observations: Of the 100 patients, 17 patients had severe anemia (Hb <6g/m%). All of these patients were falciparum cases. Thrombocytopenia was observed in 60% of the patients and severe thrombocytopenia (<50,000 c/mm) was seen in 5% of the patients. PT and aPTT was increased in 22% and 11% of the cases respectively. Bleeding time was increased in 5% of the cases.2 patients in the study expired.

Conclusions: Severe anemia is a poor prognostic factor and has adverse outcome. Thrombocytopenia, increased PT, aPTT does not have any correlation to mortality. Increased bleeding time is associated with high mortality. Mixed infection behaves like falciparum malaria.

Snake Bite Envenomation North Kerala Experience

KG Sajeeth Kumar, Danish E, Akhil K
Dept. of Medicine, Govt. Medical College, Kozhikode, Kerala

Introduction: Snake bite is a common medical emergency presenting to emergency department in hospitals of north Kerala and causes significant morbidity and mortality.

Aim: To describe clinical profile of patients presenting with snake bite.

Material: This is a retrospective study of patients who were admitted in the hospital with snake bite from January 2017 to December 2018. Relevant data was analysed by using SPSS.

Observations: 328 cases were admitted with snake bite of which 73% were males. Majority were in the age group 45-55. Snake was identified in 150 cases (45.7%). Among the identified snakes, Pit viper constituted the majority (46.67%) followed by Russell’s viper (22%), saw scale viper (16%), krait (11.3%) and cobra (4%). Common clinical manifestation was local reaction in 257 cases (78.4%). Coagulopathy occurred in 128 cases (39%). In those with coagulopathy only 91.2% had active bleeding. Renal failure occurred in 52 cases (15.9%) of which 18 required hemodialysis. Capillary leak observed in 16 patients and 6 cases out of 10 died (60%). Total mortality was 11 out of 328 cases (3.35%) and capillary leak syndrome constituted 37.5% of total mortality.

Conclusions: Most common complications in our study were local reaction, coagulopathy and renal failure. Capillary leak syndrome observed exclusively in Russell’s viper bite cases which contributed to bulk of mortality. Because apart from AVS, hemorrhage and shock, renal insufficiency remains effective treatment modality for the same.

Critical Care Medicine

Extraverte Myelosinesis: A Rare Presentation of Hypopituitarism

Rahul Shukla, Abhay Kumar
All India Institute of Medical Sciences, Patna

Introduction: Hypopituitarism is a rare case of recurrent hypoglycaemia in a non-diabetic female with hypothyroidism along with low serum cortisol level. She was given proper supplementation along with 3% NaCl and dextrose containing fluid, but her speech didn’t improved much. Her MRI brain showed extrapontine myelinosisis along with empty sella. She was treated symptomatically.

Conclusions: Delay in diagnosis of hypopituitarism may lead to severe morbidity of the patient.

A Comparative study of quick-SOFA score and serum lactate levels with SOFA score for predicting the clinical outcome in patients with sepsis

Nivedita Balasabesh Patil, SK Jotkar
Dr DY Patil Hospital Kolhapur

Introduction: We aimed to determine a comparison between the existing Sequential Organ Failure Assessment (SOFA) and Quick Sequential Organ Failure Assessment score (quick SOFA) in addition to serum lactate levels when applied to sepsis patients in the intensive care unit for prediction of clinical outcome.

Material: 1 year prospective study was carried out in which patients with sepsis aged 18 years or older were included. SOFA score, qSOFA score and lactate levels were determined within first 24 hours. The primary clinical outcome was in-hospital mortality.

Observations: There were total 40 patients, in which 55% (n=22) were males and 45% (n=18) females. Mean duration of hospitalization was 12.54 ± 9.40 days. Hospital stay was prolonged with increased serum lactate, SOFA score and qSOFA score levels. Cutoff value for lactate was 2.45 mmol/L in our ROC analyses. Predictive value of qSOFA-serum lactate for mortality was significantly higher than SOFA score (p < 0.001).

Conclusions: Higher the serum lactate levels higher is the mortality in patients with sepsis. qSOFA - Lactate scores perform better than SOFA alone in identifying clinical outcome in patients with sepsis to ICU of tertiary care hospital.

A Prospective, Observational, Clinical Study of Acute Non-Cardi ovascular Illnesses in Patients Admitted in the ICU having a Cardiac Illness and their Outcomes

Aitha Raghaveni, Shirisha
Aitha Raghaveni, Shirisha
Gandhi Medical College

Introduction: To evaluate the incidence, motor subtypes, risk factors, and clinical outcome of delirium in the acute medical care units the study is intended.

Material: This is a cross sectional study done on admissions in acute medical care unit of a tertiary care teaching hospital in Telangana during the month of August 2019. The Confusion Assessment Method-ICU and Richmond Agitation Sedation Scale were used to diagnose and monitor early recognition of delirium.

Conclusions: Hospital acquired delirium increase morbidity of hospitalized patients, but not mortality. The study findings can be utilized for the prevention of hospital-acquired infections in our setting.

A Study on Delirium in Acute Medical Care Unit at Tertiary Care Hospital

Atisha Raghaveni, Shirisha
Gandhi Medical College

Introduction: A hospital based observational study was conducted in a tertiary care hospital in Mumbai. A total of 100 patients admitted in the ICU having an underlying cardiac condition were included in the study. Association was sought between primary illness, underlying cardiac illness, associated co-morbidities with ICU stay, hospital stay and mortality.

Observations: Most common acute non-cardiovascular illness in our study cohort was Acute Respiratory Failure followed by Acute Kidney Injury (15.5%). Stroke (11%) & Shock (10%). Most common underlying cardiac illness was ischemic heart disease (53.5%) & heart failure (33.5%). Most common associated co-morbidities were hypertension (75%), dyslipidemia (75%). Mean duration of ICU stay was more in cases with shock & stroke. Mean duration of hospital stay was more in cases with shock, urosepsis and stroke.

Conclusions: The study data suggest that cardiac patients with certain non-cardiac illnesses and comorbidities tended to experience high in-hospital death rates as compared to others. The study may create the basis for the development of screening programs as well as a new series of risk factors for ICU admission, the severity of illness, length of ICU stay, presence of risk factors, and survival status.

Hospital-acquired infections in the intensive care unit: incidence, risk factors and outcome in a tertiary teaching hospital, Kadapa

Joel Jacob, S Chandrababu, Arjun Kumar Avvaru
Rayalaseema Medical Sciences, Govt. General Hospital, Kadapa, Andhra Pradesh

Introduction: There is a serious concern regarding the increased morbidity and mortality associated with hospital-acquired infections.

Material: A prospective observational study was conducted in a 30 bedded medical ICU. The study group comprises of 542 patients admitted for more than 48 hours in the ICU. Data collected regarding primary reason for ICU admission, the severity of illness, length of ICU stay, presence of risk factors, and survival status.

Observations: The hospital-acquired infection rate was 14.92%. Pneumonia was the most frequent infection, followed by urinary tract infections. Length of ICU stay, prior antibiotic therapy, urinary catheterization were found to be statistically significant risk factors associated with hospital-acquired infection. Hospital-acquired infections result in a considerable increase in the length of ICU and hospital stay.

Conclusions: Hospital-acquired infection increase morbidity of hospitalized patients, but not mortality. The study findings can be utilized for the prevention of hospital-acquired infections in our setting.
Early Versus Delayed Initiation of Renal Replacement Therapy in Septic Shock Patients with Acute Kidney Injury

Rishabh Kumar Kushwaha, SL Srivastava, RK Thakur, Rashmi Arora
Tata Motors Hospital

Introduction: Acute kidney injury is the most frequent complication in patients with septic shock and is an independent risk factor for death. It complicates more than 50% of patients through renal replacement therapy (RRT) in the absence of the standard of care for severe acute kidney injury, the ideal time for RRT initiation remains controversial.

Material: All the patients admitted to the ICU during the study period (September 2019 to December 2019) with septic shock who have severe acute kidney injury at the failure stage are enrolled. To avoid missed diagnosis of kidney disease (RIFLE) criteria will be included in this study. The study population will be randomly divided into two groups - first who receive RRT either within 24 hours after documentation of failure-stage acute kidney injury (early strategy) or second who receive RRT after a delay of 48 hours if renal recovery had not occurred (delayed strategy). The primary outcome will be taken as resolution of AKI or death during the hospital stay.

Observations: Will be discussed at the time of presentation.

Conclusions: Will be discussed at the time of presentation.

Comparison of Capillary Blood Glucose Versus Arterial Blood Glucose in Diabetic Patients Admitted in ICU on Vapopressor-support

Kopal Gupta, Krishna CS, Pournima Patil
Jawaharlal Nehru Medical College, Belagavi, Karnataka

Introduction: Objective-compare capillary versus arterial blood-glucose-meter measurements was compared with central-laboratory arterial-blood-glucose measurements. Accuracy of both samples v/s standard lab method was evaluated according to intra-class correlation coefficient, on basis of International Organization for Standardization. Clarke’s error grid analysis, 81.4% and 90.4% of arterial POCT values v/s standard lab values were within Zone A and rest zone B indicating none of the values led to erroneous treatment.

Conclusions: Arterial point-of-care testing values had slightly better agreement which could be deemed negligible. Both values were inaccurate according to ISO standards although they had reasonably good correlation with standard lab-values. As per our study there’s no significant variation between arterial and capillary point-of-care testing. Considering arterial more invasive, capillary method stands as a reasonable option.

Association of serum bicarbonate level in predicting short term mortality in patients presenting with shock

Ramanand Modak, SL Srivastava, RK Thakur, Rashmi Anand
Tata Motors Hospital

Introduction: Shock is the most feared complication in patients admitted to ICU. It accounts to 50% admission in critically ill patients. Prognostic accuracy of SOFA score, SIRS criteria, MEWS, NEWS and SOFA scores have in hospital mortality among critically ill medical patients with sepsis.

Material: All the patients admitted to the ICU during the study period (September 2019 to December 2019) with symptoms suggestive of shock will be included in the study.2D echo,Brain natriuretic peptide(BNP),Blood gas blood urea creatinine,glucose count,platelet,lactate, ESR, CRP will be measured in the study subjects and will be compared with the normal range.

Observations: Will be discussed at the time of presentation.

Conclusions: Will be discussed at the time of presentation.

0.9% Saline v/s Ringer’s Lactate for fluid resuscitation in adult sepsis patients in emergency medical services: An open label Randomized Controlled trial

Susheel Kumar, Rithvik Golla, Ashish Bhalla, Navneet Sharma, Shashidhar Sahu
Postgraduate Institute of Medical Education and Research, Chandigarh

Introduction: Intravenous crystalloid solutions are frequently used during resuscitation of patients with sepsis. There is controversy whether type of crystalloid used affects the patient’s outcome.

Material: This randomized controlled trial was conducted in the emergency medical services of a tertiary care center. 160 adult medical patients with admission diagnosis of sepsis were randomly assigned to 0.9% saline (NS group) or ringer’s lactate (RL group). Incidence of hyperchloremia at 24 hours from the time of randomization in patients receiving either NS or RL for fluid resuscitation was calculated. Incidence of acute kidney injury (AKI) at 24, 48 hours, during their hospital stay and hospital mortality was compared between groups.

Observations: Baseline demographic data, severity scores, vital and laboratory parameters were evenly matched in both groups. Mean baseline value for serum chloridere was 105.8±6.7 mmol/L in NS group and 100.8±6.4 mmol/L in RL group. Incidence of hyperchloremia at 24 hours in NS group was 75% while 48.8% in RL group (p<0.001). Incidence of AKI was significantly higher in NS group at 24 and 48 hours post randomisation (p=0.020 & 0.039) but no difference was found when observation period spanned the entire hospital stay. Twenty three (28.8%) patients in NS group and 7 (15.6%) patients in the RL group dying to the NS group had hospital mortality. There was no statistically significant difference in hospital mortality.

Conclusions: We observed significantly higher incidence of hyperchloremia and AKI in 0.9% saline group initially. But no difference was found in hospital mortality between two groups.

A Hospital Based Prospective Study of Clinico- Etiological Profile and Prognostic Indicators in Critically Ill Patients who Develop Acute Respiratory Distress Syndrome

Lavina Chandwani, Raman Sharma, Mukesh Mahala
S.M.S. Hospital

Introduction: ARDS, a syndrome with rapid onset dyspnoea, hypoxemia and pulmonary inﬁbitations leading to respiratory failure is one of the leading causes of ICU mortality. Knowledge about its clinico-etiological-prognostic profile could help in its prevention and decrease mortality in critically ill patients.

Material: 100 patients satisfying Berlin definition of ARDS were analysed by evaluating their etiological, radiological, biochemical, microbiological and clinical proﬁles in this prospective type of observational study.

Observations: 64% cases were males. Maximum mortality (70%) was seen in older age groups (>60 years). (37%) patients had chronic lung disease. ARDS associated with chronic lung disease was more common. Severity of ARDS (0.26) and sepsis (0.33) were the important prognostic factor in adult trauma patients. Septic shock patients usually have increased gut permeability and ileus, together with many other risk factors for IAH.

Material: This prospective observational study was conducted in emergency medical services of a tertiary care center. Fifty critically ill adult medical patients admitted for more than 24 hr with admission diagnosis of sepsis were included. IAP was measured through the patient’s indwelling Foley urinary bladder catheter, according to the modified Kron technique. IAP was measured at every 8 hrs for first 24 hours of stay in emergency medical services.

Observations: The mean baseline IAP of study cohort was 10.12 ± 5.56 mmHg. Considering IAP mean, the prevalence of IAH was 50 %. While consistency of IAH was greater than 50%, IAP mean, the prevalence of IAH was 40 %. Patients with IAH (both Max and Mean) had significantly higher mean blood urea and serum creatinine levels. Intensive level care medical service presentation and after 24 hours of admission as well as the SOFA score at discharge was observed to be higher in non-survivors with patients with IAH. Non-survivors had significantly higher values of IAP as compared to survivors (13.89 ± 9.28 vs 8.36 ± 5.56 mm Hg; p-value=0.043).

Conclusions: High first day prevalence of IAH was noted in critically ill medical patients with septic shock. IAH was associated with increased in-hospital morbidity and mortality.

Prognostic accuracy of SOFA score, SIRS criteria, NEWS and MEWS scores for in-hospital mortality among adults admitted to ICU with suspected sepsis

Amita R Gole, SL Srivastava, Neeraj
Tata Motors Hospital

Introduction: Various scores have been devised till date to predict the poor outcomes in patients with sepsis. Yet there is no clear-cut consensus as to which score is the best. The project aims to compare the prognostic accuracy of the above mentioned SIRS criteria, NEWS, and MEWS scores for in hospital mortality among adults admitted to ICU with suspected sepsis.

Material: 97 adults admitted to ICU of a secondary care medical hospital, with suspected sepsis were included in study. SOFA, NEWS, SIRS and MEWS scores of all patients was calculated within 24 hours of ICU admission, and followed till discharge or death. IAP was measured using bladder catheter. Data was analysed using SPSS IBM version 21.0.

Observations: MEWS, NEWS and SOFA scores have good discriminatory capacity whereas SIRS has poor prognostic accuracy for predicting mortality in adults admitted to ICU with suspected sepsis.NEWS, SOFA and SIRS are significantly associated with increase in the length of ICU stay, whereas association of MEWS with length of ICU stay was not significant.

Conclusions: Among MEWS, NEWS, SIRS and SOFA scores, MEWS has the best prognostic accuracy for predicting in-hospital mortality in ICU setup, followed by NEWS and SOFA. In ICU setting, SIRS may have limited utility for predicting in-hospital mortality.
Conclusions: H1N1 influenza, bacterial pneumonia and sepsis are major factors associated with ARDS in Indian perspective. Old age, associated co-morbidities, decreased PaO2/FiO2 ratio, high SOFA score, hypotension, metabolic acidosis, abnormal liver function tests, and teaching zones in chest X-ray report failure and need for mechanical ventilation are individual predictors of mortality. Early recognition, prompt treatment of sepsis and routine use of lung protective ventilator strategy may help in reducing mortality in ARDS.

A study on Association of cardiac biomarkers and echocardiographically determined myocardial dysfunction in patients with sepsis in Dr. BRAM Hospital, Raipur

Nemesh Kumar Sahu, RK Patel
Pt.I.N.M. Medical college Raipur

Introduction: Sepsis is a systemic host response to infection resulting in other complications like severe sepsis and septic shock. Sepsis is usually associated with transient myocardial dysfunction which can be detected early by serum level of cardiac biomarkers, troponin T, creatine phosphokinase MB and NT pro brain natriuretic peptide (NT ProBNP) in patients with sepsis. We have studied myocardial dysfunction with echocardiography and correlate with biomarkers to assess severity of sepsis.

Material: cardiac biomarkers and echocardiography in sepsis patients.

Observations: There were 96 patients of sepsis. The means of the three biomarkers, namely Troponin T, CKP MB and NT proBNP were significantly elevated in patients with sepsis- mean values of 30.12 pg/ml, 8.13±1.7 ng/ml and 4285.3±6.28 pg/ml respectively. Myocardial dysfunction was observed in 43 cases. There were 31 patients who didn’t survive. NT proBNP has been observed to have strong association with severe sepsis and higher mortality. Troponin T and CKP MB has better correlation with biomarkers to assess severity of sepsis.

Conclusions: We conclude that myocardial dysfunction using echocardiography is seen in around half of the patients with sepsis. Cardiac biomarkers can be used as early measure for assessment of the severity of sepsis.

Hypomagnesemia in Critically Ill Medical Patients - A Prognostic Indicator

Manviha G, Dilgi M Rampure, Srilekha Bandarupalli
MNR Medical College and Hospital

Introduction: Hypomagnesemia is most common underdiagnosed electrolyte abnormality in critically ill patients.It has been estimated that 20 to 65% of critically ill patients develop hypomagnesemia during the course of their ICU stay.

Material: This present study is a prospective observational study (case control type) to know the effects of hypomagnesemia in critically ill patients. Sample size was 100 (50 cases,50 controls) ICU patients are taken in this study.Duration of the study is 1year(2018-2019).

Observations: In this study,we found that,in the case group, the mean APACHE score was higher (11.64 vs 9.5) p value=0.174,mean range of stay in ICU was longer (5.8 days vs 4.96) p value=0.325,need for invasive ventilator support was higher(44% vs 24%) p value=0.036,duration of ventilator support was longer(10 days vs 3 days) p value=0.004,associated hypokalemia was higher (20% vs 10%) p value=0.015,associated hypocalcemia was higher(10% vs 6%) p value=0.466 and higher mortality rates were seen in cases(26% vs 0.08%) p value=0.022.

Conclusions: Hypomagnesemia has a higher prevalence in critically ill patients. Patients with hypomagnesemia have a higher APACHE score at admission,have higher associated electrolyte disturbances(hypokalemia,hypocalcemia),have a longer stay in ICU,longer duration of ventilator support and higher mortality rates.So hypomagnesemia is an important prognostic indicator in critically ill patients.

Serum free Cortisol Levels and Mortality in Severe Sepsis at Teritary Care Center Northern Western, Rajasthan

Dhiraj Saini, Monika, RP Aggarwal
SP medical college Bikaner

Introduction: Increased cortisol results in increased vascular tone and tissue output. These effects are necessary for the body to counteract inflammation in situations, such as septic shock, where the inflammatory response is activated rapidly.

Material: Hospital based cross sectional study conducted on 50 cases admitted in Medical intensive care unit of SMPC and associated group of Hospital, Bikaner on sepsis and septic shock were taken as per WHO criteria.

Observations: Mean serum cortisol level in survivors was 165.37±48.20 and in non survivors it was 489.33±68.79 and on applying student’s t test, the difference was found statistically highly significant (p<0.001).

Conclusions: Increased serum free cortisol was associated with high mortality.

Study of Blood Urea Nitrogen to Serum Albumin Ratio and Serum Albumin Alone in Hospitalized Patients of Community Acquired Pneumonia

Balajji Viswanatha Shetty, Sanjay V Kulkarni, Shivandh S Nutchi
Ramiah Medical College

Introduction: Community acquired pneumonia is an important cause of morbidity and mortality worldwide. CURB – 65 and PSI are the most frequently used scoring scales to assess disease severity. Patients with low serum albumin levels had poor outcome in CAP and those who had higher levels of BUN and lower albumin levels had higher mortality rates. The aim of the study was to evaluate the role of albumin and BUN/Albumin ratio in the prediction of development of complications,severity of disease, need of ICU and one-month mortality.

Material: We have taken 115 patients who were above 18 yrs diagnosed to have community acquired pneumonia and measured complete blood count, serum albumin, BUN and calculated BUN/Album ratio, CURB-65 and PSI.

Observations: Patients who needed ICU admission had a higher BUN/Album ratio(p<0.01) and higher mortality rate(p<0.001). Patients who were admitted to ICU had higher CURB 65 and PSI scores and low albumin. The cut-off level of BUN/Album in prediction of ICU need was found to be 5.78 (sensitivity of 89.1% and specificity of 67.7%).

Conclusions: CAP patients with higher BUN/Albumin ratio are under higher risk for the need of ICU admission. Low serum albumin levels may predict need for ICU and severity in pneumonia.

To Study Prognostic Significance of Microalbuminuria as a Biomarker in Early Sepsis

Manjunath M, Vinay Yelli
JJM Medical College

Introduction: Sepsis is a major global health care concern. There is loss of barrier integrity leading to systemic capillary leaks in sepsis. This is manifested in renal glomeruli as increased albumin in urine. Many researchers have shown that increased albumin in urine is an early marker of sepsis and routine use of lung protective ventilator is not necessary for the body to counteract inflammation in situations, such as septic shock, where the inflammatory response is activated rapidly.

Material: This present study is a prospective observational study (case control type) to know the effects of dyspepsia on the outcome of patients with dyspeptic symptoms. Sample size was 18 yrs diagnosed to have community acquired pneumonia and measured complete blood count, serum albumin, BUN and calculated BUN/Album ratio, CURB-65 and PSI.

Observations: Patients who needed ICU admission had a higher BUN/Album ratio(p<0.01) and higher mortality rate(p<0.001). Patients who were admitted to ICU had higher CURB 65 and PSI scores and low albumin. The cut-off level of BUN/Album in prediction of ICU need was found to be 5.78 (sensitivity of 89.1% and specificity of 67.7%).

Conclusions: CAP patients with higher BUN/Albumin ratio are under higher risk for the need of ICU admission. Low serum albumin levels may predict need for ICU and severity in pneumonia.

Gastroenterology

Red cell distribution width(RDW) to platelet ratio (RPR): A novel marker in early prediction of severity of Acute Pancreatitis

Sidharth Arora, Shubhransu Patro, Preetam Nath, Sidharth Arora
Kalinga Institute of Medical Sciences

Introduction: Acute pancreatitis(AP) is an inflammatory disease of pancreas with severity ranging from mild, moderate/severe as per the Revised Atlanta Classification, 2012. As the mortality ranges from 76% patients survived with mean stay of 6.96ydays. Microalbuminuria was present in 46 patients. Median ACR(230.3) and ACR2(431) were significantly increased in non survivers compared to survivor group.

Observations: 76% patients survived with mean stay of 6.96days. Microalbuminuria was present in 46 patients. Median ACR(230.3) and ACR2(431) were significantly increased in non survivers compared to survivor group.

Conclusions: Urinary ACR is a simple test which can be used as biomarker of sepsis. It can also be used as mortality predictor and prognostic indicator in sepsis.

Endoscopy in Patients with Dyspeptic Symptoms in a Tertiary Hospital

Radhia Wajapey M
Rajarajessari Medical College and Hospital, Bangalore

Introduction: Dyspepsia is possibly the most common gastrointestinal symptom and complaint and is a diagnostic challenge. We aimed to study the endoscopic profiles of patients presenting with dyspeptic symptoms.

Observations: There was significant association between Upper dyspepsia and symptoms of Weight loss, Vomiting, Malena. Epigastric tenderness was found to be more commonly associated with Ulcer dyspepsia. Also, a significant association was found between positive Rapid Urease Test and Ulcer dyspepsia.

Conclusions: These findings might help with a judicious and justified use of Endoscopy in patients with dyspepsia.

Study of Correlation between Carotid IntimalThickness and Insulin Resistance in Patients with NAFLD

Sushmitha P, Rekha NH
Rajarajessari Medical College and Hospital

Introduction: Nonalcoholic fatty liver disease (NAFLD) is one of the most common chronic liver disorders worldwide. It covers a wide range of liver changes, ranging from simple steatosis to cirrhosis. Insulin resistance has been recognized as an independent risk factor in the development of NAFLD. Increased Carotid Intimal Thickeness (CIMT) is considered as useful marker of atherosclerosis.

Material: Patients with evidence of fatty liver on USG abdomen, Non alcoholic patients with diabetes and obesity were considered in the study. An detailed anthropometric assessment was done,where BMI and waist to hip ratio were considered in the study. An detailed anthropometric assessment was done,where BMI and waist to hip ratio were calculated. An ultrasound abdomen was done to assess fatty infiltration in the liver parenchyma. Biochemical investigations like: a fasting blood glucose,fasting lipid profile,serum fasting insulin level were used. Insulin resistance was calculated using the HOMA-IR formula. The CIMT was measured using B mode ultrasound.

