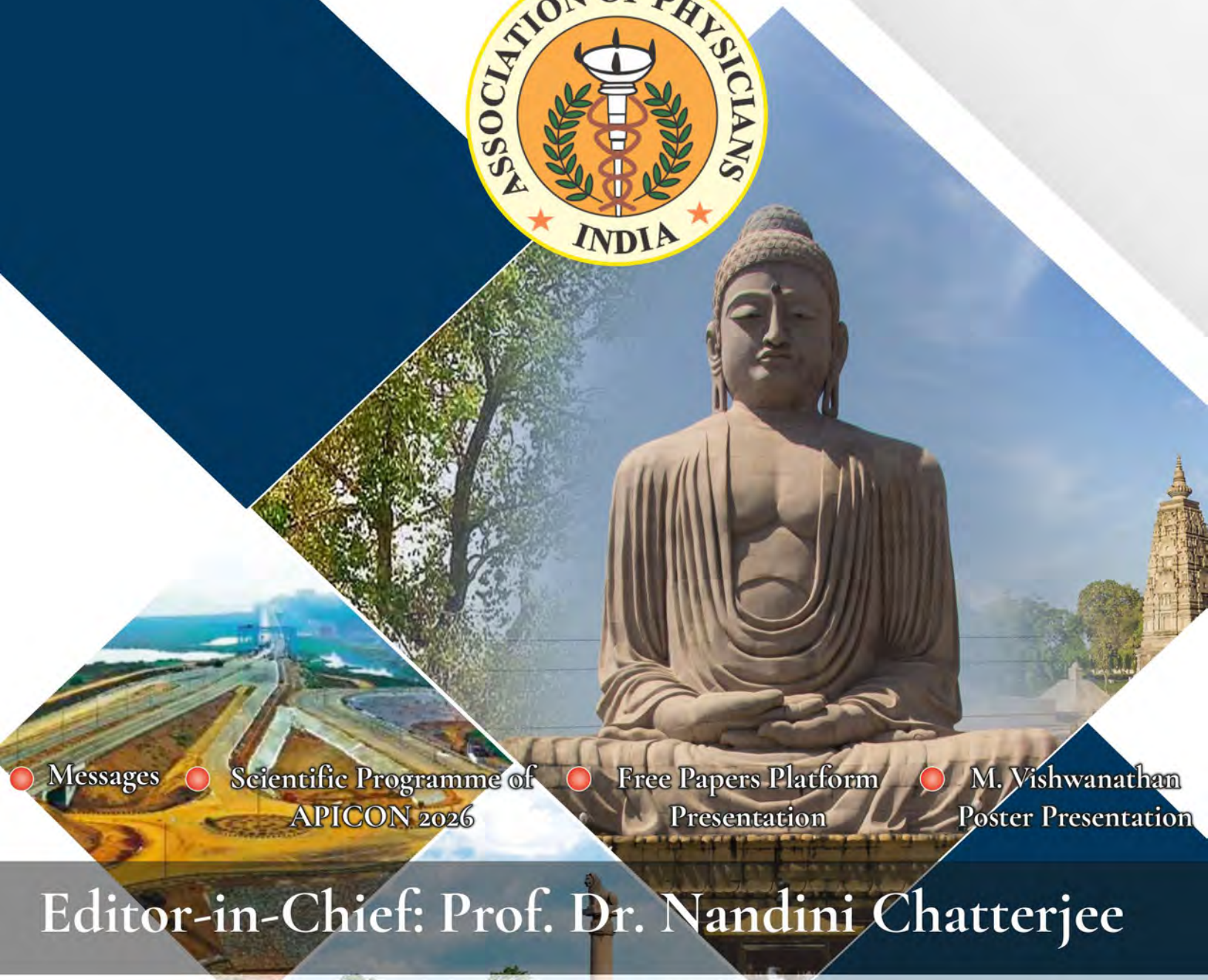
Journal of The Association of Physicians of India

VOL NO. 74 | ISSUE NO. 1 | JANUARY 2026 | ISSN : 0004 - 5772

WITH SUPPLEMENT 52 PAGES



- Messages
- Scientific Programme of APICON 2026
- Free Papers Platform Presentation
- M. Vishwanathan Poster Presentation

Editor-in-Chief: Prof. Dr. Nandini Chatterjee

JAPI

www.japi.org app: myJAPI Price: ₹ 800

Published on 1st of every month

JAPI
JOURNAL OF THE ASSOCIATION OF PHYSICIANS OF INDIA
Editor-in-Chief: **Prof. Dr. Nandini Chatterjee**

Contents

e-ONLY

JAPI JOURNAL OF THE ASSOCIATION OF PHYSICIANS OF INDIA
Editor-in-Chief: **Prof. Dr. Nandini Chatterjee**

Subscription Information
Journal of The Association of Physicians of India is published monthly. The annual subscription is ₹15,000 (India). The Journal is dispatched within India by surface mail.

Business Correspondence
Enquiries concerning subscription, advertisement, etc. should be addressed to **Prof. Dr. Nandini Chatterjee**, Editor-in-Chief, JAPI, Unit No. 3301, Prestige Turf Tower 'D', Shakti Mill Lane, Off. Dr. E. Moses Road, Near Mahalaxmi Station (West), Mumbai-400 011.
Tel.: (022) 6666 3224
***e-mail*: onlinejapi@gmail.com/ nandinichatterjee.japi@gmail.com/ api.hdo@gmail.com**

Published and Edited by
Prof. Dr. Nandini Chatterjee, on behalf of **The Association of Physicians of India**, Journal of The Association of Physicians of India, Unit No. 3301, Prestige Turf Tower 'D', Shakti Mill Lane, Off. Dr. E. Moses Road, Near Mahalaxmi Station (West), Mumbai-400 011.
Editor-in-Chief: **Prof. Dr. Nandini Chatterjee.**

***Advertorial Enquiry*:**
Prof. Dr. Nandini Chatterjee,
Editor-in-Chief, JAPI,
Unit No. 3301, Prestige Turf Tower 'D',
Shakti Mill Lane, Off. Dr. E. Moses Road,
Near Mahalaxmi Station (West),
Mumbai-400 011.
Tel.: (022) 6666 3224
***e-mail*: onlinejapi@gmail.com/ nandinichatterjee.japi@gmail.com**

Jaypee Brothers Medical Publishers (P) Ltd.
New Delhi

Association of Physicians of India

GOVERNING BODY (2026–2027)

President-Elect
G Narsimulu (Hyderabad) (2026)

President
Jyotirmoy Pal (Barrackpur) (2026)

Past President
Milind Nadkar (Mumbai) (2026)

Vice Presidents
NP Singh (New Delhi) (2026)
MPS Chawla (New Delhi) (2027)

Hon. General Secretary
Puneet Saxena (Jaipur) (2027)

Jt. Secretary (HQ)
Rakesh Bhadade (Mumbai) (2028)

Hon. Treasurer
Amit Saraf (Mumbai) (2026)

Members

Naval Chandra (Hyderabad)	(2026)	**Nihar Mehta** (Mumbai)	(2027)	**Soumitra Ghosh** (Kolkata)	(2028)
SS Dariya (Jaipur)	(2026)	**Aditya Prakash Misra** (New Delhi)	(2027)	**Pradeep Bhaumik** (Agartala)	(2028)
DG Jain (New Delhi)	(2026)	**Nandini Chatterjee** (Kolkata)	(2027)	**Sangram S Biradar** (Gulbarga)	(2028)
Udas Ghosh (Kolkata)	(2026)	**Gautam Bhandari** (Jodhpur)	(2027)	**Anupam Prakash** (New Delhi)	(2028)
R Chandni (Kozhikode)	(2026)	**AK Gupta** (Agra)	(2027)	**M Pavan Kumar** (Warangal)	(2028)
BK Singh (Aurangabad)	(2026)	**L Srinivasa Murthy** (Bengaluru)	(2027)	**Pramod Kumar Sinha** (Gaya)	(2028)

Zonal Members

North Zone	**Atul Bhasin** (New Delhi)	(2026)	Mid South Zone	**Ravikeerthy M** (Bengaluru)	(2026)
North West Zone	**Ashok K Taneja** (Gurugram)	(2026)	South Zone	**N Balamurugan** (Salem)	(2026)
Central Zone	**GD Ramchandani** (Kota)	(2026)	Mid East Zone	**Amit Kumar Das** (Muzaffarpur)	(2026)
West Zone	**Anil Kumar Kulshrestha** (Ahmedabad)	(2026)	East Zone	**Hari Shankar Pathak** (Naihati)	(2026)
North East Zone	**Dwijen Das** (Silchar)	(2026)			

Invited Members

Editor-in-Chief, API Textbook
KK Pareek (Kota)

Editor-in-Chief, JAPI
Nandini Chatterjee (Kolkata)

Chairman, API House Committee
SV Kulkarni (Mumbai)

Chairman, Finance Committee
Amal Kumar Banerjee (Kolkata)

Chairman, API Credential Committee
YSN Raju (Hyderabad)

Special Invitee in Gov. Body
Mahesh Marda (Hyderabad)

Ex-Officio Members

Dean, ICP
Kamlesh Tewary (Muzaffarpur)

Director, PRF
A Muruganathan (Tirupur)

Co-opted Members

Jt. Secretary (President's Place)
Saikat Dutta (Darjeeling)

Armed Forces Medical Services
Vivek Hande (Mumbai)

Organizing Secretary, APICON 2026 (Patna)
Kamlesh Tewary (Muzaffarpur)

Organizing Secretary, APICON 2025 (Kolkata)
Sekhar Chakraborty (Siliguri)

Indian College of Physicians

FACULTY COUNCIL (2026–2027)

Chairman
Jyotirmoy Pal (Barrackpur) (2026)

Dean
Kamlesh Tewary (Muzaffarpur) (2026)

Dean-Elect
Girish Mathur (Kota) (2026)

Vice Deans
Jayanta Kumar Panda (Cuttack) (2026)
Sanjeev Maheshwari (Ajmer) (2027)
V Palaniappen (Dindigul, TN) (2028)

Hon. Gen. Secretary
Puneet Saxena (Jaipur) (2027)

Past Dean
RK Singal (New Delhi) (2026)

Jt. Secretary (HQ)
Rakesh Bhadade (Mumbai) (2028)

Jt. Secretary (Dean's Place)
Sanjay Kumar (Patna) (2026)

Hon. Treasurer
Amit Saraf (Mumbai) (2026)

Elected Members

Prakash Keswani (Jaipur)	(2026)	**Munish Prabhakar** (Gurugram)	(2027)	**Sandeep Garg** (New Delhi)	(2028)
S Chandrasekar (Chennai)	(2026)	**S Sreenivasa Kamath** (Kochi)	(2027)	**Hem Shankar Sharma** (Bhagalpur)	(2028)
NK Soni (Greater Noida)	(2026)	**E Prabhu** (Chennai)	(2027)	**Ashis Kumar Saha** (Kolkata)	(2028)
Devi Ram (Purnia)	(2026)	**Sekhar Chakraborty** (Siliguri)	(2027)	**Suresh V Sagarad** (Raichur)	(2028)

Ex-Officio Members

President-Elect
G Narsimulu (Hyderabad)

Editor-in-Chief, JAPI
Nandini Chatterjee (Kolkata)

Director, PRF
A Muruganathan (Tirupur)

Editor-in-Chief, API Textbook
KK Pareek (Kota)

Invited Member
Chairman, Credentials Committee
Shyam Sundar (Varanasi)

Physicians Research Foundation

BOARD OF DIRECTORS (2026–2027)

Chairman
Jyotirmoy Pal (Barrackpur) (2026)

Director
A Muruganathan (Tirupur) (2027)

Past Director
GS Wander (Ludhiana) (2026)

Hon. General Secretary
Puneet Saxena (Jaipur) (2027)

Jt. Secretary (Director's Place)
R Rajasekaran (Kumbakonam) (2027)

Hon. Treasurer
Amit Saraf (Mumbai) (2026)

Members

Prabhat Pandey (Durg)	(2026)	**Devendra Prasad Singh** (Bhagalpur)	(2027)	**Sudhir Mehta** (Jaipur)	(2028)
Liyakhat Ali Gouri (Bikaner)	(2026)	**Puneet Rijhwani** (Jaipur)	(2027)	**Ghanshyam Pangtey** (New Delhi)	(2028)

Invited Members

Editor-in-Chief, JAPI
Nandini Chatterjee (Kolkata)

Dean, ICP
Kamlesh Tewary (Muzaffarpur)

Editor-in-Chief, API Textbook
KK Pareek (Kota)

Editor-in-Chief's Message

Nandini Chatterjee
Editor-in-Chief, Journal of the Association of Physicians

The time-honored tradition of publication of the Abstract Issue of the Journal of the Association of Physicians of India is much-awaited. It showcases the vibrant array of short paper abstracts to be presented by research enthusiasts at the APICON every year. This year is no exception. There are 713 abstracts in total, 115 oral presentation abstracts and 598 poster abstracts. It is heartening to note the heterogeneity of original work by our colleagues. It is important that a body of South Asian data emerges, as it is the need of the hour that practice guidelines be based on race, ethnicity, and social determinants of health that are characteristic of our subcontinent.

For decades, the JAPI has striven to maintain academic excellence for the upgradation of knowledge and skills, and the tradition has been kept alive by the current editorial team. The team has taken pains to arrange the abstracts subject-wise, and in this issue the poster abstracts will be displayed in the online version. The cover design has also been chosen by the team, keeping in mind the rich heritage of Bihar, with Patna being the venue of this year's national conference. I sincerely hope that APICON 2026 will be a grand success with Dr Narsimullu as scientific chairman and Dr Kamlesh Tiwari as the Organizing Secretary at the helm of affairs.

Nandini Chatterjee

Dr Nandini Chatterjee

Hon. Gen. Secretary's Message

Puneet Saxena

Honorary General Secretary, Association of Physicians of India

Greetings from Honorary General Secretary, Association of Physicians of India (API), head office, Mumbai!

It is a great pleasure and honor to welcome you all to the city of Patna for the Association of Physicians of India Conference (APICON) 2026. It gives me great pleasure to forward this issue of the Journal of the Association of Physicians of India (JAPI) with abstracts of free papers submitted for APICON 2026. This year the number of papers submitted speaks volumes about the interest shown by young physicians across the country, especially from medical colleges, hospitals, and medical research centers 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 APICON 2026 at Patna.

The API was formed in 1944, that is, 81 years ago, with the main aim of encouraging and advancing knowledge and promoting research in medicine. At present, the membership has gone up to 25,000. The research wing and the Indian College of Physicians are the academic wings, with >2,100 fellows and founder fellows. These are the key objectives of API.

The API also suggests and advises framing of laws affecting the practice of medicine, medical education, health practices, and healthcare activities. API has its own state chapters and city branches in different areas; 28 state chapters and 3 territories are active with the central API.

On behalf of the API, I welcome you all to Patna city, situated on the southern bank of the Ganges River, known historically as Pataliputra. It is one of India's oldest cities, founded in 490 BCE. The city is a significant administrative, economic, and cultural hub with a rich history, including important sites for Sikhs, such as the birthplace of Guru Gobind Singh in the Patna city neighborhood.

Patna is famous for its rich cultural and historical heritage as the ancient city of Pataliputra, its vibrant shopping scene featuring Madhubani paintings and Khadi, and its numerous religious sites, such as the Takht Sri Harmandir Sahib Gurudwara and the Mahavir Mandir, and the nearby sites, such as Nalanda, Bodh Gaya, and Rajgir.

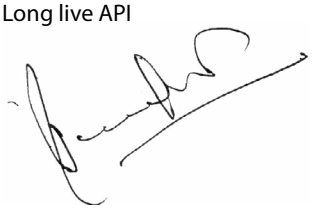
As the Honorary General Secretary, I invite members to give constructive suggestions to improve the activities of our esteemed organization.

The Organizing Chairman, Dr DK Srivastava, Organizing Secretary, Dr Kamlesh Tewary, and the organizing team are working day and night to provide all necessary facilities, good infrastructure, and excellent hospitality at the venue to make it a grand, successful APICON 2026 at Patna.

The tentative scientific program will be printed in JAPI January 2026 issue and uploaded on API, JAPI, and APICON 2026 website. This will help the delegates to plan in advance for sessions of their interest. This happened due to the perseverance and thoughtfulness of President Elect—G Narsimulu, Dean ICP Dr Kamlesh Tewary, and Editor-in-Chief Prof. Dr Mangesh Tiwaskar.

Our heartfelt thanks to President Dr Jyotirmoy Pal, Dean Dr Kamlesh Tewary, PRF Director Dr A Muruganathan, and our friends Dr Mangesh Tiwaskar, Dr Amit Saraf, Dr Rakesh Bhadade, and all governing body members of API for their unwavering support. To every member of API, your faith in us has fueled this journey, and we're excited to share this rain of knowledge with you. May APICON 2026 exceed your expectations, becoming an indelible memory etched in the tapestry of your professional experiences.

Jai Hind
Long live API



Dr Puneet Saxena

President's Message

Jyotirmoy Pal
President, Association of Physicians of India

It is my pleasure and honor to write this congratulatory message for the abstract issue of Journal of the Association of Physicians of India (JAPI) 2026, which contains the abstracts for free papers and posters to be presented in Association of Physicians of India Conference (APICON) 2026, Patna.

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

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

I sincerely wish the scientific program of APICON 2026 is successful in empowering the Indian physician. For decades the JAPI has been the vehicle and mouthpiece for dissemination of creative and significant knowledge that helps in updating oneself and utilizing it in daily practice for better patient care. My heartfelt good wishes and congratulations to the editorial team for their efforts in putting together this issue in such an excellent way.

Dr Jyotirmoy Pal

President-elect Message

G Narsimulu

President-elect and Chairman, Scientific Committee, Association of Physicians of India

Dear Colleagues and Friends,

It gives me immense pleasure to witness the remarkable enthusiasm and academic spirit of our Association of Physicians of India (API) members, faculty, and postgraduate students in their participation in Association of Physicians of India Conference (APICON) 2026. This year, we have received an outstanding response with over 720 abstract submissions—a true reflection of the dedication, hard work, and scientific curiosity of our community.

Each abstract showcases the sincere efforts of our postgraduates, esteemed teachers, colleagues, professors, associate professors, and practicing clinicians. The quality of submissions highlights the collective aspiration of our fraternity to continuously update knowledge, engage in clinical research, and contribute meaningfully to the progress of medicine.

The scientific committee has tried to put together comprehensive, interactive, and clinically oriented scientific sessions under the theme "Medical Science and Humanity." We have invited faculty from across the country who are pioneers in their fields to share their expertise and experiences. I hope all the delegates will have fruitful interactions with this faculty and enrich their knowledge and skills. Due weightage is given to other aspects like communication skills, physicians' health, medical ethics, etc.

To devise the scientific program of APICON, spread over 2.5 days, has been an onerous task, which I could undertake with the help, guidance, and support of a wonderful team of friends and well-wishers.

I am confident that many of these presenters will excel and be recognized with awards at APICON 2026, Patna. The abstract issue of Journal of the Association of Physicians of India (JAPI) (January 2026) will reach every member of API, as well as all delegates attending APICON 2026. I encourage all of you to go through this abstract book thoroughly and begin planning your submissions for the coming year 2027.

I strongly urge all authors to convert their abstracts into full publications. This not only strengthens your academic profile and enriches your knowledge, but also adds immense value to JAPI, enhancing its scientific image. API continues to grow dynamically, with fresh energy, new ideas, and evolving concepts driving us forward.

I sincerely wish that every abstract presented this year transforms into a high-quality publication in JAPI. May your scientific journey flourish, and may API continue to shine through your contributions.

I would also like to extend my heartfelt thanks to all the speakers, delegates, my dedicated staff, and the entire VDO Technologies team for their unwavering support and contributions toward the success of APICON 2026.

The APICON 2026 Organizing Committee, under the dynamic leadership of Dr Kamlesh Tiwary, is leaving no stone unturned to make the conference memorable.

Wishing you all the very best.

G. Narsimulu

Dr G Narsimulu

Dean ICP's Message

Kamlesh Tewary

Dean, Indian College of Physicians, and Past President, Association of Physicians of India

It gives me immense pleasure to extend a warm welcome to each one of you to APICON 2026, from January 29 to February 1, 2026, the 81st annual conference of the Association of Physicians of India, to be held in the historic city of Patna, Bihar.

The Indian College of Physicians has always been a premier academic platform, bringing together physicians from across the nation and beyond to exchange knowledge, share experiences, and foster collaborations that strengthen the very foundation of medical practice.

As APICON 2026 approaches, our preparations for a grand CME are underway. I am working tirelessly to ensure its success, with highlights including esteemed orations, workshops, and updates on recent advances in medicine.

I would like to extend my heartfelt congratulations and appreciation to all contributors for their dedication and hard work.

Thank You

Dr Kamlesh Tewary

Dean-Elect ICP's Message

Girish Mathur
Dean-Elect, Indian College of Physicians

It gives me immense pleasure to extend a warm welcome to all distinguished delegates, esteemed faculty members, and colleagues to the 81st Annual Conference of the Association of Physicians of India (APICON) 2026, being held in the historic city of Patna.
The APICON has always been a vibrant platform that brings together the finest minds in internal medicine, fostering learning, collaboration, and innovation. This year's conference continues that proud tradition, offering a rich academic feast that reflects the latest scientific advancements, evidence-based clinical practices, and emerging frontiers in healthcare.

As physicians, we stand at the crossroads of rapidly evolving medical knowledge and growing healthcare challenges. APICON 2026 provides us an invaluable opportunity to exchange insights, strengthen professional bonds, and reaffirm our collective commitment to excellence in patient care. The Indian College of Physicians remains dedicated to promoting high standards of medical education, research, and ethics, and I am confident that the deliberations during this conference will further energize our shared mission.

I congratulate the organizing committee for their meticulous planning and tireless efforts in curating an exceptional academic and scientific program. I am sure that the warmth of Patna's hospitality, combined with the intellectual vitality of APICON, will make this gathering truly memorable.

Wishing all participants an enriching and inspiring experience.

Warm regards,

Dr Girish Mathur

Director PRF's Message

A Muruganathan

Director, Physicians Research Foundation, Association of Physicians of India, India

It gives me immense pleasure to convey my greetings and best wishes to all readers of the Journal of the Association of Physicians of India (JAPI) on the occasion of the January 2026 Abstract Issue. This special issue stands as a testament to the scientific vibrancy, academic dedication, and relentless pursuit of excellence demonstrated by physicians, researchers, and postgraduate trainees across the country.

The Physicians' Research Foundation (PRF) continues to uphold its commitment to fostering high-quality clinical research, capacity building, and evidence-based practice among our medical fraternity. Over the years, we have witnessed a remarkable rise in the research contributions submitted to professional bodies, reflecting the growing spirit of inquiry and innovation among young physicians. JAPI's Abstract Issue remains a prestigious platform that encourages such scholarly engagement and showcases the evolving landscape of internal medicine in India.

As we move forward into 2026, our focus remains steadfast—to empower clinicians through research mentorship, promote collaborative scientific work, and strengthen India's footprint in global medical literature. I am confident that the collective efforts of our physicians will continue to produce meaningful research that enhances patient care and drives progress in our healthcare system.

My heartfelt appreciation to the editorial board of JAPI, contributors, and reviewers for their dedicated efforts in bringing out this enriching issue. I wish all the authors the very best in their academic journey and encourage more colleagues to actively participate in research and publication.

Warm regards,

Dr A Muruganathan

Organizing Secretary Message

Kamlesh Tewary

Organizing Secretary, APICON 2026 Patna

It is with immense pride and heartfelt joy that I welcome you all to APICON 2026 in the historic city of Patna, which is going to be held from January 29–February 1, 2026. The conference embodies our commitment to scientific excellence, collaborative learning, and the advancement of medicine. This year, our dedicated organizing team has worked diligently to design a memorable event—balancing academic enrichment with the warmth of local hospitality and cultural heritage. By gathering distinguished minds from across the country, APICON 2026 Patna becomes not only a platform for knowledge exchange but also an occasion to nurture friendships and professional camaraderie. Let us together celebrate learning, progress, and the spirit of medicine. I extend my sincere gratitude to each delegate, speaker, and volunteer—your enthusiasm makes this gathering truly special. May APICON 2026 inspire, enlighten, and set benchmarks for many years to come.

I wish a very successful and grand APICON 2026.
Warm regards,

Dr (Prof) Kamlesh Tewary

TENTATIVE SCIENTIFIC PROGRAMME (APICON 2026)

CME: 29th January, 2026 (Thursday)

Time	HALL – NO. 1: Dr. YP Munjal
	Session
8.30 AM–8.50 AM	**Inauguration of Scientific Session**
8.50 AM–9.20 AM	**Session 1** *Chairpersons:* **Jyotirmoy Pal, Girish Mathur** Lifestyle Disease and Yoga **Dean ICP Oration Prof. Kamlesh Tewary**
9.20 AM–9.40 AM	**Session 2** *Chairperson:* **KK Pareek** Overlap, Mixed, and Undifferentiated Connective Tissue Diseases - When Everything is not Black or White? **Rohini Handa**
9.40 AM–10.00 AM	*Chairperson:* **BR Bansode** Brain on Fire: Diagnosis and Treatment of Autoimmune Encephalitis **Kameshwar Prasad**
10.00 AM–10.20 AM	Vitamin D and Diabetes **Prof. BB Thakur**
10.20 AM–10.30 AM	**Q & A Session**
10.30 AM–10.50 AM	**Session 3** *Chairpersons:* **Prof. BB Thakur, Prof. Kamlesh Tewary** Ncd's in Young, Winning the Battle Before it Begins **Girish Mathur**
10.50 AM–11.10 AM	**Session 4: Ravindra Nath Tagore Oration** *Chairpersons:* **G Narsimulu, Liyakat Ali Gauri** *Speaker:* **Alladi Mohan** Holistic Management of Diabetic Patient in the ERA of AI: Physician's Key Role **P Krishna Prasanthi**
11.10 AM–11.30 AM	**Session 5: API – HSI Session** *Chairperson:* **RR Chaudhary** Hypertension in Pregnancy **BR Bansode**
11.30 AM–11.50 AM	*Chairperson:* **R Chandani** Management of Systemic Hypertension Inelderly: An Overview **R Rajasekhar**
11.50 AM–12.10 PM	Chronotherapy in Hypertension **Arnab Bhattacharya**
12.10 PM–12.20 PM	**Q & A Session**
12.20 PM–12.40 PM	**Session 6: Guest Lecture** *Chairperson:* **Amal Banerjee** Evolving Concepts of Nuclear Cardiology Procedures in Cardiovascular Disorders **GN Mahapatra**
12.40 PM–1.00 PM	*Chairperson:* **RK Singal** Recent Advances in the Treatment of Non-small Cell Lung Cancer. **Indooammbulkar**
1.00 PM–1.20 PM	"Bridging the Gap": Real World Challenges in Implementing Evidence-based Cardiology in India **Ashish Thakur**
1.20 PM–1.30 PM	**Q & A Session**
1.30 PM–1.50 PM	**Session 7** *Chairperson:* **SB Gupta** Stroke Prevention in Atrial Fibrillation: What is New **Amal Kumar Banarjee**
1.50 PM–2.10 PM	*Chairperson:* **BR Bansode** Recent Advances in Management of Irritable Bowel Syndrome **Vivek Hende**
2.10 PM–2.30 PM	Anaemia in Diabetes **Mangesh Tiwaskar**
2.40 PM–3.00 PM	**Session 8** *Chairperson:* **Rohini Handa** Stress ECG Testing Versus Other Imaging Modalities in Evaluation of Chest pain **SB Gupta**
3.00 PM–3.20 PM	*Chairperson:* **Pritam Gupta** "PET–CT Scan for Physicians" **Alaka Deshpande**
3.20 PM–3.40 PM	Recent Trends in Management of Rheumatoidarthritis **Liyakat Ali Gauri**
3.40 PM–3.50 PM	**Q & A Session**

INAUGURAL FUNCTION

Time	HALL – NO. 2: Dr Siddharth N Shah
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
Time	**Session**
9.30 AM–9.45 AM	**Session 1: Diabetology** *Chairperson:* **Ram Krishan Suman** GLP1RA - Are they Really Worth the Hype. **Brij Mohan**
9.45 AM–10.00 AM	*Chairperson:* **Ravindra Kumar Modi** Role of Dual GLP Analogues Beyond Diabetes **Sandeep Garg**
10.00 AM–10.15 AM	*Chairperson:* **Raja Ram Gupta** Longevity Science in Diabetes: Update 2026 **NK Singh**
10.15 AM–10.30 AM	*Chairpersons:* **Harsha Pamnaani, Mohammad Shahabuddin** SGLT2: The Molecule of the Century **Pritam Gupta**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Infectious Diseases** *Chairperson:* **Deepak Bhagchandani** Post Tuberculosis Sequelae - A Matter of Concern **Shailendra Kumar**
10.55 AM–11.10 AM	*Chairperson:* **Prakash Khute** ICU Infections **Aditya Prakash Misra**
11.10 AM–11.25 PM	*Chairperson:* **Roli Bansal** Approach to Isolated Neutropenia: Diagnostic Challenges (Case Based) **Pankaj Nand Choudhry**
11.25 AM–11.40 AM	*Chairpersons:* **Divendu Bhushan, Abhijeet Kumar** The Story of the Elimination of Kala-azar from India **Shyam Sundar**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Rheumatology** *Chairperson:* **Sandeep Lamoria** 'Hands in Rheumatology' – Bench to Bedside **Prof. Arup Kumar Kundu**

12.05 PM–12.20 PM	*Chairperson:* **UC Samal** Arthritis in the Elderly - How does it Differ from Young? **Udas Chandra Ghosh**
12.20 PM–12.35 PM	*Chairperson:* **Ritin Mohindra** Treatment of Spondyloarthropathy **Ashwini Kumar Nigam**
12.35 PM–12.50 PM	*Chairpersons:* **Yogesh Kumar Dubey, BP Singh, Barh** CTD-ILD in Rheumatology Practice: Early Clues and Red Flags **Prof. Uma Kumar**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4: Endocrinology** *Chairperson:* **Venugopal Margekar** Ckm Syndrome - The New Epidemic **Prof. Jayanta Kumar Panda**
1.15 PM–1.30 PM	*Chairperson:* **Satish Kumar** How to Select OAD in Newly Detected Type 2 DM Case? **Dwijen Das**
1.30 PM–1.45 PM	**(KGMU)** Ed Myths and Facts **Arun Kumar Pande**
1.45 PM–2.00 PM	*Chairpersons:* **Saurabh Jaiswal, Tripurari Prasad Singh, Abhishek Kamendu** Thyroid Diseases in Elderly **Ravi Kant Saraogi**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5: Neurology** *Chairperson:* **VK Goyal** CT Brain - Interpretation Made Easy **S Sreenivas**
2.25 PM–2.40 PM	*Chairperson:* **Ashwini Kumar Nigam** Headache: Physicians Perspective **MK Roy**
2.40 PM–2.55 PM	*Chairpersons:* **Rk Mishra, Jamshedpur** Approach to Spinal Cord Disorders **MPS Chawla**
2.55 PM–3.10 PM	*Chairpersons:* **Zeeshan Ahmed Mumtaz, Rajesh Kumar** Seizures in Pregnancy **Nagabhushan Mahalingappa**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35PM	**Session 6: Nephrology** *Chairperson:* **Ambuj Yadav** Acute Kidney Injury in Cirrhosis: Emerging Trends **Col. Manish Manrai**
3.35 PM–3.50 PM	*Chairperson:* **Suresh Chandravanshi** Drowning & Decompression Sickness **Vineet Behera**
3.50 PM–4.05 PM	*Chairperson:* **Satish Kumar** Non Diabetic Kidney Disease **Neha Agrawal**
4.05 PM–4.20 PM	*Chairpersons:* **Tarun Kumar Singh, Ajay Kumar Singh** Role of Antidiabetic Medications in Management of MASLD. **Vijay Kumar**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Mixed Bag** *Chairperson:* **Prof. Mona Dhakal** Empathy vs Sympathy. **Jagdeep Chugh**
4.45 PM–5.50 PM	*Chairperson:* **Atindra Narayan** Hypertriglyceridemia: Past, Present, Future and Evolving Therapies. **Vinay Rampal**
5.00 PM–5.15 PM	*Chairperson:* **Amandeep, Delhi** Ethical Issues in Undertaking Clinical Trials. **Prasanta Bhattacharya**
5.15 PM–5.30 PM	*Chairpersons:* **JN Gupta, Rashmi Kumari** Triple Elimination Program – Highlights **Niladri Sarkar**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8**
5.55 PM–6.10 PM	
6.10 PM–6.25 PM	
6.25 PM–6.30 PM	**Q & A Session**