Observations: 30% out of 50 NAFLD patients were found to have increased IR, majority of which had increased CIMT. 30 subjects were age and sex without NAFLD,had no raised IR or CIMT. All NAFLD patients must be screened for IR and CIMT to detect sub clinical atherosclerosis.
A Study of Pulmonary Hypertension in Patients with Cirrhosis of Liver and Portal Hypertension
Anurag Durairaj, KG Prakash
Bangalore Medical College and Research Institute

Introduction: Portopulmonary hypertension is a well known complication of liver cirrhosis. This study aims to find the frequency of pulmonary hypertension in patients with cirrhosis of liver and portal hypertension and to determine the association between severity of cirrhosis using Child Pugh CTCP classification and frequency of pulmonary hypertension (PAH).

Material: This cross sectional study was conducted on 170 patients with cirrhosis of liver and portal hypertension, diagnosed by ultrasonography and esophagogastroduodenoscopy. Echocardiography was done. A pulmonary arterial systolic pressure of more than 40mm Hg was taken as PAH. Data was analysed using SPSS version 21.0 by descriptive statistics and Chi square test.

Observations: Of the 170 patients studied, most were 31-40 years (30.8%), 88.7% were males. The maximum number belonged to CTP B. 6.6% of the study population had PAH, of which the majority belonged to CTP C. There was no statistical correlation between severity of cirrhosis and PAH (p = 0.25). Females had increased incidence of PAH and was statistically significant (p=0.00).

Conclusions: Based on the findings of this study, there is a need for screening all patients with portal hypertension for PAH. As several studies have shown mortality benefit with early treatment and intervention for PAH

Insulin Resistance, Dyslipidemia and Glycemic Abnormalities in Nonalcoholic Fatty Liver Disease
Qureshi SK Imran, Rajendra Mane
Dr DP Patil Medical College, Kolhapur

Introduction: Nonalcoholic fatty liver disease (NAFLD) refers to a condition where there is excess fat accumulation in the form of triglycerides in liver. The hallmark of NAFLD is Insulin Resistance. The prevalence of NAFLD is much higher in patients with type 2 diabetes.

Material: This was a cross sectional study done on 40 non-diabetic individuals with age >18 years of both genders with fatty liver on USG as incidental finding and with low alcohol consumption. Glycemic profile, lipid profile and fasting insulin levels were tested.

Observations: To study glycemic and lipid parameters in subjects with Nondiabetic NAFLD. 2) To calculate insulin resistance using the HOMA-IR index in non diabetic patients with NAFLD.57.7% (23 out of 40) of NAFLD patients had hyperglycemia. Age (odds ratio (OR) = 1.27, 95%, CI: 1.13-1.42), body mass index (OR = 1.33, 95% CI: 1.21-1.35), and higher low-density lipoprotein cholesterol (HDL-C) (OR = 0.86, 95% CI: 0.80–0.92) proved to be risk factors for hyperglycemia. Insulin resistance (HOMA-IR values) was independently associated with NAFLD in non-diabetic patients.

Conclusions: There is presence and degree of insulin resistance with increased level of cholesterol and glycemic effects in non-diabetic patients with NAFLD.

Use and Inappropriate Use of Proton Pump Inhibitors in Hospitalized Patients
Praun Bhaskar, Yadvendra Gupta
Sms Medical College and Hospital, Jaipur

Introduction: The discovery of H. Pylori infection in 1982 has been the milestones in medical science. PPI have became the most common medication prescribed. The main indication for appropriate PPI use was stress ulcer prophylaxis, again in dengue cases (due to cardinal manifestation of thrombocytopenia).

Conclusions: Almost all patients were once prescribed PPI after admission. The majority (97.5%) were administered PPI (99.2%). Thus, we recommend evidence-based prescription of PPI to reduce side effects and excess cost.

Hepatic artery aneurysm: A rare cause for Upper GI bleed
Tarun Jain, MK Agarwal
S.M.S. Medical College and Hospital

Introduction: Pseudo aneurysm usually occurs after vascular injuries, trauma, inflammation like pancreatitis and associated with high morbidity and mortality. Presenting features include abdominal pain, mass, signs of hypovolaemia after rupture.

Material: Case Report: 42 yr old male non alcoholic, non smoker presented with pain abdomen, hematemia, malena, fever and jaundice without any v/h chronic illness. On examination, vital stable, icterus present, systemic examination unremarkable. Investigation- UGI endoscopy - normal, USG abdomen s/o hepatic artery aneurysm (HAA), dilatation of portal vein and CBD. In view of cholangitis, patient underwent endoscopic retrograde cholangiopancreatography (ERCP), blood was observed ooze from ampulla, 7 F DPT stent placed into CBD. Cholangitis subsided, after 3 days EUS guided thrombin injection in HAA. Within 7 days bilirubin became normal.

Observations: Discussion: HAA are often asymptomatic, which makes diagnosis difficult and when complicated by gastrointestinal hemorrhage, mortality is high. Standard modality of pseudoeuerysm is Digital subtraction angiography(DSA) and subsequent coil embolization. EUS-guided thrombin injection is a new option for management of pseudoeuerysm.

Conclusions: HAAs are rare but clinically important phenomenon. Natural history of HAA is poorly understood, however mortality following spontaneous rupture is as high as 40%. Hence, early diagnosis is essential.

A Correlative Study to Predict Esophageal Varices Grading with Platelet Count to Splenic Diameter Ratio in Patients of Liver Cirrhosis
Praduman Mall, Vivek Kumar, Anikta Singh
King George’s Medical University, Lucknow

Introduction: Liver cirrhosis is the major cause of death globally, with increasing mortality rates worldwide. Esophaging as a screening modality for esophageal varices is becoming difficult because of its invasiveness and cost. This study aims to determine the diagnostic accuracy of simple and noninvasive markers in detecting esophageal varices.

Material: It is a cross-sectional study conducted over one year with 136 cirrhotic patients considering four variables: Functional Defecatory Disorder [FDD] abdominal diameter, splenic diameter and ratio of platelet count to splenic diameter ratio (PC/SD). Patients were stratified using their Child-Pugh score.

Conclusions: This study has shown that PC/SD ratio is the most reliable indicator of the presence of varices. The platelet count and splenic vein diameter were also good indicators. The portal vein diameter was not a good predictor for esophageal varices.

Performance of scoring systems for predicting re-admission rates in Cirrhosis of liver patients with hepatic encephalopathy admitted in General medical ICU: a single Centre, observational study.
D. Krishma, V Chandrasekar
MGM Hospital,kakatiya medical college

Introduction: Re-admission rates in cirrhosis of liver (CCL) patients receiving encephalopathy admission is alarmingly high with Hepatic encephalopathy (HE) being strongest risk factor, early identification of these vulnerable COL population would result in reduction of mortality. Till date there is no study that assessed the performance of various re-admission predicting models in COL-ICU survived patients

Material: Patients with known cirrhosis hospitalized in General medical ICU having HE were included and study was carried over 17 months. Survived patients were followed up for 3 months and CCL, MELD, CLIP-NOFA and GASPAR predictive model score for re-admissions were 0.82, 0.79 and 0.87 respectively.

Observations: 96 patients were included and majority have grade II & III HE, with in-hospital mortality of 42.7%. Re-hospitalization rates at the end of 90 days was 39.2%. Performance of CCL, CLIP-NOFA and GASPAR predictive model score for re-admissions were 0.82, 0.79 and 0.87 respectively.

Conclusions: This is the first study to incorporate multiple COL specific re-admission predictive models to determine the best system in COL-ICU patients to. We found that Gaspar’s predictive model had best predictive value followed by CLIP-NOFA and re-admission at 90 days with an optimal cut-off of 0.031.
A Study of Non-Alcoholic Fatty Liver Disease in Type II Diabetes
Mohammed Abrar Hussain, B Prahalad, Shaik Fazullulah
Shadan Institute of Medical Sciences

Introduction: Non-alcoholic steatohepatitis (NASH) is a subset of non-alcoholic liver diseases (NAFLD). It is a disorder that is commonly characterized by a constellation of histological abnormalities observed in patients with cirrhosis or in alcoholic liver disease but in patients who consume little or no alcohol. The prevalence of NASH is increasing in parallel with dramatic increases in obesity, sedentary lifestyle and Type II Diabetes Mellitus.

Material: Ultrasound of abdomen was done with particular focus on the liver. The presence of diabetes was defined according to the WHO CRITERIA.

Observations: Out of the total 199 participants 53 persons (48.62%) had ultrasound diagnosis of fatty liver. Most of them had moderate or severe steatosis ultrasound wise. They were called as the NAFLD (Non-Alcoholic Fatty Liver Disease) group.

Conclusions: Non-alcoholic fatty liver disease is common among the type 2 diabetic population of this region. (Pregnancy 46.6% of type 2 diabetes).

Study of etiology and clinical profile of adult patients with non-alcoholic & non-malignant portal vein thrombosis
Vikram Jayant Khardenavis, Vijay G Somanvar
Jawaharlal Nehru Medical College, Belgaum

Introduction: Portal vein thrombosis is a relatively rare entity. It is common complication in patients with liver cirrhosis and may also occur in the absence of an overt liver disease. In such cases the etiology involves both local and systemic prothrombotic factors such as abdominal inflammatory conditions, inherited & acquired thrombophilia. Portal hypertension may result in serious life threatening complications including varical bleeding, intestinal venous congestion and ascites.

Material: Demographic characteristics and the risk factors were studied. Portal vein thrombosis was confirmed by spiral computed angiography and/or magnetic resonance imaging of the portal vein. The study was performed and a value of P < 0.10 was considered to be statistically significant.

Observations: A total of 11 patients were studied. Mean age at diagnosis was 46 years. With 54.5% females and 45.4% males. The most frequent symptom on presentation was abdomen pain. Other symptoms on presentation included diarrhoea, nausea and vomiting and upper gastrointestinal bleeding.

Conclusions: Outcome of non cirrhotic and non malignant portal vein thrombosis is good with prompt diagnosis and treatment prior to intestinal infarction. 9.00% of patients had multiple etiologic factors. Therefore a complete etiological study is required even after a prothrombotic or local factor has been identified.

Hypertriglyceridermic pancreatitis treated with Insulin therapy: A case series
Hari Mangalath C, Indira Menon, Swapna Babu
Bangalore Baptist Hospital

Introduction: Hypertriglyceridemia is one of the causes of acute pancreatitis. Although the clinical presentation of hypertriglyceridemic pancreatitis is similar to other forms of acute pancreatitis, it is frequently associated with increased clinical severity and rate of complications. Therefore, appropriate and timely management is of paramount importance in these patients. Various literature review illustrates that the use of insulin therapy with close monitoring of blood glucose levels is safe.

Material: We present a case series of 3 patients who presented with hypertriglyceridemic pancreatitis and their response under insulin therapy.

Observations: We observed that insulin dextrose therapy was highly effective in lowering the triglyceride levels in patients with hypertriglyceridemic pancreatitis and these patients had good outcomes.

Conclusions: Insulin dextrose therapy can be considered as an important component of management in patients with hypertriglyceridemia-related pancreatitis, especially in a clinical setting without the availability of plasmapheresis. Further trials are required to outline a generalized and efficient treatment regimen for hypertriglyceridemic pancreatitis.

Hypertriglyceridemic pancreatitis treated with Insulin therapy: A case series
Hari Mangalath C, Indira Menon, Swapna Babu
Bangalore Baptist Hospital

A Case Report of Linitis Plastica
Ravi Ranjan Kumar Raman, Ajay Kumar Sinha, Rajeev Kumar Nalanda Medical College, Patna

Introduction: Adenocarcinoma is the most common malignancy of the stomach, comprising more than 90% of all gastric cancers. Gastric carcinoma is separated into intestinal type & diffuse type. Here we are reporting a case of linitis plastica (Diffuse Adenocarcinoma Of Stomach)

Material: A 48 year old male, electrician by occupation admitted to our hospital with complaints of distended abdomen for 15 days, vomiting for one week and loss of appetite for one month. He had history of alcoholic consumption for 10 years.

Observations: On examination, there was ascites. Routine investigation CBC, KFT, LFT were normal. An upper GI Endoscopic examination of acistic fluid was done and found exudative in nature and malignant cells were present. There was recurrent collection of acistic fluid after therapeutic abdominal paracentesis. CECT Abdomen showed diffuse thickening of stomach wall with reduced gastric capacity,Stranding omental thickening and massive ascites most likely suggestive of Gastric Carcinoma.

Conclusions: Although gastric adenocarcinoma of stomach is rare but by aggressive diagnostic workup it can be diagnosed and can be managed earlier.

Sickle cell disease (SCD) causing cirrhosis presenting as Acute on Chronic Liver Failure (ACLF) due to viral hepatitis
Venkat Kesho Yellapu, Ambika Prasad Mohanthy, Lalatendu Mohanty, Venkat Kesho Yellapu
Kalinga Institute of Medical Sciences

Introduction: Acute-on-chronic liver failure (ACLF) is characterised by acute decompensation of chronic liver disease associated with organ failures and high short term mortality. Majority of cases presenting as ACLF are due to alcohol or viral induced. We report a rare case of ACLF in a patient with chronic liver disease due to sickle cell disease.

Material: 32 year old male, known case of Sickle Cell Disease with history of multichip blood transfusion presented with fever,pedal edema,discoloration of eyes since 15 days. Clinical examination revealed evidence of anemia,jaundice,edema and ascites. There was no history of alcohol intake. On evaluation patient had coagulopathy,encephalopathy and portal hypertension. On imaging patient gross evidence of Cirrhosis. Hepatitis A&E IGM were positive.

Observations: All known causes of chronic liver disease were ruled out by necessary investigations.

Conclusions: Hepatoihibilary complications in a case of Sickle Cell Disease are common, incising cirrhosis which is a rare entity and is frequently ignored.

A comparative Cross Sectional study to estimate the serum zinc levels among Ethanol Related Decompensated Chronic Liver Disease patients with & without Hepatic Encephalopathy
Ashok Kumar J, Sukunya N, Haritharan C
Government Stanley Medical College

Introduction: Low zinc levels has been hypothesized to be one of the precipitants of HE. Further studies are needed to establish its role in prevention and treatment of HE.

Material: A comparative Cross Sectional study where 100 Ethanol related DCLD patients were selected and divided into 2 groups as DCLD with HE and DCLD without HE based on clinical Examination(flapping tremors and constructional apraxia) was done. Serum zinc levels were obtained from all the patients. Study was conducted in Stanley medical college, Chennai, from April to July 19.

Observations: The mean serum zinc levels was found to be lower in both the groups, but it was significantly lower in DCLD with HE group (24+4 µg/Dl vs 46±5 µg/dl; p<0.05).

Conclusions: Serum Zinc levels are lower in all DCLD patients, but significantly low in patients with HE when compared with patients without HE. Low zinc levels could be one of the precipitants of HE. Further studies are needed to establish its role in prevention and treatment of HE.

A Challenging Diagnosis of Ascites: A Case of Peritoneal Tuberculosis
Sai Ramakrishna, Prince Pius, Sakar, John Vinoj
Kanyakumari government medical college

Introduction: In India it is estimated that around 16% of all tuberculosis cases are extra-pulmonary. Peritoneal tuberculosis-remains rare, accounting for only about 4.7% of all patients infected with TB. We present a case of a 24-year-old male that presented with peritoneal tuberculosis in whom extensive workup was needed to achieve the correct diagnosis.

Material: A 24-year-old male presented to the emergency department with a 3-week history of abdominal distension, abdominal pain, progressive dyspnea. In addition, the patient complained of generalized weakness, loss of weight.

Observations: Bloodstools showed a normal CBC, RFT & LFT, MP, MF, WIDAL, DENGUE, HBSAg, HIV were negative. CXR revealed a large left pleural effusion. Diagnostic thoracocentesis revealed an exudate and negative cytology. Diagnostic paracentesis that revealed a SAAG of <1.1, PMN cell count <200/mm^3, & negative culture.No malignant cells. ADA activity was 3.12 IU/L. Sputum, Pleural fluid & ascitic fluid AFB, C, CBNAAT were negative. USG abdomen showed moderate ascites with multiple thin septations. CECT Abdomen showed confirmed portal peritonel & omental thickening. Diagnostic laproscopy was done showing dense abdominal adhesions. An omental biopsy showed caseating granulomatous inflammation. He was started on treatment CAT-I ATT

Conclusions: A combination of radiologic, microbiologic, & histopathological examination helps achieving a diagnostic accuracy & severity levels in treatment, which is associated with increased mortality and morbidity in patients with this disease.

Tuberculous Liver Abscess
Pawan Singh
Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar

Introduction: Liver involvement in tuberculosis(TB) can occur either due to granulomatous tubercular hepatitis, miliary form or localised hepatic tuberculosis. We report a case of Hepatic tuberculosis confirmed by imaging (CECT abdomen) and histology.

Material: A 19 years old student present with fever, weight loss, anorexia, weakness and pain abdomen of three weeks duration. His father had past of history pulmonary tuberculosis. Examination revealed he was icteric and had tender hepatomegaly. Laboratory evaluation showed polymorph leukocytosis (TLC-22.370/µL, neutrophil 87%), raised ALP(259U/L); raised GGT(165.88U/L) and normal USG abdomen. CECT abdomen revealed multiple irregularly enhanced ovals with multisepedate necrotic areas. There was preecoric, paraoptic, retrocal nodes involvement. USG guided Liver FNAC revealed Granulomatous lesions. CBNAAT of aspirate reveaaled Mycobacterium TB without Rifampsin resistance. He was treated with ATT with improvement and is on followup.

Conclusions: Hepatic TB is rare, but tuberculous liver abscesses is extremely rare. Early diagnosis requires suspicion of TB. Jaundice is uncommon. For definitive diagnosis aspiration of pus or biopsy is required.

Conclusions: Although Tuberculous liver disease is very rare, it should be considered in the differential diagnosis of FUO.

A correlation study to predict esophageal varices grading with aspirate aminotransferase to platelet ratio index (APRI) in patients of liver cirrhosis
Sharad Chandra, Vivek Kumar, Ajay Kumar
King Georges Medical University, Lucknow

Introduction: Cirrhosis of liver is a condition that has a variety of manifestation and complications, some of which can be life threatening (e.g. variceal bleeding).

Material: A total of 34 consecutive patients undergoing in Department of Medicine, King Georges Medical University, Lucknow over a period of one year after getting approval of ethical clearance. 122 cases admitted in chronic liver diseases (Infectious, Alcoholic, autoimmune, Cryptogenic) were included, previous portosystemic shunt; severe disease of other organs or infection; Child’s class A liver or spleen size. Patient having acute viral infection, Patient on hepatotoxic drugs an antiplatelet drugs were excluded.

All patients underwent detailed clinical and laboratory evaluation, ultrasonography and endoscopic assessment within two days of hospitalization.
Observations: The Aspartate aminotransferase to platelet ratio index (APRI) was the reliable indicator for the presence of varices. The portal vein diameter was not a good predictor for esophageal varices.

Conclusions: The APRI ratio is found to be the reliable marker to prognosticate esophageal varices. It will definitely reduce the need for endoscopy as screening purposes and lower the medical expenditures.

Study of correlation of serum prolactin levels with severity of liver disease and its association with Hepatic Encephalopathy in patients of cirrhosis liver
Deepak Kumar, Geeta Kampani
VMMC and S.J.H.

Introduction: Prolactin is a hormone secreted by pituitary gland and is associated with severity of the liver disease and complications in patients of cirrhosis liver.

Material: An observational cross-sectional study was conducted on 76 patients of cirrhosis liver admitted in Hospital. Serum prolactin level correlated with Child Pugh score in assessing the disease severity and hepatic encephalopathy (HE).

Observations: The mean age of the patients was 41.83 (±10.7) yrs. Alcoholic cirrhosis accounted for 43(56.58%) patients, followed by viral hepatitis related cirrhosis 24 (31.58%) and 9 (11.84%) cases with unknown cause. Mean serum prolactin level was 11.88. Mean CTP score was 9.34 ± 2.6 and 15 (19.74%) patients were in CTP Score Class A, 23 (30.26%) in CTP Class B while 38 (50%) in CTP Class C. All patients had serum prolactin levels correlated significantly with severity of liver disease with a p value <0.0008. Patients with HE 39 (51.32%) compared with patients without HE 37 (48.68%) and significantly higher levels of prolactin with a p value <0.001.

Conclusions: Serum prolactin levels correlate significantly with severity of liver disease and HE. Thus it can be used as biomarker of severity of cirrhosis and HE in cirrhosis liver.

Albumin bilirubin (ALBI) score : a new and simple model to predict mortality in patients of acute on chronic liver failure
Uttayan Chakrabarti, Manisha Bas Thakur
Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

Introduction: The purpose of this study was to look for the prognostic value of ALBI score, a new model for assessing the severity of liver dysfunction in predicting the outcome in patients of Acute on chronic liver failure (ACLF).

Material: This prospective observational study included 119 patients of cirrhosis liver admitted in Hospital during the hospital stay and if discharged at 3 months by telephonic conversation. The association of ALBI score with the mortality in patients of ACLF was looked for and was compared with that of CTP and MELD scores.

Observations: A higher ALBI score was noted in the non surviving group than in the surviving group with a statistically significant difference (p<0.03). Comparison of the prognostic scores revealed ALBI to have the best predictive efficacy with the largest AUROC with a statistically significant difference noted with CTP score (p=0.0044) but not with MELD score (p=0.3047).

Conclusions: The fact that ALBI score uses only two parameters, albumin and total bilirubin, readily obtained by an easily accessible blood test, objectively evaluated and being non inferior to the existing CTP and MELD scores indicate that ALBI could be used as a simple, reliable prognostic score to predict the mortality in patients of Acute on chronic liver failure and for liver transplant prioritization.

Ascites in abdominal TB
Nandu Soman
Meenakshi mission hospital and research centre

Introduction: Ascites describes the condition of pathologic fluid collection within the abdominal cavity which is likely to occur as 75% as a result of portal hypertension in the setting of liver cirrhosis, and the rest may be due to abdominal disease and inflammatory conditions. Here we present a rare case of mixed ascites i.e. ascites due to two different causes.

Material: Case Study

Observations: Case Study: A 57 year old male patient with a history of chronic alcoholism presenting with recurrent jaundice and abdominal distention with breathlessness for 3 months, outside diagnosed as alcoholic chronic liver disease which was not responding to 3 months of treatment with albumin and diuretics and was referred to us for liver transplantation work-up. A thorough evaluation with ascitic fluid analysis was suggestive of high protein low SAAG instead of low protein high SAAG and ADA was not elevated. The platelet count was also suggestive of tuberculous abdomen. Weight adjusted ATT was started and patient improved. There was no need of liver transplantation.

Conclusions: Ascitic fluid study is a very effective basic and affordable clinical procedure which should be done in every case of ascites.

Cirrhosis in Elderly-A Clinical Study in a Tertiary Care Hospital in Northeast India
Zenila Bordoloi, S Dutta
Gauhati Medical College and Hospital

Introduction: Cirrhosis is defined as the histological development of regenerative nodules surrounded by fibrous bands in response to chronic liver injury, leading to portal hypertension and end stage liver disease. This study was done to determine the clinical spectrum of cirrhosis in elderly patients.

Material: A total of 90 patients of age > 60 years, diagnosed as cirrhosis, were included in the study.

Observations: The most common age group of patients was 60-65 years (46%), with a male preponderance (81%). Distension of abdomen (76%) followed by easy fatiguability (73%) and neck vein distension (66%) were the most common presenting complaints. Ascites (91%), gastrointestinal varices (37%), and upper gastrointestinal bleed (32%) were the most common complications. 45% had Child Pugh C cirrhosis with mortality of 69% after 90days of follow-up.

Conclusions: In elderly, cirrhosis is most commonly seen in males. Alcohol was found to be most common etiological factor. Majority of mortality was seen in patients having Child pugh C cirrhosis.

Elastography Compared To APRI, FIB-4 And AST/ALT Ratio For Assessment Of Liver Fibrosis In Non-Alcoholic Fatty Liver Disease Patients
Akash J
Mysores Medical College & Research Institute

Introduction: Nonalcoholic fatty liver disease (NAFLD) is emerging as an important cause of liver disease in India and has been associated with devastating outcomes such as decompensated liver cirrhosis and hepatocellular carcinoma. Present study was conducted in order to assess liver fibrosis using AFIRI elastography and compare the results with serum fibrosis markers like AST/ALT ratio, AST platelet ratio index (APRI), FIB-4.

Material: The study was conducted on NAFLD patients over a period of one year. Blood samples collected for platelet count, AST and ALT levels. Liver stiffness measurement was done using AFIRI elastography. The results of APRI and AST/ALT ratio were compared with fibrosis scores.

Observations: The results of 178 patients were analyzed, majority were in age group of 41-50years (27%) with male:female ratio of 3. The male patients were significantly younger than the female. (45.2±13.7 versus 49.2±13.6 respectively, p=0.002). There was significant positive correlation between advanced fibrosis and advancing age, obesity, dyslipidemia and uncontrolled diabetes. There was a significant positive correlation between fibrosis stages (F0-F4) and APRI (r=0.79, p=0.001) but not with AST/ALT ratio(r=0.09, p=0.67).

Conclusions: The liver elastography and serum markers have shown to be reasonably accurate in detecting advanced fibrosis among which AST/ALT ratio is least useful.

Pancreatopleural fistula: A rare entity
Kanishka Kumar, Jayesh Katamaran, Pranay Bandgar
Grant Government Medical College and JJ Hospitals

Introduction: Pancreatopleural fistula is a very rare complication of pancreatitis. Here we report one such case.

Material: A 28 year old patient presented to our hospital with complaints of respiratory problems which included repeated pleural effusions, pneumothorax and even pneumo mediastinitis. He had been evaluated outside and had been started on antibiotics, anti tuberculosis therapy and chest tube drainage. However, his condition had not improved much.

Observations: We suspected a pancreatic etiology for the patient as he was having repeated and fulminant effusions along with pneumo mediastinitis which suggested a communication. Imaging in the form of CECT and MRI clinched the diagnosis for us. The pleural fluid examination was also helpful. The patient was initially treated conservatively using octreotide and later stenting of the fistulous tract was done.

Endoscopic findings in patients with uninvestigated esophageal dysphagia
Venkatakrishna Bhat S, Kayva ST
Bangalore Medical College and research institute/SMCIR

Introduction: Dysphagia is difficult in swallowing and it is routinely described by the patient as a 'perception'that there is an impediment to the normal passage of the swallowed material. However, there is no assurance that there is an association of dysphagia with serious underlying disease and it warrants an early evaluation.

Material: A prospective cross-sectional study was conducted on 119 patients seen on out patient basis at the hospitals attached to BMCRI, Bengaluru with the upper GI symptom dysphagia from June 2019 to August 2019 and the data was analysed using appropriate statistical methods.

Observations: Out of 119 patients who underwent EGDScopy 62% were male and 61% were 31-59yrs old. The common pathological findings were hiatus/gastric outlet obstruction, gastritis and esophagitis but 45% of the population had normal study.

Conclusions: Dysphagia is not just oropharyngeal or esophageal origin but also of extrinsic factors. Gastritis can cause similar complaints, eradication of which relieves the symptoms in our observation. Also there is a requirement of wise referral in uninvestigated dysphagic patients.

Association of Irritable Bowel Syndrome with Psychiatric Disorder
R Bhattacharya, C Singh, P Verma
VMMC & Safdarjung Hospital, New Delhi

Introduction: Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder (FGID) with chronic, recurrent nature. International studies highlighted some association between psychiatric diseases and IBS but only a few were conducted in India and none based on Rome IV criteria. The current study was undertaken with an aim to strengthen the knowledge on this subject.

Material: 100 IBS patients were selected for the study. The diagnosis of IBS and its subtypes was made based on Rome IV criteria. The study population were interviewed and assessed according to the questionnaire of Patient Health Questionnaire.

Observations: Mean age of the study subjects was 32.88 ± 10.07 years and 55% were male. We found that 75% of patients had at least one or more psychiatric disorders, and the most common being depression. The female preponderance in somatization disorder and eating disorder whereas males were more in alcohol abuse, major depression and GAD. Prevalent type of IBS in our study was IBS-M (54%) whereas psychiatric comorbidities were mostly seen in IBS-D (78.9%).

Conclusions: IBS is associated with considerable degree of psychiatric illness. Adequate screening, diagnosis and treatment should be initiated which can improve the overall outcome.
Prevalence of Non Alcoholic Fatty Pancreatic Disease (NAFPD) in General Adult Population and its Association with Type 2 Diabetes Mellitus

Neeraj, Srijivastava, AR Gole
Tata Motors Hospital

Introduction: Non Alcoholic Fatty Pancreatic Disease (NAFPD) is a new entity defined as pancreatic fat accumulation in association with obesity and metabolic syndrome. Studies around world have been conducted to find out NAFPD prevalence but data about the same is lacking from India. In this study, an attempt was made to find out prevalence of NAFPD and its association with Type2DM.

Material: Study was conducted in persons who visited hospital for regular health check-up. Total of 300 study subjects were recruited. Data was analysed using SPSS IBM version 21.0

Observations: Total of 300 participants were included in the study. Fatty liver and fatty pancreas was found on ultrasonogram among 80(26.7%) and 5% (18.3%) persons among study participants. Metabolic risk factors such as obesity, dyslipidemia, diabetes and hypertension and central obesity among study participants were found in 191 (63.7%), 31 (10.3%), 43 (14.3%), 36 (12%) and 90 (30%) respectively.

Conclusions: The prevalence of NAFPD in our study was 18.3% which is quite high and it is strongly associated with parameters of metabolic syndrome. Type 2 diabetes mellitus was found to be more prevalent after removing other metabolic confounding risk factors. Hyper tension in our study did not show positive association which is in contradiction to other similar studies.

Endoscopic study of dyspepsia with special reference to Helicobacter pylori
Anshu Kumar Jha, Prasanta Dihingia
Assam Medical College

Introduction: In our day to day practice we encounter many patients who present with dyspepsia. Approximately 50% of world population is estimated to be infected with Helicobacter pylori. The prevalence of this bacterium is higher in developing countries when compared to developed countries.

Material: The objective of this study was to look at the upper gastrointestinal tract endoscopic findings in patients presenting with dyspepsia and the presence of H. pylori infection in those patients. It was a prospective study involving 107 patients over a period of 10 months visiting the OPD of Assam Medical College and Hospital for dyspepsia and meeting the inclusion criteria. Patients underwent upper esophageo-gastro-duodenoscopy and tissue sampling for detection of urease enzyme production by H.pylori.

Observations: 74 males and 33 females participated. Most common presenting symptom was epigastric pain (36.4%). 77% patients had ulceration or polypoid or duodenum as detected by upper esophago-gastro-duodenoscopy. 74% of study population tested positive for H.pylori infection by detection of urease enzyme produced by H.pylori.

Conclusions: This study shows that H.pylori infection is detected in a significant number of patients presenting with dyspepsia with no other risk factors for acid peptic disease (eg: alcohol, smoking, usage of NSAID).

Achalasia- opening up the birds beak endoscopically
Vishaka Agarwal, Rajesh Nanda, Jaya Kumar
SRM medical college hospital and research center

Introduction: Achalasia is characterised by impaired lower oesophageal sphincter relaxatio and abnormal peristalsis and aperistalsis in the smooth muscle esophagus. It is manifested as dysphagia, regurgitation, chest pain, hiccup, cough, lisme, low serum pyrexia. Panoramic endoscopic myotomy (POEM) is akin to natural orifice transluminal surgery (NOTES) where transesophageal sphincterotomy is done by creating a submucosal tunnel. Currently, the use is a single flap, the same treatment option for achalasia.

Material: A 45 year old male patient came with complaints of difficulty in swallowing, recurrent vomiting immediately after meals. Routine blood investigations were normal. Patient was subjected to endoscopy, which showed (USG) achalasia. High resolution manometry showed type ii achalasia cardia. Patient agreed for the procedure after considering its advantages. The procedure took about 3 hours with no blood loss, p/an, no aneglectis, started feed after 48 hours. Perioperative procedure period was uneventful, was discharged by the third day. Follow-up barium swallow study (after 4 weeks) was normal and patient was symptomatically better.

Observations: Achalasia cardia was previously treated by much more invasive procedures. But, since the invention of this novel technique, treatment of achalasia has become more advanced and less invasive.

Conclusions: Achalasia cardia patients can have long term symptom relief with this less invasive procedure which does not require any skin incisions, no wound care and minimal hospital stay.

Infectious Diseases

Uncommon pathogen at uncommon site
Sagar KP
Meenakshi mission hospital and research centre, Madurai

Introduction: LIVER ABSCISS is most commonly caused by E coli, Klebsiella pneumoniae. Here is a case of liver abscess caused by rare organism BURKHOLDERIA CEPACIA.

Material: 27 year old male patient came with fever with chills and abdominal pain for 4 days. O/E febrile, epigastric tenderness, right upper quadrant pain. Patient was counselled for transjugular intrahepatic porto-systemic shunt (TIPS) but same was not done due to absence of resources. Patient was started on antibiotics (CEF - 12,700, HBAC - 8, 8, elevated liver enzymes, echo - global hypokinesia, USG abdomen was normal. Blood and urine cultures - growth of BURKHOLDERIA CEPACIA. A liver abscess was done and purus was collected and sent for culture and sensitivity. Culture was done to detect secondary Infection.

Observations: Random samples were taken from ICU and other possible sources(to rule out hospital acquired infection). All the cultures were negative. Only liver abscess started growing after 5 days. But now it has been included in the list of emerging nosocomial infection.

Hepatic dysfunction in dengue fever and it’s correlation with the severity of the disease
A Oka, Z Khan, A Kodre
Noble Hospital, Pune

Introduction: Hepatic involvement in dengue infection has been increasingly noted, and has been attributed to a direct viral effect on the liver cell or due to aggressive host immune response against the virus.

Material: We carried out a prospective cross sectional study of 152 patients aimed at identifying the pattern of hepatic dysfunction in dengue and assessing its correlation with the severity of the disease.

Observations: While mean values of total indirect and direct bilirubin were normal in dengue, the direct bilirubin growth with increasing severity of the disease.

Conclusions: Hepatic dysfunction highly correlated with the severity of the disease. The mean values of hepatic parameters were highest in DSS followed by DSS and DF. Thus, hepatic dysfunction must be carefully monitored in dengue, and it must be borne in mind that greater derangement of hepatic parameters may herald a progression to more severe forms of dengue.

Study of clinical profile and its correlation with different serotypes in Dengue patient in a Tertiary Care Hospital
Vishwa Gupta*, PV Barde*, Shashank Mahesh*, JK Jatav*
*Netaji Subhash Chandra Bose, Medical college and hospital, Jabalpur, **ICMR-National Institute of Research in Tribal health, Jabalpur

Introduction: Dengue virus (DENV) has four serotype (DENV-1 to 4). Clinical presentation may vary geographically, whether it has been linked or not by infection with serotype is uncertain. To fulfill this lacunae, current study was done.

Material: To study the clinical profile and its correlation with different serotype in dengue patients a prospective observational study done with 74 patients and a laboratory confirmed dengue either IgM or NSI positive followed by serotyping using RT-PCR. Later IgG was done to detect secondary Infection.

Observations: In this present study 74 patients were patients were diagnosed with Dengue infection. Serotypes were seen in 27 cases. DENV-1 detected in 15 patient (55.6%), DENV-3 in 12 patients (44.6%). No case of DENV-2 or 4 reported. Most commonly affected age group was 14-25 year(30.0%). Most common presentation-fever(100%), myalgia(58.1%),nausea and vomiting(32.4%), and headache(20.2%). Male:females-ratio(64.86%:35.14%).45 patients(60.8%) showed thrombocytopenia. Among DENV-1 and DENV-3 virus presentations of dengue fever(DF),DF with warning sign, DF with severe dengue were 94,10 and 07 respectively.

Conclusions: It has been concluded that most common presented symptom of dengue infection was dengue fever with warning sign. DENV-1 serotype is more common followed by DENV-3 virus. Only 3 case of severe dengue reported.

High mortality and morbidity of Japanese encephalitis among adults of Jharkhand: need for awareness and vaccination
Yuvraj Lahre, Umesh Prasad, Diljeet Bodra
Rajendra Institute of Medical Sciences, Ranchi

Introduction: JE is one of most important viral encephalitis in India. Its feature ranges from unspecifc febrile presentation to aseptic meningitis and severe encephalitis. Mortality rate of JE is around 20 to 30% and most of survivor have severe neurological deficit. We present the mortality, morbidity rate of JE among adults admitted to our ward, and will discuss about need of its preventive measures.

Material: 48 patients with features of encephalitis were investigated for viral encephalitis. Diagnosis of JE was confirmed in 13 adults by detection of IgM antibody in CSF through NIV Pune kit. Etiological profile, clinical profile, fatality rate and post survival sequelae of JE was studied.

Observations: Characteristic epidemiological and clinical features along with mortality rate of 53.84% were found. Most of those who survived were left with disabling abnormalities. In India most of the studies related to JE are focused on paediatric group. Till 2017 adult vaccination were completed only in 14 district of Assam, 7 district of Uttar Pradesh and 8 district of West Bengal.

Conclusions: Studies to assess cause of epidemiological shift, control of amplifying host, awareness programmes, health education and more targeted use of vaccine are need of hour to reduce mortality of JE among adults.

Clinical Profile of Patients with Extrapanulmonary Tuberculosis
Bende TS, Supreeth SK, Harsha NS, Suraj BM
Bhagwan Mahaveer Jain hospital17 Mills road Vasanth Nagar bangalore

Introduction: Tuberculosis has existed for millennia and remains a major global health problem. Tuberculosis can involve any organ system in the body. While pulmonary tuberculosis is the prototypic form, extrapulmonary tuberculosis is also an important clinical problem. Extrapulmonary tuberculosis is defined as TB of other sites than the lungs, such as brain, spleen, lymph nodes, abdomen, Genito-urinary tract, skin, joints, bones, tubercular menigitis, tubercular of the brain, etc.

Material: A prospective observational study was done to determine clinical profile of patients presenting with extra pulmonary tuberculosis to Bhagwan Mahaveer Jain hospital Bangalore over a period of one year.
Investigations for diagnosis of EPTB were done based on site involvement.

Observations: Among the registered cases of extrapulmonary tuberculosis commonest type of EPTB was TB pleural followed by TB lymph node and TB spine. Prevalence of EPTB was found higher among males than females. Among different age groups 30-60 years had higher proportion of cases of EPTB.

Secondary Hemophagocytic Lymphohistiocytosis secondary to Dengue and leptospirosis: A rare case report

Bhargava ram Karantha, Shyamala G, Uma Maheshwari, Uma maheshwari
Vijayanagar institute of medical sciences, ballari

Introduction: Hemophagocytic lymphohistiocytosis (HLH) is a potentially fatal condition contributing to its high morbidity and mortality. It can be primary or secondary. It is diagnosed based on 5 out of 8 diagnostic parameters as per Histiocyte society for inclusion in the International HLH-2004 classification. Causes of Secondary HLH: EBV, CMV, Dengue fever etc.

Material: Here we report a rare case of HLH caused by co-infection of Dengue with Leptospirosis.

Observations: A 34 year old male comes with complaint of fever, jaundice and easy fatiguability since 2 weeks. Systemic examination revealed hepatosplenomegaly. Investigation showed pancytopenia, Unconjugated bilirubinemia, raised aspartate aminotransferase and Leptospira IgM positive. Over a week patient worsened in the form of persistent high grade fever, decreasing sensorium. Additional Investigation showed low ESR, Hypofibrinogenemia, raised FDP, decreased NK cell activity and hypertriglyceridemia. Bone marrow aspirate showed hemophagocytes. A diagnosis of HLH was considered. Patient was started on IV Steroids. Subsequently patient was put on life supports and mortality data of H1N1.

Conclusions: Any patient who presents with Pancytopenia, pyrexia of unknown origin, low ESR and succumbed to illness.

Pancytopenia- A rare manifestation of scrub typhus
Bheru Lal Jatya
Govt Medical College, Kota

Introduction: Scrub typhus is febrile illness caused by bacteria of family Rickettsiae name orientia tsutsugamushi. The clinical manifestation range from mild and self limiting illness to fatal Multi organ dysfunction. It is diagnosed based on clinical manifestation like fever, rash, headache, cough, anorexia, abdominal pain andjaundice. On laboratory investigation there is anemia, thrombocytopenia, lymphocytopenia, elevated liver enzyme, hyperbilirubinemia, increased serum creatinine. Out of 100 there most patient had mild clinical manifestation like fever, cough, headache and 15 patient admitted with pneumonitis of which 5 develop ARDS, 4 patient develop multi dysfunction and 3 patient found pancytopenia

Conclusions: From our study pancytopenia can be a clinical manifestation of scrub typhus but has been rarely reported. So differential diagnosis of pancytopenia should be considered scrub typhus along with other causes.

Dysmorphic study of influenza-like illness categories including seasonal trend of swine flu cases
Hemant Vimalani
Govt. Medical College, Kota

Introduction: Influenza-like illness is one of the most common syndrome registered in medicine OPD with higher incidence during winter month. It is characterized by fever, chills, malaise, headache, coughing, loss of appetite, and generalized weakness. H1N1 Infection is an important cause of ILI associated with serious short term morbidity requiring ICU admission and ventilator support and high mortality rate. This study was planned to gather demographic trend, clinical profile, morbidity and mortality data of H1N1.

Material: It is a retrospective study conducted in a tertiary care hospital where epidemiological data of all patients with ILI and ICU patient of bed in the study period were admitted to medical ICU in S.S.HOSPITALS during the study period of 12 months. Total of 100 patients were studied within 12 months. Patients admitted with thrombocytopenia and were followed for period of 5 days. An increase in platelet of 20000cells/dL was considered significant.

Conclusions: We must not forget HUS-TTP as a possibility in any age group.

Immaturate Platelet Fraction as a Prognostic Indicator of Platelet Recovery in Patients with Thrombocytopenia-An Observational Study
Yashwanthsagar A
SS Institute of Medical Science and Research

Introduction: Immature platelets are newly released platelets which are large and more reactive than mature platelets. It contains RNA. Immature platelet fraction is the percentage of RPs. It reflects the severity of damage to platelets and the generation of platelets in bone marrow. The study was conducted in Meritorial Hospital admitted to medical ICU in S.S.HOSPITALS during the study period of 12 months. Total of 100 patients were studied within 12 months. Patients admitted with thrombocytopenia and were followed for period of 5 days. An increase in platelet of 20000cells/dL was considered significant.

Conclusions: Total of 100 patients were studied over a period of 12 months. Majority of the patients belonged to age group of 21-50years. Pearsons correlation coefficient between change in IFF and change in platelets counts

Tuberculosis of tongue: a rare presentation of tuberculosis
Dharshan Gowda, VP Pandey, Atul Shende
MGM Medical college Indore

Introduction: Tongue tuberculosis is a rare occurrence in India between 0.0-0.1% of all cases of tuberculosis. Delay in diagnosis lead to progression of disease and contagiosity.

Material: 45 year male presented with progressive dysphagia with painful oral ulcer since 1 month, weightloss 5kg. On examination it was found ulceration at tip of the tongue and above the epiglottis noted. Submental and left submandibular lymph node were palpable.

Observations: CBC, RFT, LFT-normal ESR-72mm, HIV-negative ENDOSCOPY-fungating growth at tip of tongue and oropharynx and biopsy taken. HISTOPATHOLOGY-epithilod cells and few giant cells with granuloma and dense lymphatic infiltrate with foci of necrosis suggestive of granulomatous etiology. CECT CHEST multiple patchy areas of central ground glass opacity with consolidation at bilateral upper lobe and superior segment of lower lobe suggestive of active pulmonary tuberculosis.SPUTUM CBNAAT-MTB detected TREATMENT-ATT given.

Discussion: pulmonary tuberculosis spreads by inhalation via infected sputum,lymphatics,and blood to cause secondary lesion of tuberculosis in a case of long standing, non healing ulcer of tongue especially non- responsive to medication,a high index of suspicion for tuberculosis should be kept especially in a country with high prevalence of disease. The ulcer completely resolved after 12 months of ATT.

Conclusion: Tongue tuberculosis is a rare presentation; however it should be kept as a differential diagnosis in refractory cases.

HUS-TTP: A Forgotten Entity
Jyonna, D Goenka
Gauhati Medical College and Hospital, Guwhati

Introduction: Hemolytic Uremic Syndrome and Thrombotic Thrombocytopenic Purpura are two rare syndromes that are characterised by microangiopathic hemolytic anemia, thrombocytopenia, elevated liver enzyme, hyperbilirubinemia, increased serum creatinine. Among the registered cases of AIPC were classified into Spotted fever, Typhus, Scrub Typhus and miscellaneous. Among the common sources of AB accounting for 9(42.86%) patients. There were 15(71.43%) cases of pandrug-resistant AB, 2(9.09%) were multidrug-resistant AB and 4(18.18%) were common sources of AB accounting for 9(42.86%) patients. There were 15(71.43%) cases of pandrug-resistant AB, 2(9.09%) were multidrug-resistant AB and 4(18.18%) were common sources of AB accounting for 9(42.86%) patients.}

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Bheru Lal Jatya
Govt Medical College, Kota

Introduction: Scrub typhus is febrile illness caused by bacteria of family Rickettsiae name orientia tsutsugamushi. The clinical manifestation range from mild and self limiting illness to fatal Multi organ dysfunction. It is diagnosed based on clinical manifestation like fever, rash, headache, cough, anorexia, abdominal pain andjaundice. On laboratory investigation there is anemia, thrombocytopenia, lymphocytopenia, elevated liver enzyme, hyperbilirubinemia, increased serum creatinine. Out of 100 there most patient had mild clinical manifestation like fever, cough, headache and 15 patient admitted with pneumonitis of which 5 develop ARDS, 4 patient develop multi dysfunction and 3 patient found pancytopenia

Conclusions: So from our study pancytopenia can be a clinical manifestation of scrub typhus but has been rarely reported. So differential diagnosis of pancytopenia should be considered scrub typhus along with other causes.

Dysmorphic study of influenza-like illness categories including seasonal trend of swine flu cases
Hemant Vimalani
Govt. Medical College, Kota

Introduction: Influenza-like illness is one of the most common syndrome registered in medicine OPD with higher incidence during winter month. It is characterized by fever, chills, malaise, headache, coughing, loss of appetite, and generalized weakness. H1N1 Infection is an important cause of ILI associated with serious short term morbidity requiring ICU admission and ventilator support and high mortality rate. This study was planned to gather demographic trend, clinical profile, morbidity and mortality data of H1N1.

Material: It is a retrospective study conducted in a tertiary care hospital where epidemiological data of all patients with ILI and ICU patient of bed in the study period were admitted to medical ICU in S.S.HOSPITALS during the study period of 12 months. Total of 100 patients were studied within 12 months. Patients admitted with thrombocytopenia and were followed for period of 5 days. An increase in platelet of 20000cells/dL was considered significant.

Conclusions: We must not forget HUS-TTP as a possibility in any age group.

Immaturate Platelet Fraction as a Prognostic Indicator of Platelet Recovery in Patients with Thrombocytopenia-An Observational Study
Yashwanthsagar A
SS Institute of Medical Science and Research

Introduction: Immature platelets are newly released platelets which are large and more reactive than mature platelets. It contains RNA. Immature platelet fraction is the percentage of RPs. It reflects the severity of damage to platelets and the generation of platelets in bone marrow. The study was conducted in Meritorial Hospital admitted to medical ICU in S.S.HOSPITALS during the study period of 12 months. Total of 100 patients were studied within 12 months. Patients admitted with thrombocytopenia and were followed for period of 5 days. An increase in platelet of 20000cells/dL was considered significant.

Conclusions: Total of 100 patients were studied over a period of 12 months. Majority of the patients belonged to age group of 21-50years. Pearsons correlation coefficient between change in IFF and change in platelets counts
**A study on clinical features and treatment outcome of scrub typhus a re-emerging disease in a tertiary care hospital Eastern India**

Devjit Majumder, Prabuddha Mukhopadhyay, Sujoy Roychowdhury
Ramakrishna Mission Seva Pratisthan, Vivekananda Institute of Medical Sciences

**Introduction:** Scrub typhus is a re-emerging infectious disease. There has been considered disease of rural area but this disease has been urbanized and the prevalence has broadened further. Disease has been reported with increasing incidence and rising severity of the disease in north east India. It is a disease with multi-organ involvement, with or without characteristic eschar and early detection and initial specific treatment is important.

**Material:** An observational hospital based study in patients >18 years admitted to a tertiary care centre in eastern India. Scrub typhus was diagnosed on basis of symptoms with or without eschar and IgM Elisa. Treated with doxycycline (azithromycin in 2 pregnant patients) & clinical course was monitored. Chi square test was used for comparing variables. P value of <.05 was considered statistically significant.

**Observations:** A total of 36 patients of scrub typhus were included in present study. Male to female ratio 2:1, with commonest age group being 20-40 years. Eschar was found in 27% patients. Confusion and seizure was found in 11% of patients respectively. Hypoalbuminemia (in 47% patients) and raised liver enzymes (63% sgot and 75% ssgt) were significantly noticed. 5% patients had macrophage activation syndrome. 5% patients died because of multi-organ dysfunction. Two pregnant patients included in study were treated with azithromycin showed good response and pregnancy outcome was uneventful.

**Conclusions:** Scrub typhus is no longer a disease of rural India. Physician should have strong suspicion and needs early attempt to diagnose and treat as mostly the disease has been reported to be treated early. Scrub typhus in starting treatment raises chances of severe complications like encephalitis, ARDS, Macrophage Activation Syndrome. Disease mostly responded with Azithromycin, Doxycycline.