HALL – NO. 3: Vaishali

Time	**Session**
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Cardiology** *Chairperson:* **Naween Kumar** Pregnancy Induced Hypertension **Bharat Agarwal**
9.45AM - 10.00 AM	*Chairperson:* **DK Singh** Advances in Heart Failure Management: From SGLT2 Inhibitors to Novel Gene Therapies **Akash Priyadarshi**
10.00 AM–10.15 AM	*Chairperson:* **Rajib Baruah** Sleep and Blood Pressure - The Intricacies **Anupam Prakash, New Delhi**
10.15 AM–10.30 AM	*Chairpersons:* **Vikash Singh, Govind Kumar** Chronic Heart Failure - Management Beyond the Four Pillars **Pramod Kumar Sinha, Gayajee**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Diabetology** *Chairperson:* **Tapas Bandyopadhyay** Bio Similars in Management of Diabetes. **Munish Prabhakar**
10.55 AM–11.10 AM	*Chairperson:* **Ram Kumar, Jamshedpur** 2026 Vision of Managing T2DM with CKD: Optimising the Prevention Continuum **SC Jha**
11.10 AM–11.25 PM	*Chairperson:* **Noni Gopal Singha** Comprehensive Outcome with GLP-1 RA **Shaibal Guha**
11.25 AM–11.40 AM	*Chairpersons:* **Adnan Imam, BP Chamria** Hyperuricemia and CKD **Amit Kumar Das**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Gastroenterology** *Chairperson:* **Govind Madhaw** Artificial Intelligence in Gastroenterology: The New Frontier **Col. Atul Abhishek Jha**
12.05 PM–12.20 PM	*Chairperson:* **Manohar Lal Prasad** Osteoporosis in CLD - The Neglected Entity **Sunanda Chaoji**
12.20 PM–12.35 PM	*Chairperson:* **Krishnendu Roy** Non-invasive Markers of Liver Fibrosis **Madhuri Holay**
12.35 PM–12.50 PM	*Chairpersons:* **Nishindra Kinjalk, Bhim Ram** Autoimmune Encephalitis...a Clinical Approach **Sanjay Kumar, Neuro**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4: Endocrinology** *Chairperson:* **Sujeet Marandi** "Hypocalcemia - Clinical Approach" **Prashanth Kumar Pai**

1.15 PM–1.30 PM	*Chairperson:* **SN Piri** Cushings how can we Improve Patients Course **Srinath A**
1.30 PM–1.45 PM	*Chairperson:* **Sujit Kumar** Thyroid & Pregnancy **Animesh Choudhari**
1.45 PM–2.00 PM	*Chairpersons:* **Paras Jain, Achida Nand Singh** Adrenal Crisis - An Under Recognised Entity? **Prof. T Geetha**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5: Medical Ethics** *Chairperson:* **Shyam Narayan Prasad** Doctor Patient Relationship **AK Gupta**
2.25 PM–2.40 PM	*Chairperson:* **JL Punglia** What Constitutes a Good **Devi Ram**
2.40 PM–2.55 PM	*Chairperson:* **Vijay Kumar Mundhra** 360 Degree Feedback for Patient Management Doctor **Anuj Singhal**
2.55 PM–3.10 PM	*Chairpersons:* **Anjani Kumar, Patna, Dharmendra Kumar Jha** Integrating Caregivers into Clinical Practice: A Key to Continuity and Quality of Care **Arvind Mathur**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35 PM	**Session 6: Metabolic Diseases** *Chairperson:* **Sunil Kohli** Urine Examination from Routine Test to Diagnostic Piller **Anil Kumar Kulshreshtha**
3.35 PM–3.50 PM	*Chairperson:* **Rajeev Verma** Anti- Obesity Pharmacotherpy - Present Scenario and Newer Horizons **Shilpa Deoke**
3.50 PM–4.05 PM	*Chairperson:* **Nikhileshwar Prasad Verma** Common Mistakes in Fluid Therapy in Clinical Practice **Anitha**
4.05 PM–4.20 PM	*Chairpersons:* **Janmeshwar Prasad, Dilip Kumar** "Restoring Early Warning Signs of Cardiometabolic Syndrome **AK Virmani**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Mixed Bag** *Chairperson:* **Tarun, Sonepat** Micro RNAs: From Diagnosis to Therapeutics in Diabetes Mellitus **PK Agrawal**
4.45 PM–5.50 PM	*Chairperson:* **Rashmi Sinha** Type 5 DM: An Appraisal **Narsingh Verma**
5.00 PM–5.15 PM	*Chairperson:* **Ram Krishan Suman** Diabetes and Eye **Satya Prakash Tiwary**
5.15 PM–5.30 PM	*Chairpersons:* **Chandan Kumar Singh, Binay Kumar Singh** Point of Care Ultrasound (Pocus) in Ward Settings **UC Jha**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8** *Chairperson:* **Jayanti Ray** What's New about Gestational DM Management? **Bauddhayan Das Munshi**
5.55 PM–6.10 PM	*Chairperson:* **Mahak Lamba** Hand Gateway for Rheumatological Disease **Rajan Kumar**
6.10 PM–6.25 PM	*Chairpersons:* **Keshav Kumar, Katihar** Artificial Intelligence in Rheumatology: Clinical Utility, Emerging Tools, and the Road Ahead **Mahabaleshwar Mamadapur**
	Chairpersons: **Sanjeev Ranjan Vinod, Aviral Shah** Stroke Thrombolysis by Physician - Experience to Evidence **Thiruppathy**
6.25 PM–6.30 PM	**Q & A Session**

HALL – NO. 4: Amrapali

Time	Session
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Pulmonary Medicine** *Chairperson:* **Ajit Dungdung** Surgery and COPD **Agam Vora**
9.45 AM–10.00 AM	*Chairperson:* **Amit Kumar** Approach to Case of Eosinophilia **Prof. Sunita Agarwal**
10.00 AM–10.15 AM	*Chairperson:* **Zeeshan Ali Khan** ABPM - Clinical Relevence **Bhagirath B Solanki**
10.15 AM–10.30 AM	*Chairpersons:* **Avinash Kumar Singh, Birendra Kumar Singh** Pulmonary Rehabilitation in CRD: An Update **Surya Kant**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Nephrology** *Chairperson:* **AK Baidya** Renal Tubular Acidosis - An Enigma Made Simple **N P Singh**
10.55 AM–11.10 AM	*Chairperson:* **Harish Gupta** Pregnancy and Kidney - Physiological Adaptation: Myths and Facts **Munindra Kumar**
11.10 AM–11.25 PM	*Chairperson:* **Bimal Kumar Singh, Delhi** Mineral & Bone Disease in CKD **Tanuja Manohar**
11.25 AM–11.40 AM	*Chairpersons:* **Vani Kumar, Sanjeev Kumar Choudhary** Chronic Kidney Disease and the Gut Microbiome **Nalini Humaney**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Cardiology** *Chairperson:* **Umesh Khan** Gut Microbiota and Hypertension **Prof. AK Singh**
12.05 PM–12.20 PM	*Chairperson:* **Dhiraj Kishore** Happy Heart Syndrome **R K Jha**
12.20 PM–12.35 PM	*Chairperson:* **D P Khaitan** Management of Myocardial Infarction in Home Setting **Bipin Sinha**
12.35 PM–12.50 PM	*Chairpersons:* **Sanjeev Kumar Pandey, SHIV Kumar Sharma** Use of Troponin in Risk Stratification of ACS **Mahabir Thakur**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4** *Chairperson:* **VK Singh** Exploring Resistant Hypertension in Clinical Practice **Ajay Kumar Sinha**
1.15 PM–1.30 PM	*Chairperson:* **Jhasaketan Meher** Hypertension in Elderly **Umesh Khan**

1.30 PM–1.45 PM	*Chairperson:* **SK Prasad, Jamshedpur** Strike Before it's Too Late : Finerenone for the Management of CKDS in Type 2 DM **Jibesh Kumar Sarkar**
1.45 PM–2.00 PM	*Chairpersons:* **Arvind Kumar Ojha, Neeraj Prasad** Leptospirosis - An Update with Special Reference to Pulmonary Haemorrhage. **Chandrashekar GS**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5: Gastroenterology** *Chairperson:* **JL Jethwani** Management of Hepatitis C **Ramesh Bhargava**
2.25 PM–2.40 PM	*Chairperson:* **Yasmee** Gut Microbiota **N Vetrivel**
2.40 PM–2.55 PM	*Chairperson:* **Ashok Kumar Singh** Hepatic Disorders in Pregnancy **Gurinder Mohan**
2.55 PM–3.10 PM	*Chairpersons:* **Navneet, Milind Jha** Gut Microbiota in Health and Disease **Manish Kak**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35PM	**Session 6** *Chairperson:* **Harbans Kumar** Conflicting HTN Guidelines, which One to Follow **L Sreenivasmurthy**
3.35PM - 3.50 PM	*Chairperson:* **Ashutosh Chaturvedi** New Perspectives and Strategies for the Management of Hypertension **RK Singal**
3.50 PM–4.05 PM	*Chairperson:* **Ajay Kumar, Purnea** Combination Therapy in HTN **D K Singh**
4.05 PM–4.20 PM	*Chairpersons:* **Anand Shankar, SN Goit** Case Base Approach Intitration of Antihypertensive Drugs **Badal Kumar Sahu**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Infectious Diseases** *Chairperson:* **MD Imtiyaz Bharti** Novel Platelet Indices in Dengue - Physician's Perspective **Brig. Suman Kumar**
4.45 PM–5.50 PM	*Chairperson:* **Gwenette Andrea War** Opportunistic Fungal Infections in HIV **Jaya Chakravarty**
5.00 PM–5.15 PM	*Chairperson:* **Shishir Kumar Chandan** Leptospirosis often Missed **Lakhan Singh**
5.15 PM–5.30 PM	*Chairpersons:* **Vijay Kumar, (Lucknow), Sushil Kumar** How do I Mange an HIV Infected Person in my Practice **BB Rewari**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8: Mixed Bag** *Chairperson:* **AK Pathak** Predicting Cardiovascular Events in Diabetes **Prabhat Pandey**
5.55 PM–6.10 PM	*Chairperson:* **Pankaj Nand Choudhry** Tough Calls in Neurology **Tamil Pavai**
6.10 PM–6.25 PM	*Chairpersons:* **Abhay Kumar Srivastava, Thakur Om Prakash Singh, Abhilok Kumar Jha** Emerging Therapy in Hypertension Management **Smit Shrivastava**
6.25 PM–6.30 PM	**Q & A Session**

HALL – NO. 5: Vikramshila	
Time	**Session**
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**DEAN ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Pulmonary Medicine** *Chairperson:* **Abhishek Kumar (Paras)** MDR TB Update **D P Singh**
9.45 AM–10.00 AM	*Chairperson:* **Gagan Gunjan** Allergic Broncho Pulmonary Aspergillosis: A Great Mimicker of Pulmonary Tuberculosis. **Sudhir Kumar (Pulmo)**
10.00 AM–10.15 AM	*Chairperson:* **B K Singh, Delhi** COPD and Cardiovascular Risk Factors **Neelima Saoji**
10.15 AM–10.30 AM	*Chairperson:* **Shri Mohan Mishra** **DR JC Jha** Secrets of interventional Pulmonology for General Physician **Narthanan Mathiselvan**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2** *Chairperson:* **G S Solanki** Management of Obese T2DM **Nandha Kumar**
10.55 AM–11.10 AM	*Chairperson:* **Amit Bhaskar** GDM - An Update **Senthilvelu**
11.10 AM–11.25 PM	*Chairperson:* **Mayank Gupta** Diabetes Dyslipidemia - Beyond Statins **K Sivakumar**
11.25 AM–11.40 AM	*Chairpersons:* **Prashant Kumar Verma, Krishna Kumar Jha** Role of Micro RNA in Diabetes **H S Sharma**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Infectious Diseases** *Chairperson:* **SP Singh** Clinical Features and Management of Malaria in Hilly Area **Apu Adhikary**
12.05 PM–12.20 PM	*Chairperson:* **SC Mittal** Combating Malaria **Ramesh Aggarwal**
12.20 PM–12.35 PM	*Chairperson:* **K Shringi** Biomarkers in Sepsis **Ashok Kumar**
12.35 PM–12.50 PM	*Chairpersons:* **VK Thakur, PK Thakur** Adult Immunisation **K P Rajesh**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4: Rheumatology** *Chairperson:* **Nikhil Gupta** Role of Gut Microbiota: An Immunometabolism in Rheumatic Diseases **Saikat Datta**
1.15 PM–1.30 PM	*Chairperson:* **Atul Kumar** Sjogren's Syndrome - A Physician's Perspective **Shilpa Kuthe**
1.30 PM–1.45 PM	SLE : An approach and Basics of ANA Interpretation **Varghese Koshy**
1.45 PM–2.00 PM	*Chairpersons:* **Anad Dev, Raj Kishore Singh, V N Jha** Rapid Fire - Q & A in Rheumatology **N Raja**
2.00 PM–2.10 PM	**Q & A Session**

2.10 PM–2.25 PM	**Session 5: Pulmonary Medicine** *Chairperson:* **Harshpreet Singh Tuteja** Ventilator - Associated Brain Injury: Evolving Paradigms **Alladi Mohan**
2.25 PM–2.40 PM	*Chairperson:* **Abhay Kumar** Allergic Bronchopulmonary Aspergillosis:a Great Mimicker **Rajendra Prasad**
2.40 PM–2.55 PM	*Chairperson:* **Moti Lal, Delhi** Copd and Diabetes a New Association **Sanjay Kumar**
2.55 PM–3.10 PM	*Chairpersons:* **Manish Kumar, Raushan Kumar** Chronic Cough – An Approach to Management. **Sanchita Saha**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35 PM	**Session 6: Environmental Medicine** *Chairperson:* **N K Gupta** High Altitude Illness: Management & Prevention **Col. Vishesh Verma**
3.35 PM–3.50 PM	*Chairperson:* **Neera Samar** Monoclonal Antibodies as Antimicrobials **Sandeep Budhiraja**
3.50 PM–4.05 PM	*Chairperson:* **Rajesh Kumar Jha** Medical Problems of Air Travel: Physician's Perspective **Tvsvgvk Tilak**
4.05 PM–4.20 PM	*Chairpersons:* **Santosh Kumar Nayan, U K Sahani** Heat Stroke and Related Illnesses **TP Shashikala**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Gastroenterology** *Chairperson:* **Praveen Kumar Singh** Management of Acute Pancreatitis - First Week **Ajay Kumar**
4.45 PM–5.50 PM	*Chairperson:* **Ravikant (Igims)** Approach and Management of Small Bowel Bleed **Neha Berry**
5.00 PM–5.15 PM	*Chairperson:* **Silima SS Tarenia** GI Manifestations of Systemic Diseases **NC Singhal**
5.15 PM–5.30 PM	*Chairpersons:* **Rajiva Ranjan, P K Singh** Chronic Constipation how to Tackle? **Sujit Gunu**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8: (Mixed Bag)** *Chairperson:* **Puranjoy Chakrabarty** Novel Biomarkers of Diabetic Kidney Disease. **Shivashankara K N**
5.55 PM–6.10 PM	*Chairperson:* **Debasish Chaudhury** Albumin use in Renal Diseases-why,when and how? **Umesh Rajoor**
6.10 PM–6.25 PM	*Chairpersons:* **Ashok Kumar Pandey, Manoj Kumar, SK Prasad** Clinical Features and Management of Dengue Fever **Sanjay Kumar Pandey**
6.25 PM–6.30 PM	**Q & A Session**
	HALL – NO. 6: Nalanda
Time	**Session**
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Haematology & DM** *Chairperson:* **Krishnamohan Kumar** Pancytopenia - Case Based Practical Approach **S Priyadharshini**
9.45 AM–10.00 AM	*Chairperson:* **Bhaskar Ghosh** SGLT2 Inhibitors: Multi Organ Protection in DM **Sandeep Suri**
10.00 AM–10.15 AM	*Chairperson:* **Rashmi Ranjan Mohanty** HLH: An Under-recognised, Multi-organ Disease Masqueradingas Sepsis. **Sudhir Mehta**
10.15 AM–10.30 AM	*Chairpersons:* **Shailendra Kumar, Prashant Kumar** Bleeding and Thrombosis INA Same Patient - The Deadly Combination **M Nataraj**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Pulmonary Medicine** *Chairperson:* **Rishi Tuhin Guria** Implementing Global Research Outcomes in the Management of Indian COPD Patients **SK Madhukar**
10.55 AM–11.10 AM	*Chairperson:* **Jayanta Dutta** Diagnostic Approach to Unexplained Pleural Effusion **Prof. Deependra Kumar Rai**
11.10 AM–11.25 PM	*Chairperson:* **Silki Pandey** Extrapulmonary TB and Gene Expert Test **Smarajit Banik**
11.25 AM–11.40 AM	*Chairpersons:* **Bibhuti Nath Jha, Ashwani Kumar Mishra** Advances in ILD Treatment: From Immunotherapy to Targeted Therapies **Manish Shankar**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Diabetology** *Chairperson:* **Ramtanu Bandyopadhyay** Prevention is Better than Cure: Is it Possible for Diabetes **NK Soni**
12.05 PM–12.20 PM	*Chairperson:* **Mary D Cruz** Management of Diabetes in Rural India - What is Different? **V Palaniappam**
12.20 PM–12.35 PM	*Chairperson:* **Shailendra Sharma** Dermatological Manifestations of Diabetes mellitus. **Sachin Hoskatti**
12.35 PM–12.50 PM	*Chairpersons:* **Pooja Dhaon, Arshad Ahmad** Management of Diabetic Neuropathy: What is New **CL Nawal**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4** *Chairperson:* **Sujoy Roychoudhury**
1.15 PM–1.30 PM	*Chairperson:* **Vishal Parmar** Hypertrophic Cardiomyopathy: Early Detection and Treatment **Ajay K Sinha**
1.30 PM–1.45 PM	*Chairperson:* **Pranita** Intervention to Prevention in Cardiology **Manish Bansal**
1.45 PM–2.00 PM	*Chairpersons:* **Binay Kumar, Ashok Kumar Prasad** Hypertensive Emergencies **M Mukhyaprana Prabhu**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	*Chairperson:* **A R Pathan** Imaging and Physiology in Management of Coronary Artery Disease. **M Jawahar Farooq**
2.25 PM–2.40 PM	**Session 5: Cardiology** *Chairperson:* **Sujoy Roychoudhury** Approach to Newly Detected HTN in Young **Palanivelrajan**

2.40 PM–2.55 PM	*Chairperson:* **Silima SS Tarenia** Management of Chronic Coronary Syndrome **Meenakshi Kanagesh**
2.55 PM–3.10 PM	*Chairpersons:* **Ashok Kumar Mishra, Priyaranjan** Approach to Young Hypertension **Ravichandran**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35 PM	**Session 6: Endocrinology** *Chairperson:* **Anil Gomber** Prevention, Remission, and Cure of Diabetes: Myth or Reality **Prakash Keswani**
3.35PM - 3.50 PM	*Chairperson:* **Y C Porwal** Thyroid Autoimmunityand Female Infertility - A Critical Analysis **Jayshree Swain**
3.50 PM–4.05 PM	*Chairperson:* **Neera Samar** Sub-clinical Hypothyroidism: whom,when and how to Treat **Radheyshyam Chejara**
4.05 PM–4.20 PM	*Chairpersons:* **MD Perwaiz Equebal, Pradeep Kumar Sharma** Newer Insights in Osteoporosis **Pawan Kumar Vishwakarma**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Infectious Diseases** *Chairperson:* **Shobhit Shakya** Approach to Tropical Fever in ICU **Deepak Jeswani**
4.45 PM–5.50 PM	*Chairperson:* **Narendra Kumar** Histoplasmosis - Clinical Profile and Treatment **Anil Vardani**
5.00 PM–5.15 PM	*Chairperson:* **Ashish Golwara** Fungal Infections in ICU **Atul Bhasin**
5.15 PM–5.30 PM	*Chairpersons:* **Tripurari Prasad, Kunal** HIV... Do we have Increased Incidence of Diabetes in Cart Era? **Naveen Kishoria**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8** *Chairperson:* **Puranjoy Chakrabarty** Atrial Cardiopathy – A New Concept in Stroke **PN Renjen**
5.55 PM–6.10 PM	*Chairperson:* **Noni Gopal Singha** Silicosis and Silicotuberculosis: A Growing but Silent Menace in North Bihar. **UB Singh**
6.10 PM–6.25 PM	*Chairpersons:* **Naresh Singhal, Ramjee Prasad, R C Gupta** HIV and Tuberculosis **Mahendra Pratap**
6.25 PM–6.30 PM	**Q & A Session**
Time	**HALL – NO. 7: Chanakya**
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Infectious Diseases** *Chairperson:* **Shankha Shubhra Sen** Antifungal Therapy **M Natarajan**
9.45 AM–10.00 AM	*Chairperson:* **Piyush Jain** Debate on Escalation & DE Escalation of Antibiotics in ICU **D Suresh Kumar**
10.00 AM–10.15 AM	*Chairperson:* **Devendra Nath** Sepsis in Diabetes **R Balamurugan**
10.15 AM–10.30 AM	*Chairperson:* **LK Prasad** Advances in Sepsis Management– A Paraadigm Shift Towards Nanotechnology **Gandharba Ray**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Haematology** *Chairperson:* **Prem Mittal** Chronic ITP in Adults: When to Observe, Treat, or Refer? **Lalit Prashant Meena**
10.55 AM–11.10 AM	*Chairperson:* **Anand Vishal** Anticoagulation Therapy: Precautions to be Taken **Balbir Singh Kohli**
11.10 AM–11.25 PM	*Chairperson:* **Mrityunjay Kumar Singh** Plasma Therapies in Internal Medicine: Old Tools, New Uses **Gopal Batni**
11.25 AM–11.40 AM	*Chairperson:* **Dilip Kumar** How to Approach & Investigate Bleeding Disorder. **Mukesh Sharma**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3: Gastroenterology** *Chairperson:* **Parvinder Singh** Intestinal Tuberculosis **Ram Kumar**
12.05 PM–12.20 PM	*Chairperson:* **Abhishek** Tofacitinib in Ulcerative Colitis : A New Kid on the Block **Vijay Shanker**
12.20 PM–12.35 PM	*Chairperson:* **MD Shahid Iqubal** Acute Pancreatitis for Physicians **Deepak Gunjan**
12.35 PM–12.50 PM	*Chairperson:* **Ram Sewak Sahu** MASLD- Evolving Concepts **Shubha Laxmi Margekar**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4: Diabetology** *Chairperson:* **Minal Mohit** Management of diabetes in liver disease **Dinesh Pal Singh**
1.15 PM–1.30 PM	*Chairperson:* **Aquil Ahmed Mumtaz** "A New ERA in Weight Management"- GLP-1s and Beyond **Smita Thakur**
1.30 PM–1.45 PM	*Chairperson:* **Prof. JK Mitra** Sarcopenia and T2DM **Sujoy Roychoudhury**
1.45 PM–2.00 PM	*Chairperson:* **Ved Prakash Pandey** Once Weakly Insulin **Vijay Garg**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5: Emergency Medicine** *Chairperson:* **Ratnakar Sahoo** Approach to Hyperglycemic Emergencies **R Chandani**
2.25 PM–2.40 PM	*Chairperson:* **Rashmi Verma** Pocus in Medical ICU and Emergencies **Ghanshyam Pangtey**
2.40 PM–2.55 PM	*Chairperson:* **Apoorva Kaushik** Extracoroporeal Therapy in Poisoning **Saif Quaiser**
2.55 PM–3.10 PM	*Chairperson:* **Saad Bin Saif** Abg advantage : Unifying Management strategies for CKD ae COPD and ACS
3.10 PM–3.20 PM	**Q & A Session**

3.20 PM–3.35 PM	**Session 6: Diabetology** *Chairperson:* **MD Sadique** Controversies & Challenges in Diabetes Mellitus & Pregnancy **G Prakash**
3.35 PM–3.50 PM	*Chairperson:* **SS Gait** Beta Cell Regenerative Therapies in Diabetes - Current Status **V Palanikumaran**
3.50 PM–4.05 PM	*Chairperson:* **Anil Upadhyay** Perioperative Management of Diabetes **Raja Mahalingam**
4.05 PM–4.20 PM	*Chairpersons:* **Rabhakar Bhushan Mishra, Dharmendra Singh** Sulfonylureas in Diabetes Management: Current Status **S Vengojayaprassad**
4.20 PM–4.30 PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7: Cardiology** *Chairperson:* **MD Nasar Zubair** Asymptomatic Aortic Stenosis - Evolving Concepts **Nihar Mehta**
4.45 PM–5.50 PM	*Chairperson:* **Sumit Kumar** Variable Hypertention and its Clinical Implications **Harbir Kaur Rao**
5.00 PM–5.15 PM	*Chairperson:* **Rajkumar Deepak** Thyroid & Heart: the Cross Talk **V Mahadevan**
5.15 PM–5.30 PM	*Chairperson:* **R R Verma** Novel Biomarkers to Evaluate Heart Failure **Sajid Ansari**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8**
5.55 PM–6.10 PM	
6.10 PM–6.25 PM	
6.25 PM–6.30 PM	**Q & A Session**

Time	**HALL – NO. 8: Aryabhatt**
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1: Nephrology** *Chairperson:* **Tapas Kumar** UACR- Better Predictor of Diabetes Nephropathy **Avijit Royzada**
9.45 AM–10.00 AM	*Chairperson:* **Saad Bin Saif** Four Pillars of Management of DKD **Alok Rai**
10.00 AM–10.15 AM	*Chairperson:* **HK Mishra** Obesity Phenotypes **Minal Mohit**
10.15 AM–10.30 AM	*Chairperson:* **Arun Kumar Arun** Critical Care Nephrology - Role of Nephrologist in ICU **A Prabakaran**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Neurology** *Chairpersons:* **Rajesh Kumar, Deoghar** Migraine - Challenges and the Way Ahead **Nikhil Prasun**
10.55 AM–11.10 AM	*Chairperson:* **Thakurmani** Acute Encephalitis Syndrome: Clinical Clues for Diagnosis and Management **Jitendra Singh**
11.10 AM–11.25 PM	*Chairpersons:* **Kamlesh Kumar, Gaya** Recent Advances in Management of Status Epilepticus **Anwar Alam**
11.25 AM–11.40 AM	*Chairpersons:* **Uday Kumar, Sherghati** NMO/MOG Spectrum Disorders and its Varied Manifestations **Janardan**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3** *Chairperson:* **Kaushik Saha** Micro RNA in Medicine - Bridging Bench to Bedside **Mukesh Kumar Gupta**
12.05 PM–12.20 PM	*Chairperson:* **MD Shoeb Alam** Osteoporosis: Evolving Landscape in Bone Health **Veerendra Singh**
12.20 PM–12.35 PM	*Chairperson:* **Dilawez Shamim** Theranostics and Personalised Medicine in the Current Era **E Prabhu**
12.35 PM–12.50 PM	*Chairperson:* **Prabhakar Singh** Approach to Hypocalcemia **Sattik Siddhanta**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4** *Chairperson:* **Apu Adhikary** The Pill Burden: Navigating **Sumeet Garg**
1.15 PM–1.30 PM	*Chairperson:* **MK Bhadani** Assessing Frailty in Elderly **Monica Gupta**
1.30 PM–1.45 PM	*Chairperson:* **Suresh Kumar Bhawsinka** Heathy Ageing - A Ray of Hope for Longevity **Surendranath Swain**
1.45 PM–2.00 PM	*Chairperson:* **Govind Prasad** Non Invasive Accurate Assessment of Liver Fibrosis and Fat Quantification - MR vs USG vs Fibro Scan **Rajan Chaudhary**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5** *Chairperson:* **Akash Sharma** Bedside Teaching of Emergency Medicine **Appandraj**
2.25 PM–2.40 PM	*Chairperson:* **Sanjay Nath Jha** Artificial Intelligence in Medicine Practice - Where are we Today? **Pooja Khosla**
2.40 PM–2.55 PM	*Chairperson:* **Niraj Bohania** Sweet Syndrome not Being Sweet - Myocardial Injury in a Patient with Sweets Syndrome. **Preeti Singh Dhoat**
2.55 PM–3.10 PM	*Chairpersons:* **Sweety Singh, Ashraf Azam** The Clinical Medicine - The Need of the Hour **T Saravanan**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35 PM	**Session 6: Infectious Diseases** *Chairperson:* **Abdul Rehman Pathan** HIV and Hepatitis B&C Coinfection **Nikhil Gupta**
3.35 PM–3.50 PM	*Chairperson:* **CM Singh** Approach to FUO (Fever of Unknown Origin) **Puneet Rijhwani**
3.50 PM–4.05 PM	*Chairperson:* **Pranshu Kumar** Invasive Fungal Disease: A Creeping Public Health Threat **Amandeep Kaur**
4.05 PM–4.20 PM	*Chairpersons:* **Vinod Kumar Paswan, Samique Ahmad** Fungal Infections in ICU **Manoj Saluja**
4.20 PM–4.30 PM	**Q & A Session**

4.30 PM–4.45 PM	**Session 7** *Chairperson:* **Satish Kumar Prasad** Oxygen Therapy in ICU **Shankha Shubhra Sen**
4.45 PM–5.50 PM	*Chairpersons:* **Ganesh Paswan, Minaz Noor** Hands in Clinical Medicine, Clue to Diagnosis **Ashis Kumar Saha**
5.00 PM–5.15 PM	*Chairperson:* **Jwala Kumar** Gerd-newer Management Options **Shri Krishna Gautam**
5.15 PM–5.30 PM	*Chairperson:* **KD Yadav** Artificial Intelligence in Medical Education **Niket Verma**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8**
5.55 PM–6.10 PM	
6.10 PM–6.25 PM	
6.25 PM–6.30 PM	**Q & A Session**

HALL – NO. 9: Birsa Munda

Time	Session
8.00 AM–8.30 AM	**Inauguration of Scientific Session**
8.30 AM–9.00 AM	**Dean ICP Oration in Hall A**
9.30 AM–9.45 AM	**Session 1** *Chairperson:* **Krishna Pandey** Geriatric giants in Indian Practice: Identifying and Managing Frailty, Falls, and Functional decline **Haroon H**
9.45 AM–10.00 AM	*Chairperson:* **Taskeen Ahmad Reza** Precision Medicine in Chronic Diseases: Opportunities and Challenges **Jyoti Prakash**
10.00 AM–10.15 AM	*Chairperson:* **Kapil Gupta** ENMG for General Physician **S Meenakshi Sundaram**
10.15 AM–10.30 AM	*Chairperson:* **Vijoy Kumar Sinha** Untold Stories in TOX Room **Senthil Kumaran**
10.30 AM–10.40 AM	**Q & A Session**
10.40 AM–10.55 AM	**Session 2: Nephrology** *Chairperson:* **Ajay Krishna Prasad** Current Insights in Pregnancy Related AKI **Mohd Aslam**
10.55 AM–11.10 AM	*Chairperson:* **MD Sadique** Current Strategies for Prevention of Kidney Disease in Diabetes **Abhishek Kumar**
11.10 AM–11.25 PM	*Chairperson:* **Ajay Kumar Gupta** Nephrology Red Flags: When to Act Early **Gyan Prakash**
11.25 AM–11.40 AM	*Chairperson:* **Neeraj Kumar** Diabetic Nephropathy: Can Early Intervention Save the Kidney **SM Somnath**
11.40 AM–11.50 AM	**Q & A Session**
11.50 AM–12.05 PM	**Session 3** *Chairperson:* **Udai Shankar Rai** Wt Loss Drugs-Hype or Reality **Rajiv Ranjan**
12.05 PM–12.20 PM	*Chairperson:* **Sandeep Budhiraja** AI in Medicine **Arpan Singh Chouhan**
12.20 PM -12.35 PM	*Chairperson:* **Ranjan Kumar** Fluid Resuscitation - Current Trends in Selection **Rakhi Sanyal**
12.35 PM–12.50 PM	*Chairperson:* **Subhash Kumar** Advances in the Management of Acquired Aplastic Anemia **Nilesh Kumar**
12.50 PM–1.00 PM	**Q & A Session**
1.00 PM–1.15 PM	**Session 4** *Chairperson:* **Santosh Kumar**
1.15 PM–1.30 PM	*Chairperson:* **BC Jha** Hematological Emergencies in Internal Medicine - Case Based Discussion **Arun Kumar Singh**
1.30 PM–1.45 PM	*Chairperson:* **Pawan Kumar Mehta** Approach to Thrombocytopenia **Sudhir Kumar**
1.45 PM–2.00 PM	*Chairperson:* **Satish Kumar Singh** GLP 1 Agonist - Beyond Glucose Control **Shyama**
2.00 PM–2.10 PM	**Q & A Session**
2.10 PM–2.25 PM	**Session 5** *Chairperson:* **Binod Dharewa** Molecular Apthophysiology of Diabetes - Epigenetic Modulation of Gene Expression and B -Cell DE-differentiation **C B Prasad**
2.25 PM–2.40 PM	*Chairperson:* **Vishal Parmar, Lucknow** Updates in Diabetes Management Beyond HBA1C **Siddharth Singh**
2.40 PM–2.55 PM	*Chairperson:* **Shailesh Kumar** Diabetes Management at Primary Care Level **Jyoti Kumar Dinkar**
2.55 PM–3.10 PM	*Chairperson:* **CK Das** Weight Centric Paradigm: Obesity First, Diabetes Second **PM Shrivastava**
3.10 PM–3.20 PM	**Q & A Session**
3.20 PM–3.35PM	**Session 6** *Chairperson:* **AS Deora** Approach to Systemic Autoimmune Rheumatic Diseases - A Curtain Raiser for Physicians **Rajesh Kumar**
3.35 PM–3.50 PM	*Chairperson:* **Lalit Kumar Meher** SSS (snake, scarpion, sting) an Update **Muthumani**
3.50 PM–4.05 PM	*Chairperson:* **Mohammad Shafat Imam Siddiqui** OPC Poisoning Management **Rajavelmurugan**
4.05 PM–4.20 PM	*Chairpersons:* **Nishi Kant, Vijay, Kumar Singh** Case based Approach Toecgin Poisoning **Mainak Mukhopadhyay**
4.20 PM–4.30PM	**Q & A Session**
4.30 PM–4.45 PM	**Session 7** *Chairperson:* **Mrityunjay Pratap Singh** Neurogenic Bladder & its Management **K Mugundhan**
4.45 PM–5.50 PM	*Chairperson:* **AR Pathan** Acute Confusional State: How to Approach? **Krishna Sen**
5.00 PM–5.15 PM	*Chairperson:* **Rajendra PD Jaiswal** In hospital cardiac Arrest - Management Principles **Tapas Banerjee**
5.15 PM–5.30 PM	*Chairperson:* **Pranabandhu Sahoo, Niharika Sinha** Chronic Meningitis: a Diagnostic puzzle **Ram Babu**
5.30 PM–5.40 PM	**Q & A Session**
5.40 PM–5.55 PM	**Session 8**
5.55 PM–6.10 PM	
6.10 PM–6.25 PM	
6.25 PM–6.30 PM	**Q & A Session**