**The Effect of Disease Modifying Anti Rheumatic Drugs on Latent Tuberculosis in Patients with Rheumatoid Arthritis with DMARDS**

Arvind Kumar, Zia Abdullah, Naveet Wig
AICS, New Delhi

**Introduction:** Risk of active Tuberculosis (TB) increase when patients with Rheumatoid Arthritis (RA) are started with biologicals, so recent recommendations are to consider prophylaxis of tuberculosis if these subjects are found to be cases of latent TB. Such associations with Disease modifying Anti Rheumatic drugs (DMARDs) are not understood.

**Material:** The main objective of this two years cross-sectional study was to determine the prevalence of positive and negative tuberculosis skin test (also known as purified protein derivative or PPD skin test) in RA patients and its association with RA or with DMARDs and for knowing any probable caution while inferring latency of TB in these groups.

**Observations:** We included 100 patients (N = 100). The prevalence of positive PPD was 53% (n = 53), while 47% (n = 47) presented a negative result. In the multivariable model, the steroids dosage was a significant and independent predictor of negative PPD 39.4% (95% CI: 28.4%-51.4%). Anergic and non-aneergic patients were separated in groups, and a new analysis was done. Among analysed variables, the high steroids dosage was a significant and independent predictor of negative PPD.

**Conclusions:** RA with DMARDS causes decreased PPD positivity but not statistically significant.

**Enteric fever presenting as Hematilis- A case report**

Mansoor Ahammad Thn
SRM medical college and research centre

**Introduction:** Typhoid fever is a systemic infection which is caused by Salmonella enterica serotype typhi. It is a multi-system disorder involving many organs including liver, heart, kidney, marrow, spleen and bone. Typhoid is a clinical entity, which can present as acute hepatitis in rare cases (1%-16%), called typhoid hepatitis.

**Material:** A case of 25 year old male presented with fever with chills and rigor since 8 days, jaundice since 3 days. Patient had history of pedicle observation: Temp: 3017F. Abdominal palpation revealed hepatomegaly and splenomegaly. His blood investigations showed pancytopenia with platelet count- 14,000. Direct bilirubin- 1.93g/dl. SGOT: 19181UL. SGPT: 8811UL. ALP: 1311 UL. Malaria, dengue, leptospirosis, hepatitis A, B, C & E, scrub typhus tests were negative. Ultrasound abdomen showed hepatomegaly and splenomegaly. Blood cultures showed heavy growth of salmonella typhi sensitive to cefotaxime.

**Observations:** Patient was diagnosed as Typhoid fever with jaundice. Patient started on cefotaxime. Patient condition and LFT improved.

**Conclusions:** Even though typhoid fever is rare to present as jaundice, all those patients who have fever, jaundice, abnormal liver function tests or hepatomegaly must be screened for typhoid fever especially in areas where typhoid fever is endemic.

**Iron Profile Among Patients of Malaria**

Sumeet Kumar Sahu, Manoj Kumar Mohapatra
VIMSAR, Bhubneshwar

**Introduction:** Malaria, a major public health problem in India, commonly associated with several hematological complications. Anaemia due to hemolysis and other deficient States of iron, folate and vitamin B12. Mild iron deficiency is frequently missed by simple hemato logical measurements so iron profile is to be done and MRI of liver and iron for iron deposition.

**Material:** A cross-sectional study of 12 patients who had malaria with MP-ICT positive admitted to our hospital, were sent for routine blood tests, hsCRP, Iron profile and MRI of heart and liver for iron deposition.

**Observations:** Among 16 patients of MP-ICT positive cases of malaria admitted within 6 months. 90% had microcytic hyperchomic Anaemia. 75% were having increased serum iron and 75% transferrin saturation level is decreased only in 31.25% of cases with MRI showing mild iron deposition in almost all cases which can lead to cardiomyopathy or hemochromatosis.

**Conclusions:** Role of serial HS CRP in predicting prognosis is included in present study.

**Intestinal trend of Infective Endocarditis over the last 3 decades at JIPMER.**

Sinh Aakash Kumar, BS Suryanarayana, DKS Subrahmanyam, Senthil Kumar, Joseph Noyal, Ashish Jain
JIPMER, Puducherry

**Introduction:** Infective Endocarditis (IE) remains a disease associated with high morbidity and mortality despite recent advances in therapeutics.

**Material:** There have been 3 studies over 3 decades assessing clinical/ microbiological profiles and outcomes. 1st study from October1995-May1997(39 patients) followed by 2nd studyin August2007-July2009 (36 patients) and an ongoing study from November2017- December2019(60 patients). 135 patients were included. Role of serial HS CRP in predicting prognosis is included in present study.

**Observations:** Infective endocarditis affects people in their 3rd-4th decade. Rheumatic heart disease is most common predisposing factor, showing declining trend (6% to 28%). Incidence of Valvular (23%) and Congenital (10%) heart disease causing IE is less increasing. IE is mostly affected followed by aortic valve (25%), Prosthetic valve endocarditis is on rise(2% to 5%). Streptococcus (25%) is the rampant organism followed by Staphylococcus(25%) and Enterococcus(19%). There has been a sharp decline in incidence of Culture negative endocarditis(62% to 40%). Most patients were admitted with fever with chills and rigors since 8 days, jaundice since 3 days. Patient had history of pedicle observation:

**Conclusions:** Cause of high mortality may be attributed to lack of affordability of cardiac surgery by poor patients. HS CRP serial measurements have shown to have a role in predicting prognosis in present study.

**Study of Scrub Typhus in Rural Bangalore**

P Siva Karthik Reddy, Vasanthi Kamath, Hima Bindu
MVJ medical college and research hospital

**Introduction:** Rickettsial infections are a re-emerging infection in India. It is important cause of community acquired unfettered septic illness. Scrub typhus being endemic in this part of state, is an important etiology for febrile thrombocytopenia.

**Material:** All patients aged 18 years and above admitted with acute febrile illness to MVJ MC & RH, Bangalore between June 2017 to August 2019 were evaluated. The patients with scrub typhus were identified with well solid test. The outcome of patients with complications were evaluated.

**Observations:** Out of the total 864 cases of Acute Febrile Illness admitted to our hospital during the study period, 150 (17.36%) patients were diagnosed to have scrub typhus. Of which 71 (47.33%) of the patients were diagnosed to have Rickettsial infection, with or without characteristic eschar and early detection and initial specific treatment is important.
Old wine in new bottle
Shanthala T, Indu K Nair, Ganaa Geetha B
Bangalore Baptist Hospital

Introduction: Extra pulmonary tuberculosis accounts for almost 15% of all cases of tuberculosis. Among extra pulmonary forms, splenic tuberculosis is exceptionally rare clinical condition. The clinical features of extrapulmonary tuberculosis may be non specific that mimics other diseases and is often overlooked. This form of tuberculosis is normally seen as a part of miliary tuberculosis and is rarely an isolated entity or presenting feature. Here we are reporting a case of splenic tuberculosis which presented as pyrexia of unknown origin.

Material: Here we present a 49 year old, a known diabetic and hypertensive, who presented with fever, abdomen pain and loss of 10 kg in 3 months.

Routine investigations showed raised leucocyte count and ESR. USG abdomen did not reveal any significant abnormality. CT abdomen showed multiple splenic abscesses.

Observations: Initial differentials thought were infective endocarditis/ tuberculosis/malignancy. He was started on IV antibiotics. However patient continued to be febrile. Hence a case of splenic tuberculosis was suspected and treated as per guidelines.

Conclusions: The patient's condition improved with ATT and discharged.

A prospective observational study to evaluate serum Procalcitonin as a bio marker of sepsis in critically ill patients and it’s correlation with their clinico- pathological profile.
Narendra Kumar Bishnoi, Narendra Singh, Raman Sharma
SMS Medical College, Jaipur

Introduction: Sepsis is encountered frequently in clinical practice and leading causes of mortality in critically ill patients. Measurement of serum biomarkers to identify patients with sepsis is of critical importance as it can help reduce morbidity and mortality. The present study was conducted to ascertain whether the level of serum PCT can be used as a predictor of sepsis in critically ill patients with sepsis, serves as a useful prognostic indicator of mortality.

Material: 100 patients diagnosed as sepsis from ICUs were included in this study. Procalcitonin levels were estimated in all patients on admission. Etiology, clinical features and prognosis of a given case shall be considered in the context of their association with procalcitonin levels. The primary end point would be discharge from ICU to the wards or death in the ICUs.

Observations: Out of 100 patients of sepsis, mean serum PCT in non survivors were significantly higher as compared of survivors (35.70±29.03 vs 8.97±4.72ng/dl; p=0.000)

Conclusions: Elevated level of procalcitonin at admission is a better predictor of mortality and morbidity and that helps in stratifying the patients and to identify these at higher risk of adverse outcomes. This will warrants early initiation of effective treatment strategies.

Study of pattern of Tuberculosis (TB) patients getting admitted in Intensive Care Unit in GGH, Kadapa.
K Padma Theja, P Rama Rao
Government Medical college, kadapa (earlier known as RIMS, kadapa)

Introduction: India is one of the highest TB burdened countries in the world. Death due to TB crosses 1.6 million every year out of which one third are from India. This study aims at evaluating the pattern of TB patients getting admitted to Intensive Care Unit (ICU) in GGH, Kadapa.

Material: A prospective observational study was done from May 2019 to July 2019. Inclusion criteria: This study includes all newly diagnosed TB patients, treatment defaults, patients with relapse and patients on treatment of TB(pulmonary and extra pulmonary) who were admitted to ICU. Exclusion criteria: patients below 18 years were excluded from the study.

Observations: A total of 40 patients were admitted to ICU during this period. The mean age of patients admitted is 47.6. Mortality rate was 37. 3%. Males were significantly more affected. TB patients with extrapulmonary TB. Overall median length of ICU stay is 6.125 days. The Respiratory failure is the most common cause of admission. Mechanical ventilation is predictor of ICU mortality.

Conclusions: The present study found high mortality rate in TB patients admission and mechanical ventilation. The study also stresses for the need of more vigilant and efficient TB programs at ground level.

A Study of Hepatic Dysfunction with Severity of Dengue Fever
Bijay Ahmed AM, Kavya ST
BMC & RI, Bangalore

Introduction: Dengue viruses are flavivirus, which include four serotypes 1,2,3 and 4. Clinical expression of dengue virus infection vary from asymptomatic infection to severe dengue with shock. An estimated 50 million dengue infections occur annually and approximately 2.5 billion people live in dengue endemic countries.

Material: An observational cross-sectional study done on patients who were admitted in hospitals attached to Bangalore Medical College and Research Institute, Bangalore, Karnataka. Patients with DengueNS1 Ag or IgM positive are included in the study after meeting inclusion and exclusion criteria. Complete Blood count, liver function tests are assessed at the time of admission.

Observations: Study enrolled 100 patients with confirmed Dengue virus infection who were admitted to the hospital between July 2017 and December 2018. Serum samples taken at 0,24,48 hours of admission was used for biochemical tests. Out of 100 patients, 24 developed Severe Dengue. Statistically significant association was found between elevated AST, ALT and low albumin with severity of Dengue fever.

Conclusions: Early changes in liver enzymes and serum albumin can predict severe Dengue in patients with Dengue fever.

CNS and Choroidal Tuberculosis in IVF Pregnancy
Bharat Kumar, Sonu Pandit, MK Garg, Gopal Krishna Bohra
All India Institute of Medical Sciences Jodhpur

Introduction: CNS tuberculosis comprises of 5 to 10% of all extra pulmonary TB cases and ~1% of all TB cases with high mortality & morbidity. Timely diagnosis and management of tuberculomas favor good prognosis.

Material: A 28-year-old primigravida presented at 18th week of pregnancy with fever, severe throbbing headache, photophobia, neck stiffness and 2-month duration. She underwent IVF conception due to bilateral tubal blockage. She was pale, wasted, irritable, and drowsy. Neurological examination revealed signs of meningeal irritation with no localizing signs. General and systemic examination was unremarkable. Investigations revealed raised hco3, reversal of albumin/globulin ratio and positive manitou test. CSF showed lymphocytic pleocytosis, raised protein, low sugar, raised ADA and no bacterial/fungal or mycobacterial growth on culture. MRI showed multiple small round T2/flair hypo-intense lesions with surrounding hyper-intense oedema in cerebrum/ cerebellum & brain-stem.

Observations: On ophthalmological evaluation, there was single choroiditis patch present nasal to disc with surrounding sub retinal fluid suggestive of tubecular granuloma. Based on these findings ATT was started and after 3 weeks of treatment she was significantly improved.

Conclusions: Tuberculosis is still common cause of neurological dysfunction in pregnant patients in developing countries and requires vigilant and efficient TB programs at ground level.

A Study of Predictors of Outcome in Sepsis
Jyothsna, Ram Bhat

Introduction: ? Mortality rate of severe sepsis is 20-30%, accounting for 30-50% hospital deaths worldwide. Initial lactate level, lactate clearance, C-reactive protein, levels of procalcitonin in critically ill patients with sepsis are associated with hospital mortality. No study has yet discovered which factor is most important for mortality in severe sepsis patients with lactate acidosis. Lactate clearance during resuscitation is an independent predictor for improved mortality.

Material: ? New patients with suspected sepsis seen will be recruited during the period of the study. ? All clinical and lab details will be entered into a pre structured questionnaire used for this purpose. ? Initial serum lactate levels followed by ABG lactate levels at 0, 24, 48 hours after admission will be assessed, after initial resuscitation. ? Outcome of patient will be divided as survivors and nonsurvivors. ? Formula for lactate clearance is: (initial lactate -delayed lactate/lactate initial)*100 ? Patient with sepsis as per SEPSIS 3 will be analysed, their clinical and microbiological profile will be studied.

Observations: Reduction in mortality with lactate clearance is noted in patients with severe sepsis, proportional decrease in inotropic support and improvement in MODS are observed.

Conclusions: Lactate clearance is a reliable indicator in assessing adequate resuscitation and patient prognosis in next 48 hrs.
Unusual Presentations of Tuberculosis - A Case Series

D Chalapathi Rao Naik, Siva Shankar, Phani Kumar
NRI Medical College

Introduction: Tuberculosis (TB) is an airborne infection caused by the organism Mycobacterium tuberculosis that can affect almost any organ system. PTB and TB meningitis (TBM) continue to be a significant health burden globally, more so in low and middle-income countries like India. Diagnosis is not always easy, and TB meningitis often is not recognized as such. In this series, we report 15 cases of tuberculosis with unusual presentations, which pose diagnostic challenges.

Observations: first case presented with tubercular retinal vasculitis. Second case presented as ileocaecal mass due to TB. Three cases presented with skin lesions, which on biopsy diagnosed as lupus vulgaris, erythema nodosum and scrofuloderma. A case presented as a mass lesion in the lung, on biopsy showed tubercular aetiology. A case presented as abdominal pain and vomiting with persistent hyperaemia, after thorough workup it was diagnosed as tuberculosis. A case presented as axillary lymphadenopathy with pancytopenia, detected as acute myeloid leukaemia associated with TB. A presented with left-sided hemiparesis, on bone marrow biopsy granulomatous in nature. Other cases were of EBB associated tuberculous arthritis, Dual pathology malignancy with tuberculosis, Urogenital tuberculosis, TB siadelenitis and pancreatic tuberculosis.

Conclusions: TB has various forms of clinical manifestations, which poses diagnostic and treatment challenges. Diagnosis is not always easy, and tuberculosis as part of diagnostic workup, especially in regions where disease is endemic until proven otherwise.

Antibiotic Susceptibility Pattern of Pyogenic Infectious Diseases in a Teaching Hospital of Tripura

Susmita Deb, Sangita Choudhury, Dipankar Prakash Bhumik, Jayantaa Debnath
Tripura Medical College and Dr. B. R. Ambedkar Memorial Teaching Hospital

Introduction: Antibiotic resistance of bacteria is a significant threat globally. Tertiary care hospitals are its prime sources. This is an even greater problem in India, due to one of the highest burdens of bacterial diseases worldwide. Area specific studies help monitoring their trend in systemic infections. This study preview bacterial infections and the antibiotic susceptibility pattern in this geographical area of North East India.

Material: Clinical samples of urine, sputum, blood, pus, body fluids, etc were sent to Microbiology Laboratory from 113(73.4%) samples were culture positive out of 154 samples in a population with mean age of 55.2 ± 10

Conclusions: Present data represents effective first line antibiotics to be Amikacin and Cefotaxime Subbactam F.

Epidemiological Study of Pneumonia Patients Admitted in MICU of Tertiary Care Hospital in Mumbai from January 2017 to April 2019

Tejas Mahajan, Savita Gangurde
Jagivanram Railway Hospital, Mumbai Central, Mumbai

Introduction: Pneumonia is associated with lot of morbidity and mortality. However mortality is more in elderly patients and patients having underlying comorbidities.

Material: Sample size: 48 type os study: observational epidemiological study

Observations: 48 consecutive patients admitted and diagnosed as Pneumonia during study period. We found that out of 48 patients, 33 were male and 15 were female. Age wise 2 patients were <25 yrs of age group, 3 patients were between 25 to 50 yrs, 11 patients were between 51 to 79 yrs, 22 patients were between 60 to 79 yrs, 9 patients were >80 yrs. Number of CAP, VAP, Aspiration pneumonia were 44, 2, 2 respectively, complications such as septic shock, ARF, RVF, ARF, AKI was found in 3, 5, 1, 1, 1 patients respectively. Growth of klebsiella, pseudomonas, H1N1 was seen in 5, 1, 1 patients respectively. Comorbidities such as HIV, HTN, T2DM, HTN & T2DM, COPD, IBD, CKD, BA, OLD was seen in 5, 1, 1, 1, 1, 1, 1 patients respectively. Comorbidities such as HTN, T2DM, HTN & T2DM, COPD, IBD, CKD, BA, OLD was seen in 5, 1, 1, 1, 1, 1, 1 patients respectively. Right UZ, B/L pneumonitis, Left MZ+LZ, Right MZ+LZ involvement seen in 8, 5, 1, 6, 2, 2 patients respectively. Out of all 48 patient 25 were died and 23 were discharged.

Conclusions: Pneumonia is emerging cause of death in patients admitted in critical care unit. mortality is more in elderly patients and those with multiple comorbidities.

ADA validity in TBM and pyogenic meningitis

Chiranjeevi B
SKMCH Muzaffarpur

Introduction: ADA is an enzyme in purine salvage pathway released by T cells in immune response. Observation made regarding TBM and pyogenic meningitis value of adenosine deaminase tabulated for two groups of patients.

Material: On the basis of clinical symptoms & signs patients devided in two groups by cytochemical analysis in CSF and ADA value measurement.

Observations: Group TBM. ADA range was measured value group 1 value of ADA was 11.7-17.3, range from 10 to 20 and group 2 was 5.3-12.9 range of 5 to 20. ADA was higher in group 1.

Observations: Group TBM (tubercular meningitis) and pyogenic meningitis major cause of morbidity and mortality of CSF. ADA is rapid inexpensive fairly specific method for making diagnosis of TBM that observed with cut off value 10 IU/L is highly statistically significantly. Hence, CSF-ADA measurement is recommended in TBM.

A Case of Weil’s Disease/ Flieder Disease

S Neha Prasad, Kayaya Manam
Shadan Medical College and Research Centre

Introduction: Leptospirosis, a globally important zoonotic disease whose apparent reemergence is illustrated by recent outbreaks in the country. The disease is caused by Leptospira biflexa and has an animal reservoir. It is spread to humans by contact with infected urine of infected animals. Diagnosis of leptospirosis is often difficult because of the nonspecific clinical presentation.

Material: A 26-year-old male patient presented with jaundice, fever, and severe headache since 10 days, shortness of breath, swelling of lower limbs since 10 days, vomiting since 1 week and high coloured urine since 3 days.

Observations: Leptospirosis IgM, IgG, Urate, Urine for dark field microscopy, Urate for urine sediment analysis.

Observations: Leptospirosis IgM: 19.91 IU/L; Total Bilirubin: 6.5 IU/CUE; RBC’s and Pos cells - positive. Proteinuria positive. Nil findings in urine for culture and dark field microscopy.

Conclusions: A Diagnosis of Weil’s Disease was made and patient was managed in ICU with IV antibiotics (Inf. Ceftriaxone, supportive and symptomatic treatment. Patient showed improved symptoms and recovery within 2 weeks of starting the treatment.

Hepatology

Saroglitazar Improves Transaminases and Elastography in Patients with Diabetic Dyslipidemia and Non-Alcoholic Fatty Liver Disease

Preeva Goyal, D Goyal, RS Chhina
DMC. and Hospital

Introduction: Saroglitazar is a dual Peroxoxome Activator-Receptor (PPAR) 7 and 7 agonist; PPAR-7 action improves lipid parameters and PPAR-7 action improves insulin sensitivity. We aimed to evaluate the efficacy and safety of saroglitazar in patients with diabetic dyslipidemia associated non- alcoholic fatty liver disease (NAFLD).

Material: This observational study included diabetic patients with baseline HBA1c>6.5% and dyslipidemia (total cholesterol >200mg/dl, triglycerides>150 mg/dl) who received Saroglitazar 4 mg once daily for at least 24 weeks. Lab parameters and transient elastography (Fibroscan,Echosone) at baseline and 24 weeks were compared using t-test.

Observations: Total 134 patients were enrolled (age 51.3 ±12.2 years; 73.1%(n=98) males; mean BMI-27.9). Of these, 81.3%(n=109) patients had alanine aminotransferase (ALT)/LDL and/or fatty liver on ultrasonography. After 24 weeks, serum triglycerides reduced from 334.6 ±79 mg/dl to 142.1 ±63 mg/dl (P0.001), HBA1c from 7.8 ±6.72% to 6.7 ±6.7% (P0.001), ALT from 92 ±49 IU/L to 37±14 IU/L (P0.001), and transient elastography from 11.7 ±7.3 Kpa to 9.8 ±6.5 Kpa (P value=0.025). Saroglitazar was well tolerated.

Conclusions: Fatty liver is common in patients with diabetes and dyslipidemia. Saroglitazar leads to significant improvement in serum transaminases and transient elastography. Therefore, it can be a potential therapeutic option for the treatment of NAFLD associated with metabolic syndrome.

Correlation of Serum Prolactin Level with Child Pugh Scoring System in Cirrhosis of Liver

Sheena Karekar, Lakshmi Krishnan, Arathi Dashan
Jawaharlal Nehru Medical College

Introduction: Cirrhosis is a common hepato-malignant disorder associated with a range of distinctive clinical manifestations. Liver cirrhosis is associated with hormonal disturbances including pituitary hormones and sex hormones. Prolactin is normally secreted in a pulsatile pattern with a nocturnal elevation. In cirrhotic patients, prolactin levels are seen to be elevated throughout the day, thus signifying a loss of its normal circadian rhythm.

Material: This study was conducted on 102 patients attending Medicine OPD and admitted in the wards and Medical Intensive Care Unit at KLES Dr. Prabhakare Kolar Hospital, Belgaum fulfilling the inclusion criteria, during January 2018 to December 2018.

Observations: Study showed 20 subjects(19.6%) had prolactin values>15 ng/ml, 19 subjects(18.6%) had values between 15-40 ng/ml, 33 subjects (31.9%) had values above 40 ng/ml. Prolactin was found to have a highly significant positive correlation with both CT score and hepatic encephalopathy in our study (p-value <0.001).

Conclusions: We were able to come to the conclusion that prolactin could serve as a valuable indicator of severity of liver disease. Hence, a single parameter like prolactin, which has a significant association with the severity of cirrhosis of liver, can be considered for application in future clinical practice.

APRI score: A screening marker of hepatic fibrosis in NAFLD patients

Prateek Jain, Meenaish Sharda, Nitesh Kumar Baudth, Devendra Ajmera
Government Medical College, Kota

Introduction: NAFLD encompasses a wide spectrum of liver pathology from steatosis to cirrhosis and hepatocellular carcinoma. Outcome and mortality in NAFLD depends upon extent of fibrosis which is determined by liver biopsy or transient elastography. Fibroscan. Aspartate-aminotransferase to Platelet Ratio Index(APRI) is a simple biochemical marker which has been used to predict hepatic fibrosis. Aim is to determine the sensitivity and specificity of APRI as a screening marker of hepatic fibrosis in NAFLD.

Material: A cross-sectional study was carried out at Government Medical College, Kota on 50 patients with NAFLD. APRI was calculated and taking a cut off of 0.7, was
Challenges in the Diagnosis of Hepatic Dysfunction
In Chronic Autoimmune Thyroiditis
Sai Kiran K, G Rajan, A Marrimuthu
Government Stanley Medical College and Hospital

Introduction: Autoimmune Thyroiditis can frequently complicate the picture in Chronic Autoimmune Hepatitis, which if not detected early can lead to End stage liver disease. The case in discussion is that of a 20 year old female, a known case of Hashimoto thyroiditis, who had multiple consultations regarding a gradually distending Abdomen over six months before finally landing in the ER with hematoma.

Material: She was subjected to an Emergency upper GI Endoscopy which revealed Grade II Esophageal Varices. A Biochemical profile, Asciptic Fluid analyses, Autoimmune panel and the liver were reviewed which led to a suspicion of a possible Autoimmune hepatitis. A CT scan revealed her to have a suspected Autoimmune hepatitis with suspected cirrhosis and portal hypertension. A liver biopsy was then ordered for.