TENTATIVE SCIENTIFIC PROGRAMME (APICON 2026)

Day 1: Friday 30th January, 2026

Time	HALL A
08:30–09:00	**Scientific Program Inauguration**
09:00–10:00	Session I: Cardiology update
09:00–09:20	**Session I: Cardiology update** *Chairpersons:* **Nandini Chatterjee, Mahalingappa, Dwijen Das** Micronutrient Deficiency: The Overlooked Driver of Cardiometabolic **Madhuwanthi Hettlarachchi, SriLanka**
09:20–09:40	Management of Acute Myocardial Infarction in Himalayan Regions (Guidelines vs Realities) **Ratnamani Gajurel, Nepal**
09:40–10:00	TUB
10:00–11:00	**Session II: Guest Lecture**
10:00–10:20	*Chairpersons:* **Dr Sangram Biradar, Manoj Kumar, Mohammed Riyaz** When I Fail to Control My Blood Pressure **Krishna Kumar Pareek-GB, Kota**
10:20–10:40	Health Benefits of Intermittent Fasting **P Gandiah**
10:40–11:00	Master Key of Success: AI or Clinical Judgement **Jyotirmoy Paul- GB,**
11:00–12:00	**Session III: Global Forum**
11:00–11:20	*Chairpersons:* **Pradeep Bhaumik, Partha Sarkar, Chama Yadavendra Reddy** The Silent Saboteur: Poor Sleep and Metabolic Syndrome? **Suranga Manilgama, SriLanka**
11:20–11:40	Thyroid and Diabetes: Double Trouble **Robin Maskey, Nepal**
11:40–12:00	Lung Ultrasound in Clinical Decision Making for Internists **Paras Doshi, Malaysia**
	ORATIONS
12:00–12:25	*Chairpersons:* **Jyotirmoy Pal, Ashok Taneja** **Presidential Oration:** Rheumatoid Arthritis—Past, Present, and Future **G Narsimulu, President API**
12:25–12:45	**Netaji Oration:** Challenges and opportunities in SLE **Alakendu Ghosh**
12:45–1:00	Interpretation of the Report of Complete Blood Count **Dinesh Kumar, Uttar Pradesh**
01:00–02:00	**Session IV: Guest Lecture**
01:00–01:20	*Chairpersons:* **Krishna Kumar Pareek, Sanjay Varma, Kandula Sumanth** Early-onset Hypertension in Indian youth **Namitha Narayanan**
01:20–01:40	The Second Wave of Hypertension: Sleep Deprivation, Screen Time, and Stress **Aravind Duruvasa**l
01:40–02:00	Ten common mistakes while managing T2DM, Diabetes Mellitus **Ashok Taneja-GB, Haryana**
02:00–03:00	**Session V: Diabetes Mellitus Update**
02:00–02:20	*Chairpersons:* **Ramswaroop Jawahar, Arindam Datta, Ashish Jindal** Imeglimin–A Powerhouse Approach in T2DM **Awadhesh Kr Singh**
02:20–02:40	10 Years of EMPAREG Trial **Akriti Singh**
02:40–03:00	Vasculitis and the kidney **MP Kafle, Nepal**
03:00–04:00	**Session VI: Guest Lecture**
03:00–03:20	*Chairpersons:* **H S Pathak, Hage Ambing, Gauthaman C S** Armamentarium in Nephro-Protection: Where are we in 2025? **Manisha Sahay**
03:20–03:40	Recognizing Pituitary Disorders in Clinical Practice **Beatrice Anne, NIMS HYD**
03:40–04:00	Clinical Clues in Infectious Diseases **Ramasubramanian**
4:00–4:50	**Session VII**
04:00–04:20	*Chairpersons:* **Amit Saraf, Anup Kumar Das, Narender Katakam** **TBU**
04:20–04:40	TBU
04:40- 04:55	Iron therapy in Heart failure: What do the Guidelines Say? **H S Pathak-GB, West Bengal**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	HALL B
9:00–10:00	**Session I**
09:00–09:15	*Chairpersons:* **Gautam Bandari, P K Aggrawal, Rajib Ratna Chaudhary** Care in Old Age **K Vijaya Krishnan, Kerala**
09:15–09:30	MDR Typhoid **Ranjan Sen, Odisha**
09:30–09:45	Asymptomatic Hyperuricemia - Treatment Dilemmas **Y Bhasker Telangana**
09:45–10:00	Autonomic Neuropathy **RaviKumar YS, Uttar Pradesh**
10:00–11:00	**Session II: Guest Lecture**
10:00–10:20	*Chairpersons:* **Ashok Taneja, Sanjay Varma, Shafi Palagiri** Lipidology and ASCVD, Neurology **P C Manoria, Past Dean**
10:20–10:40	The Antibiotic Timeline: Historical Milestones and Future Horizons **Jyotirmoy Pal**

10:40–11:00	The silent Pandemic: Why AMR is the next global emergency **Nandini Chaterjee**
11:00–12:00	**Session III: Guest Lecture**
11:00–11:20	**Symposia Hepatology** *Chairpersons:* **Jyotirmoy Pal, M Pavan Kumar, Hemant Sharma** Tetracyclines Revisited: The Clinical Role of Doxycycline in Modern Fever Protocols **Ketan Mehta**
11:20–11:40	ATD in a Jaundiced Patient **Nandini Chatterjee-GB, West Bengal**
11:40–12:00	**Dr Jivraj Mehta Award** Very Late Complications of PCI **Mantosh Panja**
12:00–12:25	**Presidential Oration HALL A**
12:25–12:45	**Session IV** *Guest Lecture Chairpersons:* **Naval Chandra, Digambar Naik, Ashok Taneja** Cardiovascular Complications of Cancer Therapy **Sally, Indonesia**
12:45–1:00	TBU
1:00–2:00	**Diabetes Mellitus Update**
01:00–01:20	**Session V** *Chairpersons:* **Uday Lal, Bhupendra Shah, Venkateswarlu Nandyala** One Molecule, Many Wins: Sugars, Scales, Organs, and Lives **Arpan Dev Bhattacharya**
01:20–01:40	The Power of One: Semaglutide as the Ideal First Choice for Diabetes and Diabesity **Awadesh Kumar Singh**
01:40–02:00	Practicalities of Using Semaglutide: A Ready Reckoner for Physicians **Santosh Kumar Singh**
2:00–3:00	**Guest Lecture**
02:00–02:15	**Session VI** **Diabetes Mellitus Update** *Chairpersons:* **Amal Kumar Banerjee, Pawan Goyal, Kavya Jonnalagadda** Dual GIP/GLP-1 RA: The Tirzepatide Advantage **Rajiv Awasthi**
02:15–02:30	Wonders of Early Weight Loss on T2D-Journey Continuum **Vaishali Deshmukh**
02:30–02:35	Question and Answer Session
02:35–02:55	TOPSPIN- First Made In India Hypertension Trial **Ambuj Roy**
3:00–4:00	**Guest Lecture**
03:00–03:20	**Session VII** *Chairpersons:* **Sher Singh Dariya, Rajesh Kumar, Vishal Parmar** Jaundice in Pregnancy **Sangram Biradar-GB, Karnataka**
03:20–03:40	Screening for Asymptomatic CAD in Diabetes **Ravi Keerthy-GB, Karnataka**
03:40–04:00	Chronic Coronary Syndrome: Recent Management Issues **Amal Kumar Banerjee-GB, Howrah**
4:00–4:40	**Session VIII**
04:00–04:20	*Chairpersons:* **Suresh Sagarad, Deepak Kumar Singh, Dharmendra** **TBU**
04:20–04:40	TBU
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	HALL C
9:00–10:00	**Guest Lecture**
09:00–09:15	**Session I** *Chairpersons:* **Sanjay Varma, Rajesh Kumar, Deepak Kumar Singh** Indian Guidelines on Hypertension V: Thresholds, Targets, and Treatments **Girish Verma, Rajasthan**
09:15–09:30	Hypertension Beyond Numbers: Exploring New Dimensions in Care **D P Chakraborty, West Bengal**
09:30–09:45	Approach of Hypertension in Young Adulthood: Recent Concepts **Raveendran A V, Kerala**
09:45–10:00	Age Reversal: Why and How? **Arulrhaj Sundaram, Tamil Nadu**
10:00–11:00	**Pulmonology Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Radha, TRH Lalrinmawia, Mona Dhakal** Lung Microbiome: Contaminomics, Metagenomics, Metatranscriptomics **Alladi Mohan, AP**
10:15–10:30	Obstructive Sleep Apnea: An Important Part of Metabolic Syndrome **BV Murali Mohan, Karnataka**
10:30–10:45	Obstructive Airway Diseases: Current Concepts **Bheemanathini Shankar, Telangana**
10:45–11:00	Dengue in Pregnancy **Raja Rao Mesipogu**
11:00–12:00	**Infectious Symposia**
11:00–11:15	**Session III** *Chairpersons:* **Ashis Kumar Saha, Divendu Bhushan, Shashank Prabhudesai** Newer Biomarkers in Sepsis **Santosh Kumar Swain, Odisha**
11:15–11:30	The role of HLA in Emerging Viral Threats: Lessons from the Past Pandemic Sarcopenic Obesity-Muscle Matters **Viswanath K, Karnataka**
11:30–11:45	Breath of Life: Navigating Respiratory Viruses during Pregnancy **Vinaya Shekhar, Gandhi**
11:45–12:00	Fever with Lymphadenopathy: Beyond TB **Naval Chandra-GB, Telangana**
12:00–12:25	**Presidential Oration HALL A**
12:25–1:30	**Diabetes Mellitus**
12:25–12:45	**Session IV** *Chairpersons:* **Akashkumar N Singh, Satish Kumar, Vitull Kumar Gupta** Update on Monogenic Diabetes **Uday Lal-GB, Telangana**

12:45–01:05	Excelling from Daily to Weekly in T2DM Management Mangesh Tiwaskar
01:05–01:30	Panel Discussion Excelling From Daily to Weekly in T2DM Management **Moderator: Shashank Joshi Panelists: AK Das, B M Makkar, Ajay Kumar, Hemant Thacker**
1:30–2:30	**Guest Lecture**
01:30–01:45	**Session V** *Chairpersons:* **OP Dhakal, M Gunasekaran, Umesh G Rajoor** Epigenetics in Metabesity **Rajiv Kumar Bandaru, Telangana**
01:45–02:00	Antiamyloid Therapies: Trial and Drugs and Promises **Subhro Sen, West Bengal**
02:00–02:15	Alpha Cell as the Guardian of Beta Cell **Vinod Mittal, Delhi**
02:15–02:30	Anaphylactic Shock Management **Meghnad Meher, Odisha**
2:30–3:30	**Guest Lecture**
02:30–02:45	**Session VI** *Chairpersons:* **P N Ramani, S K Thusu, Vivek Tigga** Antibiotics Stewardship in Daily Practice: Bridging Evidence and Reality **M Pavan Kumar-GB**
02:45–03:00	Pulmonary—Rheumatology Overlap: ILD in Autoimmune Diseases **Rajendra Vara Prasad, Telangana**
03:00–03:15	Primary Sjogren Syndrome **Renu Saigal, Rajasthan**
03:15–03:30	Mind-body Connection in diabetes Mellitus **Raghu Ramulu, Hyderabad**
3:30–4:45	**Guest Lecture**
03:30–03:45	**Session VII** *Chairpersons:* **Promise Jain, Supriya Datta, Sankar Nath Jha** Breakthroughs in Management of MASLD/MASH **Rajesh Upadhyay, New Delhi**
03:45–04:00	Liver Transplant in ALF **Priyank Dhiman, New Delhi**
04:00–04:15	National Viral Hepatitis Control Program: An Overview **Pijush Kanti Mandal, West Bengal**
04:15–04:30	Portal Hypertension: Newer Concepts **Sunil Kumar Dadhich, Rajasthan**
04:30–04:45	Aplastic Anemia: Recent Advances **Ritika Sud, New Delhi**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	HALL D
9:00–10:00	**Rheumatology Update**
09:00–09:15	**Session I** *Chairpersons:* **Minal Harde, DS. K. Agarwal, Balbir Singh Kohli** Biologics and Biosimilars in Rheumatology-Indications and Advantages **U R K Rao, Telangana**
09:15–09:30	RA in Elderly Late-onset RA **Paramita Bhattacharyya, West Bengal**
09:30–09:45	RA Diagnosis: Common Mistakes and How to Avoid Them **Subramanian Nallasivan, Tamil Nadu**
09:45–10:00	Anemia in the Elderly: Newer Concepts **Shesha Sailaja, Telangana**
10:00–11:00	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **BK Mahavarkar, Sanjay Varma, Arindam Datta** History Taking and Clinical Examination: Concept of Minimalist Physician **Jagadeesh Kumar V, KIMS, Telangana**
10:15–10:30	Joint Session ISHBT/API- B12 Deficiency in India: A Neglected Nutritional Crisis, Causes and Solutions **PK Sasidharan**
10:30–10:45	Vitamin D3 Beyond the Skeleton Vittalrao Nadagouda, Karnataka
10:45–11:00	Polypharmacy in the Elderly **Kauser Usmaan**
11:00–11:20	**G S Sainani Oration** Management of COVID-19 ARDS: Banging the Head Against the Wall **B N B M Prasad**
11:20–12:00	**Guest Lecture**
11:20–11:35	**Session III** *Chairpersons:* **TBU** Comprehensive Geriatrics Assessment **Ashutosh Chaturvedi, Rajasthan**
11:35–11:55	**Sanofi Aventis Lectureship in Diabetology**
	From weakness to wellness: Deciphering the Sarcopenia Connection **Sattik Siddhanta**
12:00–12:25	**Presidential Oration: HALL A**
12:25–1:30	**Guest Lecture**
12:25–12:45	**Session IV** *Chairpersons:* **Mahalingappa, Manoj Kumar, Partha Sarkar** Management of ACS with Thrombocytopenia **Ankan Pathak, Jyotirmoy Paul**
12:45–01:00	Hypertension in Young Adults: A Cardiovascular Perspective **Dinesh Sharma, Rajasthan**
01:00–01:15	Plaque Morphology: Is It Relevant? **Parikshit Singh Chauhan, Maharashtra**
01:15–01:30	Anticoagulation-induced Bleeding: How to Manage **Anurag Agrawal, Chhattisgar**h
1:30–2:30	**Medical Oncology Update**
01:30–01:45	**Session V** *Chairpersons:* **Hage Ambing, Anup Kumar Das, PK Aggrawal** Immunotherapy in Cancer **G Vishesh, Telangana**
01:45–02:00	Cancer-associated thrombosis: Prevention and Therapy **Aritra Kumar Ray, West Bengal**
02:00–02:15	Advances in Chronic Myeloid Leukemia **Govinda Babu, Karnataka**
02:15–02:30	Fertility Overview for Physician **G Niharika, Telangana**
2:30–3:30	**Neurology Update**

02:30–02:45	**Session VI** *Chairpersons:* **Hemant Sharma, Digambar Naik, Bhupendra Shah** Management of Refractory Status Epilepticus: Controversies and Guidelines **Sita Jayalakshmi, Telangana**
02:45–03:00	Neurocysticercosis Current Concept **Ritu Karoli, Uttar Pradesh**
03:00–03:15	When to Start and When to Stop Antiseizure Medication **Shaik Afshan Jabeen, Telangana**
03:15–03:30	Oral Anticoagulants: From Warfarin to DOACS-choosing the Right Agent **Arathi Darshan, Karnataka**
3:30–4:45	**Guest Lecture**
03:30–03:45	**Session VII** *Chairpersons:* **Pawan Goyal, Rajesh Kumar, Deepak Kumar Singh** POCUS: Emerging Tool in Medicine **Himanshu Khutan, Punjab**
03:45–04:00	Medico-legal Rights Every Indian Physician Should Know **Shama Firdaus, Telangana**
04:00–04:15	Difficult to Treat TB **MVS Subbalaxmi, Telangana**
04:15–04:30	Clinical Approach to Isolated Abdominal Lymphadenopathy **Sudhansu Sethi, Odisha**
04:30–04:45	Type 3C Diabetes: A Different Variety **Ramswaroop Jawahar-GB, Andhra Pradesh**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	HALL E
9:00–10:00	**Guest Lecture**
09:00–09:15	**Session I** *Chairpersons:* **P Narendra Singh, Prasant Kr Bhattacharya, H Lalrinmawia** Heat-related illness: An Overview **Narendra Kumar, Bihar**
09:15–09:30	High altitude sickness **BN Mohanta, Assam**
09:30–09:45	Hyperhydrosis: An Eternal Clinical Mystery **Basavanagowdappa H, Karnataka**
09:45–10:00	AC Mountain Sickness **Rajiv Raina, Himachal Pradesh (Preetam ref)**
10:00–11:00	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **RK Dalai, AK Das, Rajender Kumar Bansal** Drug-resistant Malaria: An Update **Alpana Raizada, Delhi**
10:15–10:30	Malaria: The Changing Trends in the 21st Century **Nagesh K, Karnataka**
10:30–10:45	Empirical Antimalarials in Clinical Practice **Naresh Kumar Midha, Rajasthan**
10:45–11:00	Overdiagnosis of Typhoid Fever: Challenges and Strategies for Physicians **Patnala Chakradhar, Telangana**
11:00–12:00	**Spondylo Arthropathy Update**
11:00–11:15	**Session III** *Chairpersons:* **Arvind Kumar Jain, Mona Dhakal, R Balaji Nathan** Backache-physicians' Approach **Suryakamal Verma, Uttar Pradesh**
11:15–11:30	Approach to Infective Spondylodiscitis **Suvendu Acharya, Odisha**
11:30–11:45	Spondyloarthritis: Personalized Approach **V Krishna Murthy, Tamil Nadu**
11:45–12:00	Which Drug for Which Phenotype of Spondylo Arthritis **Vedchaturvedi, New Delhi**
12:00–12:25	**Presidential Oration HALL A**
12:30–1:30	**Thyroid Update**
12:30–12:45	**Session IV** *Chairpersons:* **A Vinayashekar, Sanjay Tandon, Prakash Hospital** Approach to the Refractory Hypothyroidism **Narender Katakam, Telangana**
12:45–01:00	Addressing thyroid Disorders in the Perioperative Period **Saumik Datta, West Bengal**
01:00–01:15	Challenging Thyroid Function Tests **Anshul Agarwal, Uttar Pradesh**
01:15–01:30	Sick Euthyroid Syndrome **Prem Prakash Patidar, Rajasthan**
1:30–2:30	**Hepatology Update Guest Lecture**
01:30–01:45	**Session V** *Chairpersons:* **Radha TR, RK Jha, Nikhil Balanke** EUS (Endoscopic Ultrasound): Role in Medicine/ For Physicians **Sandeep Laktakia, Hyderabad, AIG**
01:45–02:00	Liver Disorders in Pregnancy **Anup Das, Assam**
02:00–02:15	Abnormal LFT in Asymptomatic Patients **Deepti Sharma, Rajasthan**
02:15–02:30	Noninvasive Assessment of Cirrhosis of Liver **Sangitanjan Datta, Assam**
2:30–2:50	**P J Mehta Oration** Functional Dyspepsia: Indian Perspective **Sanjay K Bandyopadhyay**
2:50–3:50	**Guest Lecture**
02:50–03:05	**Session VI** *Chairpersons:* **Kaushik Kumar Das, MK Gupta** Perilous DUO: Diabetes and Heart Failure **Shafi (Pawan Kumar ref), Telangana**
03:05–03:20	Hypoglycemia: An Overview **SV Ramanamurthy, AP**
03:20–03:35	Empagliflozin/Dapagliflozin: Which to Choose? **TS Rathis, Tamil Nadu**
03:35–03:50	SGLT2i/GLP1RA and Sarcopenia: Friends or Foe? **Mukulesh Gupta, Uttar Pradesh**
3:50–4:50	**Guest Lecture**
03:50–04:05	**Session VII** *Chairpersons:* **Anvesh Golla, Chandan Sarmah, Shefali** Investigation and Treatment of Extrapulmonary Tuberculosis **Rajendra P Jaiswal, Bihar**

04:05–04:20	Approach to Undiagnosed Diseases: Where are we? **MN Rao, Telangana**
04:20–04:35	Concepts of Economizing Medical Care **Vitull Kumar Gupta, Punjab**
04:35–04:50	Where do Physicians Stand in the Modern Practice of Medicine **D Govindappa, Karnataka**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	**HALL F**
9:00–10:00	**Guest Lecture**
09:00–09:15	**Session I** *Chairpersons:* **S Priya, Sashidhar Reddy Bommineni, Abhay Kumar Srivastava** Alcoholic Neuropathy **Vittal Babu, Telangana**
09:15–09:30	Neurogenic Bladder: Key points to ponder **Srabani Ghosh, West Bengal**
09:30–09:45	Atypical Parkinsonism **Biva Bhakat, West Bengal**
09:45–10:00	Restless Leg Syndrome: The Underrated Annoyance **Sreenivas Meenakshisundaram, Tamil Nadu**
10:00–11:00	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Swetal Pandey, Tapas Kumar Koley, Silki Pandey** Approach to Pulmonary HTN **PV Bhargavan, Kerala**
10:15–10:30	Primary Pulmonary HTN **Chiranjita Phkoon, Assam**
10:30–10:45	Acute Pulmonary Thromoembolism: What's New? **Irranna Hirapur, Karnataka**
10:45–11:00	Culture-negative Endocarditis: Approach and Management **Sukanya Mohanty, Odisha**
11:00–12:00	*Guest Lecture:* **Medicine in the Modern Era: Opportunities, Threats and Ethical Dilemmas**
11:00–11:15	**Session III** *Chairpersons:* **Vidya Sagar Ram, Brijesh Bahadur Singh, Suresh Kumar** Impact of Social Media on Healthcare: Pros and Cons **Shubhashree Patil, Maharashtra**
11:15–11:30	Violence against Health Care Professionals **Srikant Kumar Dhar, Odisha**
11:30–11:45	So Many Doctors Coming, What's Their Future? Are Doctors Still Possible to Survive **R Venkateswarlu, Telangana (ref Tirupathi Rao)**
11:45–12:00	Law and Ethics in Clinical Practice **Ravindermohan Chhabra, New Delhi**
12:00–12:25	**Presidential Oration: HALL A**
12:30–1:30	**Infection Update**
12:30–12:45	**Session IV** *Chairpersons:* **Somanath Mithra, Keshava, Prasannakumar HR** Scrub Typhus and Other Rickettsial Infections: A Resurging Threat **Bhupen Barman, Assam**
12:45–1:00	Biomarkers in Sepsis **Vijay Kumar, Bihar**
1:00–1:15	Viral Fevers: A Dilemma Solved **Manoranjan Behera, Odisha**
1:15–1:30	Chikungunya and Post-viral Arthritis **Yogita Pendurkar, Maharashtra**
1:30–2:30	**Symposia on Adrenal Disease**
1:30–1:45	**Session V** *Chairpersons:* **Medhini Allum, Mohankumar M, Uma Maheswari** Iatrogenic Cushing Syndrome: Approach to Management **Silima S Tarenia, West Bengal**
1:45–2:00	Addison-When to Suspect, How to Treat **Abhya Kumar Sahoo, Odisha**
2:00–2:15	Gynaecomastia: Approach **Debarchan Jena, Odisha**
2:15–2:30	Adrenal Crisis: Identification and Management **Rajeev Joshi (Ganti Sir ref), Karnataka**
2:30–3:30	**Guest Lecture**
2:30–2:45	**Session VI** *Chairpersons:* **Rakhi Sanyal, Bauddhayan Das Munshi, Surendranath Swain** Hypertriglyceridemi: Clinical Approach **RK Modi, Bihar**
2:45–3:00	Atherogenic dyslipidemia and its correlates **Parinita Ranjit, West Bengal**
3:00–3:15	Bempedoic Acid Orphan in Lipid Management **Smit Shrivastava, Chhattisgarh**
3:15–3:30	Worsening Heart Failure: An Evolving Concept **Saumitra Ray, West Bengal**
3:30–4:45	**Guest Lecture**
3:30–3:45	**Session VII** *Chairpersons:* **Varun Kumar, Ankit Srivastava** New Molecule, Fexuprazan in Management of GERD **Debashish Mondal, West Bengal**
3:45–4:00	Management of GERD **Rishabh Gupta, Rajasthan**
4:00–4:15	Acute Abdomen: Physician Perspective **RP Mundle, Maharashtra**
4:15–4:30	Triglyceride-induced Pancreatitis **Anjan Talukdar, Assam**
4:30–4:45	Nonimmunosuppressive Management of Lupus Nephritis **Manish Rathi, Punjab**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	**HALL G**
9:00–10:00	**Infectious Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **P Krishna Prasanthi, Kamlesh Tewary, Rohini Handa** Dengue Fever **V. K. Goyal, Rajasthan**
9:15–9:30	Skin Manifestations in Dengue **Nirupam Prakash, Uttar Pradesh**
9:30–9:45	Leptospirosis mortality **Sajith Kumar. R, Kerala**
9:45–10:00	Clinical Spectrum of Aspergillus infection **Bibhuti Saha, West Bengal**

10:00–11:00	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Nihar Mehta, Vivek Hande, Vishesh Verma** HINTS: The pearls and pitfalls in the management of acute vestibular syndrome **Chandan Das, Odisha**
10:15–10:30	Sleep: Advances to Enhance Sleep **Daya Kishore Hazra, Uttar Pradesh**
10:30–10:45	BPPV: The diagnosis and management **Swaroop Barua, Assam**
10:45 – 11:00	Early diagnosis of Alzheimer's Dementia **Rahul Chakor, Maharashtra**
11:00–12:00	**Infectious Update**
11:00–11:15	**Session III** *Chairpersons:* **Liyakat Ali Gauri, Vineet Behera, Tvsvgvk Tilak** Atypical Mycobacterial Infection **Debasis Chakrabarti, West Bengal**
11:15–11:30	Treatment of MDR Infections: Current Scenario **Amitav Mohanty, Odisha**
11:30–11:45	Steroids in TB **Ashok Behera, Odisha**
11:45–12:00	Recognizing and Managing Early Lung Problems in Long COVID **Sanjay Kumar Jangid, Odisha**
12:00–12:25	**Presidential Oration–HALL A**
12:30–1:30	**Lupus Update**
12:30–12:45	**Session IV** *Chairpersons:* **TP Shashikala, Arup Kumar Kundu, Ashis Kumar Saha** Vasculitis Mimics **Partha Sarkar, West Bengal**
12:45–1:00	KDIGO Guidelines 2024 for treatment of lupus nephritis **Puranjoy Chakraborty, West Bengal**
1:00–1:15	Luputs Masqueraders: Navigating the Diagnostic Maze **Sarat Chandra Mouli, Telangana**
1:15–1:30	Skin as Clue for Rheumatological Diseases **Sravan Kumar, Telangana**
1:30–2:30	**Guest Lecture**
1:30–1:45	**Session V** *Chairpersons:* **Prakash Keswani, Jayanta Kumar Panda, Jayshree Swain** Approach to AKI in ICU **Edwin Fernando, Chennai**
1:45–2:00	Reno pulmonary syndrome **Aruna Acharya, Odisha**
2:00–2:15	Utility of kidney biopsy **Vinay Kumar Badri, Karnataka**
2:15–2:30	Oral Antidiabetic Drugs in Pregnancy **Hari Kishan Boorugu, Telangana**
2:30–3:30	**Thyroid Update**
2:30–2:45	**Session VI** *Chairpersons:* **Mukesh Kumar Gupta, S Sreenivas, S. B. Gupta** **Approach to Thyroid Nodule**
2:45–3:00	Thyroid Disorders in Pregnancy **Sambit Das, Odisha**
3:00–3:15	Common Errors in the Management of Hyperthyroidism **Prabhat Agrawal, Uttar Pradesh**
3:15–3:30	Interplay Between Metabolic Syndrome and Hypothyroidism: Toward an Evidence-based Synergistic Management Approach **Abhay Sahu**
3:30–4:45	**Guest Lecture**
3:30–3:45	**Session VII** *Chairpersons:* **Udas Chandra Ghosh, Atul Abhishek Jha, Dwijen Das** Cardiovascular Disease in Patients with COPD **Rajesh Bhawani, Uttar Pradesh (Preetam ref)**
3:45–4:00	HOCM Approach **Nagesh S Adiga, Karnataka**
4:00–4:15	Common Arrhythmias in ICU Setting **Vikas Singh, Bihar**
4:15–4:30	Asymptomatic arrhythmia: Approach and management **Sanjay Shrivastava, Khandwa, Madhya Pradesh**
4:30–4:45	Approach to Addison's disease **Suhas Erande, Maharashtra**
5:00–7:00	**ICP ANNUAL CONVOCATION**

Time	**HALL H**
9:00–10:30	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **R. Chandani, Munish Prabhakar, Sudhir Mehta** An Update on Diagnosis and Management of ITP **Tuphan Kanti Dolai, West Bengal**
9:15–9:30	Acid-base Balance **Murali Krishna Bharadhi, Tamil Nadu**
09:30–09:45	Nutrition in Critical Care Patient **Sirshendu Pal, West Bengal**
09:45–10:00	Mental Health in the Elderly **Atanu Chandra, West Bengal, Nandini ref**
10:00–11:00	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Harbir Kaur Rao, Janardan, Anil Kumar Kulshreshtha** Surgery Fitness Format **J. Srinivasa, Karnataka**
10:15–10:30	Exertional Heat Stroke: Unravelling Environmental and Genetic Factors **Santosh Singh, Maharashtra**
10:30–10:45	Travel Medicine- What Every Physician Should Know **Monica Mahajan, P D Rath, New Delhi**
10:45–11:00	Hand Grip: Clinical sign of importance **Anchin Kalia, Puneet Saxena, Rajasthan**
10:00–11:00	**Guest Lecture**
11:00–11:15	**Session II** *Chairpersons:* **NP Singh, DP Singh, YSN Raju** Updates on Dog Bite-related Treatment **Anupam Dey, Odisha**
11:15–11:30	Rationality in Present Drug Combination (Empa + Lina, Dapa + sita, Telmisartan + Dapa) **Srikanth Ram Mohan T, Telangana (Ref Tirupathi)**

11:30–11:45	Glycemic variability–its implication **A K Pathak, Purnea, Bihar**
11:45:12:00	Diabetic Foot: Current Concepts **Pardeep Agarwal, Rajasthan (Punnet Rijwani ref)**
12:00–12:25	**Presidential Oration HALL A**
12:30–01:30	**Symposia Update**
12:30–12:45	**Session III** *Chairpersons:* **Alladi Mohan, R Rajasekar, M Nataraj** Noninvasive Ventilation (NIV) in Acute and Chronic Respiratory Failure **Kaushik Hazra, West Bengal**
12:45–01:00	Anticoagulation in ICU **Sauren Panja, West Bengal**
01:00–01:15	Autonomic Dysfunction in the Critical Care Unit: Clinical Mimics to Management **Dhanashri Atre Singh, Maharashtra**
01:15–01:30	Hospital-acquired Pneumonia (HAP) and Ventilator-associated Pneumonia (VAP): Current perspective **Divakar Kumar, Jharkhand**
01:30–02:30	**Update on Infection**
01:30–01:45	**Session IV** *Chairpersons:* **G Prakash, V Palanikumaran, Raja Mahalingam** Management of Candidemia **Gopal D, Karnataka**
1:45–2:00	Rational Use of Antibiotics: The Clinician's View **Kiran Aithal, Karnataka**
02:00–02:15	HIV ART Drug Interactions **Nihar Ranjan Sahoo, Odisha**
02:15–02:30	Non-communicable Disease in HIV **Dipanjan Bandhyopadhyay, West Bengal**
2:30–3:30	**Guest Lecture**
2:30–2:45	**Session V** *Chairpersons:* **S Vengojayaprassad, V Mahadevan, Veerendra Singh** Application of AI in Disease and Diagnosis **Bapi Lal Bala, West Bengal**
2:45–03:00	Carbapenem-resistant *E. coil*, *K. pneumoniae*, and other Enterobactera **Basab Bijoy Sarkar, West Bengal**
03:00–04:00	**PG Clinical Workshop**
4:00–5:00	**PG QUIZ Prelims**
5:00–7:00	**ICP ANNUAL CONVOCATION**
Time	**HALL I**
9:00–10:00	**Paper Presentations Slot-1: 8 mins talk + 2 mins Discussion: Cardiology**
	Chairpersons: **T Bhavana, M Sudhakar, Manish Rathi** Triglycerides as Determinants of Global Lipoprotein Derangement: Implications for Cardiovascular Prevention, Cardiology **Raj Kumar Gupta** **Cardiology**
	Evaluation of Lipid Profile and Lipoprotein(a) Levels in Young Patients with Acute Coronary Syndrome at a Secondary Care Centre in Kanniyakumari District, Cardiology **M Praveen** **Cardiology**
	Triglyceride Glucose Index as A Surrogate Marker of Coronary Artery Disease Risk Assessed By Coronary Artery Calcium Score, Cardiology **Mohammed Yusuf Dilshad Shaikh** Cardiology
	A Clinical Study on Role Of Serum Uric Acid Levels In Patients with Coronary Artery Disease **Adarsh Brahmaiah Chowdary G** Cardiology
	Prognostic Impact of High-Sensitivity C-Reactive Protein (Hs-CRP) at Admission in Acute Myocardial Infarction Patients: A Cross-Sectional Study from a Tertiary Care Center in South India, Cardiology **Yaramala Sailaja Reddy** Cardiology
	Sociodemographic and Clinical Profile of Patients Presenting with Acute Decompensated Heart Failure in A Tertiary Care Hospital, Cardiology **Gourav Burman** Cardiology
10:00–11:00	**Paper Presentations Slot-2: 8 mins talk + 2 mins Discussion: Critical Care Medicine**
	Chairpersons: **Sirshendu Pal, Sekhar Chakraborty, MN Rao** To Assess Lactate/Albumin Ratio in Predicting Mortality in Comparison with Sofa Score in Sepsis, Critical Care Medicine **Sri Lalitha Vaishnavi Pulavarthi** Critical Care Medicine
	The Role of Absolute Eosinophil Count as a Diagnostic and Prognostic Marker for Sepsis and its Relation with Sequential Organ Failure Assessment/ Quick Sequential Organ Failure Assessment Score **Sachin K** Critical Care Medicine
	Combined Utility of Platelet Indices, Procalcitonin, and qSOFA Score in Predicting Sepsis Outcomes: A Prospective Study, Critical Care Medicine **GHG Prateek Varma** Critical Care Medicine
	Bacteriological Profile and Antibiogram of Isolates from Tracheal Aspirates of Patients on Mechanical Ventilation at a Teaching Hospital in Eastern India, Critical Care Medicine **Arnab Garai** Critical Care Medicine
	Shock Index for Predicting Postintubation Hypotension in ICU, Critical Care Medicine **Yashaswini GU** Critical Care Medicine
	Lipid profile as a predictor of mortality in sepsis: A hospital-based Observational Study, Critical Care Medicine **Anaswara Ravi** Critical Care Medicine
11:00–12:00	**Paper Presentations Slot-3: 8 mins talk + 2 mins Discussion: Diabetology**
	Chairpersons: **Raghu Ramulu, Rama Krishna Naidu, Sarat Chandra Mouli** Heat Before Beat? Temporal Dynamics of Fever and Tachycardia Resolution After Paracetamol: A Prospective Study **Battu Sai Vishnu** Diabetology

	Determination of SRPA and Adiposity Measures and Its Association with Glycemic Status in Type 2 Diabetics Having High Mean HbA1c in A Private Clinic of a City in West India **Rahul Vaghasiya** Diabetology
	An Observational Study of Dyslipidemia in Diabetes Patients as a Risk Factor in Heart Disease **Chama Yadavendra Reddy** Diabetology
	Basal-bolus Insulin Therapy Effectively Lowers Maternal Triglyceride Levels in Cases of Gestational Diabetes without Affecting the Activity of Cholesteryl Ester Transfer Protein **Md Dilawez Shamim** Diabetology
	Association of Noninsulin-based Indicators of Insulin Resistance and HbA1c in Patients with Type 2 Diabetes Mellitus **Abhilasha Kapoor** Diabetology
	Correlation of Vitamin B12 Deficiency with Peripheral Neuropathy in Type 2 Diabetes Mellitus: A Cross-sectional Study at ESIC MCH, Bihta **Priyank Verma** Diabetology
12:30–1:30	**Workshop Interventional Gastroenterology M N Reddy**
1:30–2:30	**Paper Presentations Slot-4: 8 mins talk + 2 mins Discussion: Endocrinology**
	Chairpersons: **MN Rao, Raghu Ramulu, Rama Krishna Naidu** Gamma-Glutamyl Transferase (GGT): A Surrogate Marker in Early Detection of Metabolic Syndrome **Visal Vijayen** Diabetology
	Practice Patterns of Oral Corticosteroid Use in India: A Multispecialty e-Survey: Reaffirming the Gold Standard **Shailesh Pallewar** Diabetology
	Thyroiditis **Chandan Sarmah** Diabetology
	Primary Hyperparathyroidism in Renal Stone Disease Patients: A Cross-Sectional Study from Manipur **Amazinglin Kharjana** Diabetology
	Metabolic Crosstalk in Thyroid Dysfunction: Evaluating Leptin, Insulin Resistance, and Dyslipidemia **Soumya Gupta** Diabetology
	The Interplay Between Vitamin C, Serum Iron, and Serum Sorbitol in the Development of Insulin Resistance: A Pilot Pre–Post Study **Md Jawed Ali Warsi** Diabetology
2:30–3:30	**Paper Presentations Slot-5: 8 mins talk + 2 mins Discussion: Gastroenterology**
	Chairpersons: **Sarat Chandra Mouli, Raja Rao, Nagender Devulapalli** Digestive Enzymes, Probiotic and Prebiotic (Digifine) in the Treatment of Functional Gastrointestinal Disorders: Results of an Indian, Real-world, Prospective, Multicenter Study **Shailesh Pallewar** Gastroenterology
	Clinical Profile of Patients with New-onset Alcoholic Liver Disease and Predictability of Outcomes with Various Prognostic Scores **Anmol Sharma** Gastroenterology
	Survey on Current Practice Patterns in the Management of Gastroesophageal Reflux Disease (GERD) amongst Consulting Physicians Across India **Rahul Anand** Gastroenterology
	Evaluation of Prevalence of Comorbidities in Patients with or without Increased Uric Acid Levels and Correlation between Increased Uric Acid Levels and Comorbidities: A Multicenter, Retrospective, Cross-sectional Study in A Real-world Setting (EPIC Study) **Sachin Ambirwar** Gastroenterology
	Antibacterial Activity of Faropenem Against Clinical Isolates from Infections in Indian Adults **Sachin Ambirwar** Gastroenterology
	Clinico-etiological Profile and Outcomes of Patients Presenting with Space-occupying Lesions of Liver: A Prospective Study from a Tertiary Care Center in South India **Sruthi Puli** Gastroenterology
3:30–4:30	**Paper Presentations Slot-6: 8 mins talk + 2 mins Discussion: Geriatrics**
	Chairpersons: **Alladi Mohan, Vengadakrishnan, RBS Manian** Anemia in Elderly **Nikhileshwar Prasad Verma** Geriatrics
	Quest for Biological Immortality (Lifespan Extension) in Humans **Abishek Mahendran** Geriatrics
	Comparison of Prognostic Accuracy of Clinical Frailty Scale to Traditional Sepsis Scoring Systems in Elderly Patients with Sepsis Admitted to a Tertiary Care Facility **Sneha HS** Geriatrics
	Neutrophil CD64 as a Diagnostic Biomarker in Adult Sepsis and in Correlation with Sepsis Index and Monocyte Human Leucocyte Antigen-DR **Palle Nishita Reddy** Geriatrics
	Correlation of Vitamin B12 Levels with Functional Status and Frailty in Geriatric Patients **Sakthivel** Geriatrics

	Music Therapy as an Intervention to Reduce Anxiety Levels, Blood Pressure, and Blood Sugar in the Elderly Population Staying in an Old Age Home **Mohd Arif Ansari** Geriatrics
3:30–4:30	**Paper Presentations Slot-7: 8 mins talk + 2 mins Discussion: Hematology**
	Chairpersons: **SS Lakshmanan, Naveen Addagarla, Deepak Gupta** A Case Series of Venous Thromboembolism: Clinical and Etiopathological Overview **Sounak Kumar Roy** Hematology
	To Analyze the Clinical Profile and Treatment Outcomes of Patients with Immune Thrombocytopenia (ITP) at A Tertiary Care Hospital **Kothuru Sushanth** Hematology
	Study of Prevalence, Risk Factors, Etiology, and Types of Anemia in Men **Syed Mohammed Hussaini** Hematology
	Clinical Profile, Mutational Spectrum, and Treatment Response in Nonchronic Myeloid Leukemia Myeloproliferative Neoplasms: A Prospective Study from a Tertiary Care Hospital in India **Avuthu Guna Vardhan Reddy** Hematology
	Prevalence of Dysglycemia and Correlation between Plasma Glucose and HbA1c in Thalassemia Patients in a Tertiary Care Hospital of North Bengal **Trishit Saha** Hematology
	Efficacy and Safety of Concizumab Prophylaxis in Indian Patients with Hemophilia A Or B with Inhibitors: Analysis from Phase 3 Explorer7 Trial **Vetrivel Babu Nagarajan** Hematology
4:30–5:00	**Paper Presentations Slot-8: 8 mins talk + 2 mins Discussion: Hepatology**
	Chairpersons: **Pardeep Agarwal, Triven Sagar, Sree Bhushan Raju** An Observational Study of Serum Calcium in Liver Failure Patients as A Prognostic Marker for Malignancy in A Tertiary Care Hospital **Chama Yadavendra Reddy** Hepatology
	The Yellow Puzzle: Unraveling the Mystery of Nonresolving Jaundice **Sushmitha S** Hepatology
	Prevalence and Outcomes of Spontaneous Bacterial Peritonitis at the Time of Hospitalization in Cirrhotic Patients: A Single-centre Experience **Lelin Kumar Jena** Hepatology
	Patterns and Diagnostic Challenges in Severe Acute Febrile Illness: A Case Series **Shankar S** Hepatology
5:00–7:00	**ICP ANNUAL CONVOCATION**

Day 2: Saturday 31st January, 2026

Time	HALL A
09:00–10:00	**Infectious Update**
9:00–9:20	**Session I** *Chairpersons:* **Rakesh Bhadade, Radha TR, Ravinder Reddy K** Changing Management Strategies or the Treatment of Rheumatoid Arthritis ' **Richard Hull, London**
9:20–9:40	CKM Old Wine in a New Bottle? **Bipin Sethi**
9:40–10:00	Newer Diagnostics in Infectious Diseases **Camilla Rodrigues**
10:00–11:00	**Session II**
10:00–10:20	*Chairpersons:* **Ravi Keerthy, RK Jha, Satyendra Kumar Sonkar** **TBU**
10:20–10:40	TBU
10:40–11:00	TBU
11:00–12:00	**Diabetes Mellitus Update**
11:00–11:20	**Session III** *Chairpersons:* **Amal Kumar Banerjee, MPS Chawla, MK Roy** Unlocking the secret: Semaglutide Transforming the Weight Loss Landscape **Rajesh Rajput**
11:20–11:40	The Gold Standard: Semaglutide Leads the Way in Weight Loss and Beyond **Shashank Joshi**
11:40–12:00	Panel Discussion: Single Agent, Supreme Results: Semaglutide Winning the CKM Story Moderator: Abhay Ahluwalia, panelist: **Rajesh Rajput, Shashank Joshi**
12:00–01:00	**Diabetes Mellitus Update**
12:00–12:20	**Session IV** *Chairpersons:* **Chandra Shekar, Nikhil Balanke, Harpreet Singh** MASLD and Beyond: Role of Saroglitazar, A Dual PPAR Agonist **Shashank Joshi,**
12:20–12:40	Gut Microbiome in Chronic GI HEalth: Clinical INtegration of Probiotics **Umesh Jalihal**

12:40- 01:00	Effective Management of Type 2 Diabetes as per ADA **Rakesh Bhadade-GB, Mumbai**
01:00–02:00	**Diabetes Mellitus Update**
01:00–01:25	**Session V** *Chairpersons:* **Shashank R Joshi, P Narendra Singh, Nitya Gogoi** Choosing the Right Insulins: A 360° Guide for Indian Physicians **Binayak Sinha, Novo Nordisk**
01:25–01:45	Role of GLP Receptor Analogs, with Special Reference to Tirzepatide **Puneet Saxena, GB, Rajasthan**
01:45–02:00	IPCA
02:00–03:00	**Guest Lecture**
2:00–2:20	**Session VI** *Chairpersons:* **Mahesh Marda, Prasant Kr. Bhattacharya, Medhavi Gautam** Fineronon: A New Wonder Drug **Tirupathi Rao, DC, Telangana**
02:20–02:40	Emerging Superior Xa Inhibition: Edoxaban JC Mohan
02:40–03:00	Panel Discussion, Panelists: Agam Vora, Tiny Nair, Subhal Dixit, Kajal Ganguly **Chairperson: JS Hiremath**
03:00–04:00	**Guest Lecture**
03:00–03:20	**Session VII** *Chairpersons:* **BK Singh, H Lalrinmawia, Abhilasha** AI, Your Best Friend or Worst Enemy **Anurag Dhingra**
3:20–3:40	Aphasia **Apoorva Pauranik, Madhya Pradesh**
3:40–4:00	Diagnosis and Management of Cerebral Sinus Thrombosis **Avinash Goswami, Bihar, Kamlesh Sir**
04:00–04:40	**Guest Lecture**
4:00–4:20	**Session VIII** *Chairpersons:* **Jitendra Singh, Arun Kumar Singh, Pawan Kumar Vishwakarma** Approach to Viral Pneumonia **Sindhu G, Punjab**
4:20–4:40	A Paradigm Shift in DKD Management **PS Vali, Telangana**
5:00–7:00	**API General Body Meeting**

Time	HALL B
09:00–10:00	**Guest Lecture**
9:00–9:20	**Session I** *Chairpersons:* **Puneet Saxena, RK Dalai, Shri Krishna Gautam** Management of Metabolic Bone Disease **Sekhar Chakraborty, Siliguri**
9:20–9:40	Acute Pancreatitis: Diagnosis and Management **D Gautam Bandari-GB, Rajasthan**
9:40–10:00	Biomarkers in Myocardial Infarction: Clinical Facts **Amit Saraf-GB, Maharashtra**
10:00–10:20	**Rathinavelu Subramaniam Endowment Oration**
	Chairpersons: **Jyotirmoy Paul, AK Das, Parag Rana** Deciphering Takayasu Arteritis **Durga Prasanna Misra**
10:20–11:00	**Guest Lecture Award: Dr V Parameswara Lifetime Achievement Award**
10:20–10:40	Score Before Scar Cardiovascular Health Evaluation by Life's Simple Seven Score **Meenakshi Sharda**
10:40–11:00	Geriatric Co-management: A Primer for Physicians **YSN Raju**
	Panel Discussion
11:00–11:40	Panel Discussion: Organ-friendly PPI **Rajkumar Wadhwa, Moderator**
	Prafulla Kerkar, Panelist
	Gireesh MS, Panelist
	Deepak Talwar, Panelist
11:40–12:00	Proposed Topic: Clinical Pearls and Best Practices in Home Maintenance Nebulization: Understanding Why, When, and How **Deepak Talwar**
12:00–01:00	**Rheumatology Update**
12:00–12:20	**Session II** *Chairpersons:* **M Pavan Kumar, Rajender Kumar Bansal, Anil Kumar Kulshrestha** Management of Chronic Refractory Gout **Ajaz Kariem Khan**
12:20–12:40	Emergencies in Rheumatology **Prathibha Lakshmi, Telangana**
12:40–1:00	Cardiovascular Health in Rheumatic Diseases **Bhavana Surapareddy, ESI, Telangana**
01:00–02:00	**Guest Lecture**
1:00–1:20	**Session III** *Chairpersons:* **Naval Chandra, Arvind Kumar Jain, Suman Ghosh** Approach to a Case of Hyperprolactinemia **Bipin Sethi, Hyderabad, IPCA**
1:20–1:40	AF–rate vs rhythm control **Suresh Sagarad-GB, Karnataka**
1:40–2:00	Electrical Solutions for HF **Narasimhan Hyderabad**
02:00–03:00	**Guest Lecture**
2:00–2:20	**Session IV** *Chairpersons:* **Uday Lal, Mona Dhakal, Saikat Datta** How do I Ensure Early Nephroprotection in my Hypertensive Patients? **Vijaykumar Patil**
2:20–2:40	Advancement in Gut Microbiome Research **Sher Singh Dariya-GB, Rajasthan**
2:40–3:00	Interpretation of Dexa Scan for Osteoporosis **PD Rath, New Delhi**
3:00–3:20	**UN BRAHMACHARI ORATION**

	Evolution of therapeutic trials in visceral and dermal leishmaniasis: Real world applications and outcomes **Krishna Pandey**
03:20–04:40	**Guest Lecture**
3:20–3:40	**Session V** *Chairpersons:* **Amal Kumar Banerjee, R Balaji Nathan, Shobhit Shakya** Neuro HIV: The Invisible Battlefield Within **Chennakesavulu Dara, Telangana**
3:40–4:00	Newer Molecules for Management of Rheumatoid Arthritis: Jak and Beyond, what's there for the physicians **Naga Prabu, Tamil Nadu**
4:00–4:20	SGLT2 Inhibitors and GLP1 Agonists in CKM Syndrome: An Update **Bansi Saboo–GB, Gujarat**
4:20–4:40	Insights from Paraquat Poisoning and the Way Forward **Thrilok Chander, Telangana**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL C
9:00–10:00	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **Amandeep Kaur, Neha Agrawal, Radheyshyam Chejara** Febrile Neutropenia **Pradeep Mishra**
9:15–9:30	Cardiovascular Risk Reduction in Diabetes: Newer Molecules' Effectiveness **D Selvaraj, Tamil Nadu**
9:30–9:45	Residual ASCVD risk: How to Tackle it? **Pradeepkumar TJ, Karnataka**
9:45–10:00	Urban Planning for Primary Prevention of Noncommunicable Diseases (CVDs and Cancers) **Prashant P Joshi, Maharashtra Ref Raksh Bhadade**
10:00–11:00	
10:00–10:15	**Session II** *Chairpersons:* **Balbir Singh Kohli, T Saravanan, Narinder Pal Singh** **TBU**
10:15–10:30	TBU
10:30–10:45	TBU
10:45–11:00	TBU
11:00–12:00	**Guest Lecture**
11:00–11:15	**Session III** *Chairpersons:* **Anupam Prakash, Pramod Kumar Sinha, AK Gupta** Intractable Cough: A Comprehensive Approach **Supriya Sarkar, West Bengal**
11:15–11:30	Managing Aspiration Pneumonia: Integrating Antibiotic Stewardship and Supportive Care **Triven Sagar ESI, Telangana**
11:30–11:45	Pulmonary Function Tests: Clinical Applications **RK Dalei, Odisha**
11:45–12:00	Updates in Hepatitis B Management **Saroj Kumar Tripathy, Odisha**
12:00–12:40	
12:00–12:20	**Session IV** *Chairpersons:* **L Sreenivasmurthy, R K Singal, V Palaniappam** **TBU**
12:20–12:40	TBU
12:40–01:00	**Y P Munjal Memorial Oration Evolution of the HIV pandemic** **S Anuradha**
01:00–02:00	**Rheumatology Update**
01:00–01:15	**Session V** *Chairpersons:* **E Prabhu, Devi Ram, Prabhat Pandey** Multisystem Inflammatory Syndrome in Adults **Vasantha Kamath, Karnataka**
01:15–01:30	Long COVID and Post-viral Autoimmune Syndromes **Padmanabha Shenoy, Kerala**
01:30–01:45	Sjogren's Syndrome: Beyond Dry Eyes and Mouth **Keerthi Talari, Telangana**
01:45–02:00	Modulation of Steroid Dose in Autoimmune Disease with Systemic Infection **Nihar Ranjan Mohanty, Odisha**
02:00–03:00	Neurology Update
02:00–02:15	Session VI *Chairpersons:* Ghanshyam Pangtey, Aditya Prakash Misra, Prashanth Kumar Pai Clinical Approach to Speech Disorders **K Ramesh, Telangana**
02:15–02:30	Approach to a patient with Migrainous Headache **Atul Mehrotra, Himachal Pradesh**
02:30–02:45	Cognitive Decline and Dementia: Can we slow the Process? **Annappa Pangi, Karnataka**
02:45–03:00	Recent update of diabetic painful Peripheral Neuropathy **B Kannan, Tamil Nadu**
03:00–04:00	**Guest Lecture**
03:00–03:15	**Session VII** *Chairpersons:* **SM Somnath, Shivashankara KN, Sachin Hoskatti** Cardio–Kidney Metabolic Syndrome **Anupama YJ, Karnataka**
03:15–03:30	Deceased Kidney Transplant–where we stand? **Prem Varma, New Delhi, (NP Singh ref)**
03:30–03:45	Practical management of Urolithiasis: Nephrologist's View **Kalpana Mehta, Maharashtra**
03:45–04:00	Renal Safety of PPIs
04:00–04:45	**Guest Lecture**
04:00–04:15	**Session VIII** *Chairpersons:* **Srinath A, Haroon H, Chandrashekar GS** Pneumonia in Older Adults **Anand Ambali, Karnataka**

04:15–04:30	Osteoporosis and Menopause **T Bhavana, Telangana, Pawan Sir ref**
04:30–04:45	Car T Cell Therapy in Modern Geriatric Medicine **Jayanta Sharma, West Bengal**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL D
09:00–10:00	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **Umesh Rajoor, Nagabhushan Mahalingappa, CL Nawal** Subclinical Hypothyroidism: Treat or Not **Srinath KM, Karnataka**
9:15–9:30	Approach to Adrenal Disorders **Abhishek Pandey, Uttar Pradesh**
9:30–9:45	Panhypopitutarism **Richa Giri, Uttar Pradesh**
09:45–10:00	Poisoning and Extracorporeal Therapies **Sree Bhushan Raju, Telangana**
10:30–10:30	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Shaibal Guha, Pankaj Nand Choudhry, Shyam Sundar** Update on Management of HIV and TB Coinfection **PS Karmakar, West Bengal**
10:15–10:30	Hypertension in Obesity **Chandra Shekar, Tamil Nadu**
10:30–11:30	**Joint Session IRA/API Guest Lecture**
10:30–10:45	**Session II** *Chairpersons:* **Ramesh Bhargava, Gopal Batni, Smit Shrivastava** API/IRA Rheumatological Clues in Unexplained Fevers (PUO) **Raj Kiran Dudam, Telangana**
10:45–11:00	Joint session API/IRA SLE with Pregnancy (API/IRA) **Vinod Ravindram**
11:00–11:15	Latest Treatment Modalities in HIV treatment **Chama Yadavendra Reddy, Telangana**
11:15–11:30	Opening the Door and Closing The Window Period in HIV Infection **Murugesh Pasatapur, Karnataka**
	PRF Hall
11:30–12:00	**Session III** *Chairpersons:* **Avijit Royzada, Alok Rai, Mukesh Sharma** Home Blood Pressure Monitoring: Indian Practicing Recommendations **A. Muruganathan Oration, Tamil Nadu**
12:00–12:20	Choosing the Right Study Design for Your Research **Arvindraj Ref Muruganathan**
12:20–12:40	Doing Research Ethically **Suresh Kanna**
12:40–1:00	Steps in Effective Publication **E Cowshik Ref Muruganathan, Tamil Nadu**
12:30–01:30	
1:00 -1:20	**Session IV** *Chairpersons:* **Animesh Chaudhari, NP Singh, Jawahar Farooq** How to Write a Manuscript Via Artificial Intelligence Ethically **Alok Modi Ref Muruganathan, Maharashtra**
1:20–1:30	PRF
01:30–02:30	**Guest Lecture**
01:30–01:45	**Session V** *Chairpersons:* **S Meenakshi Sundaram, Nandha Kumar, Senthilvelu** End-of-Life Care: Ethical Considerations and Best Practices **Namita Mohapatra, Odisha**
01:45–02:00	Inflammatory Bowel Disease: Current and Emerging Therapies **Siddharth Gosavi, Ref Ravi Keerthy, Karnataka**
02:00–02:15	Approach to Ascites **M Sudhakar, Telangana**
02:15–02:30	Evidence-based Fluid Resuscitation in the ICU **Sanjay Varma, Chhattisgarh**
02:30–03:30	**Guest Lecture**
02:30–02:45	**Session VI** *Chairpersons:* **Palanivelrajan, S Priyadharshini, Appandraj** DVT Prophylaxis: What Physicians Should Know **S Prem Sagar, Telangana (Thrilok Sir ref)**
02:45–03:00	Blood cancer: Early pick up **Ganesh, Telangana**
03:00–03:15	Mitochondrial Diabetes Mellitus **Santosh Kumar, Bihar**
03:15–03:30	Diabetes in the Elderly **K Prabhakar, Karnataka**
03:30–04:45	**Guest Lecture**
03:30–03:45	**Session VII** *Chairpersons:* **Muthumani, Narthanan Mathiselvan, N. Vetrivel** Antiphospholipid Syndrome Update **Rahul Bisaralli (PD Rath ref)**
03:45–04:00	Reproductive Health in Autoimmune Rheumatic Diseases **SM Barua, Assam**
04:00–04:15	Epidemic Dropsy **Rajesh Sharma Dharamshala (Preetam ref), Himachal Pradesh**
04:15–04:30	Mind Body Medicine: Reducing Physician Stress and Burnout through Meditation: Benefits and Challenges **Sandeep Rai, Maharashtra**
04:30–04:45	Nondiabetic neuropathy–a common but neglected entity **Vengadakrishnan, Chandra Sekar Ref, Tamil Nadu**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL E
9:00–10:00	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **A Prabakaran, Rajavelmurugan, N Raja** Hypersensitivity Pneumonitis **Pradyumn Sharma, Rajasthan**
9:15–9:30	Parapneumonic Effusions **Sri Rang Abkari, Telangana**
9:30–9:45	Health Care-acquired Pneumonia–role of Rapid Diagnostics and BAL Cultures **Nithin Jain, Rajasthan**
9:45–10:00	Quality Control in ICU **Akshay Chhallani, Mumbai**
10:00–11:00	**JOINT SESSION / ACP/IAN /API Guest Lecture–**
10:00–10:15	**Session II** *Chairpersons:* **Meenakshi Kanagesh, Anitha, M Natarajan** ACP/API–PCOS: What a Physician Should Know **Swati Srivastava Joint Session (Society ACP/API)**
10:15–10:30	ACP/API-Application of Chrono Medicine in Day-to-Day Practice **Narsingh Varma–(Society ACP/API)**
10:30–10:45	ACP/API-Obesity as a driver for chronic disease **Anuj Maheshwari (Society ACP/API)**
10:45–11:00	IAN/API-Recent Advances in Epilepsy **Sangita Ravat, Mumbai, (Society IAN/API)**
11:00–12:00	**Diabetes Mellitus Update**
11:00–11:15	**Session III** *Chairpersons:* **D Suresh Kumar, Prof. Dr. T. Geetha, Dr. K. Sivakumar** Sulfonyl Urea: Still a Hero or Zero **Balakrishna Valliyot Muruganathan ref, Kerala**
11:15–11:30	Pioglitazone, the lost samurai: Views and Counter Views **Hridish Chakravarthy, West Bengal, Bansi Saboo Ref**
11:30–11:45	RSSDI/API: Why is Selecting the Right Molecules Crucial in Diabetic HTN? **Rakesh Sahey**
11:45–12:00	TBU
12:00–12:20	**Siddharth Shah Memorial Oration: A Journey Of Diabetic Agents for More Than 100 Years** **Apurba Kumar Mukherjee**
12:30–1:30	
12:30–1:15	**Dengue Symposium "The Evolving Landscape of Dengue Prevention"**
12:30–12:33	**Session IV** *Chairpersons:* **TBU** Welcome and Opening Remarks **Agam Vora**
12:33–12:45	Keynote: TAK-003–from Efficacy to Effectiveness **Puneet Kalra**
12:45–1:10	**Panel Discussion: The Evolving Landscape of Dengue Prevention** Moderator: Agam Vora Panelists: Mangesh Tiwaskar **Shashank Joshi** **Vasant Nagvekar** **Puneet Kalra**
1:10–1:15	Vote of Thanks and Way Forward **Agam Vora**
1:15–2:30	
1:00: 1:15	**Session V** *Chairpersons:* **Senthil Kumaran, Tamil Pavai, Ravichandran** TBU
1:30–1:45	TBU
1:45–2:00	TBU
2:00–2:15	TBU
2:15–2:30	TBU
2:30–3:30	
2:30–2:45	**Session VI** *Chairpersons:* **Thiruppathy, R Balamurugan, Rajiv Kumar Bandaru** CAP Conclave Slide Deck (CAP: Evidence-based strategies for optimal management) **Puneet Khanna**
2:45–3:00	Preventing Herpes Zoster in Patients with Cardiometabolic Disease Vikas Agarwal
3:00–3:15	TBU
3:15–3:30	TBU
3:30–4:30	
3:30–3:45	**Session VII** *Chairpersons:* **Hemshankar Sharma, Gandharba Ray, Nikhil Prasun** TBU
3:45–4:00	TBU
4:00–4:15	TBU
4:15–4:30	TBU
4:30–4:45	**Joint Session IAG/API-Fraility** **Surekha V– (Society IAG)**
5:00–7:00	**API General Body Meeting**

Time	HALL F
9:00–9:15	**Session I** *Chairpersons:* **Brij Mohan, Gurinder Mohan, Deepak Jeswani** Approach to Management of Complicated Pleural Effusion **Prashat Kumar Singh, Bihar**
9:15–9:30	Extra–Pulmonary manifestations COPD and its importance **Shrimohan Mishra, Bihar**
9:30–9:45	Optimizing Inhaler Therapy in Asthma: Implementing GINA 2025 in Primary Care **Md Shahid Iqubal, Bihar**
9:45–10:00	Role of Biologics in the Management of Bronchial Asthma **Prashant Prakash, RM Chabra ref, New Delhi**