Observations: Clinically relevant on examination was a Shift in the Dull note over the Abdomen, suggestive of free fluid. A massive spleen could be made out.

Conclusions: The final diagnosis, Chronic Autoimmune Thyroiditis with a Decompensated Chronic Liver disease with portal hypertension probably of Autoimmune origin. An early and Multi system workup had to be Used which helped ruling out Hepatitis in Autoimmune Thyroiditis. An Early Diagnosis of Auto immune hepatitis could have been achieved in most cases and a better prognosis could be sought.

A study on fibroscan finding in patients of chronic liver disease attending Tripura Medical College & Dr B.R. Ambedkar Teaching Hospital.
Goutam Deb Nath, Avik Chakbroty, Dulal Chakbroty
Tripura Medical College & Dr B.R.A.M Teaching Hospital

Introduction: Various non-invasive methods has been increasing used for diagnosis of fibrosis in CLD and predict Portal hypertension in patients of CLD.

Material: It is cross sectional study done between January 2018 and July 2019. 114 consecutive patients of CLD attending at TMC & Dr B.R.A.M Teaching Hospital, Hepania, Agartala fulfilling inclusion and exclusion criteria were selected for this study. Selected patients went through by detailed history, general physical and systemic examination, blood, radiological examination, fibro scanning by Fibroscan 402 and UGI endoscopy by Olympus CV170.

Observations: Among 114 patients there were 85(74.6%) male. Ethanol 49(43%) was most common etiology followed by NAFLD 46(40.5%), BMI>30. 40(34.9%) patients had HBs antigen positive. Evidence of portal hypertension was found in 85(74.6%) patients (PHC being common followed by esophageal varix) by UGI endoscopy. The cut off value of fibroscan was found to be 12.2 & APRI 1 for presence of portal hypertension.

Conclusions: Ethanol was the most common cause of CLD. Fibroscan & APRI score can reliably predict portal hypertension in most of the cases.

Correlation of Fibroscan with FIB-4 index and APRI for Assessment of Liver Fibrosis in patients with Nonalcoholic Fatty Liver Disease
Abhilasha Soni, BK Tripathi
Vardhaman Mahavir Medical College and Safdarjung Hospital

Introduction: NAFLD progresses from simple hepatic steatosis through NASH to fibrosis, cirrhosis and hepatocellular carcinoma.

Material: An observational cross-sectional study was conducted on ultrasonically diagnosed NAFLD patients, who underwent Fibroscan. Significant Fibrosis, Intermediate Fibrosis and Absence of Fibrosis were 468.66 IU/L, 261.23 IU/L and 166.19 IU/L, respectively. In the different categories, there was a significant correlation between CK 18 and NAFLD Fibrosis Score (p=0.001). A CK 18 level of 27%±1 IU/L was determined to be the cut off value from our data beyond which CK 18 was reliable to predict liver fibrosis with a specificity and sensitivity of 91.18% and 43.48% respectively.

Conclusions: CK18 level was found to have high specificity for predicting fibrosis in NAFLD. Hence, CK 18 can be used as a non-invasive marker for predicting liver disease severity.
was >1.19 with FIB-4 and >0.5 with APRI. A significant positive correlation of FIB-4 and APRI with Median stiffness (p=0.0003 and p=0.0565 respectively) was found.

**Conclusions:** Data showed the need for early diagnosis and treatment of NALFD, which can be easily done through fibrosis and various serology based scores, thus eliminating the need for liver biopsy.

### High ALT/AST Is The Index of Advanced Alcoholic Liver Disease Rather than Heavy Alcohol Drinking: A Study in Tertiary Care Hospital

Abhijit K, Aravid GN
Bangalore medical college and research institute

**Introduction:** Alcohol is one of the most common etiology for chronic liver disease. There are several enzymes which remain elevated in both excessive alcohol consumption and Alcohol induced liver cirrhosis. But none is sensitive or specific. The ratio of Aspartate transaminase(ALT) with Alanine transaminase (AST) is one of the best marker for Alcohol liver disease. Our study mainly compares the ratio of ALT/AST with both Alcoholic liver disease and exessive Alchol consumption patients

**Material:** Observational, cross sectional study conducted on 30 patients diagnosed with alcoholic liver disease and 50 patients of alcohol withdrawal syndrome. Either admitted or seen on outpatient basis at Bangalore medical college and research institute and data was compared among the groups and appropriate statistical methods are applied

**Observations:** The mean ratio of ast/alt ratio in 50 patients of alcoholic liver disease group was 3.45, whereas the mean ration 30 patient of alcohol withdrawal was about 9.9 When compared statistically this ratio was significant in chronic liver disease group

**Conclusions:** Most of the patients with heavy alcohol drinking had high ast and alt levels. But ratio of ast/alt levels was high and suggest convince liver disease secondary to alcohol.

### Haematology

**An interesting case of anaemia**

Revathi S Kumar
Tirunehel Gokh Medical College and Hospital

**Introduction:** Autoimmune haemolytic anaemia is an uncommon disorder that occurs due to presence of autoantibodies against RBC membrane antigens. The cornerstone of diagnosis is a positive coomb’s test. AIHA with negative coomb’s test is a rare entity. Here we report a case of a 2 year old girl female who presented with jaundice and breathlessness for 5 days. O/E she had severe pallor, icterus and splenomegaly. Investigations revealed severe anaemia, normal leucocyte and platelet count. Direct hyperbilirubinemia with normal liver enzymes, raised LDH, normal reticuloocyte count with negative direct coomm’s test. She was initially managed with transfusions and antibiotics. But anaemia and jaundice worsened with transfusions. In the meantime she was diagnosed to have SLE. The initial sensitivity to immune hemolytic anaemia is common with SLE, she was started on steroids though the coomb’s test was negative.

**Material:** A 23 year old female with hemolytic anaemia, SLE

**Observations:** After starting steroids, hemoglobin started to rise, jaundice reduced and the patient symptomatically improved

**Conclusions:** So, we conclude that the patient is a rare case of combined immune hemolytic anaemia with negative coomb’s test

### Aetiopathological Profile of Patients with Pancytopenia

Suhas VP, Karibasappa BG
JMJ Medical College

**Introduction:** Pancytopenia refers to decreases in all peripheral blood lineages and is considered to be present when all three cell lines are below the normal reference range.Pancytopenia can be associated with a multitude of disease states, some of which are life threatening.

**Material:** 50 patients with pancytopenia were included in the study after fulfillment of inclusion and exclusion criteria.History, physical examination, CBC, peripheral smear, bone marrow examination was carried out in 31 patients, bone marrow examination was not done in 19 patients as they had low vitamin b12 level.

**Observations:** Vitamin B12 deficiency was found to be the cause of pancytopenia in 38% of patients. Among patients who underwent bone marrow examination, 60% had hypopoeic bone marrow and aplastic anaemia being the common etiology followed by hypersplenism.

**Conclusions:** Vitamin b12 deficiency and aplastic anaemia are common causes of pancytopenia. Bone marrow examination in selected patients can detect the aetiology and aid in early treatment.

### A Rare Case of Chronic Myeloid Leukemia (CML) in Chronic Phase Presenting as Pleural Effusion

Vibha Ranjan Khare, Kaishal Kumar Gupta, Nilesh Kumar, Chandan Kumar
Institute of Medical Sciences, Banaras Hindu University

**Introduction:** In Chronic Myeloid Leukemia (CML), only around 10% patients have extramedullary involvement. The presentation with pleural involvement is very rare and poorly understood. Here, we present a case of CML who presented as pleural effusion.

**Material:** A 42-year male presented with complaints of breathlessness, cough, and productive sputum for 1 month and draggung sensation in left upper abdomen for 20 days. On general examination, the patient was tachypneic, had paller and mellowed facial features suggestive of myelodyplasia. On systemic examination, he had a dulf note on percussion and decreased breath sounds below the left 3rd intercostal space and 14 cm palpable spleen. On investigation, FBC showed an Hb of 10 gm/dl. Leucocyte Count (TLC) was 5.2 lakhs predominant myeloid cells. Peripheral Blood Smear and Bone Marrow Aspiration showed a chronic myeloid leukemia. C Chest X-Ray showed a massive left-sided pleural effusion which on cytology and microscopy showed myelocytes and metamyelocytes. Philadelphia chromosome was positive and BCR-ABL translocation was quantified. Diagnosis of CML was made and the patient was started on Imatinib.

**Observations:** The patient improved clinically, spleen regressed in size and pleural effusion also decreased markedly on followup.

**Conclusions:** Pleural involvement in CML is very rare and can be caused by granulomatous, lymphomatous, leukemia infiltration of pleura, obstruction of pleural capillaries, extra-medullary hematopoiesis among others. Therefore, in cases of non-thoracic causes of pleural effusion, CML should be considered as one of the differential especially if splenomegaly is present.

### Study of Iron Status in Sickle cell disorder

Piyush Varshney
Netaji Subhhash Chandra Bose, medical

**Introduction:** There is common view that Patients with Sickle cell disorder has iron deficiency conditions. They are usually iron deficient(Normal Iron profile or iron overload profile) because of increased cell turnover and repeated phlebotomy twice weekly until target HCT- 45%

**Observations:** In study observation 60 patients were included, among them 45 were sickle cell anemia (SCA)patients and 15 were sickle cell trait(SCT) patients

**Conclusions:** Incidence of iron deficiency among sickle cell patients was found to be 18.3%. The IRP deficiency state was more in SCT Patients as compared to SCA Patients. Serum ferritin was elevated in more than patients who presented with features suggestive of vasomotor crisis than in steady state. Non transfused sickle cell patients found to be iron deficient state compared to transfused Patients. Iron overload state was not seen in non transfused sickle cell patient but seen in transfused Patients.

**Conclusions:** A state of iron deficiency may be present in sickle cell patients. Therefore, periodic evaluation of iron status of sickle cell patients is suggested in the monitoring and management of these patients.

### Megaloblastic Anemia in Chronic Alcoholic: A case series

AM Sarode, ME Yoellock, S Harle
KJ Somaiya Medical College and Hospital, Ayurvihar, Sion, Mumbai

**Introduction:** Vitamin B12 deficiency is widely prevalent in alcoholics.

**Material:** Seven male patients with alcoholism in the age group of 20-60 years admitted in our hospital in Mumbai form a part of this study. These patients were diagnosed to have alcohol abuse disorder / liver disease with diagnostic test ranging from one to ten days.

**Observations:** The vitamin B12 values were less than 190 picogram/ml or borderline and MCV values between 100 and 122 femtolitre and haemoglobin values between 9.4 to 12 g/100 ml. Alcoholics who consumed alcohol and hypochlorhydria, leading to reduced B12 absorption. It prevents nutrients from being fully utilised. Clinical manifestations tend to be pernicious anaemia, glossitis, malabsorption, tingling and numbness at the extremities and megaloblastic anaemia with variable degrees of pancytopenia. Having been treated with routine hematinics for a period over almost six months was the common pre-admission history of these patients. After treating with parenteral vitamin B12 the MCV values rose to normal range.

**Conclusions:** Vitamin B12 deficiency anemia is a potentially correctable condition in chronic alcoholics which needs to be an entity demanding attention early in the course of presentation. De-addiction was advised to these patients as a long term approach.

### A Mysterious case of Intramuscular hematoma

AK Patel, MK Sharma
NHMM Naryana Multispecialty Hospital, Raipur

**Introduction:** Multiple myeloma (MM) is characterized by malignant proliferation of monoclonal plasma cells. It presents as bone pain or fracture, renal failure, susceptibility to infections and hyperviscosity. Hemostatic abnormalities have been reported in patients with myeloma which predispose the patient to bleeding and thrombosis, although clinically severe bleeding is uncommon.

**Material:** 63-years-old female presented to emergency with left gluteal pain with swelling and epistaxis. On lab-work hemoglobin was 8.6 g/dl, platelet was 182,000/ mcl, TLC was 10,000/cumm and ESR was 110.

**Observations:** Serum protein was 8.2 gm/dl, s albumin = 3.9 gm/dl, globulin = 5.4 gm/dl (A-G reversal). Serum protein electrophoresis showed a monoclonal gammapathy in beta-2 globulin region. A BM biopsy showed about 60% cellular infiltration with neoplastic plasma cells. IgA microglobulin was 7384 ng/ml and immunoglobulin profile showed raised IgG(7773.00mg/dl). Flow cytometric analysis of the bone marrow aspirate demonstrated a small fraction of clonal plasma cell population that were CD38+, CD138+, CD45-, and CD56-. Fluorescence In Situ Hybridization confirmed the neoplastic plasma cells with kappa light chain restriction and cyclinD1-.

**Conclusions:** This case is interesting as uncommon presentation of intramuscular hematoma and laboratory approach to diagnosis are discussed. This also highlights the importance of keeping MM as differential diagnosis in case of intramuscular bleeding.

### A Case Series of Polycythemia Vera at Higher Risk of Vaso Occlusive Crisis

Vivek Bavadhaarini
Commuter Medical College and Hospital

**Introduction:** Polycythemia Vera is a cloned erythrocytic disease manifested by high proliferation and apoptosis in bone marrow.It belongs to group of Philadelphia chromosome negative Myeloproliferative neoplasms

**Material:** CASE 1: A 60 years old man with no co morbidities presented with symptoms of sudden painless loss of vision in left E O.D. He was found hypochromic blood with Hct 54.8%. Best corrected VA in left eye –counting fingers close to face. RAPD+ in left eye. Ocular Fundus - Central Retinal Vein Occlusion. Hb 16.5 gm/dl. Hemoglobin, HCT, Platelet count and leukocytosis with low ESR. Features of Myeloproliferative Neoplasm noted on Bone marrow aspiration study. Hemoglobin 18 gm/dl with Hct 53%. Since Erythropoetin levels are low, a diagnosis of Primary Polycythemia Vera was made and treated with Aspirin and phlebotomy therapy with target HCT 40-45%. A 38% was achieved CASE 2: A 40 year old man presented with acute onset of headache and projectile vomiting associated with diminished vision at home. Fundoscopy showed Hb 12 gm/dl, vitreous 2+ and hyphema 1+ without any ocular pathology. O/E:Afebrile,Conjunctival congested vessels observed. Bilateral sixth cranial nerve palsy with normal power in all four limbs. Visual acuity 6/6 in both eyes. After one to two days funduscopy-thrombosed blood vessels suggestive of CRVO.
Iron and B12 studies normal. Repeat Peripheral blood showed Dimorphic anaemia with thrombocytopenia. anaemia of both microcytic and macrocytic picture. LFT showed transaminase and bilirubin increased. Anergy to Tuberculin. Immunosuppressive agents like Rituximab and newer drugs were found to be responsive to Azathioprine+ Dapsone.

Megaloblastic anemia (17%), Myelodysplastic syndrome (56%) we’re found to be responsive to Azathioprine+Dapsone. Increased Megakaryocytes consistent with polycythemia vera. This case report emphasizes the need for early recognition of ITP, and the importance of prompt diagnosis and intervention.

A case report of young onset myelodysplastic syndrome
Rishika Goyal, Puneet Saxena, Aradhana Sharma Sawai Mansingh Hospital

Introduction: Myelodysplastic syndrome comprise a heterogeneous group of disorders of hematopoietic stem cell disorders characterized by dysplastic and ineffective blood cell production and a variable risk of transformation to acute leukemia. It is a disease of older adults, with a median age at diagnosis >65 years. We report a case of MDS in young adolescent.

Material: A 20 year old male presented to emergency with acute onset of generalised body weakness, dyspnea, and fatigue for 1 month with bleeding from nose for 2-3 days and fresh blood in the stools for 1 day with history of blood transfusion 1 month back when patient had similar complaints.

Observations: On laboratory investigations patient had pancytopenia, normal USG, PBF was suggestive of multiple causes, gastrostomy, endoscopy, and bronchoscopy were done. Bone marrow biopsy was suggestive of multilineage dysplasia. On fluorescent in situ hybridisation deletion 7q, with hyperdiploidy, was identified. The patient was started on lenalidomide and was kept for follow up.

Conclusions: Even young patients can present with MDS, hence a high index of suspicion and a detailed work up including genetic cytogenetics is required for precise diagnosis and prognosis.

An interesting case of Anemia with Thrombocytopenia
Arnesh Bhattacharya, Ajay Chauhan, Prashanth Mylar Atul Vihar Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Loha Hospital, New Delhi

Introduction: Lymphoplasmacytic lymphoma is a rare B cell neoplasm. It’s incidence varies from 3 to 4 in a million and is associated most commonly with IgG and very rarely IgA or IgA monoclonal gammopathy. Sometimes an overlap with Immune Thrombocytopenic Purpura may be present.

Material: This is a case of a 65 year old lady who presented to us with high output cardiac failure and a history of bleeding diathesis with a background of easy fatigability for two months.

Observations: Patient was found to have severe Anemia, Thrombocytopenia and reversal of Albinum:C globulin ratio which were suggestive of a chronic inflammatory state. She, however, had no skeletal involvement, renal involvement or hypercalcemia. Serum protein electrophoresis revealed a band in the IgA peak which could not be identified further. Bone marrow biopsy was done with Immunohistochemistry which was suggestive of Lymphoplasmacytic Lymphoma.

Conclusions: Hence a final diagnosis of IgG secreting Lymphoplasmacytic lymphoma was made with an overlap of Immune Thrombocytopenic Purpura.

Subdural haematoma in adults with immune thrombocytopenia: A report on four cases
Sai Kiran C, Prasad Rao Koduri, Srinu Joshi Mahatvir Hospital & Research Centre, Hyderabad

Introduction: The management of Subdural haematoma (SDH) in adults with Immune Thrombocytopenia (ITP) is based on traumatic SDH. Guidelines for the management of ITP-SDH are not available. Conservative management of spontaneous, non-traumatic SDH in the recent years by the newer understanding of the pathophysiology of chronic SDH as a local circumscribed self-perpetuating inflammatory process, initiated by a minor bleed. We report four cases of ITP-SDH in adults.

Material: Four known cases of ITP who had neurological symptoms were evaluated. History was taken and physical examination done. Based on the findings, CBP, CT/MRI Brain and other necessary investigations were done. In these 4 cases which had SDH on imaging, either conservative management with steroids and platelet transfusions or surgical treatment with craniotomy and evacuation of haematoma was done according to the clinical condition of the patient.

Observations: Out of 4 cases, 3 were treated conservatively and 1 patient needed surgical intervention because of decreasing sensorium. All 4 cases recovered with no neurological sequelae.

Conclusions: A majority of patients with ITP-SDH can be managed conservatively using steroids with excellent results, even in cases with significant mass effect. Surgical treatment is reserved for patients with severe neurological impairment or poor response to conservative therapy.

A rare case of ITP with severe anaemia
Vundity Vennela, R Narahda Lakshmi, SM Mohamed Rebabuddin Cherla Medical College and Hospital

Introduction: We present a rare case of Idiopathic Autoimmune anaemia presented along with Thalassemia trait

Material: A 14 year old female presented with breakthrough bleeding and easy bruising. She was diagnosed as having ITP. She had a history of chronic urticaria, abdominal pain of left knee and back low since two months, thin built, moderately nourished with severe pallor. Systemic examination revealed no significant abnormality except postural hypotension. Spine X-rays were normal.

Observations: Complete blood picture showed anaemia of both microcytic and macrocytic picture. LFT showed indirect hyperbilirubinemia. Peripheral smear showed Dimorphic anaemia with thrombocytopenia. Iron and B12 studies normal. Repeat Peripheral blood smear showed Severe microcyctic hypochromic anaemia. Bone marrow aspiration showed aspiratory-erythroid hyperplasia. BM biopsy normal. Hb electrophoresis done and HbA2 slightly increased. We thought it to be a case of Thalassemia. Since her several episodes of anaemia with hemolytic picture and severe indirect hyperbilirubinemia didn’t correlate well with Thalassemia, we suspected immune hemolytic anaemia and a presumptive diagnosis of immune thrombocytopenic purpura (ITP) was made. The patient was started on lenalidomide and was kept for follow up.

Conclusions: This is a case of ITP in a background of autoimmune anaemia associated with Thalassemia. The diagnosis of ITP should not be missed due to associated anaemia in these conditions.
Comparison of whole body Magnetic resonance imaging and conventional radiography in the assessment of spectrum of skeletal lesions in newly diagnosed multiple myeloma

Nisheil Gowda, V Chetana Kumar Atti, Seema Rohilla
Pt.B.D. Sharma PGIMS

Introduction: Whole body magnetic resonance imaging (WBMRI) helps in detection of diffuse and focal bone marrow infiltration in the absence of osteolytic lesions on radiography and biopsy in multiple myeloma.

Material: Thirty cases of multiple myeloma underwent SS and WBMRI (T1, STIR and diffusion weighted sequences) from vertebral column to ankle.

Observations: SS detected lesions in 70% and WBMRI in 93% of patients. WBMRI was found to be superior than skeletal survey in cervical spine (33% vs. 3%; P = 0.008); thoracic spine (30% vs. 20%; P = 0.004); lumbar spine (63% vs. 17%; P < 0.001); polvis (73% vs. 33%; P < 0.001) and clavicles (23% vs. 3%; P = 0.015). While WBMRI was found to be inferior in skull (10% vs. 33%; P = 0.015). There was no significant difference in ribs, sternum, scapulae, humeri and femora. WBMRI showed focal pattern in 43%, diffuse pattern in 23%, focal and diffuse pattern in 23% and variegated pattern in 3% of patients.

Conclusions: WBMRI is powerful than SS in detection of bone disease. WBMRI performs better in lesions of spine and pelvis in diffuse and focal pattern. We recommend the routine use of WBMRI along with SS in the management of multiple myeloma.

An Observational Study of Polycythemia
Prashant Agrawal, Pramod Binayake, Gurmeet Singh
JLN. Hospital and Research Centre Bhiw Steel Plant, Bhiw, CG.

Introduction: Polycythemia means an increase in the total quantity or count of red cells in the body without any implication regarding leukocytes or platelets. Most of patients are asymptomatic or detected incidentally on routine haematological examination may present with symptoms due to increased viscosity.

Material: In this prospective observational study, 40 cases satisfying the inclusion and exclusion criteria were enrolled into the study.

Observations: Out of 40 patients, males constituted 85% and their mean age at diagnosis was 50 years and the male to female ratio was 5.6:1. Clinically conjunctival congestion (77.5%) was the most common presentation followed by headache (32.5%), purpuras (40%), diaphoresis, epigastric discomfort, cutaneous eruptions and weight loss. JAK-2 mutation was found in 61% cases, out of which 6 were males and 3 were females. Splenomegaly was present in 12 (30%) patients. Thrombotic complications occurred in 22.5% of patients. BCR ABL or t(9,22) was found in 9 (22.5%) patients. Cytogenetic analysis revealed normal karyotype with t(8,13)(p11.2,q12) was seen. FISH showed FGFR1 translocation with t(4;14)(q21;q32). The mean platelet count (per microliter) was 370000 ± 140000 and the mean red cell counts (per microliter) were 5.25 ± 0.13.

Conclusions: PV is seen in a moderately young population (age group 45 – 65 years). The disease is frequently seen in male gender and primarily patients present with symptoms related to hyper viscosity.

The EMS Syndrome (BPFL1/12 Myeloproliferative Syndrome) or Human Stem Cell Leukaemia/ Lymphoma Syndrome-A Unique and Rare Case
Prachi Mohapatra, KK Gupta, Nishil Gowda, Prachi Mohapatra, Lingaraj Nayak
Institute of medical sciences, BHU, Varanasi, U.P.

Introduction: The 8p12 myeloproliferative syndrome (EMS)/stem cell leukaemia/lymphoma (SCLL) is a relatively rare condition characterised in its typical form by the occurrence, either simultaneously or sequentially, of a bcr/abl-negative myeloproliferative disorder, eosinophilia and a lymphoproliferative malignancy. The disease is aggressive and rapidly fatal, with most patients dying of transformation from myeloid or lymphoid phenotype in a median of 6 months with median survival being a mere 12 months.

Observations: CASE REPORT: A 27 year old male presented with complaints of fever, weight loss, weakness, bleeding tendency. Clinically per abdomen revealed generalized abdominal distension, tender epigastric discomfort and epigastric and hip swelling for 1 and half months. On examination bilateral submandibular, upper and lower juxaglular,axillary and inguinal lymph nodes were palpable. Hepatosplenomegaly was present. INVESTIGATIONS- CBC showed Hb-13,TLC-59300 with eosinophilia 7% and lymphocytosis 6%. Bone marrow aspiration showed presence of metamyelocytes,myelocytes,promyelocytes and stab forms suggestive of CML. Bone marrow biopsy showed hypercellular marrow with left shifted myeloid maturation and increased in eosinophilic precursors suggestive of CML.Lymphnode biopsy was suggestive of T cell lymphoblastic lymphoma. The disease is aggressive and rapidly fatal, with most patients dying of transformation from myeloid or lymphoid phenotype in a median of 6 months with median survival being a mere 12 months.