10:00–10:30	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Manish Kak, Ajay Kumar, Neha Berry** HPV vaccination in India–Role of Physicians **Siba Prasad Dalai, Odisha**
10:15–10:30	Adult Immunization and Strategies to Overcome Vaccine Hesitancy **Sirikonda Aishwarya, Telangana**
10:30–10:50	**Dr Coelho Memorial Lectureship in Experimental Medicine:** Mechanism of antibiotic resistance and ways to overcome it **Subhash Todi**
11:00–12:00	**Infectious Update**
11:00–11:15	**Session III** *Chairpersons:* **Anil Vardani, Pooja Khosla, Atul Bhasin** Common Myths in Infectious Diseases **Raman Sharma, Rajasthan**
11:15–11:30	Melioidosis in India **Arun Shankar Mishra, Madhya Pradesh**
11:30–11:45	Intestinal Parasitosis in Adults: Clinical Relevance and Management **Bhagyashree Panda, Odisha**
11:45–12:00	Immunizing the Immunocompromised Host: Vaccination Strategies **Rajashree Khot, Maharashtra**
12:00–1:00	**Infectious Update**
12:00–12:15	**Session IV** *Chairpersons:* **Sandeep Garg, N K Singh, Agam Vora** Role of Steroids in Sepsis: Update **K C Shashidhar, Karnataka**
12:15–12:30	Puerperal Sepsis: Physician Perspective **Sudhir Chafle, Maharashtra**
12:30–12:45	Dalbavancin and Gram-positive bacteria **Radha TR, Kerala**
12:45–1:00	Carbapenem Resistance of Gram-negative Bacteria: Newer Tools **Sibabrata Banerjee, West Bengal**
1:00–2:00	
1:00–1:15	**Session V** *Chairpersons:* **A K Virmani, Mangesh Tiwaskar, Arvind Mathur** TBU
1:15–1:30	TB
1:30–1:45	TBU
1:45–2:00	Fungal Infections in ICU: The Hidden Monster **SS Lakhsmanan (Chandra Shekar Ref), Tamil Nadu**
2:00–3:00	**Guest Lecture**
2:00–2:15	**Session VI** *Chairpersons:* **Naveen Kishoria, Manoj Saluja, Pritam Gupta** Are All Devices Same? Importance of Device in Determining Treatment Outcomes **Avya Bansal**
2:15–2:30	Approach to resistant HTN **R Gopinath, Tamil Nadu**
2:30–2:45	Cardiac Inflammation **Gunasekaran Mahalingam, Tamil Nadu**
2:45–3:00	Lipoprotein (a) and ASCVD **KK Lohani, Bihar**
3:00–4:00	**Rheumatology Update**
3:00–3:15	**Session VII** *Chairpersons:* **Sunita Agarwal, Mohd Aslam, NC Singhal** Vaccination in Connective Tissue Diseases **Kamal K Sawlani, Uttar Pradesh**
3:15–3:30	Inflammatory Myositis **Jjayesh Timane, Maharashtra**
3:30–3:45	Advances in Systemic Lupus Erythematosus: From Biomarkers to Biologics **Ranjan Gupta, New Delhi**
3:45–4:00	Co-morbidity in Inflammatory Arthritis: Priority Setting **Rama Krishna Naidu, AP**
4:00–4:45	**Guest Lecture**
4:00–4:15	**Session VIII** *Chairpersons:* **Ajay K Sinha, Manish Bansal, Dinesh Pal Singh** Hypertension in Pregnancy **Samir Sahu, Odisha**
4:15–4:30	Optimum Management of HFPEF and HFREF **Sambu Dutta, AP**
4:30–4:45	Newer Marker of Heart Failure **Soma Saha, Tripura**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL G
9:00-10:00	**Neurology Update**
9:00–9:15	**Session I** *Chairpersons:* **M Mukhyaprana Prabhu, B B Rewari, U B Singh** Brainstem Stroke: Clinical Clues **Tribeni Sharma, Assam**
9:15–9:30	Stroke in Young **Sohini Chakraborty, West Bengal**
9:30–9:45	Hemodynamic Monitoring: From Invasive to Noninvasive Modalities **Promise Jain, Madhya Pradesh**
9:45–10:00	Subarachnoid hemorrhage. Diagnosis and Management **Kiran Vadapalli, AP**
10:00–10:30	**Infectious Update**
10:00–10:15	**Session II** *Chairpersons:* **P N Renjen, Uma Kumar, Mahabir Thakur** Management of Fungal Sepsis **Shyam Chand Chaudhary, Uttar Pradesh**
10:15–10:30	Scrub Typhus-need for Alert **Sameer Gulati, New Delhi**
10:30–10:45	Latent TB: Screening and Treatment **Mohd Sabir, Rajasthan**
10:45–11:00	Leptospirosis: A Current Problem with Diagnosis and Treatment **Manoj Kumar Choudhary, Bihar**
11:00–12:00	**Guest Lecture**

11:00–11:15	**Session III** *Chairpersons:* **Puneet Saxena, BB Thakur, Satya Prakash Tiwary** Patient-Centric Approaches to Combat Nonadherence in Hypertension Management in Tertiary Hospitals **Santanu Bhakta, West Bengal**
11:15–11:30	Secondary hypertension: When to Consider? How to Proceed to Reach the Diagnosis? How to Manage? **Md Hamid Ali, West Bengal**
11:30–11:45	Role of Inflammation in Heart Failure **V A Kothiwale, Karnataka**
11:45–12:00	Dilated Cardiomyopathy in Young **Srinivas, Telangana**
12:00–01:00	**Rheumatology Update**
12:00–12:15	**Session IV** *Chairpersons:* **Ashish K Thakur, Smita Thakur, Mahabaleshwar Mamadapur** IgG4 Disease Clinical Scenarios **Naveen Addagarla (Sir Wts)**
12:15–12:30	Evaluation of Suspected Vasculitis **Megha Balankhe, Maharashtra**
12:30–12–45	Hemophagocytic Lymphohistiocytosis **Sanjeev Kumar, Bihar**
12–45:01:00	AI (Artificial Intelligence) in Rheumatology **Tejaswini Apolo, Telangana**
1:00–2:00	Rheumatology Update
1:00–1:15	Session V *Chairpersons:* Bhagirath B Solanki, K Mugundhan, Rajan Kumar Urate Lowering Therapies **Arun Kedia, ref Keerthi Thalari**
1:15–1:30	Osteoporosis: Newer Anabolics and Antiresorptive **Damodaram, Andhra Pradesh**
1:30–1:45	Fibromyalgia Diagnosis and Management **Mohit Goyal, Rajasthan**
1:45–2:00	Nutrition and Immunity **K. Ketan, Maharashtra**
2:00–3:00	**Guest Lecture**
2:00–2:15	**Session VI** *Chairpersons:* **Surya Kant, Abhishek Kumar, A K Singh** TAVR (Transaortic valve replacement): Past, present, and future **Srinivas Kumar, Telangana (Apollo)**
2:15–2:30	Management of Multiorgan Failure Arthur Joseph Asirvatham, Tamil Nadu
2:30–2:45	Current concepts of Nuclear Cardiology and its Future Directions **G N Mahapatra, Maharashtra, (K K Pareek ref)**
2:45–3:00	Effective Prevention of Ischemic Stroke Recurrence **Subhash Kaul, Hyderabad**
3:00–4:00	**Neurology Update**
3:00–3:15	**Session VII** *Chairpersons:* **Dinesh Kumar, Arun Kumar Pande, Promise Jain** Myasthenia Gravis: Approach **Chithra P, Kerala**
3:15–3:30	Tuberculous Meningitis is still a Diagnostic Dilemma **Ananda Bagchi, West Bengal**
3:30–3:45	Approach to Vertigo in Emergency Room Sarita Behera, Odisha
3:45–4:00	Hyperkinetic Movement Disorders: Clinical Approach **Nirmal Chandra Sahu, Odisha**
4:00–4:45	**Pulmonology Update**
4:00–4:15	**Session VIII** *Chairpersons:* **Siddharth Singh, Jyoti Kumar Dinkar, Abhishek Kumar** Uncontrolled Asthma **Manoj Kumar Agrawal, (Agam Vora Ref)**
4:15–4:30	The Persistent Puzzle: Diagnosing and Managing Nonresolving Pneumonia **K Prem Kumar, Andhra Pradesh**
4:30–4:45	Synchronizing NIV with Patient in Acute Respiratory Failure **Sujeet Madhukar, Bihar (Agam Vora ref)**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL H
9:00-10:00	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **CB Prasad, PK Agrawal, Sujoy Roychoudhury** Interpreting Coagulation Studies: Common Pitfalls and Clinical Correlations **Upendra Sharma, Rajasthan**
9:15–9:30	Perioperative Anticoagulant or Antiplatelet Therapy in Stroke Patients **Ashok Kumar, Bihar**
9:30–9:45	Clinical Pearls of Common Toxidromes **Ranjith Ravella, Telangana**
9:45–10:00	Artificial Intelligence in Modern Medicine **Debajyoti Bhattacharyya, New Delhi**
10:00–11:00	**Infectious Symposia**
10:00–10:15	**Session II** *Chairpersons:* **Smarajit Banik, Krishna Sen, Tapas Banerjee** Emerging and Re-emerging Viral Infections **Anoop Kumar, Kerala**
10:15–10:30	Noninfective Causes of Fever **K Shankar, Telangana,**
10:30–10:45	Fever in Elderly **O P Sharma, New Delhi**
10:45–11:00	Management of Malignant Ascites **Basavaraj Patil, (Ravi Keerthy sir ref)**
11:00–12:00	**Update in Diabetes Mellitus**
11:00–11:15	**Session III** *Chairpersons:* **Sattik Siddhanta, Sanchita Saha, Ram Babu** Slowly evolving diabetes in the young **Virendra Verma, West Bengal**
11:15–11:30	Prevention of Diabetes **Saurabh Srivastava, Uttar Pradesh**
11:30–11:45	Euglycemic Diabetic Ketoacidosis **Nikil Balankhe, Maharashtra**
11:45–12:00	Bone diseases in DM **Swapna Khanzode, Maharashtra**

12:00–01:00	**Update in Diabetes Mellitus**
12:00–12:15	**Session IV** *Chairpersons:* **Vinod Ravindram, K Vijaya Krishnan, Vitull Kumar Gupta** Lipid Management: What's new **Deepak Bahekar, Maharashtra**
12:15–12:30	Latent Autoimmune Diabetes in Adult **SN Deshmukh, Maharashtra**
12:30–12:45	Atypical forms of Diabetes **Ankit Saxena (Tirupathi Rao DC rec), Telangana**
12:45–01:00	Insulin Resistance in DM **Surendra Kumar, Rajasthan**
01:00–02:00	**Update in Diabetes Mellitus**
01:00–01:15	**Session V** *Chairpersons:* **Vittal Babu, Rajesh Upadhyay, Sirikonda Aishwarya** Gestational Diabetes **Vijay Garg Ujjain (Ref KK Parek)**
01:15–01:30	Micro-RNAs: From Diagnosis to Therapeutics in DM **PK Agrawal, Bihar**
01:30–01:45	Metabolic syndrome **R P Ram, Maharashtra**
01:45–02:00	Challenges and management of diabetes during travel **Mohsin Aslam**
02:00–03:00	**Symposia Diabetes**
02:00–02:15	**Session VI** *Chairpersons:* **Deepak K Jumani, Nalin Chaudhary, Shafi** Newer Concepts in Diabetes Classification **Arivind Gupta, Rajasthan**
02:15–02:30	Perioperative Management of Diabetes **Niraj Lodha, Rajasthan**
02:30–02:45	Monitoring of Diabetes **Nirmalya Roy, West Bengal**
02:45–03:00	Evaluation of Sarcopenia in Diabetes in a busy OPD **Swaraj Waddankeri, Karnataka**
03:00–04:00	**Update in Diabetes Mellitus**
03:00–03:15	**Session VII** *Chairpersons:* **Priyank Dhiman, Rajeev Joshi, Sindhu G** Antidiabetic Drug: Role Growing Beyond Sugar Control **Ajoy K Tewari, (Ravi Keerthy sir ref)**
03:15–03:30	Infection in DM **Mohammed Riyaz (Naval Chandra Sir ref)**
03:30–03:45	Diabesity: State of Our Nation and an Action Plan **AK Das**
03:45–04:00	Denovo High Blood Sugar Levels Dilemma Between Oral Anti Diabetics and Insulin **Nagender Devulapalli, Telangana**
4:00–5:00	**PG QUIZ Finals**
5:00–7:00	**API GENERAL BODY MEETING**

Time	HALL I
9:00–10:00	**Paper Presentations Slot-9: 8 mins talk + 2 mins discussion: Hypertension**
	Chairpersons: **Manish Shankar, SK Madhukar** Real World Data of Telmisartan + Metoprolol + Amlodipine FDC in Hypertensive Patients Across Various Clinics in India **Shatakshi Rai** Hypertension
	An Observational Study on the Delta Abdominal Circumference in Systemic Hypertension **Aman Siddiqui** Hypertension
	Clinical Spectrum of Young Hypertensive Patients in North India: A Hospital-based Prospective Observational Study **Md Habib UR Rahman** Hypertension
	Awareness of Uncontrolled Hypertension in Indian Clinical Settings. **Sneha Thakur** Hypertension
	Management Patterns in Hypertension with Elevated Heart Rate and CAD/IHD: A National Clinician Survey **Parikshit Mishra** Hypertension
	Study of Prevalence and Risk Factors of White Coat Hypertension in an Urban Healthcare Setup Using Ambulatory Blood Pressure Monitoring. **Mohan KV** Hypertension
10:00–11:00	**Paper Presentations Slot-10: 8 mins talk + 2 mins discussion: Infectious Diseases and Tropical Medicine**
	Chairpersons: **Himanshu Khutan, Sanjeev Kumar, Sudhir Chandra Jha** Characterizing Chikungunya: A Prospective Study of Clinical Symptoms, Laboratory Parameters, and Therapeutic Outcomes in a Tertiary Care Hospital in Western India **Mehek** Infectious Diseases and Tropical Medicine
	Re-emergence of Adult Measles-Re-enforcement of Adult Immunization 2nd Hit Immunization **Dhiraj Kumar Thakur** Infectious Diseases and Tropical Medicine
	Evolution of Therapeutic Trials in Visceral and Dermal Leishmaniasis: Real-world Applications and Outcomes **Krishna Pandey** Infectious Diseases and Tropical Medicine
	Study of Microbial Flora in Acute Exacerbation of COPD and Their Drug Sensitivity Pattern in Suburban Area, Kanyakumari **Prasant HA** Infectious Diseases and Tropical Medicine
	Treatment of Multidrug-resistant Infections: The Current Scenario **Amitav Mohanty** Infectious Diseases and Tropical Medicine

	A Study of Cardiac Manifestations and Its Correlation with CD4 Cell Count in Patients Living with HIV. **Soumya Hiregoudar** Infectious Diseases and Tropical Medicine
11:00–12:00	**Workshop AI Dr Diksha Gambir**
12:00–1:00	**Workshop ECG Dr Narsimhan**
1:00–2:00	**Paper Presentations Slot-11: 8 mins talk + 2 mins discussion: Diabetology**
	Chairpersons: **V Krishna Murthy, K K Lohani, A K Pathak** Early and Sustained Benefits of Saroglitazar in Patients with Diabetic Dyslipidemia: A Retrospective Study with 36 Months Duration in Indian Patients **Gaurav Chhaya** Diabetology
	Mobile Screening for Early Identification of Microvascular Complications: A Step Toward Bridging the Detection Gaps. **Yasmee** Diabetology
	Peripheral arterial disease among patients with newly diagnosed Type II diabetes mellitus **Eshwar Raipalle** Diabetology
	A Prospective Analytical Cross-sectional Study Comparing Efficacy of Different Techniques of Ear Pressure Equalization In Preventing Middle Ear Barotrauma in Patients Undergoing HBOT **Divya Singh** Miscellaneous
	Systemic Complications of IV Drug-abusing Patients in A Tertiary Care Hospital **Arkanil Das** Miscellaneous
	A Comprehensive Study on Various Body and Mind Parameters During Prolonged Fasting and Continued Physical Exertion **Aadil Khan** Miscellaneous
2:00–3:00	**Paper Presentations Slot-12: 8 mins talk + 2 mins discussion: Miscellaneous**
	Chairpersons: **Abhay Narain Rai, Prashant Kumar Singh, Shrimohan Mishra** Impact of Environmental Conditions and Clinical Parameters on Exertional Heat-related Disorders: A Cross-sectional Study **Abhishek Kumar** Miscellaneous
	Not Every Fever Needs Antibiotics: A Retrospective Study and Algorithm-based Approach to Noninfectious Fever at a Tertiary Care Hospital, Coimbatore **Sangavi R** Miscellaneous
	Post-tubercular Lung Disease in PLHIV Patients Previously Treated for Pulmonary Tuberculosis **Vishwa Varun Katti** Miscellaneous
	Evaluation of Safety Profile and Adverse Drug Reactions of Combined Fluoxetine and Mirtazapine Therapy in Patients With Major Depressive Disorder **Asmita Pandey** Miscellaneous
	Uncoupling the Hemoglobin Thrombosis Paradigm: Re-exposure Dynamics as a Risk Factor at High Altitude **Ravi Kumar** Miscellaneous
	Skin Prick Test Sensitization Patterns in Adults with Allergic Bronchial Asthma and Allergic Rhinitis **Nusrat Sayed** Miscellaneous
3:00–4:00	**Paper Presentations Slot–13 8 mins talk + 2 mins discussion–Nephrology**
	Chairpersons: **Hari Kishan Boorugu, Raveendran AV, Abhishek Pandey** Case Series of Emphysematous Infections of the Kidney and Urinary Tract: A Study from a Tertiary Care Centre **Saurabh Parmar** Nephrology
	Evaluation of the Relationship of NLR to Different Stages of Chronic Kidney Disease: A Retrospective Study **Tithi Ghosh** Nephrology
	Spectrum of Biopsy Proven Glomerulonephritis in Individuals with Asymptomatic Urinary Abnormalities **Rakesh J Yadav** Nephrology
	Vitamin B12 and Vitamin D3 as Biomarkers of Disease Severity in Chronic Kidney Disease **Siddheswar Debbarma** Nephrology
	Beyond Gout: Magnitude and multisystem impact of hyperuricemia- Insights from Telangana **Yerranagari Rajashekar** Nephrology
	Beyond Gout: Magnitude and multisystem impact of hyperuricemia: Insights from Telangana **Yerranagari Rajashekar** Nephrology
4:00–4:40	**Paper Presentations Slot-14: 8 mins talk + 2 mins Discussion: Nephrology**
	Chairpersons: **PV Bhargavan, Bibhuti Nath Jha, Parikshit Singh Chauhan** Clinico-biochemical Assessment of Patients with Acute Renal Failure with Special Reference to Etiology and Short-term Outcomes in a Tertiary Care Hospital **Mandira Mondal** Nephrology
	Decoding the Biochemical Signature of Snake Bite-induced Acute Kidney Injury: Insights from a Tertiary Care Study **Baishali Banerjee** Nephrology

	Diagnostic Utility of Cerebrospinal Fluid Lactate in Differentiating Bacterial and Nonbacterial Acute Febrile Encephalopathy **Tarun CP Garg** Neurology

	Stroke Clinical Outcome Prediction Using NIHSS Scale in Acute Ischemic Anterior and Posterior Circulation Stroke: A Prospective Study **Md Rashid Haider** Neurology
5:00–7:00	**API GENERAL BODY MEETING**

Day 3: Sunday 1st February, 2026

Time	HALL A
09:00–10:00	**Guest Lecture**
09:00–09:20	**Session I** *Chairpersons:* **Nandini Chatterjee, Sangram Biradar, Pradeep Bhaumik** Insulin Resistance: From Gut Microbiota to Alzheimer's **GB Sattur, Karnataka**
09:20–09:40	Long-acting Injectable ARV'S **Dnyanesh N Morkar, Karnataka**
09:40–10:00	Approach to Life at 70 **Mahesh Marda (GB), Hyderabad**
10:00–11:00	**Guest Lecture**
10:00–10:20	**Session II** *Chairpersons:* **Krishna Kumar Pareek, Ramswaroop Jawahar, HS Pathak** Challenges in the Treatment of Type 1 Diabetes in Older Patients **Ricardo Gomez Huelgas (EFIM)**
10:20–10:40	PCOS-Physician Perspective **Sailesh Lodha, Rajasthan**
10:40–11:00	Bone Health: Concept Learning in Clinical Practice **AR Balamurugan, Chennai, (Chandra Sir ref)**
11:00–2:00	**Award Sessions**
11:00–11:40	*Group one*: Cardiology—DP Basu Young Award (Three Papers, One to be Selected during Award Session) 10 + 2 mins
	Paper 1
	Paper 2
	Paper 3
11:40–12:20	*Group two*: Chest Diseases—E Merck Award (Three Papers, One to be Selected during Award Session) 10 + 2 mins
	Paper 1
	Paper 2
	Paper 3
12:20–1:00	*Group three*: Other Specialties—JN Berry Award (Three Papers, One to be Selected during Award Session) 10 + 2 mins
	Paper 1
	Paper 2
	Paper 3
1:00–1:30	**Dr V G Nadgouda Best All India Thesis Award**
1:30–2:30	**Valedictory Function**

Time	HALL B
09:00–10:00	**Rheumatology Update**
9:00–9:15	**Session I** *Chairpersons:* **M Pavan Kumar, Naval Chandra, Uday Lal** Hyperuricemia in Women **Anuradha Deuri, Assam**
9:15–9:30	Nondermatologic Presentations in Psoriasis **Shubhransu Patro, Odisha**
9:30–9:45	Managing Difficult-to-treat Gout in CKD **Jyoti Ranjan Parida, Odisha**
9:45–10:00	Genetic Profiling of Cardiomyopathies **Kamaldeep Chawla (Naval ref, Gujarat)**
10:00–11:00	**Neurology Update**
10:00–10:15	**Session II** *Chairpersons:* **Amal Kumar Banerjee, Sher Singh Dariya, Suresh Sagarad** Microbiome and Kidney Disease: Role of Gut-kidney Axis in CKD and Hypertension **Govind Prasad, Bihar**
10:15–10:30	Rapidly Progressive Glomerulonephritis **Pinaki Mukherjee, West Bengal**
10:13–10:45	Uric Acid Nephropathy **Bhaskar Kanti Nath, Assam**
10:45–11:00	TBU
11:00–12:00	**Guest Lecture**
11:00–11:15	**Session III** *Chairpersons:* **Rakesh Bhadade, Ravi Keerthy, Chandra Shekar** Dilemma of a Vegetarian versus a Nonvegetarian Diet for Healthy Ageing **Ashish Gautam, Uttar Pradesh**
11:15–11:30	Skin as a Window to Systemic Diseases **Mahesh Dave, Rajasthan**
11:30–11:45	What Physicians Should Know About Finances **PSR Gupta, Hyderabad**
11:45–12:00	The Silent Pandemic: Addressing the Crisis of AMR in India **Avijit Bhattacharya**
12:00–01:00	**Guest Lecture**
12:00–12:15	**Session IV** *Chairpersons:* **Shashank R Joshi, Mahesh Marda, BK Singh** Newer Trends in Medical Education in India **Thirupathi Rao Jalagam, Telangana**

12:15–12:30	Magnesium Neglected Electrolytes **Sunil Kumar Mahavar, New Delhi (Dariya ref)**
12:30–12:45	Unravelling Functional Neurological Disorders: A Clinical Approach for Physicians **Pradeep K Maheswari, Uttar Pradesh**
12:45–1:00	Diabetic Pneumopathy **Dheeraj Kapoor, Haryana (Ashok Taneja ref)**
1:00–2:00	**Valedictory Function Hall A**

Time	**HALL C**
9:00–10:00	**Symposia Infectious**
9:00–9:15	**Session I** *Chairpersons:* **Amit Saraf, Puneet Saxena, Durga Prasanna** Systemic Fungal Infections: When To Suspect and Diagnose **Soumendra Nath Haldar, West Bengal**
9:15–9:30	Antibiotic Resistance. **Subhajit Mondal, West Bengal**
9:30–9:45	The Evolution of MPOX and Current Clinical Management **Suma Krishnasastry, Kerala (Chandini ref)**
9:45–10:00	Urinary Tract Infections in Pregnancy **Usha**
10:00–10:30	**Guest Lecture**
10:00–10:15	**Session II** *Chairpersons:* **Meenakshi Sharda, Subhash Todi, Alakendu Ghosh** Risks of Envenomation by Dead Snakes **Sadananda Naik B, Karnataka**
10:15–10:30	Update in OP Poisoning **Biranchi Narayan Mohapatra, Odisha**
10:30–10:45	Type 1 Diabetes and Pregnancy–How to Meet The Challenges? **Sudhir Chandra Jha, Bihar**
10:45–11:00	TBU
11:00–12:00	**Symposia Diabetes**
11:00–11:15	**Session III** *Chairpersons:* **BNBM Prasad, Sanjay K Bandyopadhyay, Anuradha** Obesity with Metabolic Syndrome and Obesity with Type 2 Diabetes: Is It an Escalation of Drug Requirements, or Is It Too Late?—CON **Raghavendra Belgaonkar, Karnataka**
11:15–11:30	Fallacies of Glycated Hemoglobin (HbA1c) **Srikanth N Hegde, Karnataka**
11:30–11:45	Type 2 Diabetes and Gout: What Is the Metabolic Link? **GR Subbu (Ravi Keerthy), Kerala**
11:45–12:00	Genetics in Type 2 Diabetes **BK Singh (GB), Bihar**
12:00–01:00	**Guest Lecture**
12:00–12:15	**Session IV** *Chairpersons:* **Krishna Pandey, Sattik Siddhanta, Apurba Mukherjee** Cardiac Cachexia **Javal Bhatt, Maharashtra**
12:15–12:30	Approach to Syncope **Kashinath Padhiary, Odisha**
12:30–12:45	Senile dementia **Ravindra C Parikh, Gujarat**
12–45:01:00	Reversibility of Cirrhosis of Liver: Current Understanding **Pradeep Bhaumik-GB, Tripura**
1:00–2:00	**Valedictory Function Hall A**

Time	**HALL D**
9:00-10:00	**Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **Raju Yadati, G Vishesh, G. Niharika** Myocarditis: Early Recognition and Management **Deepak Gupta, Rajasthan (Punnet Rijwani ref)**
9:15–9:30	Ending TB by 2030: Reality or Distant Dream? **A G Ghosal, West Bengal**
9:30–9:45	Long- Term Impact of COVID-19 on Lipid Metabolism: A Cross -Sectional Study **Uttam Kumar Paul, Bihar**
9:45–10:00	Common Dietary Mistakes in Patients with Liver Cirrhosis **Mayank Gupta, Rajasthan**
10:00–10:30	Symposia Hematology
10:00–10:15	Session II *Chairpersons:* Bansi Saboo, Ved Chaturvedi, SV Ramanamurthy Pancytopenia: from Blood Tests to Bedside **Payal Jain, Uttar Pradesh**
10:15–10:30	Nondiagnostic Lymphadenopathy **C Jagadeesh, Tamil Nadu**
10:30–10:45	Chemo-free Management of Blood Cancers: An Emerging Concept **Anil Tripathi, Uttar Pradesh**
10:45–11:00	Approach to Gestational Thrombocytopenia **B K Sundar, Karnataka**
11:00–12:00	**Guest Lecture**
11:00–11:15	**Session III** *Chairpersons:* **Usha, Prathibha Lakshmi, Patnala Chakradhar** Hiccups—Remedies and Management: Unfolding the Mysteries **Gagan Gunjan, Jharkhand**
11:15–11:30	The Unsolved Puzzles of Primary Care: From Leg Cramps to Idiopathic Itching **Kulkarni, Goa**
11:30–11:45	CNS Tuberculosis **Bhawna Sharma, Rajasthan**
11:45–12:00	Circadian Rhythm: Its Impact on Glucose Metabolism **Aarathy Kannan, Tamil Nadu**
12:00–01:00	**Guest Lecture**

12:00–12:15	**Session IV** *Chairpersons:* **Nagesh S Adiga, R Gopinath, Murali Krishna Bharadhi** Endocrine Kaleidoscope **Umakanta Mahapatra, West Bengal**
12:15–12:30	Upper GI Bleed Management **TS Chandrasekar (Palanippen Sir ref)**
12:30–12–45	HBsAg Positive in Pregnancy: How Should a Physician Approach? **Piyush Manoria (Prabash Manoria ref)**
12–45:01:00	De-escalation strategy of antibiotics–when and how **Yashasvi Gautam, Rajasthan**
1:00–2:00	**Valedictory Function HALL A**

Time	HALL E
9:00–9:15	**Session I** *Chairpersons:* **K Vijaya Krishnan, Vikas Singh, Rashmi Kumari** Osteoporosis: How to Tackle the Menaces **BC Kalita, Assam**
9:15–9:30	Para Thyroid Adenoma: Don't Miss **DC Sharma, Rajasthan**
9:30–9:45	Nondiabetic Kidney Disease in Diabetes **Mritunjay Singh, Bihar**
9:45–10:00	Endocrine Involvement in Infectious Diseases **Rupak Chatterjee, west Bengal**
10:00–10:30	**Cardiology Update**
10:00–10:15	**Session II** *Chairpersons:* **Anil Tripathi, C Jagadeesh, Sita Jayalakshmi** Current changes in Infective Endocarditis **Ajeet Singh Chahar, Uttar Pradesh**
10:15–10:30	Treadmill Stress Test in the Era of Invasive Cardiology **Manish Kumar, Bihar**
10:30–10:45	Syncope: Approach **Abhay Narain Rai, Bihar**
10:45–11:00	Peripheral Arterial Disease: Recent Concept Gaurav Singhal, Rajasthan
11:00–12:00	**Pulmonology Update**
11:00–11:15	**Session III** *Chairpersons:* **D Selvaraj, Arulrhaj Sundaram, Apoorva Pauranik** Pulmonary Emergencies: Physician's Perspective **Vijay Mohan Reddy, Telangana (Ref Tirupathi)**
11:15–11:30	Parasitic Infestation Affecting Lung **Nalin Chaudhary, Telangana**
11:30–11:45	Environmental and Occupational Lung Diseases: Indian Exposure Risks **Manisha Sahay, Telangana**
11:45–12:00	Triple therapy Obstructive Airway Diseases **R. B. S Manian, Tamil Nadu (Chandra Shekar Ref)**
12:00–01:00	**Rheumatology Update**
12:00–12:15	**Session IV** *Chairpersons:* **Aarathy Kannan, Debajyoti Bhattacharyya, Chama Yadavendra Reddy** **TBU**
12:15–12:30	Crystal Arthritis Other Than Gout **Kripasindhu Gantait, West Bengal**
12:30–12–45	TBU
12–45:01:00	Soft Tissue Rheumatism **Madhumita Priyadarshini Das, Assam**
1:00–2:00	**Valedictory Function HALL A**

Time	HALL F
9:00-10:00	**Rheumatology Update**
9:00–9:15	**Session I** *Chairpersons:* **Daya Kishore Hazra, Gunasekaran Mahalingam** In RA, JAK Inhibitors vs Biologics: Where Do We Stand? **Madhulatha Agarwal, Rajasthan**
9:15–9:30	Adult-onset Still's Disease **Bharat Panigrahy, Odisha**
9:30–9:45	RA Diagnosis: Common Mistakes and How to Avoid Them **Subramanian Nallasivan, Tamil Nadu**
9:45–10:00	Reactive Arthritis **Anjana Pandey Gupta, Uttar Pradesh**
10:00–11:00	Guest Lecture
10:00–10:15	Session II *Chairpersons:* **Govind Prasad, Hariharan Sathananthan, Arthur Joseph Asirvatham** Reversal of Diabetes: Current Evidence **Sudha Vidya Sagar, Karnataka**
10:15–10:30	Redefining Postprandial Hyperglycemia as a Therapeutic Target in Type 2 Diabetes **Rashmi Kumari, Bihar**
10:30–10:45	Clinical Insights: Allergen Immunotherapy **Shambo S Samajdar, West Bengal**
10:45–11:00	Perioperative Management of Blood Sugar, Blood Pressure, and Cardiac Risk **Hariharan Sathananthan**
11:00–12:00	**Guest Lecture**
11:00–11:15	**Session III** *Chairpersons:* **B Kannan, K Ketan, RK Modi** Beta-cell Dysfunction: Proposed Mechanisms **Vaibhav Shukla, Uttar Pradesh**
11:15–11:30	Approach to Erectile Dysfunctions **Deepak K Jumani, Maharashtra**
11:30–11:45	Refractory Hypoglycemia **Gowri Shankar (Palanippen Sir ref)**
11:45–12:00	GLP1 Analogs: An Update **Pankoj Singhania, West Bengal**
12:00–01:00	**Infectious Update**
12:00–12:15	**Session IV** *Chairpersons:* **Manoj Kumar Choudhary, Mritunjay Singh, TS Rathis** Newer Diagnostics in Infectious Diseases **Lalatendu Mohanty, Odisha**

12:15–12:30	Decoding Culture Report: A Guide to Physicians **Atanu Thakur, Odisha**
12:30–12–45	Fever With Rash: Approach **Mukhesh K Sarna, Rajasthan**
12–45:01:00	TBU
1:00–2:00	**Valedictory Function**

Time	HALL G
9:00–10:00	**Adrenal Guest Lecture**
9:00–9:15	**Session I** *Chairpersons:* **RP Ram, Ravindra C Parikh, Renu Saigal** Drug-induced Adrenal Insufficiency **G Manigandan (Palanippen Sir ref)**
9:15–9:30	Exogenous Cushing's Syndrome. **Sashidhar Reddy B, Telangana**
9:30–9:45	TBU
9:45–10:00	TBU
10:00–11:00	**Rheumatology Update**
10:00–10:15	**Session II** *Chairpersons:* **Bheemanathini Shankar, J Srinivasa, Shreeram Kora** Spectrum of Psoriatic Arthritis: Diagnosis Approach **Vijaya Prasanna Parimi, Telangana**
10:15–10:30	Latest Updates in the Management of RA **Bibhuti Nath Jha, Bihar**
10:13–10:45	Inflammatory Arthritis beyond RA: What's New in Pathogenesis and Therapy **Varun Dhir, Chandigarh**
10:45–11:00	Rheumatoid Arthritis: Low disease/ remission Strategies: What we can do in Indian setting **Bimlesh Dhar Pandey, Uttar Pradesh**
11:00–12:00	**Guest Lecture**
11:00–11:15	**Session III** *Chairpersons:* **Santosh Singh, Sajith Kumar R, Col. Sambu Dutta** Hypokalemia Approach **Kancharla Sudhakar, AP**
11:15–11:30	Sepsis Mimics in the ICU Setting **Udit Narang, Maharashtra**
11:30–11:45	Physician Leadership in the MICU: Driving Excellence in Critical Care **Krishna Prabhakar, Telangana**
11:45–12:00	Fever in ICU **Channaraya V, Karnataka**
12:00–1:00	**Symposia Update**
12:00–12:15	**Session IV** *Chairpersons:* **Kancharla Sudhakar, Santosh Kumar, Subhajit Mondal** Unmasking Female Sexual Dysfunction in Diabetes **Kumar Prafull Chandra, Uttar Pradesh**
12:15–12:30	Gut Virome Dynamics and Their Role in Early Insulin Resistance **Nishi Kant, Bihar**
12:30–12:45	Aerobic anaerobic metabolism with exercise in Diabetic Mellitus **Akashkumar N Singh, Anil Kumar Kulshrestha, Gujarat**
12:45–1:00	Advancements in Continuous Glucose Monitoring (CGM) **Princi Jain, New Delhi (SS Dariya ref)**
1:00–2:00	**Valedictory Function Hall A**

Time	HALL H
9:00–10:00	**Paper Presentations Slot-15: 8 mins talk + 2 mins Discussion: Obesity and Metabolic Disorders**
	Chairpersons: **Rahul Bisaralli, Mukulesh Gupta, Kumar Prafull Chandra** Association of Metabolic Syndrome Severity Score (MetSSS) with Corresponding Controlled Attenuation Parameter (CAP) Score Obtained by Fibroelastography: A Hospital-based Cross-sectional Study **Anamika Patel** Obesity and Metabolic Disorders
	Metabolically Healthy Obese: A Cat on the Wall: Redefining Stability and Risk in Obesity Phenotypes **K Joseph Rajan** Obesity and Metabolic Disorders
	Effect of Obesity on Cardiovascular Parameters and Blood Glucose Level in Adolescents: An Observational Study **Vidya Sagar Ram** Obesity and Metabolic Disorders
	Ezhil Nilavan Obesity and Metabolic Disorders
	Real-world Effectiveness and Safety of Omega-3 Fatty Acids in Hypertriglyceridemia: A Multicenter Retrospective Study **Ajitkumar Ashokrao Gondane** Obesity and Metabolic Disorders
	Age-stratified Differences in Body Fat, Muscle Mass, and Visceral Adiposity among Indian Adults: A Bioimpedance-based Cross-sectional Study in Goa **Ankit S Nair** Obesity and Metabolic Disorders
10:00–11:00	**Paper Presentations Slot-16: 8 mins talk + 2 mins discussion: Poisoning and Toxicology**
	Chairperson: **Vasantha Kamath, Shama Firdaus, U R K Rao** Study to Assess the Peradeniya Organophosphorus Poisoning Scale as a Severity and Prognostic Marker in Patients Presenting to the Emergency Department with a History of Organophosphorus Compound Consumption **Shashikantha Mallikarjuna Angadi**
	Serum Creatine Phosphokinase vs Pseudocholinesterase as a Prognostic Marker in Organophosphate Poisoning: A Cross-sectional Study **Jay Raj** Poisoning and Toxicology

	A Study to Evaluate Serum Creatine Phosphokinase and Serum Lactate Dehydrogenase as Potential Prognostic Markers in Assessing Clinical Severity in Organophosphorus Poisoning **Chittamuru Maansi Reddy** Poisoning and Toxicology
	A Study of Serum Creatine Phosphokinase and Amylase Levels as Surrogate Markers of Severity and Clinical Outcome in Organophosphate Poisoning **Ansh Makhija** Poisoning and Toxicology
	Evaluation of Serum C-Reactive Protein (CRP) and Lactate Dehydrogenase (LDH) as Biomarkers for Hemotoxicity in Snakebite Victims **Resu Dilip Reddy** Poisoning and Toxicology
	To Study the Clinical Profile and Outcome of Acute Poisoning Cases at a Tertiary Care Hospital in Ongole **Miriyala Venkatesh** Poisoning and Toxicology
11:00–12:00	**Paper Presentations Slot-17: 8 mins talk + 2 mins Discussion: Pulmonology**
	Chairpersons: **Srinivas, Debasis Chakrabarti, Srinivas Kumar** Exploring Optimal Blood Neutrophil Count and Neutrophil-to-Lymphocyte Ratio Thresholds for Guiding Inhaled Corticosteroid Prescribing in Chronic Obstructive Pulmonary Disease: A Prospective Observational Cohort Study **Dipayan Bhattacharjee** Pulmonology
	A Comparative Analysis of DECAF, CURB-65, and BAP-65 Scoring Systems for Predicting In-hospital Mortality in Patients with Acute Exacerbation of Chronic Obstructive Pulmonary Disease **Ankita S Jain** Pulmonology
	A Study on Evaluation of Cardiac Function in Patients with Chronic Obstructive Pulmonary Disease Using a Dual Approach with Electrocardiogram and Echocardiography at a Tertiary Care Hospital **Chiguru Sai Pradeep Kumar** Pulmonology
	Prognostic Value of Neutrophil-to-Lymphocyte, Platelet-to-Lymphocyte, Eosinophil-to-Lymphocyte, and Lymphocyte-to-Monocyte Ratios in Acute Exacerbation of Chronic Obstructive Pulmonary Disease **Drishti Singhal** Pulmonology
	Role of DECAF Score in Predicting In-hospital Mortality in Acute Exacerbation of COPD Patients **Md Gazi Shaikh** Pulmonology
	Assessment of Severity and Functional Status in COPD Patients by Using COPD Assessment Test and Clinical COPD Questionnaire **Amarnath Reddy** Pulmonology
12:00–01:00	**Workshop Joint Examination Dr PD Rath**
1:00–2:00	**Valedictory Function**

Time	HALL I
9:00–10:00	**Paper Presentations Slot-18: 8 mins talk + 2 mins Discussion: Rheumatology**
	Chairpersons: **Payal Jain, Md Hamid Ali, M V S Subbalaxmi** A Case of Catastrophic Seronegative Antiphospholipid Syndrome **Mohammed Imtiyaz Qureshi** Rheumatology
	An Unusual Presentation of Systemic Lupus Erythematosus **Amrutha Sai Gorrela** Rheumatology
	Clinicopathological Profile of Systemic Lupus Erythematosus Patients in Sub-Himalayan West Bengal **Swarnadip Hazra** Rheumatology
	Cardiac Evaluation of Systemic Sclerosis Patients Using ECG and Echocardiography in a Tertiary Care Hospital of Eastern India **Digbijoy Bose** Rheumatology
	Association of Neutrophil-to-Lymphocyte and Platelet-to-Lymphocyte Ratios with Disease Activity in Rheumatoid Arthritis Using DAS28-CRP **Parul Sharma** Rheumatology
	A Study to Assess the Predictors of Poor Renal Response in Lupus Nephritis in a Teaching Hospital in North Bengal **Tista Har** Rheumatology
10:00–11:00	**Paper Presentations Slot–19 8 mins talk + 2 mins discussion**
	Chairpersons: **Jagadeesh Kumar V, Nishi Kant, Narendra Kumar** Quality of Life of Advanced Stage Cancer Patients Presenting to BPKIHS: A Cross-sectional Study **Ashok Kumar Mandal** Medical Oncology
	A Study on Clinical Etiological Profile and Short-term Outcome in Patients Presenting with Non-traumatic Altered Sensorium **Amavarapu Chanduvamsi** Neurology
	Exploration of Clinical Characteristics and Treatment Patterns in Painful Neuropathy among Indian Patients: A Real-world Observational Study **Nishikant Madkholkar** Neurology

	Prevalence of Vitamin D Deficiency in Migraine Patients and Response to Supplementation **Gunupuru Sravani** Neurology
	Left Ventricular Diastolic Dysfunction among Patients with Rheumatoid Arthritis **Ashwini C** Rheumatology
11:00–12:00	**Paper Presentations Slot-20: 8 mins talk + 2 mins Discussion: Hepatology**
	Chairpersons: **K Ramesh, Narender Katakam, Atul Mehrotra** Diagnostic Accuracy of FIB-4 and FIB-5 in Chronic Hepatitis B **Ishika Gupta** Hepatology
	Hyponatremia and Its Correlation with Hepatic Encephalopathy and Severity of Liver Disease in Patients Diagnosed with Chronic Liver Disease in a Tertiary Care Centre **Dasari Sri Harsha** Hepatology
	Correlation between HBV DNA Viral Load and Liver Function Test Parameters in Chronic Hepatitis B Patients: A Cross-sectional Study from India **Ritesh Yadav** Hepatology
	Sociodemographic and Clinico-anatomic Characteristics of Neurodegenerative Disorders in Sub-Himalayan West Bengal: An Observational Study **Vivek Digambar Londhe** Neurology
	Etiology, Clinical Characteristics, and Predictors of Outcome in Adults with Acute Meningitis and Meningoencephalitis **Sai Sirisha Nallani Chakravarthi** Neurology
	Study of Serum Potassium Level and Its Clinical Outcomes in Acute Decompensated Heart Failure Patients **Madhav Bhardwaj** Cardiology
12:00–1:00	

Abstract: Free Papers - Platform Presentation (APICON-2026)

Cardiology

Triglycerides as Determinants of Global Lipoprotein-derangement: Implications for Cardiovascular Prevention

Raj K Gupta, Anand Agrawal, Suman Gupta, Parkhi Gupta

Assistant Professor, FH Medical College, Agra, and Consultant, Department of Preventive and Clinical Cardiology, Agra Medicity Hospital, Agra, Uttar Pradesh, India; Ex-assistant Professor, Department of Cardiology, Jawaharlal Nehru Medical College, Ajmer, Rajasthan, India; Assistant Professor, Sarojini Naidu Medical College, Agra, Uttar Pradesh, India; Student, Government Autonomous Medical College, Firozabad, Uttar Pradesh, India

Despite optimal LDL-C reduction with statin-based therapy, significant residual cardiovascular risk remains.[1] Increasing evidence underscores the role of triglycerides (TG) and TG-rich lipoproteins (TRLs) as independent and causal mediators of atherosclerotic cardiovascular disease (ASCVD).[2] Elevated TGs are strongly associated with an atherogenic lipid profile characterized by low HDL-C, small dense LDL particles, and remnant cholesterol, all of which amplify vascular risk.[3]

Objective: To highlight the role of triglycerides in global lipoprotein metabolism disruption and explore their implications for refining cardiovascular prevention strategies.

Methods: Review of epidemiological and clinical data on TG as an independent risk factor, combined with evidence from studies in type 2 diabetes, metabolic syndrome, and familial combined hyperlipidemia populations.

Results:

- Elevated TG levels consistently associate with an atherogenic lipid triad: low HDL-C, small dense LDL particles, and increased remnant cholesterol, which collectively amplify vascular risk.[3]
- Risk estimates from multiple cohorts demonstrate nearly twofold increased risk of cardiovascular events in individuals with TG >150 mg/dL, particularly in metabolic and diabetic populations.[4]
- TG-induced lipoprotein remodeling leads to the accumulation of ApoB-containing particles and promotes arterial lipid retention and inflammation.[5]
- Insulin resistance exacerbates TG burden and global lipoprotein derangements.[6]
- Therapeutic strategies, including lifestyle interventions (diet, exercise, weight control) and pharmacologic options (omega-3 fatty acids, fibrates, and novel ApoC-III/ANGPTL3 inhibitors) show promise in addressing residual risk.[7]

Conclusion: Triglycerides are central players in global lipoprotein metabolism whose dysregulation extends the concept of atherogenic dyslipidemia beyond LDL-C. Targeting TG-driven pathways holds potential to close the gap in residual cardiovascular risk, thereby advancing prevention efforts beyond LDL-centric paradigms.

References

1. Sampson UK, Fazio S, Linton MF. Residual cardiovascular risk despite optimal LDL-cholesterol reduction with statins: the evidence, etiology, and therapeutic challenges. Curr Atheroscler Rep 2012;14(1):1–10.
2. Xu D, Xie L, Cheng C, et al. Triglyceride-rich lipoproteins and cardiovascular diseases. Front Endocrinol (Lausanne). 2024;15:1409653.
3. Talayero BG, Sacks FM. The role of triglycerides in atherosclerosis. Curr Cardiol Rep 2011;13(6): 544–552.
4. Aberra T, Peterson ED, Pagidipati NJ, et al. The association between triglycerides and incident cardiovascular disease: What is "optimal"? J Clin Lipidol 2020;14(4):438–447.e3.
5. Welty FK. How do elevated triglycerides and low HDL-cholesterol affect inflammation and atherothrombosis? Curr Cardiol Rep 2013;15(9):400.
6. Bjornstad P, Eckel RH. Pathogenesis of lipid disorders in insulin resistance: a brief review. Curr Diab Rep 2018;18(12):127.
7. Nurmohamed NS, Dallinga-Thie GM, Stroes ESG. Targeting apoC-III and ANGPTL3 in the treatment of hypertriglyceridemia. Expert Rev Cardiovasc Ther 2020;18(6):355–361M.

Evaluation of Lipid Profile and Lipoprotein (A) Levels in Young Patients with Acute Coronary Syndrome at a Secondary Care Centre in Kanniyakumari District

M Praveen, J Ranjit, J Chandrakumar, A Vijay

Department of General Medicine, Dr Jeyasekharan Hospital and Nursing Home, Nagercoil, Tamil Nadu, India

Background: Acute coronary syndrome (ACS) in young patients (<45 years) is an emerging concern. Lipoprotein(a) [Lp(a)], a genetically determined lipoprotein with pro-atherogenic and pro-thrombotic properties, is linked to premature coronary artery disease (CAD). However, data from young Indian patients remains limited.

Objective: To assess lipid profile and Lp(a) levels in ACS patients <45 years and evaluate their association with angiographic severity of CAD.

Methods: A single-center prospective study over 18 months enrolled patients <45 years admitted with ACS. Clinical and risk factor data were recorded. Lipid profile and Lp(a) were measured. Coronary angiogram findings were correlated with Lp(a) levels.

Results: Among 38 patients. Lp(a) values varied across vessel severity groups. Using ≥ 50 mg/dL as abnormal, results are summarized below:

Vessel severity	*Normal LP (a) (<50 mg/dL)*	*Abnormal LP(a) (≥50 mg/dL)*	*Mean LP(a) (mg /dL)*
SVD	21	6	27.84
DVD	2	2	52.86
TVD	5	0	24.48
Normal coronary	1	1	33.58

Despite higher mean Lp(a) in DVD patients, no significant correlation was found between Lp(a) and vessel severity (p =0.99).

Conclusion: In young ACS patients, Lp(a) levels did not significantly correlate with angiographic severity, likely due to the small sample size. However, elevated Lp(a) in some subgroups suggests a role in premature CAD. Routine Lp(a) screening may help early risk detection. Larger studies are needed to clarify its role in the Indian population.

Triglyceride Glucose Index as a Surrogate Marker of Coronary Artery Disease Risk Assessed by Coronary Artery Calcium Score

Y Shaikh, Z Siddiqi, T Khan

Resident, Department of Medicine Era's Lucknow Medical College and Hospital; Professor, Department of Medicine Era's Lucknow Medical College and Hospital

Introduction: There has been increasing evidence demonstrating that IR (Insulin Resistance) contributes to the development of CVD in diabetic as well as non-diabetic subjects. Although it is currently frequently used, the HOMA-IR(Homeostasis Model Assessment of Insulin Resistance) index, which measures β-cell function and IR, is not very useful in people undergoing insulin therapy or those without functional beta cells. The TyG(Triglyceride Glucose) index was created to overcome this restriction and has been demonstrated to be more effective than HOMA-IR in determining IR in people with and without diabetes. This study was planned with the aim of studying the Triglyceride Glucose index as a surrogate marker that can be used to predict subclinical Coronary Artery Disease as assessed by CACS in individuals without prior CVD.

Methodology: This was an observational prospective study carried out over a period of 24 months involving 100 patients aged 18 years of either gender presenting to medicine and cardiology with symptoms suggestive of stable/unstable angina without a past history of MI/stroke. History and clinical examination were performed for CV risks and comorbidities, and blood samples (fasting lipid profile, FBS, HbA1C) and other relevant investigations were carried out. The TyG index was calculated as follows: Ln [(serum triglycerides (F) mg/dL × serum glucose (F) mg/dL)/2], where Ln = natural logarithm. CACS (coronary calcium score) was estimated in the radiology department. Correlation of TyG levels with CACS was studied.

Results: The majority of patients were within the 55–64 years age group, with a nearly equal representation of males (52.0%) and females. The lack of statistical significance suggested that sex may not be a major determinant of CAD risk as assessed by CAC score. Among individuals with T2DM (Type 2 Diabetes Mellitus), the mean TyG index showed a slight increase with CAD risk severity, ranging from 9.48 ± 0.63 in the mild risk group to 10.48 in the severe risk group. Based on the CAC score, 52.0% of individuals had no evidence of CAD. CACS demonstrated a significant positive correlation with FBS (r = 0.336, p = 0.001) and TyG (r = 0.240, p = 0.016), indicating that higher TyG and FBS levels are associated with increased coronary artery calcification. HbA1c, PPBS, TC, TG, LDL, and VLDL showed weak or nonsignificant correlations with CACS. BMI had no significant correlation with CACS (r = –0.008, p = 0.934), suggesting that obesity alone may not be a strong predictor of coronary calcification.

Conclusion: As assessed by the CAC scores, patients with diabetes and hypertension are more likely to have a higher CAD risk. Individuals with diabetes tend to have a significantly higher TyG index compared to those without diabetes. CACS demonstrated a significant positive correlation with FBS and TyG,

indicating that higher TyG and FBS levels are associated with increased coronary artery calcification.

A Clinical Study on Role of Serum Uric Acid Levels in Patients With Coronary Artery Disease

Adarsh Brahmaiah Chowdary G
GEMS and Hospital, Srikakulam, Andhra Pradesh, India

Introduction: Serum uric acid has been implicated in coronary artery disease through endothelial dysfunction, oxidative stress, and inflammation that promote atherosclerosis. Elevated Serum uric acid levels have been associated with greater CAD severity, plaque burden, and adverse cardiovascular outcomes. However, its independent role as a risk factor remains uncertain. This study aimed to evaluate the association between Serum uric acid levels and angiographically confirmed CAD.
Materials and methods: This analytical descriptive study was conducted in the Department of General Medicine at GEMS Hospital, Srikakulam, Andhra Pradesh, over 1 year, among 50 patients with CAD confirmed by coronary angiography. Demographic and clinical data, including hypertension, diabetes, smoking, and lipid profile, were recorded. Serum uric acid was measured using an enzymatic uricase-based assay and its association was evaluated considering p <0.05 as significant. Other investigations included serum creatinine, CRP, ECG, and 2D Echocardiography. Statistical analysis was performed using SPSS version 20.
Results: Among 50 patients (mean age 57.5 ± 12.9 years; 62% males), elevated serum uric acid levels (8.35 ± 1.55 mg/dL) were significantly associated with multi-vessel coronary involvement (66.7%), reduced ejection fraction (37.9%), recurrent angina (31%), and higher in-hospital major adverse cardiac events (MACE, 41.4%). Logistic regression identified elevated Serum uric acid as an independent predictor of adverse outcomes (OR =3.48, p =0.03).
Conclusion: Elevated Serum uric acid levels show a strong association with the presence, severity, and adverse outcomes of CAD. Hyperuricemia correlated with multi-vessel disease, reduced ejection fraction, and higher MACE rates, establishing SUA as a simple, cost-effective biomarker for CAD risk stratification, prognosis, and early management.

Prognostic Impact of High-sensitivity C-reactive Protein (Hs-CRP) at Admission in Acute Myocardial Infarction Patients: A Cross-sectional Study from a Tertiary Care Center in South India

Yaramala Sailaja Reddy, Kommanaboyina Thirumala Babu, Yadati Sathyanarayana Raju, Jumana Hussain
Junior Resident, Department of General Medicine, Nizams Institute of Medical Sciences, Hyderabad, Telangana; Senior Resident, Department of General Medicine, Nizam's Institute of Medical Sciences; Professor, Department of General Medicine, Nizam's Institute of Medical Sciences; Additional Professor, Department of General Medicine, Nizam's Institute of Medical Sciences

Background: Inflammation plays a pivotal role in the initiation, progression, and complications of atherosclerotic coronary artery disease (CAD). Acute myocardial infarction (AMI) represents the clinical culmination of an inflammatory process that destabilizes atherosclerotic plaques, leading to thrombosis and myocardial necrosis. High-sensitivity C-reactive protein (Hs-CRP) is an acute-phase reactant synthesized by the liver under interleukin-6 stimulation. Beyond its role as a systemic inflammatory marker, Hs-CRP has emerged as a predictor of cardiovascular risk, infarct size, and mortality. Several studies have linked elevated admission Hs-CRP levels to higher rates of complications such as arrhythmias, left ventricular (LV) dysfunction, and acute kidney injury (AKI) post-AMI. However, Indian data on the prognostic significance of Hs-CRP in acute myocardial infarction are scarce, especially regarding its interaction with diabetes mellitus and other comorbidities. This study aims to evaluate the prognostic value of Hs-CRP measured at hospital admission as a predictor of in-hospital morbidity and mortality in patients with acute myocardial infarction and to explore its relationship with diabetic status and metabolic control.
Objectives: *Primary objective:* To correlate the admission Hs-CRP level with hospital mortality and morbidity (length of stay, LV dysfunction, arrhythmias, AKI) among patients with acute myocardial infarction. *Secondary objective:* To assess the prognostic impact of Hs-CRP in diabetic versus non-diabetic AMI patients.
Materials and methods: *Study design and setting:* A cross-sectional analytical study was conducted at the Departments of General Medicine and Cardiology, Nizam's Institute of Medical Sciences, Hyderabad, from 2024 to 2025. The study included consecutive patients admitted with a diagnosis of acute myocardial infarction (STEMI or NSTEMI) confirmed by clinical presentation, ECG findings, and elevated cardiac biomarkers (CK-MB, troponin I/T).
Sample size: A total of 100 patients were enrolled. The sample size was determined with 90% statistical power and a 5% alpha error, based on an anticipated mean Hs-CRP difference of 1.3 mg/L (SD =1.8) between outcome groups.
Inclusion criteria:
1. Adults aged >18 years with confirmed STEMI or NSTEMI as per WHO criteria.
2. Willingness to participate and provide informed consent.
3. Known diabetics or non-diabetics identified at admission.

Exclusion criteria:
- Chronic renal failure or chronic inflammatory conditions
- Recent infections, trauma, or surgery (<3 months)
- Neoplastic or autoimmune diseases
- Reinfarction within 3 months

Data collection: All participants underwent detailed clinical evaluation and laboratory investigations, including:
- Hs-CRP levels at admission (measured using high-sensitivity immunoturbidimetric assay)
- Cardiac biomarkers (CK-MB, troponin)
- Fasting glucose, HbA1c, renal and liver function tests
- ECG and echocardiography for LV ejection fraction (LVEF)
- Urine output and serum creatinine for AKI assessment.

Hs-CRP levels were categorized as:
- Low risk: <1 mg/L
- Intermediate risk: 1–3 mg/L
- High risk: >3 mg/L

Outcomes assessed
1. Primary outcomes: In-hospital mortality, LV dysfunction (LVEF <40%), arrhythmias, AKI, and duration of hospital stay.
2. Secondary outcomes: Association of Hs-CRP with diabetes mellitus, HbA1c, and leukocytosis.

Statistical analysis: Continuous variables were expressed as mean ± SD; categorical variables as proportions. Independent *t*-tests, Chi-square tests, and Spearman correlations were used. A *p*-value <0.05 was considered statistically significant.
Results: *Demographic profile:* Out of 100 patients, 68 were male (68%) and 32 female (32%), with a mean age of 56.7 ± 11.8 years. The most common risk factors included hypertension (62%), diabetes mellitus (48%), and smoking (32%).
***Hs-CRP* Distribution:** The mean admission Hs-CRP level was 61.5 ± 32.4 mg/L, with values ranging from 5.6 to 182 mg/L.
- High Hs-CRP (>3 mg/L): 84% of patients
- Intermediate (1–3 mg/L): 10%
- Low (<1 mg/L): 6%

This distribution indicates a marked inflammatory response in the majority of AMI patients at presentation.
Association with clinical outcomes:
- Hospital mortality: Observed in 12% of patients; mean Hs-CRP in this group was 122.6 ± 24.3 mg/L, significantly higher than in survivors (53.2 ± 27.8 mg/L, p <0.001).
- LV dysfunction: Present in 48%; mean Hs-CRP 78.9 ± 31.5 mg/L vs 44.7 ± 20.1 mg/L in those with preserved LV function ($p = 0.002$).
- Arrhythmias: Noted in 20%; mean Hs-CRP 85.2 ± 33.4 mg/L vs 54.1 ± 24.6 mg/L ($p = 0.021$).
- AKI: Occurred in 18%; mean Hs-CRP 101.3 ± 37.6 mg/L vs 54.9 ± 23.3 mg/L ($p = 0.004$).
- Length of hospital stay: Patients with Hs-CRP >60 mg/L had an average stay of 9.3 ± 3.1 days vs 5.7 ± 2.2 days in those with lower values ($p = 0.011$).

Diabetes and inflammation:
- Diabetic AMI patients ($n = 48$) had significantly higher Hs-CRP (mean 85.3 ± 27.5 mg/L) compared to nondiabetics (44.8 ± 19.7 mg/L, $p < 0.001$).
- HbA1c >6.5 correlated with higher Hs-CRP ($r = 0.41$, $p = 0.036$). This suggests poor glycemic control potentiates the inflammatory milieu, increasing myocardial injury and complications.

Gender and hypertension: Females had marginally higher mean Hs-CRP levels (63.09 mg/L) compared to males (60.38 mg/L), though not statistically significant ($p = 0.609$). Hypertensive patients had higher Hs-CRP (65 mg/L) compared to normotensives (47 mg/L), but the difference was not significant ($p = 0.495$).
Leukocytosis: Patients with leukocytosis showed a significantly higher median Hs-CRP (117.9 mg/L) versus 34.2 mg/L in those without ($p = 0.001$), reinforcing that systemic inflammation and elevated white cell count jointly predict adverse outcomes.
Discussion: This study demonstrates a strong and independent relationship between elevated admission Hs-CRP levels and poor in-hospital outcomes in patients with acute myocardial infarction. Inflammation as a prognostic marker: Hs-CRP reflects systemic inflammatory activation beyond myocardial necrosis. The findings align with studies by Anzal et al. (1997) and Lagrand et al. (1997), which established CRP as a marker of infarct expansion, mechanical complications, and mortality independent of infarct size. Our data confirm that Hs-CRP not only mirrors the extent of myocardial injury but also predicts complications like LV dysfunction and arrhythmias, probably due to inflammation-mediated myocardial remodeling and electrical instability.
Diabetes and Hs-CRP: The robust correlation between high Hs-CRP and poor glycemic control (HbA1c >6.5%) highlights the interplay between chronic metabolic inflammation and acute ischemic injury. This supports findings by Pradhan et al. and Rutter et al., who reported higher Hs-CRP and endothelial dysfunction in diabetics. Comparative analysis: Our results are comparable

to those of Ridker et al. (2000) and Sesso et al. (2003), which identified elevated Hs-CRP as a marker of increased risk for coronary events and hypertension. However, this study extends those observations by demonstrating that admission Hs-CRP levels can stratify early in-hospital risk in Indian AMI patients—a population often burdened with earlier onset and multi-risk comorbidities.

Clinical implications:

- Admission Hs-CRP can serve as a rapid, inexpensive bedside biomarker for identifying high-risk AMI patients requiring closer hemodynamic and renal monitoring.
- Incorporating Hs-CRP in routine AMI evaluation may guide early initiation of anti-inflammatory and cardioprotective therapies, particularly in diabetics.
- It reinforces the concept that AMI is not merely a thrombotic event but also a systemic inflammatory syndrome.

Limitations: This study's cross-sectional design precludes long-term prognostic assessment beyond hospital discharge. Serial Hs-CRP measurements could provide further insight into post-infarct inflammatory kinetics. The absence of follow-up data on reinfarction or heart failure progression is another limitation.

Conclusions: Elevated Hs-CRP at hospital admission is a powerful prognostic marker of morbidity and mortality in acute myocardial infarction. It correlates with the severity of cardiac dysfunction, arrhythmias, and renal impairment. The inflammatory burden is significantly higher in diabetic and poorly controlled patients, reinforcing the need for metabolic optimization in CAD prevention and management. Hs-CRP testing should be integrated into the standard risk assessment of AMI patients at tertiary centers, especially in resource-limited Indian settings where simple biomarkers can significantly aid clinical decision-making.

Key findings:

- Mean Hs-CRP at admission: 61.5 mg/L
- Mortality rate: 12%; highest mean Hs-CRP 122 mg/L
- Strong correlation with LV dysfunction, AKI, and prolonged hospital stay
- Diabetic patients had nearly double the Hs-CRP of non-diabetics
- Suggests inflammatory-metabolic synergy in AMI progression

Keywords: Acute myocardial infarction, Diabetes mellitus, High-sensitivity C-reactive protein, Inflammation, Left ventricular dysfunction, Morbidity, Mortality, Prognostic biomarker

Sociodemographic and Clinical Profile of Patients Presenting With Acute Decompensated Heart Failure in a Tertiary Care Hospital

G Burman, C Sheikh, D Bandyopadhyay, A Adhikary

Department of General Medicine, North Bengal Medical College, Siliguri, West Bengal, India; Junior Resident, Department of General Medicine, North Bengal Medical College, Siliguri, West Bengal, India; Professor, Department of General Medicine, North Bengal Medical College, Siliguri, West Bengal, India; Assistant Professor, Department of General Medicine, North Bengal Medical College, Siliguri, West Bengal, India

Introduction: Heart failure (HF) is a major public health issue, and acute decompensated heart failure (ADHF) is a leading cause of hospitalization, morbidity, and mortality worldwide. In India, HF occurs 10–15 years earlier than in Western countries, often complicated with hypertension, diabetes, smoking, and anemia. North Bengal, with its rural and semi-urban population and limited healthcare resources, faces unique challenges. Understanding the socio-demographic and clinical profile of ADHF patients in this region is crucial for improving management and outcomes.

Methodology: This was a hospital-based observational study conducted from July 2024 to June 2025. A total of 100 adults admitted with ADHF were enrolled. Patients with valvular heart disease, congenital heart disease, or ACS were excluded. Data regarding demographics, comorbidities, prior HF history, therapy adherence, drug usage, hospital stay, and in-hospital outcomes were collected and analyzed using descriptive and inferential statistics (SPSS v22).

Results: The mean age of the study population was 59.1±7.6 years; 62% were males. Most patients (88%) resided in rural areas. Mean BMI was 24.2 kg/m^2 and waist circumference 85.7 cm. Comorbidities included anemia (91%), hypertension (33%), and diabetes (25%). Prior HF diagnosis was noted in 40% and 35% had poor medication adherence. Pre-hospitalization drugs included Diuretics (73%), beta blockers (59%), ACE inhibitors (40%), CCBs (22%), MRAs (19%), SGLT2i (16%), and ARNI (11%). Mean hospital stay was 8.1 days; 87% were discharged, and 13% died during hospitalization.

Conclusion: ADHF patients in North Bengal are predominantly middle-aged rural males with high anemia prevalence and suboptimal adherence. Mortality is higher than in Western cohorts. Strengthening rural healthcare, improving access to evidence-based drugs, early screening for comorbidities, and patient education are essential for reducing disease burden and improving survival.