Conclusions: The disease is aggressive and rapidly fatal, with most patients dying of transformation from myeloid or lymphoid phenotype in a median of 6 months with median survival being a mere 12 months.

A rare case of non secretory multiple myeloma
J Jayalakshmi, M Ramesh, P Barathiraja
KAPV government medical college, Trichy

Introduction: Multiple myeloma is a plasma cell dyscrasia that presents with monoclonal proliferation of plasma cells. Non secretory multiple myeloma is a rare variant, which is symptomatic myeloma without detectable monoclonal immunoglobulin on serum or urine electrophoresis.

Material: We present a case of 62 years old man who presented with bone pain and weight loss. He was extensively investigated with complete hemogram, x-rays, ultrasonogram and CT scan, bone marrow study and eventually found to be non secretory multiple myeloma.

Observations: His diagnosis was confirmed by histopathological examination however his serum and urine electrophoresis were negative. He is currently treated with doxorubicin, bortezomib and thalidomide. After two months of treatment, he shows remarkable clinical improvement.

Conclusions: We describe this case report, a rare variant of non secretory multiple myeloma for better awareness among medical practitioners.
Renal abnormalities are rare which occur either due to hemolytic crisis or repeated thrombotic episodes involving small vessel disease. Effects of hemoglobinuria, acute kidney injury (AKI) requiring hemodialysis due to PNH is rarely observed. We present a rare case of PNH with renal involvement. The diagnosis was challenging because of the rarity and unfamiliarity with this entity. The outcome was recovery of renal function with hemodialysis.

**Material:** We report a case of a 50-year-old male who presented with limb swelling, rectal hemorrhage, red-blue output and high coloured urine, subjected to urine analysis, complete hemogram, and other routine investigations with abdomen ultrasonography, autoimmune profile and flow cytometry for CD55 and CD59.

**Observations:** Initially diagnosed as acute renal failure requiring dialysis, then bicytopenia was present with hemolysis, PNH was diagnosed based on flow cytometry. The disease has varied clinical presentation and we report this in the anterior abdominal wall.

**Conclusions:** Hemolysis, PNH was diagnosed based on flow cytometry. Patients may present with variant clinical features. We diagnose this case on suspicion of some malignancy as the patient is old age male, raised ferritin and globulin levels and fragile mucoxia.Expect anaemia no common presentations are found.

**Multiple myeloma can present with varied symptoms high susceptibility to diagnosis the case if presentation is rare like in this case.**

**Assessment of Quality of Life in Severe Hemophilia Using Generic and Hemophilia Specific Instruments**

**Juhi Singh, Naresh Gupta, Sandeep Garg**

**Maunala Azad Medical College and associated hospitals New Delhi**

**Introduction:** Hemophilia is an inherited bleeding disorder characterised by recurrent bleeding episodes causing physical and functional impairment affecting perceived health related quality of life (HR-QoL). In this study, we have assessed QoL in severe hemophilia using generic (SF-36 & EQ-5D) and hemophilia specific instruments (Haem-A-QoL) and correlated the assessment outcomes from different instruments.

**Material:** A cross-sectional analytical study done over one year period included sixty severe hemophilia A pati

**Observations:** In our study, mean age of subjects was 25.37±6.04 years, majority were in 25-31 years (51.60%) age group.

**Conclusions:** Haem-A-QoL is better and comprehensive instrument for assessing HR-QoL in adult hemophilia patients.

**A Study on Efficacy of Low Dose Prophylaxis Versus on Demand Treatment for Severe Hemophilia A**

**Harsha Theja Kaluvalla, Valupadas Chandrasekar, Bandi Suman**

**Kakatiya Medical College/Mahatma Gandhi Memorial Hospital, Warangal**

**Introduction:** Hemophilia prophylaxis is globally accepted as a treatment strategy compared to on demand therapy. Prophylaxis is rarely practised in India due to ill afford of some clotting factor concentrates.

**Material:** A clinical audit was done for 6 patients at our center MGM Hospital, Warangal for a period of 24 months (12 months retrospectively for on demand treatment and 12 months prospectively for prophylactic treatment).All patients are severe hemophiliac and had joint swellings in past. Factor VIII concentrate was given at dose 15 U/kg weekly twice weekly.

**Observations:** Outcomes were measured at two time points – at the end of preceeding 12 months of on demand treatment and at end of secondary/teritary prophylactic treatment. Using SF-36 and Haem-A-QoL (HR-QoL) health related quality of life, (HR-QoL) health related quality of life. Medical outcomes were measured using SF-36, SF-36, finally QoL assessment using SF-36, SF-36 and Haem-A-QoL (HR-QoL).

**Conclusion:** A reduction in the blood rate was seen from transition of on demand treatment to prophylaxis treatment.None of the child developed inhibitors during the study period. Cost for on demand treatment is more than prophylaxis treatment.

**References:**

[Sunita Aggarwal, Smita Kaushik, Suresh Kumar Maunala Azad Medical College, Darbhanga Medical College and Hospital Darbhanga.

**Conclusion:** Subclinical peripheral neuropathy detected in 18(40%) patients of severe hemophilia A. Hence, we planned to find out the association between two.

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Oncology

Study of clinical profile of Gastrointestinal Lymphomas in a Tertiary care hospital
Naga Bhagyasri Mangam, Ananth Pai, Karthik S Udupa
Kasturba Medical College, Manipal

Introduction: Lymphoma only found in extranodal sites is called as primary extranodal lymphoma. Though Gastrointestinal (GI) lymphoma is the most common form of primary extranodal lymphoma, it is a rare cancer and is easily mis-diagnosed due to its non-specific symptoms.

Material: This retrospective study includes all patients diagnosed to have GI lymphomas based on imaging and histopathological findings during the period from February 2016 to August 2019 in Department of Medical Oncology. Staging was done by Lugano staging system for Non-Hodgkin’s lymphoma and Ann Arbor staging for Hodgkin’s lymphoma. Prognostication was done by using International Prognostic Index (IPI) scores and estimated 5-year survival rates were calculated.

Observations: Twenty cases were primary extranodal (fourteen were primary GI) and three had primary nodal disease. Fifteen were males and eight were females. Most common symptom observed was abdominal pain. Stomach was the most common site involved. Diffuse large B-cell lymphoma was the commonest type. Twenty underwent complete staging procedure (CT abdominal and pelvic scan which nine were in early stages and eleven cases were in advanced stages) and nineteen received treatment. Eight patients showed good response, five had progression of disease and four had relapse.

Conclusions: Primary GI lymphoma often requires high index of suspicion for diagnosis and outcomes are usually poor compared to nodal lymphomas.

Clinical & Lab Marker Predicting Early Molecular Response Inpatient of CML Chronic Phase Treated With Imatinib
Sangetkumari Choudhary, Ittenkar Singh, Hemant Malhotra, Ramanathkumar
SMS Medical College Jaipur

Introduction: The prognosis of patients with Chronic Myeloid Leukemia (CML) has improved since the introduction of imatinib. However, patients who do not achieve complete cytogenetic response and major molecular response have poorer prognosis.

Material: This is a longitudinal, single-arm, retrospective study based on chart review. Study done on 200 patients who were diagnosed with chronic or accelerated phase CML and treated with imatinib. The patients were selected for their cytogenetic, molecular and cytogentic responses to imatinib, and survival probabilities were examined and analysed.

Observations: Of 201 patients eligible for analysis, 86 (43%) achieved BCR ABL of less than 1% at 6 months. Various factors such as, age, gender, hemoglobin, WBC & ESR was statistically significant and platelets, serum LDL, peripheral blood basophils, peripheral blasts% & bone marrow blast% was statistical significant when compared with <10% BCR ABL & >10% BCR ABL molecular response.

Conclusions: Imatinib is a tyrosine kinase inhibitor, an initial choice for treating Ph-positive chronic myeloid leukemia in India. Modern oncology is experiencing a paradigm shift toward personalized medicine, which aims to direct medical agents toward the tumor site. It is important to investigate the current development of using molecular information in intelligent models for personalized medicine.

A Rare Differential of Renal Malignancy: Ewing’s Sarcoma
Pruthvi Prabhudev, Ananth Pai
Kasturba Medical College, Manipal

Introduction: Ewings Sarcoma is a high grade malignant tumour typically found in children and adolescents. Ewings Sarcoma is a rare entity and presents in the long bones. Extraskeletal Ewings is uncommon with Renal Ewings being extremely Rare Presentation.

Material: A 19 year old male presented with Pain in the left Loin and intermittent hematuria with occasional clots since 1 month. USG Abdomen showed enlarged left kidney with a Heterogeneous Mass. CECT Abdomen showed large heterogeneous enhancing mass with necrotic, hemorrhagic areas involving mid pole of left kidney, invading Left Renal Vein with suspected Lunc Mets. Patient underwent Left Radical Nephrectomy. Histopathology revealed an Infiltrating tumour comprising round to oval cells with pale staining cytoplasm, hyperchromatic nuclei and numerous perivascular pseudorosettes divided by fibrous septae. HR showed Strong positive CD 99, FLI1, EWS(FISH) +ve and negative WT1, CD10, LCA. All findings were suggestive of Ewings Sarcoma/PNET.

Poisoning and Toxicology

Yellow Phosphorus Poisoning: A Retrospective Study in Tertiary Care Hospital
Shreyank Itagi, Shivakumar BR, Parasahum
B.R. Ambedkar Medical College and Hospital

Introduction: Rodenticides have been an important cause of significant morbidity and mortality in patients with deliberate self harm. Yellow phosphorus a rodenticide is lethal toxin in humans which affects hepatic, cardiovascular and renal systems. Since limited studies are available, current study evaluated mortality, complications and treatment options of yellow phosphorus poisoning in tertiary care hospital.

Material: This retrospective study was conducted between January 2017 and January 2019. Subjects more than 15yrs of age with acute poisoning due to yellow phosphorus were included. They were classified into various groups based on age, gender, amount consumed and time delays in receiving hospital care. Various outcomes including incidence in different age groups, amount of poison consumed, proportion of patients died and cured were analysed. Statistical analysis was performed using Mann-Whitney and Fishers exact test. P-value of less than 0.05, was considered significant.

Observations: Study enrolled total of 201 cases, majority of subjects belonged to 20-29 yrs. Mortality rate of 8% was observed among subjects with known outcome. Complications noted were toxic hepatitis, hepatic encephalopathy, myocarditis, respiratory failure and shock. Highest mortality was noted in cases with cardiotoxicity. Other treatment options like steroids and exchange transfusion were explored.

Conclusions: Our study shows increased mortality due to lack of specific antidote for yellow phosphorus poisoning. Increased incidence of poisoning was noted in younger age group. Banning of these compounds can be considered.

A Prospective Study of Serum Amylase Levels in Acute Organophosphorus Poisoning and its Relationship with its Severity and Outcome
Sukanya Nagabhairu
Asram Medical College, Eluru

Introduction: Acute poisoning by organophosphorus pesticides (OP) has reached epidemic proportions in developing countries. Their ease of access plays important role in choosing OP as a self-poisoning method. Case reports on acute pancreatitis following acute organophosphorus compound ingestion has been reported, but studies with reference to Pancratitis is not available. Hence an attempt was made to study Pancreatic involvement through biochemical means.

1. PERIOD OF STUDY: 2 years.
2. STUDY AREA: Department of General Medicine, ASRAM, Eluru. • Study group underwent this tests: Hemoglobin, TLC, DLC, Serum Amylase, Serum magnesium.
A. Inclusion Criteria: • Patients with OP poisoning exposure.
B. Exclusion Criteria: • Patients with double poisoning • Patients consumed alcohol along with poison.
• Patients with Gall stone Disease and lipid disorders
• Patients on drugs like Azathioprine, 6 – Mercaptopurine, and Pentamidine

Observations: • Majority of poisonings followed oral ingestion.
• Incidence was higher in age of 21-30 yrs.
• Most common reason for consumption being familial stress.
• Muscarinic signs in the study were miosis, excessive salivation, and respiratory distress.
• Nicotinic effects are muscle weakness and fasciculations.

Conclusions: A significant rise in serum amylase level following OP Poisoning leads to complications like convulsions, CNS depression, fasciculations, respiratory failure and poor outcome.

Social Issues and Soft Skills

Electronic gadget Screen-time, Sleep Quality &amp; Quantity and Academic performance in Medical Students
Yeluri Koushik
JSS Medical College

Introduction: Sleep is vital to health and well-being. Inadequate sleep quantity and quality is a health concern with a variety of adverse health outcomes. Electronic gadgets like PCs, Laptops, Tablets, Smartphones have become a part of our lives. The usage of these gadgets, sleep quality & quantity and their association with academic performance has been under-explored in medical students.

Material: It is an Observational prospective study, done in JSS Medical College. The sample size was 400 with participants identified by clustered random sampling. 100 students from each year have been of whom 50 were boys and 50 were girls. Pittsburg Sleep Quality Index proforma has been used to assess the sleep quality and quantity.

Observations: The average PSQI score obtained was 14.01 indicating an overall poor quality of sleep. The average screen on time being 5.16 hours for all devices and 4.65 hours for only mobile device which were both more than the recommended usage. We also identified a positive correlation with the absolute screen on time and academic performance of the students.

Conclusions: We would like to conclude that students’ gadget usage trends need an urgent review and has its impact has been grossly under estimated.
• Hence Serum amylase levels may be considered as marker of organophosphorous intoxication.

Clinical Profile and Outcome of Patients with Acute Poisoning Admitted to I.C.U in a Tertiary Care Hospital Kadapa
S S Rama Kalyana Praveen, S Chandra Babu, A Arjun Kumar Government General Hospital

Introduction: Acute poisoning is a common cause requiring the data on clinical profile and outcome on acute poisoning is scarcely available. AIMS: To assess the course and outcome of acute poisoning admitted in ICU in a tertiary care teaching hospital.

Material: It’s a prospective observational study conducted in I.C.U of tertiary care hospital in kadapa for a duration of six months over which 592 patients were studied. The data was analysed regarding type of poisoning time of presentation, course in the hospital and outcome.

Observations: Most common agents were hair dye -super-vasmol-30.9% followed by organophosphate and carbamate -26%, Two or more compounds -21.9%, Benzodiazepine -8.1%. Other drugs -5%.Unknown compounds -5.4%, and aluminium phosphide -3%. Commonest mode of poisoning was suicidal -91.5%, site of exposure was mostly oral 94.9%, organ failure was present in 25.5%.Detergent was the most common precipitating factor. Venous catheter support was required for 32 patients luteinopoeic support was required for 46 patients, Dialysis was required for 4 patients, I.C.U mortality was 8.4%.

Conclusions: The data analysis gives an insight into the epidemiology of acute poisoning, the spectrum of poisoning differ from urban population to rural population the increasing variety and complexity of toxins with substance abuse attribute to significant number of cases.

Prognostic Value of Neutrophil/Lymphocyte Ratio and Platelet Lymphocyte Ratio in Patients with Snare Bites in India
Samaga S, Bhandary NIA, Shetty N, Martin AM A/Assistant Prof, Med Of Mal, SRM Medical College Hospital And Research Centre

Introduction: Snare bite is a neglected public health issue in many tropical and subtropical countries. About 5.4 million snake bites occur each year, resulting in 1.8 to 2.7 million cases of envenomings. NLR and PLR has been studied with respect to sepsis and other illness however no much studies available in snake bite cases from India.

Material: In this study, medical records of the cases admitted who had snare bite was retrospectively studied. 35 cases were included in the study after excluding the exclusion criteria. Neutrophil count, lymphocyte count and platelet count from their records whose ratio was calculated and analysed. The primary outcome was death or discharge. Site of bite, type of snake, time since bite, hospital stay and other factors were studied even supportive measures including chi square test, mann-whitney test, ROC analysis and t test.

Observations: It was observed that only NLR was significant predictor of the prognosis in snake bite. NLR was significantly increased in patients that developed complications and needed a longer stay in the hospital.

A case of nitrobenzene poisoning
Suraj V Bhat, Manojanda K Nayak
AJ Institute of Medical Sciences, Dighol Hills, Nagpur

Introduction: A 45-year-old, female was brought by her husband with alleged history of consumption of an unknown poison about 8-10 hrs back. Patient was found in unconscious state at the farm by her husband and was taken to a private hospital where she was given gastric lavage and supportive treatment and then brought to this hospital.

Material: SHE was pale, jaundiced, cyanosed, her oxygen saturation was 95% on ambient air, SBP-90/60 mm Hg, Pulse-80/min. Blood sugar was 185 mg/dL. Other investigations were done and found to be within normal limit. Exudate on surface of liver with dark blue discolouration. Serum bilirubin was increasing steadily. Plasmapheresis was done.

Conclusion: The death is due to shock, cardiac arrhythmias/myocarditis, hyperglycemia and glycosuria were present apart from normal other parameters. All the four cases were given supportive care and had a full recovery in 36-48 hrs with no longterm morbidity.

Conclusions: Management is largely supportive and symptomatic care. No specific antidote is available. Even though the clinical course is self-limiting, with appropriate supportive care, mortality is low. Majority of cases may recover completely without any sequela.

Methylene blue induced haemolytic anaemia
Har Mathew, A Bhagra
Vidyah Institute of Medical sciences and research center, Bangalore

Introduction: Methylene blue is an anti-infective agent, antidote and antiseptic which is used frequently for the treatment of acquired methemoglobinemia due to nitrobenzene poisoning. It promotes non-enzymatic redox conversion of methemoglobin to leucyemoglobin blue via NADPH reduction which further reduces the ferric iron of methemoglobin to the ferrous state. Toxicity includes serotonin syndrome due to MAO inhibition, skin and urine discoloration, abdominal pain, and neurotoxicity.

Drug induced haemolytic anaemia due to methylene blue is a very rare presentation, but in a too in that patient who is not CGLP positive.

Material: We present a case of a 28 year old female who presented with alleged ingestion of Gibberellic Acid(0.003%) followed by multiple episodes of vomiting, hyperventilation, tachycardia, hyperpyrexia, hypotension, tongue and respiratory distress. Acquired methemoglobinemia was suspected and methylene blue was started

Observations: Cyanosis resolved, however the patient developed drop in haemoglobin, indirect hyperbilirubinemia and icterus.Peripheral smear, LDH, 5-Haptoglobin and urine tests showed evidence of haemolysis. The patient was managed conservatively with blood transfusion and steroids and made a full recovery in 4 days.

Conclusions: Therapeutic doses of methylene blue causing hemolysis without G6PD deficiency prompts search for an alternative mechanism for this side effect of the drug.

Disease Profile of Paraquat Poisoning: Andaman and Nicobar experiences (Indian Islands) – D3 study
P各有, Vajanan Kuma Panda, S Prasad, Ramchandra Pasupuleti, Remya Raja Sekhar Naidu Y, Mouna HN, SS Singh
All India Institute of Medical Sciences, Rishikesh

Introduction: Paraquat poisoning is a grave public health problem in Andaman and Nicobar islands of India.

Material: In a cross-sectional study, the information about all cases of acute paraquat poisoning who were admitted to District General Hospital, Port Blair, Andaman and Nicobar islands during the period (January 2007 to December 2018) were evaluated.

Observations: A total of 29 referred patients were evaluated with the majority from the early productive age group, and is highly toxic. Fatal dose is about 150-500 mg in 100%. Most of the incidents took place in South Andaman district (68.99%) and during rainy season (51.17%). Initially, they presented with local symptoms like mouth and throat pain with ulceration (48.27%), vomiting (44.82%), breathlessness (34.48%), epigastric and abdominal pain (31.03%), cardiac dysfunction (31.03%), hematemesis (27.58%), oliguria (20.68%), etc. Later on, major organ dysfunctions like a respiratory failure (65.51%), acute kidney injury (62.08%), acute liver failure (56.17%), cardiac arrest (49.18%) and respiratory arrest (56.62%), etc ensued. Patients who were referred early had significantly longer hospital stay. Apart from hemodialysis in acute kidney injury patients and ventilators, no other modalities showed improved hospital survival duration.

Conclusions: The government should prioritize preventive works in the south Andaman district and during the rainy season to avoid catastrophe each year. Steroid and hemodialysis may be advocated.

Study of Clinical Profile and Predictors of Mortality in Aluminum Phosphide Poisoning
Arun MR
JIPMER Medical College

Introduction: Aluminum phosphide (ALP) is very cheap, commonly used grain preservative also used as fumigant pesticide available in the form of tablets. ALP is highly toxic and is rapidly absorbed. Fatal dose is about 150-500 mg. The death is due to shock, cardiac arrhythmias/myocardiac,
multigorgan failure secondary to the formation of phosphine gas. The mortality rate was 50%.

**Material:** 30 patients admitted to ICU fulfilling inclusion and exclusion criteria were selected and classified as survivors & nonsurvivors groups. Various clinical and laboratory parameters were recorded and compared, no such algorithm determined characteristic and prognostic factor of ALP poisoning.

**Observations:** Of the 30 patients 22 were survivors and 8 were survivors. Mortality percentage was 28%. Dose of ALP consumed had significant correlation. The various poor prognostic factors were:

**Conclusions:** The study demonstrated that ALP is an extremely toxic compound with mortality of 88%. The poor prognostic factors included: increased dose of consumption, consumption of unprocessed table delayed presentation, absence of early gastric lavage, altered sensorium-hypotension at presentation, metabolic acidosis, and plasmapheresis was done which improved both the sensorium and clotting factors 7 & thrombin are sensitive to inhibition at varying concentrations.

**Conclusions:** There is one only pediatric OPC case reported with prolonged PT. Recently, in-vitro studies showed organophosphates and its antidote(oiodoxime) affect thrombin. Also, like cholinesterases, there are many other B-TYPE ESTERASES (clotting factors) are sensitive to organophosphates. But they are affected at higher concentrations nearer to clinically relevant for coagulation abnormalities in the blood.

**Geriatrics**

**Cognitive Dysfunction in Elderly Diabetics:**

**A Preliminary Study**

**Introduction:** Approximately 25% of people 60 years and older have diabetes mellitus, mostly Type-2. The elderly diabetics have an increased risk of cognitive dysfunction. In this article cognitive dysfunction has been studied in elderly diabetics.

**Material:** This is an observational, cross-sectional, comparative hospital based study in 30 elderly diabetic(>60 years of age). 30 age and sex matched normal non-diabetic controls fulfilling inclusion/exclusion criteria. Investigations included the HBA1c level, the mini- cog clock drawing test and the montreal cognitive assessment test (MOCA).

**Observations:** Out of 30 diabetic patients, 20 were male and 10 were female, age ranging from 60-76 years, all on non-diabetic medication. HBA1c ranging from 6.5-12.5%, MOCA was normal in 10 patients(33%), mild cognitive impairment(MCI) was seen in 15 patients(50%) and dementia was seen in 5 patients(17%). The mini-cog test for dementia was also positive for 6 patients(20%). The neuro-cognitive domains mostly affected were orientation, attention, language and delayed recall. The MOCA score was significantly less in diabetic elderly, although there was no proportionate relation between HBA1c and MOCA in these patients.

**Conclusions:** Cognitive dysfunction is common in elderly diabetics and need proper attention.

**A Novel Health Care Delivery Model-House Call Docs**

**Nazar H Golewale,**

**P. Krishnamoorthy**

**Introduction:** In the study it was noted that 82% were suicidal and 18.1% were of accidental poisoning. Organophosphate compound poisoning is more common in males. Male and female ratio was 2.57:1 Maximum number were survivors. Mortality percentage was 88%. Dose of OPC poisoning, 30%dimethoate without any h/o pre-existing medical illness. He was managed in ICU. PT-INR protonatized after treating with vitamin K & FFP but values prolonged after 2-3days, again normalised by FFP transfusion. He was having persistently low serum cholinesterases & on high POPs were also high. He was managed in ICU. The study intends to provide a valuable input in the management of organophosphorous compound poisoning.

**Material:** To study the levels of serum pseudo cholinesterase as a prognostic marker in patients with organophosphorous compound poisoning. A total 50 number of patients with history of consumption of organophosphorous compounds were admitted, investigated & followed up to get final outcome evaluation.

**Observations:** In the study it was noted that 82% were suicidal and 18.1% were of accidental poisoning. Organophosphate compound poisoning is more common in males. Male and female ratio was 2.57:1 Maximum number of cases in our study(5.6%) was seen in age group of 21 – 34 years. 86% of cases were below 40 years. Most of cases were laborers in our study. 100% of cases in present study showed low pseudo cholinesterase activity on admission.

**Conclusions:** In early stages of organophosphorous poisoning, determining pseudo cholinesterase activity forms a reliable diagnostic test. The study also shows that better prognosis is directly proportional to higher rise in cholinesterase activity.

**Pseudocholinesterase Levels as a Prognostic Marker in Organophosphorous Compound Poisoning**

**Badavath Ashwini**

**Rangaraya Medical College**

**Introduction:** Organophosphorous compound poisoning is one of the most common poisonings in India. The increase in pesticide use for agriculture has paralleled the increase in human poisoning, mostly due to self harm. This needs a set biochemical parameter in addition to a clinical diagnosis. The study intends to provide a valuable input in the management of organophosphorous compound poisoning.