Study of Serum Potassium Level and Its Clinical Outcomes in Acute Decompensated Heart Failure Patients

Madhav Bhardwaj, Vishwanath K, M S Ramaiah Medical College;

Introduction: Electrolyte disturbances, especially dyskalemia, are common in acute decompensated heart failure (ADHF) and have prognostic implications. This study aimed to assess serum potassium levels in ADHF patients on admission and their association with clinical outcomes.

Objectives: To assess serum potassium levels at admission in ADHF patients and study the clinical outcomes in dyskalemic patients.

Inclusion Criteria:

1. Age>18 years
2. Patients admitted with Acute decompensated heart failure.

Exclusion Criteria:

1. Sepsis
2. CKD on chronic dialysis

Methods: A prospective cross-sectional study of 120 ADHF patients was conducted using ACC/AHA 2022 guidelines. Patients were categorized as normokalemic (3.5–5 mEq/L), hypokalemic (<3.5 mEq/L), or hyperkalemic (>5 mEq/L). Outcomes assessed included hospital stay, arrhythmias, and mortality. Data were analyzed using SPSS 22.

Results: Normokalemia was found in 58.3%, hyperkalemia in 30%, and hypokalemia in 11.7% of patients. No significant association was found between potassium levels and age or sex. Hypokalemia was more common in HFpEF; hyperkalemia in HFrEF. Arrhythmias were slightly more frequent in hypokalemia (21.4%) than hyperkalemia (16.7%). Hypokalemia was associated with longer hospital stays (>7 days). Mortality was marginally higher in hypokalemia (14.3%) vs hyperkalemia (11.1%), without statistical significance.

Conclusion: Hyperkalemia at admission may predict in-hospital mortality. Hypokalemia was linked with more arrhythmias and longer hospital stays. Persistent or progressive dyskalemia was associated with poorer outcomes in ADHF, emphasizing the need for close monitoring and correction.

Clinical Pharmacology

Heat before Beat? Temporal Dynamics of Fever and Tachycardia Resolution after Paracetamol: A Prospective Study

Sai Vishnu Battu, Anjaneya Prasad V

Second year Postgraduate, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India; Professor and HOD, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India

Introduction: Fever and tachycardia commonly coexist in systemic infections, with Liebermeister's rule stating that pulse increases by about 10 beats/min for every 1°C rise in temperature. Whether pulse rate normalizes simultaneously with or after fever resolution remains unclear. This study aimed to quantify the time gap between temperature reduction and pulse rate normalization following paracetamol administration.

Materials and methods: A prospective observational study was conducted from March–August 2025 in the Department of General Medicine, Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation. One hundred febrile adults (≥38°C) receiving paracetamol (500–1000 mg orally or 1 gm IV) as the sole antipyretic were enrolled. Vital signs were recorded at baseline, 15, 30, 60, and 120 minutes postdose using calibrated thermometers and pulse measurements (manual/monitor). Patients on beta-blockers, with arrhythmia, shock, heart failure, or recent antipyretic use were excluded. Categorical outcomes were analyzed using the Fisher Chi-square test.

Results: 86 patients showed ≥0.5°C temperature fall; only 61 had ≥10 bpm pulse reduction. Median time to temperature normalization was 60 min (Interquartile range-IQR 30–60), while pulse normalization lagged at 120 min (IQR 60–120). Temperature preceded pulse normalization in 82% of cases, with a median lag of 60 minutes (IQR 30–90, $p < 0.01$). At 60 minutes, 73 patients remained tachycardic despite defervescence. By 120 minutes, 96% had both parameters reduced; 2% showed persistent tachycardia despite temperature normalization. No adverse events occurred.

Conclusion: In febrile adults treated with paracetamol, pulse normalization typically lags about one hour behind temperature reduction. Persistent tachycardia post-defervescence may indicate residual infection or hemodynamic stress. Further multicentric validation is recommended.

Critical Care Medicine

The Role of Absolute Eosinophil Count as a Diagnostic and Prognostic Marker for Sepsis and its Relation with Sequential Organ Failure Assessment/Quick Sequential Organ Failure Assessment Score

Sachin K

Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

Background: Sepsis remains a major cause of morbidity and mortality worldwide, particularly

in low- and middle-income countries. Despite advances in intensive care, early recognition is challenging, and inexpensive biomarkers are needed. Absolute eosinophil count (AEC) has been proposed as a potential diagnostic and prognostic marker.

Objectives: To assess the diagnostic and prognostic role of AEC in sepsis and its correlation with Sequential Organ Failure Assessment (SOFA) and quick SOFA (qSOFA) scores.

Methods: This hospital-based case–control study was conducted at a tertiary care teaching hospital in India over 18 months. A total of 200 adults were enrolled: 100 sepsis cases (Sepsis-3 criteria) and 100 age- and sex-matched non-septic controls. Clinical details, source of infection, AEC, SOFA, and qSOFA were recorded at admission (Day-1), Day-3, and Day-7. Outcomes were documented as survival or mortality. Data were analyzed using chi-square, *t*-test, and Pearson's correlation.

Results: At admission, AEC ≤50 cells/mm^3 was observed in 53% of sepsis cases versus 2% of controls ($p < 0.001$), yielding 98% specificity and 96% positive predictive value. Mean AEC remained significantly lower in sepsis across all days (Day-1: 48.22 ± 20.94 vs 92.56 ± 19.81; $p < 0.0001$). Mortality was higher in patients with persistent eosinopenia (Day-7: 40% vs 23%), though not statistically significant. Correlations with SOFA and qSOFA were weak, except for a modest positive correlation with SOFA on Day-7 ($r = 0.21$, $p = 0.03$).

Conclusion: AEC is consistently reduced in sepsis and offers strong diagnostic value at admission. Its prognostic role is less robust, requiring further multicenter validation.

Combined Utility of Platelet Indices, Procalcitonin, and qSOFA Score in Predicting Sepsis Outcomes: A Prospective Study

G Sachin K

Sri Devraj Urs Medical College, Kolar, Karnataka, India

Background: Sepsis is a leading cause of mortality, especially in low-resource settings where advanced biomarkers are costly. Platelet indices, quick Sequential Organ Failure Assessment (qSOFA) score, and procalcitonin may improve prognostic accuracy.

Methods: A prospective cross-sectional study was conducted over three months in 98 adult patients with sepsis and qSOFA ≥ 2. Clinical evaluation included qSOFA and SOFA scoring. Blood samples were analyzed on days 1 and 3 for platelet indices and procalcitonin. Patients were followed until discharge or death.

Results: Mean age was 54 ± 18 years; mortality was 22.4%. Thrombocytopenia was more frequent in nonsurvivors (68% vs. 25%, $p = 0.002$). Platelet counts declined in nonsurvivors but increased in survivors ($p < 0.001$). Non-survivors had higher MPV (12.3 vs. 11.0 fL, $p = 0.004$) and PDW (13.6 vs. 9.1 fL, $p < 0.001$). Median procalcitonin was elevated in nonsurvivors (4.6 vs 1.4 ng/mL, $p < 0.001$). qSOFA ≥ 2 strongly predicted mortality ($p < 0.001$). ROC AUCs: qSOFA 0.68, procalcitonin 0.75, platelet indices 0.73; combined model 0.85 (sensitivity 86%, specificity 78%).

Conclusion: Platelet indices, when combined with qSOFA and procalcitonin, provide a simple, affordable, and reliable approach to predict sepsis outcomes, supporting their integration into routine practice in resource-limited settings.

Bacteriological Profile and Antibiogram of Isolates from Tracheal Aspirates of Patients on Mechanical Ventilation at a Teaching Hospital in Eastern India

Garai A, Jana B, Ekka R, Chakrabarti D

Junior Resident, Department of Medicine, North Bengal Medical College, Siliguri, West Bengal, India; Assistant Professor, Department of Medicine, North Bengal Medical College, Siliguri, West Bengal, India; Professor, Department of Medicine, North Bengal Medical College, Siliguri, West Bengal, India

Introduction: Hospital-acquired pneumonia (HAP) occurs ≥48 hours after admission, while ventilator-associated pneumonia (VAP) develops ≥48 hours after endotracheal intubation. VAP markedly increases ICU morbidity, hospital stay, and mortality. Identifying pathogens and their antimicrobial susceptibility guides empiric therapy and antibiotic policy. This study aimed to determine the bacteriological profile and antibiotic resistance pattern of isolates from tracheal aspirates of mechanically ventilated patients in a tertiary care hospital in Eastern India.

Methodology: A total of 190 endotracheal aspirates were collected from ICU patients ventilated for >48 hours. Samples were processed by standard microbiological methods. Bacteria were identified using biochemical and automated systems. Antimicrobial susceptibility was tested by Kirby-Bauer disk diffusion as per CLSI 2022 guidelines. Isolates resistant to ≥3 antimicrobial classes were defined as multidrug resistant (MDR). Data were analyzed descriptively.

Results: Of 190 aspirates, 136 (71.5%) showed significant bacterial growth, and 54 (28.4%) were sterile. Klebsiella species. (42.6%) was most common, followed by *Acinetobacter* spp. (32.3%), *Pseudomonas* spp. (22.0%), *E. coli* (1.5%), and *Enterococcus* spp. (1.5%). MDR strains accounted for 32.3% of isolates, mainly *Klebsiella* (17.6%) and *Pseudomonas* (13.2%). Resistance was highest to third-generation cephalosporins, fluoroquinolones, and β-lactam/β-lactamase inhibitor combinations. Carbapenems and colistin retained good activity. Enterococcus spp. remained sensitive to vancomycin and linezolid. Microbial persistence and impaired response to treatment were more frequent when multidrug-resistant organisms were present.

Conclusion: We conclude from this study that *Klebsiella* spp is the most common pathogen contributing to VAP in our institution. Moreover, we established that *Klebsiella, Pseudomonas, Acinetobacter,* and *E. coli* are the most important agents associated with multidrug resistance potential. With more and widespread use of ventilators in Government institutions, our data contributes significant information to the microbial patterns of VAP in Eastern India.

Shock Index for Predicting Postintubation Hypotension in ICU

Yashaswini GU

Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka

Introduction: Endotracheal intubation (ETI) is one of the most crucial tasks for physicians managing an acutely unstable patient in a medical ICU. Hypotension is a frequently encountered complication both during and following emergency intubation. Hence, this study aimed to evaluate the shock index to predict postintubation hypotension (PIH).

Methods: A prospective observational study was conducted among 25 patients requiring emergency endotracheal intubation in medical ICU at a tertiary-care teaching hospital for a period of 6 months from January 2025 to June 2025. PIH was defined as any recorded SBP < 90 mm Hg or mean arterial pressure (MAP) <65 mm Hg within 60 minutes after intubation. Shock index (ratio of heart rate to SBP) was calculated. A *p*-value of < 0.05 was considered statistically significant.

Results: Hypotension after emergent ETI was observed in 7 (28.0%) patients. The median time was 22 minutes to hypotension detected after ETI. The ROC-AUC of the shock index before intubation for prediction of postintubation hypotension was 0.611 (95% CI 0.564–0.657). Patients with PIH were relatively older and had more comorbid diseases. The category of SI ≥1.0 had a likelihood ratio of 2.0 and strongly correlated with the PIH (OR 2.2, 95% CI: 1.1–5.2, $p = 0.012$).

Conclusion: Shock Index is an independent predictor of PIH in patients who need emergency intubation. A cut-off value of the Shock index ≥ 1 has a better ability to predict PIH. Calculation of this index is easy and can serve as a useful tool for preventing hypotension following endotracheal intubation.

Lipid Profile as a Predictor of Mortality in Sepsis: A Hospital-based Observational Study

A Ravi, S Thakur, D Das

Department of General Medicine, Tezpur Medical College and Hospital, Tezpur, Assam, India

Introduction: Sepsis is a critical medical condition marked by an abnormal and overwhelming immune response to infection, frequently resulting in organ dysfunction and high mortality. Despite improvements in intensive care practices, it is one of the leading causes of hospital-related deaths globally due to delayed recognition and a lack of reliable prognostic indicators. Recent studies indicate that alterations in lipid metabolism correlate with sepsis severity and outcomes. This study aims to assess lipid profile changes in sepsis and their role as predictors of mortality.

Methodology: Hospital-based cross-sectional observational study conducted over 1 year. A total of 120 patients diagnosed with sepsis based on qSOFA (quick Sepsis-Related Organ Failure Assessment) criteria were included. Serum lipid profiles, including total cholesterol, HDL-C, LDL-C, and triglycerides, were measured at admission. Clinical outcomes were compared between survivors and non-survivors. Statistical analyses were performed using Chi-square and *t*-tests, with $p < 0.05$ considered significant.

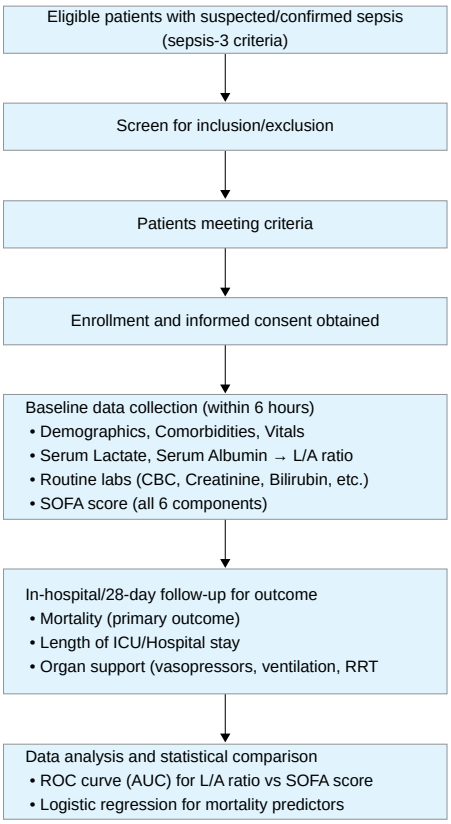
Results: Out of 120 sepsis patients included in the study, 42 patients (35%) expired. Mortality increased with sepsis severity-5% in sepsis,38% in severe sepsis, and 63% in septic shock (*p* value =0.0005). Nonsurvivors had significantly lower total cholesterol ($p < 0.001$) and higher LDL-C and triglyceride levels compared to survivors ($p = 0.04$ and $p = 0.02$, respectively), suggesting a strong association between lipid abnormalities and poor outcomes.

Conclusion: This study highlights that lipid profile alterations, particularly low total cholesterol along with elevated triglyceride and LDL-C, are significantly correlated with sepsis severity and mortality. Routine lipid profile assessment can serve as a simple, cost-effective adjunct for early risk stratification and prognostication in sepsis.

To Assess Lactate/Albumin Ratio in Predicting Mortality in Comparison With SOFA Score in Sepsis

Sri Lalitha Vaishnavi Pulavarthi
Apollo Institute of Medical Sciences and Research

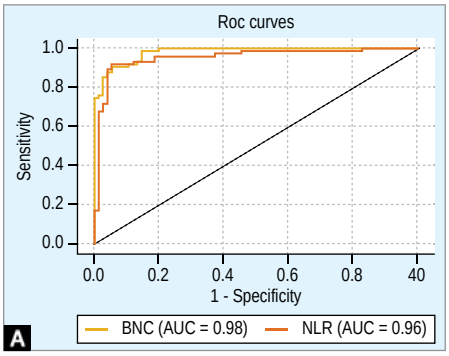
Aim: To assess the Lactate/albumin ratio in predicting mortality in comparison with SOFA score in sepsis.
Objective: To measure lactate and albumin, and compare the L/A ratio with the SOFA score as a prognostic marker in predicting mortality in patients with sepsis.
Introduction: Sepsis is a critical and complex clinical syndrome that occurs due to dysregulated immune response to infection, causing life-threatening organ dysfunction. It is one of the common causes of morbidity and mortality globally, affecting millions annually, placing a significant burden on the healthcare system. It is characterized by a rapid progression from infection to systemic inflammation, organ failure, and even death, especially if not promptly treated.
Biomarkers like lactate were traditionally used to gauge tissue hypoxia and severity. Albumin levels serve as indicators of nutritional status and systemic inflammation.
Lactate/albumin ratio (LAR) recently emerged as a superior predictor of mortality and severity compared to lactate or albumin alone. The Sequential Organ Failure Assessment (SOFA) score, which evaluates organ dysfunction across multiple systems, is also a validated and widely used clinical tool to predict sepsis outcomes. Increased LAR levels were associated with increased mortality and organ dysfunction in septic patients. But data regarding its prognostic value in the Indian context are limited. So, this study was undertaken.
Methodology:



Results
ROC Curve: AUC is 0.97 for LAR in predicting mortality.

Mortality (28-day)	*Valid N (listwise)*
Positive a	36
Negative	64

a. The positive actual state is 1



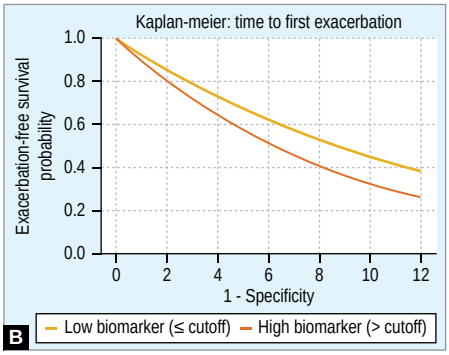
Test Result Variable(s)

Test Result Variable(s):Lactate/Albumin Ratio				
Area	*Std Error*[a]	*Asymptotic Sig*[b]	*Asymptotic 95% confidence interval*	
			Lower bound	*Upper bound*
0.975	0.022	0.000	0.000	1.000

ROC: AUC is 0.972 for SOFA in predicting mortality

Mortality (28-day)	*Valid N (list-wise)*
Positive[a]	36
Negative	64

[a]The positive actual state is 1



Area under the curve				
Test result variable(s): Total SOFA				
Area	*Std Error*	*Asymptotic Sig*	*Asymptotic 95% confidence interval*	
			Lower bound	*Upper bound*
0.972	0.016	0.000	0.937	1.000

Conclusion: In this study of 100 critically ill patients with sepsis and septic shock, the mean age was 57.6 years, with a male predominance (63%). Most cases were due to septic shock secondary to pneumonia and urosepsis. Around 50% patients required vasopressor support, which was significantly associated with higher mortality ($p < 0.001$). Nonsurvivors had higher SOFA scores, lactate/albumin ratios, and bilirubin levels, and lower PaO_2/FiO_2 and GCS values compared to survivors. Both the lactate/albumin ratio and total SOFA score showed excellent prognostic accuracy for predicting 28-day mortality, with AUC values of 0.975 and 0.972, respectively. These findings confirm that metabolic derangement and multi-organ dysfunction strongly predict adverse outcomes in sepsis.

Diabetology

Determination of SRPA and Adiposity Measures and its Association with Glycemic Status in Type 2 Diabetics Having High Mean HbA1c in a Private Clinic of a City in West India

Jayesh D Solanki, Rahul Vaghasiya, Isha Sharma, Jagdish B Patel
Department of Physiology, Government Medical College, Bhavnagar, Gujarat, India; Department of Medicine, Government Medical College, Bhavnagar, Gujarat, India ; Department of Medicine, Government Medical College, Bhavnagar, Gujarat, India; Department of Medicine, Government Medical College, Bhavnagar, Gujarat, India

Introduction: Indian type 2 diabetics (T2D) are known for poor disease control, on which self-reported physical activity (SRPA) and optimum body composition have a positive impact. We determined prevalence of SRPA and general/visceral obesity and its impact on HbA1c-based glycemia.
Methodology: A cross-sectional study was conducted on 200 T2Ds in a private clinic, and HbA1c-based glycemic status, WHO questionnaire-based SRPA, BMI-based general obesity, and bipolar bioelectrical impedance-based visceral obesity were evaluated. SRPA and obesity were compared and associated with glycemic status, keeping mean HbA1c as a cutoff.
Result: Mean age, male%, mean duration of T2D, mean BMI, mean HbA1c, and SRPA prevalence were 54 years, 42.5%, 4.82 years, 25.49, 8.69%, and 61.5%, respectively. Comparison of groups based on either SRPA or BMI (cutoff 25) showed better HbA1c with the presence of SRPA and BMI <25. Physical inactivity-imposed odds risk of 3.44 for visceral fat (VF) ≥10% and odds risk of 2.6 for more than mean HbA1c with statistical significance. VF ≥10% imposed odds risk of 4 for higher than mean HbA1c. Physical inactivity and visceral obesity together imposed a one-third prevalence of better glycemic value, while physical activity and controlled visceral obesity yielded ¾th prevalence of good glycemic value.
Conclusion: In T2D with poor glycemic status and moderately prevalent physical activity, we found a strongly significant association of SRPA and controlled body adiposity with HbA1c-based glycemic status. It reaffirms physical activity and control of central obesity as forerunners of better glycemic status and calls for further studies with vertical follow-up.
Keywords: Adiposity; HbA1c; physical activity; type 2 diabetes mellitus; visceral obesity.

An Observational Study of Dyslipidemia in Diabetes Patients as a Risk Factor in Heart Disease

Chama Yadavendra Reddy
Malla Reddy Institute of Medical Sciences, Hyderabad, Telangana, India

Background and aims: Atherosclerotic cardiovascular disease (ASCVD) is a major cause of morbidity and mortality in both men and women with T1DM and T2DM. In patients with T1DM in good glycemic control, the lipid profile is very similar to the general population. In contrast, in patients with T2DM, even with good glycemic control, there are frequently lipid abnormalities (elevated TG and non-HDL-C, decreased HDL-C, and an increase in small dense LDL). In both T1DM and T2DM, poor glycemic control increases TG levels and decreases HDL-C levels with modest effects on LDL-C levels. Dyslipidemia is common in diabetes, and there is strong evidence that cholesterol-lowering improves cardiovascular outcomes, even in patients with apparently unremarkable lipid profiles. our study aims at studying the dyslipidemia levels and prognosticating the cardiac risk.

Materials and methods: The present prospective observational study was done in a tertiary care hospital from February 2024 to February 2025. A total of 70 patients were collected, and all routine investigations were done. patients were fasted for lipid profile, and various entities in lipid profile were assessed.

Inclusion criteria: (1) all patients above 18 years; (2) all patients with diabetes; (3) All patients with abnormal TGL, LDL, HDL, and total cholesterol.

Exclusion criteria: (1) All patients with previous cardiac disorders, (2) All patients with previous dyslipidemia disorders

Results: In our study, out of 70, we had a female preponderance, 36 females and 34 males. In our study, we had three patients between 20 - 30 years; 8 patients between 30 - 40 years; 13 patients between 40 - 50 years; 23 patients between 50 - 60 years; 16 patients between 60 - 70 years; 7 patients greater than 70 years.in our study, we had 20 patients with DM duration <5 years; 43 patients with dm duration 5 - 10 years; 5 patients with DM duration greater than 10 years, with diabetes type 2 were *de novo*. We observed dyslipidemia in patients with a duration of diabetes between 5 and 10 years of diabetes.

Conclusion: It is observed in our study that the duration of diabetes influenced the dyslipidemia in patients. Hence, we prognosticated that they are more prone to cardiac disorders.

Basal-bolus Insulin Therapy Effectively Lowers Maternal Triglyceride Levels in Cases of Gestational Diabetes without Affecting the Activity of Cholesteryl Ester Transfer Protein

Md Dilawez Shamim, Noor Ul Sabah Mumtaz
Department of Medicine, Rasha Health Care, Sitamarhi, Bihar, India; Department of Gynecology and Obstetrics, Rasha Health Care, Sitamarhi, Bihar, India

Aim: Macrosomia in offspring of mothers who are obese or overweight, diagnosed with glucose-controlled gestational diabetes mellitus (GDM) results from an anomalous increase in maternal triglyceride (TG) levels. Our objective was to determine whether basal-bolus insulin therapy (BBIT) or other therapeutic elements can effectively lower triglyceride levels in individuals with GDM.

Methods: We conducted an analysis of the records pertaining to 262 singleton pregnancies diagnosed with gestational diabetes mellitus (GDM) utilizing stepwise multiple linear regression, as well as the $\chi 2$, Jonckheere, Terpstra, and Mann–Whitney statistical tests. As triglyceride levels in mothers rose progressively throughout the course of a normal gestation, they were subsequently transformed into z-scores. Cholesteryl ester transfer protein activity was measured using the atherogenic index of plasma (AIP).

Results: The research indicated that BBIT, a nutritional intervention, markedly influenced maternal triglyceride z-scores during pregnancy in 262 cases of gestational diabetes mellitus (GDM). The BBIT group exhibited a higher pre-pregnancy BMI and received metformin prescriptions more frequently. Nonetheless, triglyceride z-scores fell more markedly in the BBIT group.

Conclusion: BBIT, excluding control of gaining weight and metformin, decreased maternal triglycerides in women with glucose-controlled gestational diabetes mellitus.The advantageous impact of BBIT was not associated with alterations in the activity of cholesteryl ester transfer protein.

Keywords: Basal bolus insulin, Gestational diabetes mellitus, Lipoprotein, Triglycerides.

Association of non-insulin based indicators of insulin resistance and HbA1c in patients with type 2 Diabetes Mellitus

Abhilasha Kapoor, Manish Chugh
Junior Resident, General Medicine, Government Multispeciality Hospital Sector 16, Chandigarh; Medical Officer, General Medicine, Government Multispeciality Hospital Sector 16, Chandigarh, India

Introduction: Diabetes mellitus is a metabolic disorder marked by chronic hyperglycemia, with type 2 diabetes mellitus (T2DM) contributing to high morbidity and mortality worldwide. India faces a rapid rise in T2DM at younger ages, raising cardiovascular risk. Insulin resistance (IR) is central to T2DM, but insulin assays are seldom available in primary care. Non-insulin-based indices like the Triglyceride-glucose index (TyG) and TG/HDL-C ratio provide practical alternatives. This study assessed correlations of these indices with glycated hemoglobin (HbA1c) in patients with T2DM.

Methodology: A cross-sectional study of 120 adults with recent-onset T2DM was conducted in the Department of General Medicine, Government Multispecialty Hospital, Chandigarh. Non-insulin-based IR indices included TyG, TyG-Body Mass Index (TyG-BMI), TyG-Waist Circumference (TyG-WC), TyG-Neck Circumference (TyG-NC), TyG-Neck-to-Height Ratio (TyG-NHtR), TG/HDL-C, Metabolic Score for Insulin Resistance (METS-IR), and Visceral Adiposity Index (VAI). Associations with HbA1c were analyzed using Pearson correlation, with $p < 0.05$ considered significant.

Results: Mean age was 52.7 (±11.1) years; 59 (49%) were male and 61 (51%) female. Mean HbA1c was 8.25 (±1.44)%. Among indices, TyG (r =0.426, p <0.001), TyG-BMI (r = 0.473, p <0.001), TyG-WC (r = 0.503, p <0.001), TyG-NC (r =0.534, p <0.001), TyG-NHtR (r =0.511, p <0.001), and METS-IR (r = 0.347, p <0.001) showed significant positive correlations with HbA1c. TG/HDL-C, VAI, and gender showed no association.

Conclusion: Non-insulin-based IR markers, especially TyG derivatives, strongly correlate with HbA1c in recent-onset T2DM. Their combined use offers practical, cost-effective tools for risk stratification and glycemic monitoring where insulin assays are unavailable. Incorporating TyG indices into routine screening and validating them across populations may improve outcomes.

Keywords: T2DM, Insulin Resistance, HbA1c, TyG Index, Non-Insulin Markers.

Correlation of Vitamin B12 Deficiency with Peripheral Neuropathy in Type 2 Diabetes Mellitus: A Cross-sectional Study at ESIC MCH, BIHTA

Priyank Verma, Rajesh Kumar, Vivek Kumar, Amrendra Prasad Singh
Department of General Medicine, ESIC Medical College and Hospital (MCH), Bihta, Bihar, India

Background: Peripheral neuropathy is a prevalent microvascular complication in Type 2 Diabetes Mellitus (T2DM), often resulting in significant disability. Vitamin B12 deficiency may exacerbate neuropathy; however, its role in diabetic peripheral neuropathy (DPN) remains under-recognized in clinical practice.

Objective: To assess the correlation between vitamin B12 deficiency and peripheral neuropathy in T2DM patients, using clinical examination, the Michigan Neuropathy Screening Instrument (MNSI), and Nerve Conduction Velocity (NCV) studies.

Methods: A cross-sectional study was conducted on 20 patients with T2DM attending the outpatient department at ESIC Medical College and Hospital (MCH), Bihta. Serum vitamin B12 levels were measured. Peripheral neuropathy was assessed through detailed clinical examination, MNSI scoring, and NCV studies. Patients were categorized into vitamin B12-deficient and non-deficient groups, and the presence and severity of neuropathy were compared between groups.

Results: Among the 20 patients,[4] (20%) were found to have vitamin B12 deficiency. Neuropathy was present in 4 (100%) patients, with higher prevalence and severity in the B12-deficient group. NCV studies revealed more pronounced axonal and demyelinating changes in those with low B12 levels. A significant association was observed between vitamin B12 deficiency and the presence of neuropathy.

Conclusion: The study indicates a positive correlation between vitamin B12 deficiency and peripheral neuropathy in T2DM patients, supported by clinical, MNSI, and NCV findings. Routine screening for vitamin B12 levels may aid in the early detection and management of diabetic neuropathy.

Parameter	*Vitamin B12 ≤ 300 (n =9)*	*Vitamin B12 > 300 (n =11)*	*Mean difference*	*p-value*	*Significance*
Age (years)	48.00±9.24	45.75 ± 12.13	2.25	0.735	Not significant
Fasting glucose (mg/dL)	147.50 ± 16.74	137.38 ± 41.73	10.13	0.645	Not significant
Postprandial glucose (mg/dL)	258.00±65.82	228.12 ± 52.73	29.88	0.345	Not significant
HbA1c (%)	7.12 ± 1.60	7.74 ± 1.42	−0.62	0.455	Not significant
Duration of diabetes (months)	30.00 ± 6.93	50.25 ± 35.18	−20.25	0.046	Not significant
Peroneal nerve (motor)–right (m/sec)	71.55 ± 8.72	56.13 ± 6.57	15.42	0.001	Significant
Peroneal nerve (motor)–left (m/sec)	72.59 ± 9.62	59.28 ± 7.74	13.31	0.034	Significant
Sural nerve–right (m/sec)	42.55 ± 0.00	46.37 ± 7.30	−3.82	0.319	Not significant
Sural nerve–left (m/sec)	42.40 ± 1.69	43.87 ± 5.39	−1.47	0.604	Not significant
Variable	Category	≤ 300 pg/mL (n=9) Count (%)	> 300 pg/mL (n=11) Count (%)	Chi-square p-value	
Sex	Female	9 (100.0%)	9 (81.8%)	0.479	Not significant
	Male	0 (0.0%)	2 (18.2%)		
Comorbidity	COPD	3 (33.3%)	0 (0.0%)	0.074	Not significant
	HTN	0 (0.0%)	2 (18.2%)	0.479	Not significant
	HTN + COPD	0 (0.0%)	1 (9.1%)	1.000	Not significant
	Hypothyroidism	0 (0.0%)	2 (18.2%)	0.479	Not significant
	No Comorbidity	3 (33.3%)	5 (45.5%)	0.670	Not significant
Diabetic neuropathy (Clinical)	No	9 (100.0%)	11 (100.0%)	—	
Nerve conduction study/MNSI	No	9 (100.0%)	11 (100.0%)	—	

Results:

The study compared diabetic patients with Vitamin B12 ≤ 300 pg/mL (n = 9) and >300 pg/mL (n = 11) to assess differences in clinical and electrophysiological parameters. Key results showed no significant differences in age or metabolic control (fasting glucose, HbA1c). However, the higher B12 group had a significantly longer duration of diabetes (p = 0.046) and demonstrated significantly slower motor nerve conduction velocities in the Peroneal nerve bilaterally (p = 0.001 for right, p = 0.034 for left). Specifically, the lower B12 group had faster Peroneal nerve conduction (e.g., 71.55 ± 8.72 m/sec right) than the higher B12 group (56.13 ± 6.57 m/sec right), suggesting greater subclinical nerve impairment in the group with higher B12 levels. Despite these electrophysiological differences, 100% of patients in both groups were negative for a clinical diagnosis of Diabetic Neuropathy. No significant differences were found for Sural nerve velocities or the distribution of comorbidities.

Early and Sustained Benefits of Saroglitazar in Patients With Diabetic Dyslipidemia – A Retrospective Study With 36 Months Duration in Indian Patients

Gaurav Chhaya, Sarthak Chhaya, Kunal Jhaveri

Shivam Medi Care Hospital; 2GMERS Hospital; Zydus Healthcare Limited

Objective: Retrospective evaluation of effectiveness and safety of saroglitazar 4 mg in diabetic dyslipidemia patients after long-term therapy of 36 months.