**Material:** To study the levels of serum pseudo cholinesterase as a prognostic marker in patients with organophosphorous compound poisoning. A total 50 number of patients with history of consumption of organophosphorous compounds were admitted, investigated & followed up to get final outcome evaluation.

**Observations:** In the study it was noted that 82% were suicidal and 18.1% were of accidental poisoning. Organophosphate compound poisoning is more common in males. Male and female ratio was 2.57:1 Maximum number of cases in our study(5.6%) was seen in age group of 21 – 34 years. 86% of cases were below 40 years. Most of cases were laborers in our study. 100% of cases in present study showed low pseudo cholinesterase activity on admission.

**Conclusions:** In early stages of organophosphorous poisoning, determining pseudo cholinesterase activity forms a reliable diagnostic test. The study also shows that better prognosis is directly proportional to higher rise in cholinesterase activity.

**An Uncommon Complication of Snake Bite**

**Aravind K R, R. Kirthivasan**

**Meenakshi Mission Hospital & Research Centre, Madurai, Tamil Nadu**

**Introduction:** Snake bite accounts for 45,900 deaths every year and 3% of total acute kidney (AKI) injury reported in India. Hemolytic uremic syndrome (HUS) is not a common complication in snake bite which leads to AKI.

**Material:** 2 cases of hemotoxic snake bite was evaluated using complete blood counts & peripheral smear examination, Renal Function test, urine micro analysis, Whole Blood clotting time, Coagulation profile, LDH and found to have hemolytic uremic syndrome.

**Observations:** Both the patients presented with anuria AKI with creatinine levels of > 3mg/dl. Urine was showing RBC’s. Platelet count was low & peripheral smear showed presence of schistocytes which indicates underlying Microangiopathic Hemolytic Anemia and thrombocytopenia. LDH level was elevated > 1500 and coagulation profile was normal. In the background of hemotoxic snakebite, AKI, MAHA & in the absence of fever, neurological symptoms & findings, hemolytic uremic syndrome was diagnosed. Hemodialysis and plasmapheresis was done which improved both the patient’s condition.

**Conclusions:** Patients with snake bite presenting with AKI, thrombocytopenia, microangiopathic hemolytic anemia and coagulation profile the possibility of Thrombotic Microangiopathy should be considered. Prompt diagnosis, early dialysis and plasmapheresis may improve the renal outcome.
better glycolytic control. It has been found that almost half of the chemotherapeutic agents, etoposide, and therefore, it is essential to assess the barrier as well as facilitators.

**Material:** This observational, cross-sectional mixed method study was done on 100 elderly type2 diabetic patients and 50 physician

**Observations:** 73% diabetics were following dietary advice however only 22% were regular with exercise. 47% felt they were not well controlled. Remaining 53% patients gave reason of poor diabetes control, most common (42%) being not following a proper diabetic diet plan, 22% believe it due to lack of exercise, 19% didn’t want to monitor blood glucose as instructed. The most common interventions suggested was engagement of family members in diabetic care, communication of diabetes brochures and improve multi-disciplinary collaboration in its control.

**Conclusions:** Diabetes in elderly needs proactive health system and coordinated care. Doctor patient relationship with good communication skills, person centred care, family support and multidisciplinary care is needed to improve diabetes. Focused health education and lifestyle modification are essential factor in improving its care.

### Other Specialities

#### An unusual toxicity of clozapine

**Indu MB, Bhijgh Sharma**

**PGMER, Dr. Ram Manohar Lohia hospital**

**Introduction:** Thirty years old gentleman diagnosed case of seizure disorder on phenytoin and schizophrenia on clozapine for ten years with presented with altered sensorium followed by generalized tonic clonic seizures. His blood routine investigations, CSF study and imaging done was within normal limits.

A possibility of clozapine induced seizures was kept, planned EEG and started on sodium valproate. On day 2, he developed fever and loose stools and was started on antibiotics and supportive care however he had abdominal distension. On examination, guarding present and bowel sounds were sluggish. Literature reviewed - clozapine causes ischemic colitis.

**Material:** CSF study- Normal NCCCT head normal EEG - Generalised epileptic discharges. Asictic fluid study - exudative fluid with polymorphonuclear cells, Cultures had no growth. X-ray abdomen had no signs of pneumoperitoneum USG abdomen was suggestive of moderate ascitis and bowels was thickening. CECT abdomen revealed deranged liver function tests. Hepatitis serology was negative, hence a diagnosis of drug induced liver function tests. Hepatitis serology was negative, hence a diagnosis of drug induced liver injury (DILI) was made.

**Observations:** Hepatotoxic drugs were discontinued and patient was started on modified antitubercular regimen consisting of levofloxacin, ethambutol and streptomycin. Gradually the fever got improved but on day 3 of admission, patient showed visual hallucinations, irrelevant talking and violent behaviour. Symptoms were managed without success by antipsychotic medications. Drug induced psychosis, likely due to levofloxacin was suspected and antipsychotic treatment was stopped. On day 6, he was aspirated and had a cardiac pulmonary arrest from which he could not be revived.

**Conclusions:** antitubercular therapy rarely can have neuropsychiatric adverse effects which may be fatal.

#### Differential effect of catechin hydrate and caffeine and it’s metabolite on prevention of methemoglobinemia caused by nitrate and nitrite containing drugs used for the treatment of coronary heart disease.

**Souvik Sen, Kamalika Sen, Debashree Das**

**Department of chemistry, University of calcutta**

**Introduction:** Administration of low doses of nitrates over prolonged periods may lead to chronic methemoglobinemia. Previous reports have shown that natural products are capable of inhibition of nitrite induced methemoglobin formation. In this study we aim to investigate the preventive role of antioxidants present in our diet, like caffeine and catechin hydrate which are commonly found in coffee and tea.

**Material:** Met Hb formed after addition of nitrite to hemolysate of a healthy, non diabetic person was treated with antioxidants in vitro and their reducing power was analyzed spectrophotometrically.

**Observations:** Our study revealed that pretreatment with caffeine inhibited oxidation of hemoglobin to methemoglobin to the largest extent whereas it’s one major metabolite, 1-methyluric acid, exhibited better efficacy at physiological concentration. On the contrary, equimolar catechin hydrate failed to inhibit methemoglobin formation. Even catechin hydrate itself was found to increase methemoglobin level at a high concentration range. Caffeine was found to be more potent if added to the hemolysate together with nitrite at the same time. Prevention was not that much significant when caffeine was added to the hemolysate after few minutes of the initiation of the reaction. Unlike caffeine, 1-MU inhibited the rate of metHb formation even if it was added later, though it could not reverse the effect completely.

**Conclusions:** Caffeine, taken with nitrates may prevent methemoglobin formation when taken together with nitrites in vivo. In vivo studies are in progress.

#### A case of strychnine poisoning

**Indu MB, Randeep Singh Tonk, Srimantha K Sahu**

**PGIMER Dr.Ram Manohar Lohia Hospital**

**Introduction:** 66 years old female known case of diabetes and hypertension presented with stiffness of whole body and muscle pain for two hours duration. She gives history of intake of some indigenous medicine prior to these symptoms. Each such episode lasted for about thirty to forty seconds and she had about four to five such episodes. She gave no history of symptoms loss or loss of consciousness. She was immediately taken to hospital, where we witnessed a similar episode and she was given Diazepam injection.

**Material:** Random blood sugar, serum electrolytes, NCCCT head and routine blood investigations were done. Normal. Muscle enzymes were slightly raised. Chemical screening was normal. Muscle enzymes were slightly raised. Chemical screening was normal. Blood examination was within normal limits with flexor response in bilateral plantar reflex.examination were within normal limits.

**Conclusions:** A diagnosis of Strychnine poisoning was made.She was managed conservatively. She recovered completely.

#### Neuropsychiatric Effects of Antitubercular Therapy

**D Chhabra, Ratnabali Sahoo**

**PGIMER and Dr RML hospital**

**Introduction:** Fluoroquinolones, particularly levofloxacin are known to cause neuropsychiatric adverse effects. They do not have high reservoir as compared to other antitubercular drugs. The success of treatment in tuberculosis requires uninterrupted treatment.Discontinuation of treatment due to adverse effects can have disastrous consequences. We report a patient of pulmonary tuberculosis who developed multiple adverse effects on clozapine.

**Material:** A 54 year old male on was diagnosed as a case of pulmonary tuberculosis on the basis of symptoms, sputum AFB positivity and chest xray findings, presented with ileus, pain abdomen and vomiting. Investigations revealed deranged liver function tests. Hepatitis serology was negative, hence a diagnosis of drug induced liver injury (DILI) was made.

**Observations:** Hepatotoxic drugs were discontinued and patient was started on modified antitubercular regimen consisting of levofloxacin, ethambutol and streptomycin. Gradually the fever got improved but on day 3 of admission, patient showed visual hallucinations, irrelevant talking and violent behaviour. Symptoms were managed without success by antipsychotic medications. Drug induced psychosis, likely due to levofloxacin was suspected and antipsychotic treatment was stopped. On day 6, he was aspirated and had a cardiac pulmonary arrest from which he could not be revived.

**Conclusions:** antitubercular therapy rarely can have neuropsychiatric adverse effects which may be fatal.

#### Role of routine use of ultrasonographic guidance for performing lumbar punctures

**Sujoy Halkur Shankar, Sagin Biswas, Arvind Kumar**

**All India Institute of Medical Sciences, New Delhi**

**Introduction:** Ultrasound for lumbar puncture has seen the most success in obese patients and in patients with difficult to palpate landmarks. The use of ultrasound to guide the needle placement has been shown to facilitate the placement of the needle, decrease the time required to perform the procedure, decrease the number of attempts at needle insertion, patient and physician anxiety, pain experienced, time to procedure, number of traumatic attempts and the difficulties faced during the procedure.

**Observations:** A total of 77 patients were included, of which 36 patients (46.8%) underwent landmark-based, and 41 patients (53.2%) underwent US-guided. There was no statistically significant difference between the two groups among the following characteristics: Number of attempts at needle insertion, rate of traumatic punctures, procedure time, pre-procedure anxiety of the
participants and physicians, and pain score rating of the procedure.

Conclusions: The use of ultrasound may be successful in limited patient profiles when the traditional method has failed. We found it beneficial in determining the depth of the spinal canal in lean and malnourished individuals.

**A Study of Clinico-Epidemiological Profile of Sepsis at Tertiary Care Hospital**

**Introduction:** To study the incidence of sepsis with reference to age, sex, septic foci, clinical manifestations, type of organisms isolated in culture, their resistance and outcome of patients.

**Material:** This was a Retrospective study conducted in year 2018,2019-November to June at tertiary care centre in Telangana.

**Observations:** Out of total 174 patients, 101 are males, 73 are females. Positive blood culture was in 67 patients, of which 42 are female and 25 are male, with most common organism isolated Methicillin sensitive coagulase negative staph aureus and next being Methicillin resistant staph aureus and klebsiella. Most common foci being the urinary tract (urosepsis). The mortality rate is 21 percent.

**Conclusions:** Sepsis is a potentially life threatening condition, due to increasing antibiotic resistance and medicine resistant hemo dynamic changes made it difficult to treat. Therefore, further studies are needed to make sure that guidelines are followed to identify sepsis at an early stage and treat with appropriate antibiotics.

**Perception, Approach and Management of Loss of Appetite: A Questionnaire based Physician Survey**

Mangesh Tiwaskar
Shilpa Medical Centre, Avadhoot Nagar, Dahisar, Mumbai

**Introduction:** Considering the paucity of evidence, this multicentric, questionnaire-based survey was conducted to understand the physicians’ perception, approach and practice patterns regarding management of loss of appetite (LOA) in India.

**Observations:** A total of 300 physicians (general-practitioners [GP] 150; consultant physicians [CP] 75; pediatricians [PP] 75) participated in the survey telephonically. According to 98% of the physicians, patients with acute illnesses suffer from loss of appetite. While 93% of the physicians agreed that patients with chronic illnesses also suffer from loss of appetite. According to 44% of CPs and GPs, patients were concerned for LOA because of weakness. Improving nutritional deficiency was considered as the reason to treat LOA by 59% physicians and 40% pediatricians. Multivitamin and multimineral containing appetite-stimulating preparations were preferred for LOA by 34% physicians. 58% of the physicians recommended appetite-stimulating tonics for one month, while 34% recommended for 2 weeks.

**Conclusions:** This survey indicated that nearly all patients with acute or chronic illnesses suffer from loss of appetite and majority of the physicians believe that appetite-stimulating preparations are the preferred modality of management.

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**Dr. J.C. Patel and Dr. B.C. Mehta Best Papers Award 2019**

- **1st Prize for Best Original Article entitled** “Factors Differentiating Acute Hepatitis B from Acute Exacerbation of Chronic Hepatitis B in Prospective-retrospective Cohort” – “Ravi Thapar”*, Pravin Rathi†, Vinay Pawar‡, Suhas Udgaikar, Shubham Jain; Qais Contractor; Sanjay Chandhani, Parmeshwar Junare

- **2nd Prize for Best Original Article entitled** “Assessing the Utility of GeneXpert MTB/Rif Assay in a Tertiary Care Centre in Southern India with Established Microscopy and Liquid Culture Facilities” - Aman Bhardwaj, Sadia Khan*, Anil Kumar, Lilu George, Asmita Mehta, Kavitha Radhakrishnan

- **3rd Prize for Best Case Report entitled** “Scrub Meningitis Complicated by Multiple Cranial Nerve Palsies and Cerebellitis” - Pratibha Himral, Kailash Nath Sharma, Susheel Kudial, Surinder Himral

- **4th Prize for Best Case Report entitled** “Podophyllin Toxicity with Systemic Manifestations in a Young Male” - Manish Jha, Shivanshu Raj Goyal, Subhash Chander Sharma

- **5th Prize for Best Correspondence entitled** “A Reversible Case of Chronic Arsenicosis due to Homeopathy Medicine” - Jaydeep Majumdar, Sarmistha Mukhopadhyay, Akhilesh Chandrakar, Sarbani Sengupta, Bhaskar Jhosh

- **6th Prize for Best Correspondence entitled** “Renal Granulomas in Hansen’s Disease” – Asit Mittal, Mukesh Barjatiya, Khushboo Gupta

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**Material:** Responses to 26 multiple choice questions were selected through an online survey on a real-time basis. Data were summarized descriptively.

**Observations:** A total of 300 physicians (general-practitioners [GP] 150; consultant physicians [CP] 75; pediatricians [PP] 75) participated in the survey telephonically. According to 98% of the physicians, patients with acute illnesses suffer from loss of appetite. While 93% of the physicians agreed that patients with chronic illnesses also suffer from loss of appetite. According to 44% of CPs and GPs, patients were concerned for LOA because of weakness. Improving nutritional deficiency was considered as the reason to treat LOA by 59% physicians and 40% pediatricians. Multivitamin and multimineral containing appetite-stimulating preparations were preferred for LOA by 34% physicians. 58% of the physicians recommended appetite-stimulating tonics for one month, while 34% recommended for 2 weeks.

**Conclusions:** This survey indicated that nearly all patients with acute or chronic illnesses suffer from loss of appetite and majority of the physicians believe that appetite-stimulating preparations are the preferred modality of management.
Complementary mechanisms of Dapagliflozin and Metformin to address multiple defects in TZDM

**Pancreas**
- Improve β-cell function via reduced glucotoxicity

**Fats**
- Increased peripheral insulin sensitivity

**Muscle**
- Increased peripheral insulin sensitivity

**Kidney**
- Decreased glucose re-absorption

**GI Tract**
- Increased GLP-1 secretion
- Decreased glucose absorption

**Liver**
- Decreased hepatic glucose production

**Metformin**

**Dapagliflozin**

**Reduction hyperglycemia**
Endocrinology

1. A rare case of Addison’s disease secondary to primary adrenal tuberculosis
   Suhas VP, Karlabapapa BG
   JIM Medical College

2. A Case of Autoimmune Polyendocrinopathy Type 2b(3) with ASD and Dyschromatosis Universalis Hereditaria (DUH)
   SJ Cherulli, VA Kothiwale
   Jawaharlal Nehru Medical College, Belagavi

3. MCCUNE-Albright Syndrome
   Deepak Thirveddi, M. Srihari Babu, SV Ramana Murthy, P. Mithun Chakravarthy
   GSL Medical College and General Hospital

4. A Case Report of Wolfram Syndrome with Hypogonadotropic Hypogonadism
   Sumathi P, M Raveendran
   Coimbatore Medical College Hospital

5. A case report of Acromegaly-GH secreting Pituitary Adenoma
   B Sravya, Sarvan Kumar, Kondal Reddy
   Osmania medical college

6. PRL secreting pituitary macroadenoma
   Manisha Sreeramdas, Dr. Snehitha Nalluri, P. Shravan Kumar
   Osmania medical college

7. Recurrent Infarcts with Hypokalemia - A Missed Lead
   Keerthana, Radha Vijayaraghavan, Vidya Shankari
   Southern Railway Headquarters Hospital, Ayanavaram, Chennai

8. Diagnostic performance of echocardiography in overt and subclinical hypothyroidism
   Shashikant Singh, D.P. Singh, Anand Kumar Srivastava
   S N Medical College Agra, U. P.

9. Study of Serum Ferritin Levels and its Correlations with Metabolic Syndrome
   Kushal, PK Maheshwari, AK Nigam
   SN Medical College, Agra

10. To study the prevalence of dyslipidemia in patients of subclinical Hypothyroidism (Anti TPO Positive) and study the effects of Thyroxine replacement therapy on lipid profile in north Indian population
    Ahmad Shakeb, M Chaturvedi, AS Chahar
    S.N Medical College, Agra

11. To study the neurological complications in type2 diabetes patients with or without hypothyroidism
    A Gawe, Balaji Maheshwari, UN Gupta
    SN Medical College, Agra

12. A Case of Ellis Van Creveld Syndrome
    Dharmendra Devnda, Tejaswini Bhatlawande, Akaal Ahmed, Sha RUKUNNDD
    Shifaa Hospital

13. Wolfram Syndrome (Didmoad Syndrome): A Case Report
    Torsha Chatterjee, Indira Maisnam, Prabir Kumar Kundu
    R.G. Kar Medical College and Hospital

14. Two Interesting Cases of Hyperprolactinemia
    R G, Kar Medical College and Hospital

15. An unusual case of diabetes mellitus
    Pavan Nallamothu
    Dr. D.Y. Patil Medical College, Hospital and Research Centre

16. Ectopic Cushing’s Syndrome
    Janhavi Shah, Millind Patil, Girish Date
    Sahyadri Superspeciality Hospital

17. Serum Uri Cacid in Metabolic Syndrome
    Rajeev Bhardwaj, Rajesh Jain
    JLN Hospital, Ajmer

18. X Linked Hypophosphatemic Rickets
    Gowtham S Gowda
    ESCI MH and PGIMSR

19. Hoffman Syndrome: Hypothyroid Myopathy with Strikingly Elevated Serum Creatine Kinase Level
    Yogendra Mishra, Basant Pathak, TVSVKG
    Tilak
    Armed Forces Medical College

20. A Rare Case of Thyrotoxic Periodic Paralysis
    Venkat Sai, N.N. Anand
    Sree Balaji Medical College

21. A beautiful case of Sheehan’s syndrome
    Mahesh Padhi, Saroj Tripathy, Nirmal Sahu, Aruna Acharya
    SCBMCH, Cuttack

22. An Interesting Case of Tubercular Adrenitis
    Satyaprada Mishra, Saroj Kumar Tripathy, Nirmal Chandra Sahu
    S.C.B. Medical College

23. A delayed manifestation of HAIR-AN syndrome in post menopausal women
    Ankan Pathak, Nirmalya Roy
    KPC Medical College and Hospital, Jadavpur

24. Latent Onset Diabetes in Adult in Autoimmune Polyglandular Syndrome 2 (APS 2)
    H Ahamed Shafeeq, A Ramalingam, S Geetha
    Government Stanley Medical College Hospital, Chennai

25. Conicity Index as a Screening Tool for Congenital Heart Disease
    Rajeev Bhardwaj, Rajesh Jain
    JLN Hospital, Ajmer

26. Primary Hyperparathyroidism Presenting as Acute Pancreatitis
    C Uma Yashawsi
    Gandhi medical college

27. A Case Report on Primary Hyperparathyroidism presenting as Acute Pancreatitis
    C Uma Yashawsi
    Gandhi Medical College

28. An unusual presentation and cause of hypokalemia
    Sai Ramesh Raju, Sahana Shetty, Manjunath Hande
    Kasturba Medical College, Manipal

29. Once Bitten, Twice Admitted : a case report of hypopituitarism post snake bite
    Archana Rao
    Ramaiah Medical College

30. A case of hypokalemic paralysis
    Sreelakshmi A, T Manivel, R Muruganraj
    Sree Balaji Medical College and Hospital

31. An unusual case of acute pancreatitis: a case report
    Debasis Pathi, Krishna Padarabinda Tripathy, Sudhansu Sekhar Panda
    Kalinga Institute of Medical Sciences

32. What a shock
    Rajesh Ajmeera, C Ilango, Arun Kumar
    Thoothukudi government medical college and hospital

33. Observation of serum alanine aminotransferase (ALT), serum aspartate aminotransferase (AST) and serum alkaline phosphatase (ALP) in T2DM patients
    Himanshu Jindal, P.K. Verma, Abhishek Kanendu
    Narayan Medical College and Hospital, Sasaram

34. Prevalence of abnormal glucose metabolism in teen age girls with PCOS
    V Talwar, Gourav Talwar
    Golden Hospital, Jalandhar

35. Study of Glycosylated Haemoglobin (HbA1c) Levels in Non-Diabetic Patients With Thyroid Dysfunction
    Naveen Kumar RA
    Bangalore Medical College and Research Institute

36. A Rare Case of Seizures
    Sreeleakshmi M, Anitha M, Rangaswami
    Government Vellore Medical College

37. A case report of Sheehan’s syndrome with hyponatremia and recurrent symptomatic hypoglycemia
    Rijo Sabu, V Chandrasekhar, M Pavan Kumar
    Kakatiya Medical College, Warangal

38. Hypothyroidism Presenting as Reversible Renal Failure
    Aravind Raj GV, Rameez Raja B
    Sree Balaji Medical College and Hospital

39. Prevalence of thyroid disorders in type 2 Diabetic Mellitus patients attending Tertiary care hospital in Southern Bihar
    Ravinder Pal Singh, Prashant Kumar Verma, Abhinav Kumar
    Naryan Medical College and Hospital

40. Unusual Presentation of a Case of Acromegaly
    Nagaraj SK, Shashidhar G
    MVJ Medical College and Research Hospital, Hoskote, Bengaluru

41. An Interesting Case of Empty Sella Syndrome
    Yogalakshmemo A, T Manivel, R Muruganraj
    Sree Balaji Medical College and Hospital

42. Primary Aldosteronism of Late Onset
    Muruganraj N, V Padma, A Yogalakshemee
    Sree Balaji Medical College and Hospital

43. Hypokalemic periodic paralysis and distal renal tubular acidosis in a patient with Hypothyroidism
    Veera Vaishnavi
    Jawaharlal nehru medical College

44. Right heart failure and secondary pulmonary hypertension at presentation in Graves disease
    Ann Elias, Narendra Gouda, SL Ravi
    Vijayanagar Institute of medical sciences

45. Anterior mediastinal mass masquerading as secondary Cushings
    Kshitij Prasad, Eram Nahid, Anish Saha, Nilesh Kumar
    Institute of Medical Sciences BHU Varanasi
46. Prevalence of Metabolic Syndrome in Cases of Primary Hypothyroidism
Shaiq Fazulluah, Dilshad Rana, Prahalad, Mohammed Abrar Hussain
Shadan Institute of Medical Sciences

47. Cho- Cardiographic Assessment in the Patients of Thyroid Dysfunction
Veera Vaishnavi
JMMC

48. Thyroid Dysfunction in Prediabetics
Heemanshu, Sandeep Garg, Naresh Gupta, Sunita Aggarwal, Binita Goswami
Maulana Azad Medical College

49. Prevalence of Thyroid Dysfunction in Type 2 Diabetes
Kavya Manam, Chandana Dharmana, B Prahlad
Shadan Institute of Medical Sciences

50. The Diagnosis was Only Skin Deep - A Case of Polyglandular Syndrome II
Asmita Samal
Kunal Dinesh Kale,
Abhishek Verma,
ACPM Medical College, Dhule

51. A Rare Presentation of Down’s Syndrome with Autoimmune Hepatitis
T Anbukumar
Government Thoothukudi Medical College

52. A curious case of unexplained shock
Pranav Patwardhan, AL, Karkhan, Milind Patil
Dr. D.Y. Patil Medical College, Pimpri, Pune

Diabetes

1. A rare case of muscle infarction in a patient with type 2 diabetes mellitus (diabetic muscle infarction) : A case report
RJ Sarma, SK Baruah
Gauhati Medical College

2. Study of Serum Magnesium Levels in Patients with Diabees Mellitus and its Correlation with Microvascular Complications
Sharat Amarkhed
JIM Medical College

3. Dorsal Pancreatic Agenesis: A Rare Case of Insulin Dependent Diabetes
Spoorshi AS, BG Shikhavkumar
JIM Medical College

4. Diabetic Dance – Chorea Hyperglycemica
Basal Ganglia Syndrome
Mounica Jyothi, P.V.V. Satyanarayana
Rangaraya Medical College

5. Fibrocalcific Pancreatic Diabetes
Ramesh Kumar G
Coimbatore Medical College Hospital

6. To study the prevalence of gall bladder disease in diabetic patients and its correlation with duration of diabetes and associated diabetic dyslipidaemia
Abhishek Verma, Ashish Gautam, P.K. Maheshwari
S.N Medical College, Agra

7. Diabetes Foot – Are we counseling the patients?
Bikash Shrestha
Grand International Hospital

8. Diabetic Ketoacidosis Uncommon Presentation of Chronic Pancreatitis induced Pancreatogenic Diabetes
Kunal Dinesh Kale, Dilip R Patil, Prashant More, Manjit Siode
ACPM Medical College, Dhule

9. Sporimetry in Patients with Diabetes Mellitus and its Association with Disease Duration and HBA1c Level: A Case Control Study
Rubik Kumari, Priyam Goswami
Assam Medical College Hospital

10. Study of Serum Levels of Heart Type Fatty Acid Binding Protein and Carotid Intima-Media Thickness in Prediabetics
Priyamvadha Ramesh, Ajay Chauhan, Parul Goyal
Dr. Ram Manohar Lohia Hospital, New Delhi

11. Correlation between HbA1c and lipid profile in type 2 diabetes mellitus
R Dutta, D Goswami
Gautahi Medical College

12. A study of effect of structure and quality of sleep on control and complications of type2 DM
Guruprasad V Deshpande, Basavanna Gowdappa H
JSSMC & AHER, Mysuru

13. Study of Pulmonary Function Tests in Type 2 Diabetes Mellitus Patients in Tertiary Care Centre, Krishnarajendra Hospital, Mysuru
Keerthiraj DB
Mysore Medical College & Research Institute

14. Electrolyte Status in Uncomplicated Diabetes Mellitus
Rakesh Mohanty
VMSAR, Birla

15. To assess the association between fasting C peptide levels in elderly poorly controlled diabetic patient in correlation to abdominal adipose tissue (VAT/SAT) and pancreatic size
Vikram B, Prathihbha Periera, Geetha MJ
JSS Medical College and Hospital, Mysore, Karnataka

16. Study of Serum Magnesium and its correlation with HBA1c in patients with Type 2 DM
Medini S, Bhojajhettar SC
Karnataka Institute of Medical Studies, Hubli

17. Low Dose Hydroxychloroquine (HCQ) Reduces Proteinuria in Patient of T2DM with Diabetic Kidney Diseases (DKD)
Sorang Tashok, Saurabh Agarwal, Richa Giri
GVSM Medical College

18. Incidence of Use of Contraindicated Oral Hypoglycemic Drugs in New Patients of Diabetic Nephropathy Visiting OPD of Tertiary Care Hospital
Rajan Goyal, Abhishek Kamendu, Abhinav Kumar
Narayan Medical College & Hospital

19. A Study of Cognitive Status of Patients of Type 2 Diabetes Mellitus
R Gupta, A. Dua
Vardhaman Mahavir Medical College and Safdarjung Hospital

20. Diabetic Striatopathy [CHBG syndrome] in adult with Ketotic hyperglycemia
Eram Nahid, Khitsji Prasad, Salimya Gupta, Anish Saha
Institute of Medical Sciences

21. Association of High Sensitivity C-Reactive Protein and Serum Uric Acid in Type 2 Diabetic Patients
Chetan SR, Taranath Sitinian
AI Ameen medical college, Vijayapura, karnataka

22. Efficacy of intensive short term diet and lifestyle modifications in subjects of type 2 diabetes mellitus- HEAL DIABETES follow up study
Medini S, Kaugud RS
Karnataka Institute of Medical Sciences, Hubli

23. Neutrophil Lymphocyte Ratio as a Predictor of Microvascular Complications in Type 2 Diabetes Mellitus Patients.
Sutanay Bhattacharyya, Neelima Jain
Safdarjung Hospital

24. Correlation Between Serum Ferritin and Glycemic Control in Patients of Type 2 Diabetes Mellitus
Abhishek Sharma, Nitin Bansal, Alok Kumar
Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun

25. Correlation of awareness with glycemic control and diabetic complications among diabetic patients attending OPD
Harish Kumar S, B.M.维winathan
J.J.M. Medical College, Davangere

26. Comparative efficacy of Sulphonylurea, DPP-4 inhibitors and SGLT2 inhibitors with low C-peptide or positive anti-GAD65 antibody status
A Sudan, Ravi Kant
AllIMS Rishikesh

Cardiology

1. Congenital Complete Heart Block in Pregnancy
Rakesh Noubade, Manjunath Alur
JMMC Davangere

2. Acute Myocardial Infarction in Patients with Antiphospholipid Syndrome
Geeta chintamani
Karnataka Institute of medical sciences, hubli

3. Paradoxical Embolism in a Case of Atrial Septal Defect
Akshay V
Coimbatore Medical College and Hospital

4. An Interesting Case of Inferior Wall Myocardial Infarction
Gayathri S
Kanyakumari Government Medical College Hospital, Asaripallam

5. A Case of Cardiovocal (Otter’s) Syndrome
Tharusnta P, Shrihari Babu, SRV Murthy, Satyendra Kumar A
GSL Medical College and General Hospital

6. A Rare Combination of Congenital and Acquired Heart Disease
Shreyank Itagi, Suraj Kulkarni
Dr B.R. Ambedkar Medical College

7. Cisplatin Induced Myocardial Infarction and Dyslipidemia
Mohd Khursheed Khan, Rajesh J Khyalappa
Dr D Y Patil medical college Kolhapur

8. A Rare Case of Sagittal Sinus Thrombosis in Young Male
Priyamth Bhargav, Arvind, Ramya Neelakandan
Aarupadai Veedu Medical College

9. To assess the correlation between epicardial fat thickness and severity of coronary artery disease.
Niraj Kumar, Jitendra kumar
NMCH, Sasaram
10. Concurrence of venous thromboembolism and hemorrhagic pericardial effusion strongly indicates underlying malignancy
Aisiri Anand, Nagaraju AS, Pawankumar P Rasalkar
Kempegowda institute of medical sciences
Bangalore

11. A case of idiopathic Thrombocytopenic Purpura with acute ST elevation myocardial infarction: a case report regarding the approach to management
Sneha V Kerekar, Madhav Prabhu Jawaharial Nehru Medical College

12. Unusual Presentation of Pulmonary Hypertension
Chris Shiny J, Rathna Kumar MD Turnelveli Medical College

13. Statin Induced Rhabdomyolysis
Janani Priya Duraisamy, Ravichandran Turnelveli

14. A study of cardiovascular manifestation and echocardiographic findings in hypothyroidism
S Islam
Gaithali medical college and hospital

15. A rare case of Ellis-van Creveld syndrome
Jananipriya Duraisamy, Sivasakthivel Kannan, Swetha R, C Renu
Kempegowda Institute of Medical Sciences, Hubli.

16. A Twist in the Heart
Jaspreet Kaur, Sumit Pachori, Priyamvada R, Sunil Mangla, Nityn Rastogi, Prashanth M
Dr. Ram Manohar Lohia Hospital

17. Arrhythmias in First Week of Acute Myocardial Infarction
Jaspreet Kaur, Ratnakar Sahoo, Sunil Mangla, Priyamvada R, Nityn Rastogi, Prashanth M
Dr. Ram Manohar Lohia Hospital

18. Foreign Body Esophagus Causing Pericardial Effusion: An Unusual Case Report
Lavina Chandwani, Prakash Chandwani
Heart and General Hospital, Jaipur

19. Accelerated Atherosclerosis / Familial Hypercholesterolemia Type 2A
Rakesh R
ESPGMR, Bangalore

20. Acommissural Uncuspid Aortic Valve–A extremely rare congenital anomaly
Yesheswini N Naik
ESIC & PGMSR

21. Cardiac Tamponade as a Initial Presentation of Gastric Cancer
Vishwas HL
ESC & PGMSR

22. A Case of Giant T Wave Inversion
Anishaa
Government Thoothukudi Medical College

23. Submitial aneurysm as a rare case of mitral regurgitation coexisting with coarctation of aorta
Siddharth Kapoor, J K Mitra
RAMS

24. Familial Hypercholesterolemia -Treatment a challenge!
Pooja D, AC Nagamani, Ramakrishna MR, Shankarapppa
Navodaya medical college & research centre

25. A Rare Case Report of Takatsubo Cardiomyopathy in a Young Male Patient
Manjunath S Hiremani
Karnataka institute of medical sciences

26. A Rare Cause of Paroxysmal Atrial Fibrillation: Mass in the Right Atrium
Atul Ramteke, M Raja Rao, Shiva Prasad, Shririsha
Gandhi Medical College Secunderabad

27. A rare inherited cardiocutaneous syndrome with rarest complication - A case of carvajal syndrome
Sairaman H, M M Natrajnan, Vallidevi PS, P Shridharan, Vasanthakalyani
Madurai medical college

28. A Rare Case of Hyperthyroidism Induced Cardiomyopathy
Kumar V L
Karnataka Institute of Medical Sciences, Hubli.

29. A Case of Massive Pericardial Effusion as a form of Presentation of Hyperthyroidism
Ashitha
Kanyakumari Government Medical College Hospital, Asirappalam

30. An Interesting Case of Multivalvar Heart Disease
Ahammed Sadik C, Prince Sreekumar Pius, Sankar S
Kanyakumari Government Medical College, Asirappalam, Nagacol

31. The Study of Serum Ferritin Levels in Patients of Acute ST Segment Elevation Myocardial Infarction
Sushma S Biradar
Karnataka Institute of Medical Sciences, Hubli.

32. Negative Concordance of Wide QRS Complexes in the Precordial Leads: Always of Ventricular Origin?
Sundaresan K, Satish L, Vithiavathi S
Aarupadi Veedu Medical College and Hospital

33. Study of coronary artery disease in patients undergoing cardiac surgery for non-coronary lesions
SS Lattice, UJ Kakani
Karnataka Institute of Medical Sciences, Hubli.

34. Study of Dilated Cardiomyopathy in correlation with ECG and 2D-ECHO in patients with age group 20 to 80 years
Atullah Malik, Vijayshree Gokhale
Dr. D. Y. Patil Medical College, Pimpri, Pune

35. Myocardial Infarction with Normal Coronal Arteries (MINCA) : A Case Report
Aishwarya, Madhumathi R
Bangalore medical college and research institute

36. Think Before You Leap!! – Central Retinal Artery Occlusion- A Rare Complication of Carotid Angioplasty
VC Sharma, Padmakumar R, MS Rao
Kasturba Medical College, Manipal

37. Mitral Regurgitation- Few and Far Between
Kalluru Sreemathy Reddy, Jayapradas V
RL Jalappa Hospital

38. May Thurner Syndrome
Neha Tarannum, Rajendra Kumar Premchand
Krishna Institute of medical sciences

39. A study of three cases of Ventricular septal rupture in ST-Elevation myocardial infarction
Nidhish Niranjan Nisty, B.G. Mangeshetty, S.S. Harsoor, M.G. Pastapur, S.S. Biradar
M.R.M.C Kalaburagi

40. To Study the Significance of Left Ventricular Diastolic Dysfunction in Patients of Type 2 Diabetes Mellitus and its Evaluation by Doppler Echocardiography
Harjot Singh, Ranjan Kumar, Ankit Kumar
Narayan Medical College and Hospital, Sasaram

41. Comparative Study of Coronary Angiography Findings and High Sensitive C-Reactive Protein Levels with Coronary Artery Disease at Tertiary Care Hospital
Manjunatha T, Meenakshi Shetty
Kasturba Medical college, Mangalore

42. Study of Vitamin D levels in patients of Congestive cardiac failure
Sudhakar, Manjunath Alur
JMJ Medical College

43. ASD of various types- a case report
Mansoor Ahamed TK, Jubilee M, Salim Javeed
SRM Medical College and Research Centre

44. Hypovolemia induced severe coronary spasm and hypo perfusion leading to acute Myocardial Infarction
Ansari Muhammed Osama, Dilip R Patil, Shivraj Nikumbh, Puneet Patil, Saud Ansari
ACPM Medical College, Dhule

45. In-hospital outcome of patients with and without distorted terminal portion of QRS complex on initial ECG in ST elevated MI
R Sukanya, Narmadha Lakshmi
Chengalpattu medical college

46. To evaluate the sub clinical Left ventricular dysfunction in asymptomatic type 2 diabetic patients
Shankar Roy, Ravi Kant, Meenakshi Khapre
All India Institute of Medical Science Rishikesh

47. Arrhythmogenic Right Ventricular Cardiomyopathy/Dysplasia: A Rare case report
Durlah Debbarma, Rajesh Debbarma
Agartala Government Medical college & GBPH

48. A Case of Post CABG Paraparesis
Sona Priya P
Sree Moockambika Institute of Medical Sciences

49. An Unusual Case of Secondary Hypertension
Aarun Neville Edwin, Yogitha C
Kempegowda Institute of Medical Sciences

50. Prevalence of Obstructive Sleep Apnea in Hypertension
Pankaj Kumar Gupta, S.C. Chaudhary, K.K. Gupta
King George Medical University, Lucknow

51. Study of Hypertension in Young in an Industrial Population
Balwant S Kushwaha
BHEL, Haridwar

Neurology

1. A rare case of subacute sclerosing panencephalitis
Subha Gopalan, Bhagyara P
S.V. Medical college

2. Anti- MOG associated encephalomyelitis : Mimiker of ADEM
Meghana BS, Ashok M L
Bangalore Medical College And Research Institute

3. A Case Of Multiple Cerebral Watershed Infarcts Due To Diabetic Ketonacidosis
Rahul Singh, Sethu Prabhu Shankar
Aarupadi Veedu Medical College and Hospital

4. A Difficult Management of Seizure Disorder
J James, Saurabh Rai
A.J. Institute of Medical Sciences
55. A rare case of Fah's syndrome in young female
MD Juned
Karnataka Institute of Medical Sciences, Hubli

56. A Case of Atrial Myxoma with Atypical Presentation
Malay Kumar, Srinath R, Basant Pathak
Armed Forces Medical College

57. An Unusual Case of New Onset Seizures
Akhsha Chintakindi
Gandhi Hospital

58. A Rare Case of Protein S Deficiency Presented as Cerebrovascular Accident with Left Hemiplegia
Manthan RP
Navodaya Medical College and Research Centre

59. A Rare Case Report of Neuromyelitis Optica Spectrum Disorders (Devic's Syndrome / NMO) in a Young Female Patient
Rajendra Institute of Medical Sciences, Ranchi

60. Double Cortex Syndrome
Yhema Choudary, G Chakradhara Rao, Ch Sudhakar
Siddarth medical college Vijayawada

61. An unusual case of Postpartum Hypermnattremia
TR Pandiany, Nagarajan N
PES Institute of Medical Sciences and Research Centre

62. Neurological manifestations of IgG4 related disease: A rare entity
Selva Kumar S, Nagappa H Handargal, Divya Prabhu
Ramaiyah Medical College

63. An interesting case of Transverse myelitis - blessing in disguise
Balaji V, Shetty VB, Gogineni S, Pradeep R
Ramaiyah Medical College

64. A Case of Neurocrotaneous Melanosis
Vijayakumar S, Praveen kumar yada, Gaurav Gupta, Mohit Sachan
Gangadharam Kanchi, Vinay Kumar Verma

65. A case of intracranial epidermoid cyst presenting with seizure disorder
P. Kayva, M.A. Uma
PES Institute of Medical Sciences and Research Centre

66. A rare case of giant axonal neuropathy
Parvathy S. Pillai, Praveen kumar yada
Krishna Institute of medical sciences

67. A Rare case of Post Partum Hypermnattremia Encephalopathy with Osmotic Extrapontine Myelinolysis
Shetty Krathan Krishna
Karnataka Institute of Medical Sciences

68. Limb Shaking Syndrome
Durga Nukala, Praveen Kumar yada, Gaurav Gupta
KIMS Hospitals

69. A Case of Clippers Syndrome
Avin Alex
Karnataka Institute of Medical Sciences, Hubli

70. A Case of Osmotic Demyelination Syndrome
Pon Nila T, C. Hariharan, N. Sukanya
Stanley Medical College

71. An Interesting Case of Reversible Posterior Leukoencephalopathy Syndrome
S.S. Lamture, A.L. Kakrani
Dr. D. Y. Patil medical college and research centre

72. Hyper acute quadriparesis with lead toxicity a case report
Saran Mahanaik
MGMC Indore

73. p-ANCA, a marker of autoimmunity in NMO-SD
Sumit Kumar Vishwakarma, V.P. Pandey, Archana Verma
MG Medical College Indore

74. An Unusual Presentation of Viral Encephalitis
Gangadham Kanchi, MadhuJika Mahashahode
Dr DY Patil Medical College Hospital and Research Institute

75. Febrile infection-related epilepsy syndrome (FIRES) or New Onset Refractory Status Epilepticus (NORSE) - an acute catastrophic epileptic syndrome
Rajesh B Bhurkunde, Minal P Dhanvij, Anand S Somkuwar
T.N.M.C & Nair Hospital, Mumbai Maharashtra

76. Unusual Manifestations of Cervical Myelopathy
Sadhabana Rout
SCBMC

77. A rare case of Wernicke's encephalopathy in female..
Pelluru Haritha
Jawaharlal Nehru medical college, KAHER

78. A Rare Case of Ataxia in Young Female: 4H Syndrome
Venkannagari Vikas Reddy, Vanamala Shiva Prasad, M. Raja Rao
Gandhi medical college

79. Hypnotoneic Encephalopathy Mimicking Hypoxic-Ischemic Encephalopathy
Bavish M
Tirunelveli medical college

80. Osmotic Demylation Syndrome Secondary to Post Partum Hypwerntremia - A Rare Case Report
Pooja Soun, V.P. Pandey, Archana Verma
MG Medical College Indore MP

81. 'Not Every Motor Neuron Disease Is Degenerative' A Rare Case of Lyme's Disease Presenting as Motor Neuron Disease
Chandrasah Patidar, V.P. Pandey, Archana Verma
MG Medical College, Indore

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MVJ Medical College and Research Hospital, Hosakote, Bengaluru

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Shabahaz Ahmed Patel, Shah Abrar
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Yhema Choudary, G Chakradhar Rao, Prassana Kumar
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Vignesh R, Rathnakumar
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Utpal Kalita, Bhaskar Baruah, S.K. Baruah
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   Indrajit Debnath, Sujit Kumar Biswas, Dipankar Deb
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   Ishan Mishra, V.B. Vikhe
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   Abhiram Narasimha
   Jawaharlal Nehru Medical College, Belagavi

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   Anuj Pahuja, Sangram Mangudkar
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   Ankita Prashant Hingolikar, Bharat Shah, Ramgopal Ram
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   Ayushi Singhal, Manish Kumar, Renu Atil Bihari Vajpayee Institute of Medical Science and Dr RML Hospital, New Delhi

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   AMC MET Medical College, Ahmedabad

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   Dinesh M
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   Manish Kumar, Shachindra Chaudhary, Kaushal Kumar
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   Anshuman Biswal, Sartia Behera, Rina Mohanty
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   Arun S
   Mysore Medical College and research institute

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   Desai Ananya, Vishal S Shanbhag
   Kasturba Medical College, Manipal

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   GS Nataraj
   Karnataka Institute of Medical Sciences, Hubli

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   Bhumika Vaishnav, Aravind A Bamanikar
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   Gopi Patel, Avanish S Bamanikar
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   Suryakanth N Betagiri
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   B Mathan, S Geetha, A Ramalingam
   Stanley Medical College

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   Medini S, Kaulgud RS
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   Mohammad Nizamuddin H Attar, Ishwar Hasabi
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   Shak Fazullullah, Dilshad Rana, Chandana, Prahalad
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   Rawal Keyurkumar Bhavikbhai, S. Vithavathi Aarupadai Veedu Medical College Pondicherry

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   Botla Ranga Teja, Kumar S, Rama Mishra
   Vydhehi Institute of Medical Sciences and Research Centre

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   Shubham G Malani, PK Satpathy, PM Diggikar
   Dr. D. Y. Patil Medical College, Pune

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   Subharrata Patra, Dhriti S Das, Debananda Sahoo, Sujata Devi
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   Manjunatha BM, Kalyan M, Varnshavardhana P
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   Aadiya Viswanath, Biji Bob Thomas
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   Taniya Pruthi, Bimal K Agrawal, Robin Gahlawat, Gaurav Aggarwal
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   Ritvik Raghuv, C. Manokaran
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Arnaban Borah, P Bhattacharjee, BK Nath
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Oncology

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    Sridhar
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    Govt. Stanley Medical College and Hospital, Chennai, Tamil Nadu
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Amit Pyasi, VP Pandey, Sanjay Dubey, VP Pandey, Sanjay Dubey
MGMCM, Indore

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Chaitra H, Nidhivra TJ. Adichunchangiri Hospital and Reserach Centre

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A. Tiwari
SSMC, Rewa

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Anitha Moorthy, Rangaswami Mangalasundaram
Govt. Vellore Medical College, Vellore, Tamil Nadu

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Bhimasen Soren
Narayan Medical College, Nellore, A.P.

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Toleti Sai Phanindra, Kanugula Sudheer, Priya Vasant Sutar
Great Eastern Medical School and Hospital

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Agartala Government Medical College and Hospital

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Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

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K Nobul Rao, M Rama Devi, C Jaya Bhaskar
T Muneeswar Reddy
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Vascular Medicine

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Sanjana JM, J Inbanathan, A Rangaswamy
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Other Specialties

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Akash C, Jayaprakash A
Jawaharlal Nehru Medical College

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Karanataka Institute of Medical Sciences, Hubli

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Kavya N, B.R. Shivakumar, Sahadev H.K.
Dr. B.R. Ambedkar Medical College

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B. Mounika, K. Balakrishna, Y.G. Sundara Raju
Andhra Medical College

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S. Antony Merlisha
Meenakshi Mission Hospital and Research Center, Madurai, Tamil Nadu

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Chennapareddy Venkata Kotireddy, VB Vikhe
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Omlersartan Medoxomil 20/40 mg + Amlodipine 5 mg + Clobetasol 0.05 mg Tablets

**Olmesar-CH**

Omlersartan Medoxomil 20/40 mg + Chlorothiazide 12.5 mg Tablets

**TriOlmesar-CH**

Omlersartan Medoxomil 20/40 mg + Amlodipine 5 mg + Chlorothiazide 12.5 mg Tablets

**Olmesar-M**

Omlersartan Medoxomil 20 mg + Metoprolol Succinate 50/25 mg Tablets

**ARBs** - Angiotensin II receptor blockers

**ACEIs** - Angiotensin converting enzyme inhibitor

**CCBs** - Calcium channel blockers

**Abridged Prescribing Information:**

**Composition:** Each Olmesar 10/20/40 mg tablet contains Olmersartan 10/20/40 mg. **Indication:** Hypertension. **Dose:** Adult: 20 mg once daily when used individually, increase to 40 mg after 2 weeks of therapy if required. Children: (age 6 to 16 years): 10 mg once daily for patients who weigh 20 to < 35 kg or 20 mg once daily for patients who weigh ≥ 35 kg. Increase to a maximum of 20 mg for patients who weigh < 35 kg or 40 mg once daily for patients who weigh ≥ 35 kg after 2 weeks of therapy if required. **Contraindications:** Hypersensitivity to Olmersartan, co-administration with aliskiren. **Special Precautions:** Assess renal function, BP & volume status during initiation of therapy & dose escalation periodically thereafter. Use with caution in elderly. Children ≤ 1 year of age must not receive Olmersartan for hypertension. In patients whose renal function may depend on activity of the renin-angiotensin-aldosterone system (eg, patients with severe CHF), treatment may be associated with oliguria &/or progressive azotemia, rarely resulting in acute renal failure &/or death. Symptomatic hypotension may be anticipated after initiation of treatment in patients with an activated renin-angiotensin system, such as volume &/or salt depleted patients. In patients with unilateral or bilateral renal artery stenosis, increases in serum creatinine or BUN may occur. **Adverse Drug Reaction:** Most commonly observed adverse reaction is Hyperuricemia, Dizziness. Headache other ADRs may be: Rhinitis, Pharyngitis, Cough, Pain, Angioedema, Pruritus, Rash, Urticaria, Hypertension, Hypotension & Muscle spasm.

Full prescribing information is available on request.
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Vilpower
Vildagliptin 50mg Tablets

Vilpower - M* 500/1000
Vildagliptin 50mg + Metformin 500/1000mg Tablets

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For Enhanced Protection in **Hypertension / Diabetes / CKD**

**CILACAR®**
Cilnidipine 5 mg/10 mg/20 mg Tablets

**E**nsure superior **N**ephro - protection

Promise to **D**eliver... **N**ever settle for less

**In Diabetic Hypertension**

**CILACAR-T®**
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