Methods: In this retrospective study of 100 diabetic patients with serum TG >150 mg/dL, 4 mg saroglitazar was prescribed for 36 months along with ongoing statin therapy. Primary endpoints were to analyze effect on lipid and glycemic parameter at follow-up of 3, 12, 24 and 36 months. Secondary endpoints were to evaluate effect on liver enzymes and changes in renal function parameters like serum creatinine and estimated glomerular filtration (eGFR). Descriptive data analytics has been carried out in the present study and were analyzed by appropriate statistical tests. A p-value of <0.05 was considered as statistically significant.

Results: A total of 100 (61 male and 39 female) T2DM patients' data were analyzed in retrospective, observational study with variable co-morbidities and high TG (TG >150 mg/dl). Early and sustained improvement in metabolic parameters, along with liver enzymes (AST and ALT), was observed from baseline (Table 1). Regarding safety analysis, Saroglitazar was found to be safe without having any major/serious adverse events during 36 weeks of study duration. Serum creatinine and eGFR were not adversely affected during this observational study.

Table 1: Change in Metabolic Parameters, Liver enzyme, and Renal parameters: from baseline at 3, 12, 24, and 36 months follow-up

	Baseline	*After 3 months*	*After 12 months*	*After 24 months*	*After 36 months*
Fasting blood sugar (FBS)					
Mean	171.25	125.39*	120.16*	120.36*	121.94*
SD	58.75	32.97	38.03	35.65	30.92
Postprandial blood sugar (PPBS)					
Mean	239.31*	182.53*	176.36*	177.39*	182.98*
SD	89.93	51.63	49.67	49.30	48.25
Glycosylated hemoglobin (HbA1C)					
Mean	8.37*	7.54*	7.26*	7.15*	7.24*
SD	1.71	1.13	0.94	1.03	1.03
Total Cholesterol (TC)					
Mean	198.92	167.96*	156.10*	166.51*	149.32*
SD	72.74	37.42	31.43	103.25	36.78
High-density lipoprotein (HDL)					
Mean	40.64	41.20	40.47	41.83	44.40
SD	12.34	10.64	11.03	13.61	31.39
Low-density lipoprotein (LDL)					
Mean	105.32	89.08*	86.72	88.20*	87.71*
SD	79.95	29.25	26.37	27.75	25.93
Triglyceride (TG)					
Mean	420.79	271.39	199.47	193.69	177.09
SD	145.16	150.61	174.12	116.93	81.77
Alanine aminotransferase (ALT)					
Mean	43.88	33.02*	25.90*	24.61*	24.63*
SD	35.18	22.87	13.19	11.26	10.26
Aspartate aminotransferase (AST)					
Mean	30.16	22.98*	19.21*	19.31*	19.28*
SD	23.26	12.07	6.71	6.87	6.76
Sr. Creatinine					
Mean	1.89	2.34	0.95	0.91	0.95
SD	0.99	0.79	0.22	0.22	0.24
Estimated glomerular filtration rate (eGFR)					
Mean	87.12	89.50	90.16	93.23	90.08
SD	23.26	21.71	20.17	19.94	20.58

**p-value< 0.05 compared with baseline*

Conclusion: High TG is considerably associated with diabetes mellitus, and utmost it is important to reduce TG when it is more than >150 mg/dl. 36 months use of Saroglitazar, a dual PPAR receptor agonist which significantly reduces lipid and glycemic parameters at early stage of therapy and shares consistent benefit for long duration in Indian diabetic patients with better tolerability.

Mobile Screening For Early Identification Of Microvascular Complications: A Step In Bridging The Gaps In Detection.

Yasmee, Akash Pawar, Anamika patel, M Sukumar
Associate Professor General Medicine AIIMS Bhopal; Assistant Professor General Medicine AIIMS Bhopal; Junior resident General Medicine AIIMS Bhopal; Professor and Head, Dept of Interventional and Diagnostic Radiology, AIIMS Guwahati

Introduction: Type 2 diabetes mellitus (T2DM) often remains undiagnosed for several years, leading many individuals to present with complications at the time of diagnosis. To enhance early detection at the community level, mobile screening units can serve as an effective outreach strategy, especially for rural populations who face barriers such as loss of income and travel distance to healthcare centers. This study aimed to assess the feasibility of mobile screening units for early detection of microvascular complications and to describe their distribution among diabetic individuals in central India.
Methods: A cross-sectional study was conducted among adults (≥30 years, non-pregnant) with T2DM residing in districts of central India covered by a mobile health facility. Non-diabetics and pregnant women were excluded. Demographic, anthropometric, and clinical data were collected. Screening for microvascular complications (neuropathy, nephropathy, and retinopathy) was performed using a mobile healthcare unit. Data were analyzed using SPSS version 22, with associations assessed via chi-square tests; p <0.05 was considered significant.
Results: The mean age of participants was 55.56 ± 9.21 years, with females comprising 64.8%. Overweight individuals accounted for 44.97%, and the mean fasting blood sugar was 259 ± 53.43 mg/dl, indicating poor glycemic control. Mobile screening acceptance was high, 82.12%, and 80.79% of referred individuals attended further evaluation. Neuropathy (41.34%) was the most prevalent complication, followed by nephropathy and retinopathy.
Conclusion: Mobile screening units are a feasible and effective approach for early detection of diabetic microvascular complications in underserved areas, improving access to care and promoting better long-term management.

Peripheral Arterial Disease among Patients with Newly Diagnosed Type II Diabetes Mellitus

Eshwar Raipalle, Md Jamil, Bhupen Barman, Pranjal Phukan, Kewi Thinwangbo Newme[5]
PG Trainee, Department of General Medicine, AIIMS Guwahati, Assam, India; Additional Professor, Department of General Medicine, AIIMS Guwahati, Assam, India; Professor and Head, Department of General Medicine, AIIMS Guwahati, Assam, India; Professor and Head, Department of Interventional and Diagnostic Radiology, AIIMS Guwahati, Assam, India; Department of General Medicine, AIIMS Guwahati, Assam, India

Introduction: Diabetes mellitus is a group of metabolic disorders characterized by high blood sugar due to decreased insulin secretion, insulin resistance, or both. Diabetes leads to significant physical, mental, and economic burdens through complications. These include microvascular damage (retina, nerves, kidneys) and macrovascular disease (heart, brain, limbs), contributing to a global health crisis. PAD involves the narrowing or blockage of peripheral arteries, mainly in the lower limbs, often due to atherosclerosis. In diabetics, PAD frequently affects distal arteries and can be a marker for systemic vascular disease. PAD is often underdiagnosed in diabetics due to neuropathy. Symptoms may first appear as ulcers or gangrene. Treatment includes lifestyle changes, medications, and revascularization through surgery or endovascular methods like angioplasty and stenting. Even though there are many studies regarding the prevalence of PAD in diabetes mellitus patients and its correlation with risk factors, there are limited studies regarding the prevalence of PAD in newly diagnosed diabetes mellitus patients. So by diagnosing PAD early in the course of the disease, we can reduce the disability related to the condition by Screening for PAD through ABI.
Methodology: It is a hospital-based cross-sectional observational study. Cases of newly diagnosed Diabetes mellitus attending the medicine OPD/ admitted in IPD in the department of General Medicine, at AIIMS GUWAHATI, based on American Diabetes Association (ADA) criteria, fulfilling the inclusion and exclusion criteria were included in the study. Patients above 18 years of age, with no past history of Diabetes mellitus and not on any anti-diabetic medications or Insulin within 3 months, were included in the study. Patients with leg ulcer other than diabetic foot ulcer, Pregnancy, Buerger's disease, DVT, Lower limb swelling due to other causes, trauma, amputations due to any other cause other than diabetic foot disease, Patients with ESRD, Decompensated chronic liver diseases were excluded from the study. A detailed history and physical examination was done. General physical examination and vitals (blood pressure, pulse rate, O2 saturation) were recorded. Anthropometric measurements were taken using standardized techniques and calibrated equipment. Fasting lipid profile and other routine blood investigations, such as hemogram, Kidney function test, Liver function test, HbA1C, and Fasting and 2-hour postprandial blood sugar levels, were done. Ankle Brachial Index (ABI) is measured by Blood pressure measurements in the Posterior tibial and brachial arteries using a Sphygmomanometer and a stethoscope. ABI of <0.9 is taken as peripheral arterial disease, 0.9 - 1.3 as normal, and >1.3 as calcified vessels. Data was entered into MS Excel and analyzed using SPSS (version 27.0; SPSS Inc., Chicago, IL, USA).
Results: A total of 60 patients were included in the study, with 34 males and 26 females. the mean age was 44.5 with a SD of 10.6. Most of them have hypertension as another comorbidity. The prevalence of PAD among newly diagnosed diabetes mellitus was 13.33%. There was a positive correlation between PAD and LDL and between PAD and BMI. There is no correlation between PAD and HbA1C.
Conclusion: The prevalence of PAD in newly diagnosed diabetics was significantly high, with 13.33%. Since PAD is a debilitating condition leading to disability, by diagnosing PAD early in the course of the disease, we can reduce the disability related to the condition by screening for PAD through ABPI. Lifestyle modification and management of dyslipidemia are important to prevent PAD early in the course of the disease.

Endocrinology

Gamma Glutamyl Transferase (GGT): A Surrogate Marker in Early Detection of Metabolic Syndrome

Visal Vijayen, Basanth Kumar S
KIMS Hospital & Research Centre, Bengaluru, Karnataka, India

Background: Metabolic syndrome (MetS), characterized by central obesity, dyslipidemia, hypertension, and hyperglycemia, is a major predictor of cardiovascular and metabolic diseases. Gamma-glutamyl transferase (GGT), traditionally considered a hepatic enzyme, is increasingly recognized as a marker of oxidative stress and has shown significant association with various components of MetS.
Methodology: A cross-sectional study was conducted on 50 adult outpatients, grouped into MetS and non-MetS categories based on International Diabetes Federation (IDF) criteria. Serum GGT levels were measured along with waist circumference, BMI, blood pressure, fasting glucose, HDL cholesterol, and triglycerides. Statistical analysis included an independent *t*-test, Pearson correlation, and ROC curve analysis to assess the diagnostic utility of GGT.
Results: GGT levels were significantly higher in the MetS group (61.45 ± 14.66 U/L) compared to controls (36.32 ± 18.48 U/L, $p < 0.001$). Triglycerides, systolic BP, and fasting glucose were also significantly elevated, while HDL levels were lower in the MetS group ($p < 0.01$). ROC analysis revealed an AUC of 0.88 for GGT, with a cutoff >51.4 U/L yielding 82% sensitivity and 92% specificity for diagnosing MetS. Correlation analysis showed weak positive trends with metabolic parameters, though not statistically significant.
Conclusion: Serum GGT shows strong potential as a non-invasive and cost-effective biomarker for early detection of metabolic syndrome. Its integration into routine metabolic screening may facilitate early diagnosis and targeted intervention. Further large-scale studies are needed to confirm its predictive value in diverse populations.

Practice Patterns of Oral Corticosteroid Use in India—A Multispecialty E-survey: Reaffirming the Gold Standard

Shailesh Pallewar, NK Soni, Agam Vora, Shailesh Pallewar, Ashwin Kotamkar
Senior Consultant & Head, Internal Medicine, Yatharth Super Speciality Hospital, Greater Noida, Uttar Pradesh; Medical Director, Vora Clinic, Mumbai; Senior Manager, Medical Affairs, Macleods Pharmaceuticals Ltd, Mumbai; AGM, Medical Affairs, Macleods Pharmaceuticals Ltd, Mumbai, Maharashtra, India

Introduction: Oral corticosteroids are widely used in clinical practice, but may cause severe adverse effects.
Materials and methods: A pan-India, multispecialty e-survey was conducted to determine the practice pattern pertaining to oral corticosteroids. The E-Survey consisted of 12 questions, and Google Forms was used. Responses were taken from Dermatologists, ENT, Internal Medicine, Pediatricians and Pulmonologists. Convenience sampling was used to reach a minimum of n =1300. Descriptive statistics were used to analyze data using MS-Excel 2019.
Result: 1356 responses were received, 36% from Pediatricians, 22% from ENT, 16% each from Dermatologists and Internal Medicine, and 10%

from Pulmonologists. While prescribing oral corticosteroid, 19.5% (*n* = 264) would consider safety as the most important attribute, followed by 18.2% (*n* = 247) who consider a combination of safety, efficacy, and potency. Prednisolone was the first choice of 67% (n = 909). For short and long-term use, prednisolone was preferred by 64.4% (*n* = 873) and 58.5% (*n* = 793), respectively. The reason for preferring prednisolone was efficacy in 37.4% (*n* = 514), safety in 21.2% (*n* = 288), and past experience in 21.8% (*n* = 295). 63.6% (*n* = 826) find no bothersome side effects with prednisolone, hence no switch to another corticosteroid is needed. 56.3% (*n* = 763) prefer morning dosing of prednisolone, whereas 20.9% (*n* = 283) prefer dosing at any time of the day. In short-term therapy, 65% (*n* = 885) consider tapering of dose, and 93.8% (*n* = 1,272) consider Prednisolone as 'Gold Standard' corticosteroid, as it is a time-tested molecule.

Conclusion: Our e-survey highlights that prednisolone is the most preferred oral corticosteroid among Indian clinicians across specialties, largely due to its efficacy, safety, and experience. Even after 70 years of its approval by the USFDA, 93.8% of Indian clinicians consider prednisolone the gold standard corticosteroid. Both short- and long-term therapy, with morning dosing and tapering being common practices. Overall, these findings in routine clinical practice reflect Indian clinicians' confidence in prednisolone due to its balance of effectiveness and tolerability.

Thyroiditis

Chandan Sarmah
Maa Gayatri Medical

Thyroiditis can be caused by viral infections, autoimmune mechanisms, medications, radiation, and fibrosclerotic processes. Depending on the etiology and time since onset thyroiditis can present with thyrotoxicosis, hypothyroidism or euthyroidism. Neck pain is classically associated with acute infections, subacute and radiation-induced thyroiditis while it is absent in most of the other forms of thyroiditis. Subacute thyroiditis occurs following viral infection and presents with neck pain and fever, and has a thyrotoxic phase lasting for a few weeks to 3 months followed by a period of transient hypothyroidism lasting 6 months followed by restoration of euthyroidism. Close monitoring is important while avoiding inadvertent levothyroxine supplementation in the transient hypothyroid phase. It is important to differentiate the thyrotoxic phase of SAT from Graves' disease by low uptake of 99mTc scan, ultrasonography findings of heterogeneous, poor patchy uptake; absence of persistent elevation of TSH receptor antibodies, and presence of inflammatory markers such as high ESR. A number of novel Doppler vascularity markers and blood tests such as eosinophil: monocyte ratio, PLR and the T3:T4 ratio may be helpful in differentiating these two. Women who are TPO antibody positive have a high chance of developing painless PPT, and thyroid function should be closely monitored at 6 - 12 weeks and at 6 months postpartum. Thyroid function should be closely monitored in those receiving immune checkpoint inhibitors, tyrosine kinase inhibitors, lithium and amiodarone.

Primary Hyperparathyroidism in Renal Stone Disease Patients: A Cross-sectional Study from Manipur

Amazinglin Kharjana

Background: Primary hyperparathyroidism (PHPT) is a common endocrine disorder and a known cause of nephrolithiasis. While its incidence has declined in the West due to early detection, Indian studies continue to report high rates of renal stones linked with PHPT. Data from Manipur, a state with a high burden of urolithiasis, are scarce.

Objectives: 1. To determine the prevalence of PHPT in patients with renal stone disease. 2. To identify predictors of PHPT among stone formers.

Methods: This cross-sectional study was conducted at RIMS, Imphal, between May 2022 and June 2024. Seventy-six patients aged ≥18 years with renal stone disease and normal renal function were enrolled. Clinical history, biochemical tests (serum calcium, phosphate, albumin, creatinine, alkaline phosphatase, vitamin D, intact PTH), and imaging were performed. PHPT was diagnosed based on elevated iPTH with/without hypercalcemia after excluding secondary causes.

Results: Of 76 patients (mean age 46 years, 54% female), 5 (6.6%) were diagnosed with PHPT, a prevalence much higher than the general population. Recurrent stones were strongly associated with PHPT (80% vs 21%; p=0.013). Patients with PHPT had significantly higher serum calcium (11.9 ± 1.3 vs 9.2 ± 0.4 mg/dL; $p < 0.001$) and alkaline phosphatase (171 ± 50.8 vs 95 ± 27.8 IU/L; $p < 0.001$). One patient had normocalcemic PHPT. Other parameters were not significantly different.

Conclusions: This first report from Manipur shows a high prevalence of PHPT among renal stone patients, particularly in recurrent stone formers. Serum calcium and alkaline phosphatase emerged as strong predictors. Biochemical screening in recurrent stone formers may enable early diagnosis and curative treatment, reducing renal morbidity.

Keywords: Primary hyperparathyroidism, renal stones, nephrolithiasis, parathyroid hormone, hypercalcemia

Metabolic Crosstalk in Thyroid Dysfunction: Evaluating Leptin, Insulin Resistance, and Dyslipidemia

Soumya Gupta, Sanjay Kumar, LH Ghotekar, Anupam Prakash, Ramesh Aggarwal
Department of Medicine, Lady Hardinge Medical College and Associated SSK Hospital, New Delhi, India

Introduction: Hypothyroidism, including overt and subclinical forms, is associated with metabolic disturbances such as dyslipidemia, insulin resistance, and altered adipocyte function. Leptin, a key adipokine, may mediate these metabolic consequences, but its role remains unclear. This study examined the interrelationship between serum leptin, HOMA-IR, and lipid profiles in hypothyroid versus euthyroid adults, with subgroup analysis of overt and subclinical hypothyroidism.

Materials and methods: A cross-sectional observational study (April 2024-August 2025) included 80 adults, 40 newly diagnosed hypothyroid patients (82.5% subclinical, 17.5% overt) and 40 euthyroid controls, matched for age, sex, and BMI. Serum leptin, HOMA-IR, thyroid function, and lipid profiles were measured using standard methods. Statistical analyses assessed intergroup differences and correlations.

Results: Hypothyroid patients had higher serum leptin (29.3 ± 20.4 vs. 16.3 ± 15.8 ng/mL; p=0.001) and HOMA-IR, indicating greater insulin resistance. LDL-C levels were elevated (105.4 ± 29.6 vs. 88.7 ± 23.8 mg/dL; p<0.01), while other lipid parameters were similar. Within the hypothyroid cohort, overt patients showed greater increases in leptin, HOMA-IR, and LDL-C than subclinical patients, suggesting a graded relationship with thyroid dysfunction severity. Positive correlations were observed between TSH and serum leptin and between TSH and HOMA-IR.

Conclusion: Hypothyroid adults are associated with elevated leptin, insulin resistance, and atherogenic dyslipidemia, as compared to euthyroid controls. This association is more pronounced in overt disease. These findings support prioritizing lipid screening and cardiovascular risk assessment in overt hypothyroidism, with consideration in subclinical cases, particularly when TSH >10 µIU/mL or other risk factors are present. This emphasizes the importance of early detection and management to reduce long-term cardiovascular and metabolic complications.

The Interplay between Vitamin C, Serum Iron, and Serum Sorbitol In the Development of Insulin Resistance: A Pilot Pre-post Study

Souvik Sen, Kamalika Sen, Debashree Das, Angik Mukherjee, Jawed Ali Warsi
Department of General Medicine, KPC Medical College and Hospital, Kolkata, West Bengal, India; Department of Chemistry, University of Calcutta, Kolkata, West Bengal, India; Department of General Medicine, KPC Medical College, Kolkata, West Bengal, India

Ascorbic acid is well known for its antioxidative properties as well as its effects on increased iron absorption and inhibition of the polyol pathway and sorbitol synthesis. Its summative role on insulin resistance is not clear; whether the decreased sorbitol is beneficial in reducing Insulin Resistance or the increased iron causes worsening of Insulin Resistance needs to be established. We aim to find the effect of Insulin Resistance after feeding healthy subjects of Birbhum with 500 mg of ascorbate for 1 month. Our pre-post nonrandomized study revealed a significant increase in Insulin Resistance with regular use of vitamin C for a month.

Keywords: Ascorbate, Insulin resistance, Sorbitol.

Gastroenterology

Digestive Enzymes, Probiotic and Prebiotic (Digifine) in the Treatment of Functional Gastrointestinal Disorders: Results of an Indian, Real-world, Prospective, Multicenter Study

Shailesh Pallewar, Rajiv Tungare, Vinit Yadav, Ashok Habbu
Macleods Pharmaceuticals Ltd; Heart & Diabetes Care Centre, 104, Gulmohar Complex, Near Goregaon Station, Goregaon East, Mumbai, Maharashtra; Gokuldham Medical Center, 19, Krishna Vatika Marg, Gokuldham Colony, Goregaon (E), Mumbai, Maharashtra; Shiv Clinic, Pratap Nagar, Gumph Road, Jogeshwari East, Mumbai, Maharashtra, India

Background: Functional gastrointestinal disorders (FGIDs) also known as disorders of gut–brain interactions, are amongst the most frequently encountered GI conditions with more than 40% global prevalence. There is a well-recognized link between alterations in gut microbiota and development of FGIDs. Dietary interventions, including probiotics and digestive enzymes, favorably influence the composition and activity of gut microbiota, thereby making it a promising approach.

Materials and methods: This Indian, real-world, prospective, multicenter study was conducted to evaluate the effectiveness and tolerability of Digifine (multidigestive enzymes, probiotics, and prebiotic FOS) in FGID patients.

FGID patients received 1 Digifine capsule after meals (2 capsules/day), as per the treating physician's clinical practice, with the primary outcome being the change in total symptom burden score and global impact score, measured by the Structured Assessment of GI Symptoms (SAGIS) scale at Day 0 and Day 7. Secondary outcomes were the change in Global Overall Symptom (GOS) score from day 0 to 7 and safety assessment.

Results: Overall, 60 patients completed this study. A significant reduction in patients' total symptom burden score (MD: 49.5; 95% CI: 46.0 to 52.9; p <0.001) and global impact score (MD: 17.8; 95% CI: 16.6 to 19.0; p <0.001) was observed from day 0 to 7. Furthermore, higher reduction was observed in several sub-scores such as epigastric pain score, nausea and vomiting score, diarrhea and discomfort score. For the secondary endpoint, the mean (SD) GOS score decreased significantly from a baseline of 5.7 (0.9) to 1.7 (0.8) on day 7, with a mean difference of 4.1 (95% CI: 3.7 to 4.4; $p < 0.001$). For Physicians' global safety evaluation, most of the physicians (80%) reported a good safety profile and 20% reported safety profile as excellent.

Conclusion: This study shows that a combination of digestive enzymes, probiotics, and prebiotics (Digifine) is effective with notable benefits across multiple GI symptom domains. The favorable safety profile further supports Digifine as a promising therapeutic option for managing FGIDs.

Clinical Profile of Patients with New-onset Alcoholic Liver Disease and Predictability of Outcomes With Various Prognostic Scores

Anmol Sharma, Padmaprakash KV, Jitender Sharma
INHS Sanjivani; CHEC, Kolkata, West Bengal; MH Jaipur, Rajasthan, India

Introduction: Alcohol-associated liver disease (ALD) encompasses conditions ranging from fatty liver to cirrhosis and fibrosis, driven by chronic alcohol use. Prevalence is influenced by alcohol intake, genetics, gender, and BMI. Clinical presentation varies, often with decompensation and alcoholic hepatitis. Prognostic scores such as CPT, MELD, MDF, GAHS, and ABIC are used to assess mortality risk. Management includes abstinence, nutritional support, and steroids.

Methodology: A prospective cohort study was conducted at a tertiary hospital in India on 165 ALD patients identified through consecutive sampling. Evaluation included history, clinical examination, and diagnostics. Data were collected using a validated questionnaire, and severity/mortality scores were calculated. Mortality was recorded at 28 and 90 days. Analysis was performed with MedCalc and SPSS. Ethical clearance and informed consent were obtained.

Results: Of 165 patients (mean age 38.38 years, 161 males), average alcohol intake exceeded 10 units/day, mainly rum. Diagnoses included 79 fatty liver, 24 alcoholic hepatitis, and 62 cirrhosis. Common symptoms were anorexia and jaundice. Overall mortality was 10.3%. Among cirrhotics, MELD and CPT scores showed high sensitivity for predicting mortality, with CPT having superior specificity and negative predictive value. For alcoholic hepatitis, ABIC, MELD, and MDF scores showed 100% specificity, with MDF demonstrating the highest sensitivity.

Conclusion: The study revealed a young, predominantly male ALD population, with alcohol initiation around 26 years. Rum was the commonest liquor, and the duration of intake varied by stage. Mortality was 10.3%, driven mainly by cirrhosis. MELD and CPT were most useful for cirrhosis mortality prediction, while ABIC, MELD, and MDF were highly specific for alcoholic hepatitis mortality.

Survey on Current Practice Patterns in the Management of Gastroesophageal Reflux Disease (GERD) Amongst Consulting Physicians across India

Rahul Anand, Abhishek Ghosh, Gurmeet Thakur, Vaishali Gupte
Consultant, Department of Critical Care and Emergency Medicine, Care Genix Clinic and Diagnostics, New Town, Rajarhat, Kolkata, West Bengal, India; Consultant, Department of General Medicine, Doctors Clinic, Kolkata, West Bengal, India; Senior Manager, Department of Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India; Head, Department of Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

Introduction: Gastroesophageal reflux disease (GERD) is a prevalent chronic condition in patients with metabolic and respiratory comorbidities. Limited real-world data in India highlight the need to evaluate diagnostic and treatment practices amid evolving therapeutic options.

Objectives: To assess physician's perspectives on the prevalence, diagnosis, and pharmacological management of GERD in clinical practice.

Methods: A digital survey with 12 structured questions was conducted among Indian physicians from February to July 2025. Data on demographics, symptom patterns, diagnostics, therapeutic preferences, PPI limitations, referrals, and screening tool use were collected through convenience sampling and analysed descriptively.

Results: Among 245 physicians, 42.04% had 11–20 years of experience. Around 45.71% reported that 20–40% of patients with comorbidities have GERD, most commonly obesity (45.31%) and diabetes (31.43%). Heartburn (73.88%) and regurgitation (52.24%) were frequent symptoms. GERD was primarily diagnosed based on clinical symptoms (82.04%). Only 25.71% physicians used screening questionnaires to facilitate early GERD diagnosis. First-line therapy included PPI + prokinetics (31.84%), PCABs (Vonoprazan), or PPI alone (each 29.39%). Majority of the physicians followed American College of Gastroenterology guidelines (55.51%) and Indian Society of Gastroenterology consensus (38.78%). Combination of PPI + prokinetics was used for PPI non-responders (54.29%) or gastroparesis (38.78%). PPIs were rated highly effective and well tolerated by 73.46%,70.21% respectively. Limitations included timing before meals (67.35%), slow onset (45.71%), and nocturnal symptoms (34%). Patients were referred to gastroenterologists primarily for refractory GERD (71.84%) or alarm symptoms (52.65%).

Conclusion: The study demonstrates that Indian physicians primarily rely on clinical assessment for GERD based on symptoms. PPI +prokinetics was the most preferred first-line therapy followed by PCABs (Vonoprazan), or PPI alone. Physicians also reported that PPIs are effective and well tolerated in treatment of GERD.

Keywords: Potassium-competitive acid blocker, PPI, vonoprazan, GERD.

Evaluation of Prevalence of Comorbidities in Patients with or without Increased Uric Acid Levels and Correlation between Increased Uric Acid Levels And Comorbidities: A Multicenter, Retrospective, Cross-sectional Study in a Real-world Setting (Epic Study)

Anil Vardani, Aghosh Pasricha, Sachin Ambirwar, Roshni Panchal, Chintan Khandhedia[5]
BLK-Max Super Specialty Hospital, New Delhi, India; Pasricha Medical, Heart, Chest, and Diabetes Clinic, Delhi; Medical Affairs and Clinical Research, Sun Pharma Laboratories Ltd.

Background: Hyperuricemia may lead to metabolic and cardiovascular diseases due to endothelial cell dysfunction and oxidative stress. There is limited data regarding association of hyperuricemia with these comorbidities in the Indian population.

Methods: This retrospective, cross-sectional, observational, multicenter study assessed existing medical records of patients of either gender aged 18 years and above from September 2023 to October 2024 who had an assessment of their serum uric acid levels within last 1 year. The study was approved by the Independent Ethics Committee.

Results: The study included aggregated and anonymized data of 536 patients from 50 centers; 284 were hyperuricemic, and 420 patients had a history of gout. Patients were predominantly male (59.3%), with the majority aged between 51 and 75 years. Among 284 hyperuricemic patients, the prevalence of cardiovascular disorders was 52.5% (n =149), hypertension 50% (n =142), metabolic disease 47.9% (n=136), diabetes mellitus 32.4% (n=92), and dyslipidemia 25.4% (n=72). Serum uric acid levels were significantly higher in patients with chronic kidney disease (7.34 ± 1.66 mg/dL, p=0.041). There was a statistically significant, very weak positive correlation of dyslipidemia (r =0.086, p =0.048) and hypertension (r =0.099, p =0.021) with serum uric acid level. Additionally, there was a very weak correlation (statistically nonsignificant) of metabolic disease, diabetes mellitus, chronic kidney disease, stroke, and coronary artery disease with serum uric acid level. Febuxostat was prescribed to 96.7% patients as the main uric acid-lowering therapy.

Conclusion: Predominance of comorbidities in hyperuricemia is clinically relevant for risk stratification and management. Clinicians can intervene early for the detection of hyperuricemia in patients with metabolic and cardiovascular diseases.

Antibacterial Activity of Faropenem against Clinical Isolates from Infections in Indian Adults

Kavitha A K, Ravikumar K L, Sachin Ambirwar, Neeraj Markandeywar, Chintan Khandhedia
Central Research Laboratory, Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India; Medical Affairs and Clinical Research, Sun Pharma Laboratories Limited, Mumbai, Maharashtra, India

Background: Faropenem, an oral penem, has broad antimicrobial activity against aerobic gram-positive, gram-negative, and anaerobic bacteria. This *In Vitro* study is planned to assess the antimicrobial susceptibility of faropenem in comparison with other CLSI-recommended antibiotics against 660 isolates from urinary tract infections (UTI), respiratory tract infections (RTI), and skin and soft tissue infections (SSTI).

Methods: Susceptibility of bacterial isolates (*Klebsiella pneumoniae, Escherichia coli, Staphylococcus aureus, Streptococcus pneumoniae,* and *Streptococcus agalactiae*) from different sites of adult infections was evaluated for faropenem in comparison to CLSI-recommended antibiotics using the E-test and VITEK2 method, respectively. This interim analysis presents susceptibility data of all planned isolates except *H. influenzae*.

Results: A total of 608 isolates were assessed [UTI–*Klebsiella pneumoniae* (n=112), *Escherichia coli* (n=110), *Streptococcus agalactiae* (n=110); RTI–*Streptococcus pneumoniae* (n =110), *K. pneumoniae* (n =60); SSTI–*Staphylococcus aureus* (n =106)].

In UTI, faropenem sensitivity rates among ESBL (94%) and carbapenemase (71%) producers *E. coli* isolates were 29% and 15% respectively. Faropenem sensitivity rates among ESBL(78%) and

carbapenemase(58%) producers *K. pneumoniae* isolates were 31% and 28% respectively. All 100% *S. agalactiae* isolates were faropenem-susceptible, whereas 57% and 56% were susceptible to clindamycin and erythromycin, respectively.
In RTI, *S. pneumoniae* showed 100% susceptibility to faropenem, and resistance was highest to erythromycin (81%) and trimethoprim/sulfamethoxazole (79%). Faropenem sensitivity rates among ESBL (88%) and carbapenemase (73%) producers of *K. pneumoniae* were 19% and 11% respectively.
In SSTI, *S. aureus* was 99% susceptible to faropenem; higher resistance was observed to erythromycin (65%) and clindamycin (42%). Faropenem sensitivity was 100% for vancomycin-intermediate-*S. aureus* (VISA)/ vancomycin-resistant-*S. aureus* (VRSA) and linezolid-resistant *S. aureus*, which were 8% of MRSA (n = 75).
Conclusion: Faropenem sensitivity against ESBL/Carbapenemase producers and MRSA highlights its importance in the management of bacterial infections in view of rising antimicrobial resistance. Faropenem has strong activity against *S. aureus, S. pneumoniae,* and *S. agalactiae*. Thus, faropenem can be a valuable addition to the existing treatment armamentarium for UTI, RTI, and SSTI.

Clinicoetiological Profile and Outcomes of Patients Presenting with Space-occupying Lesions of Liver: A Prospective Study from a Tertiary Care Center in South India

Sruthi puli, Sowmya Ummani, M. Nageswara Rao, Naval Chandra Sumaswi Angadi
Junior Resident, Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India; Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India

Background: Space-occupying lesions (SOLs) of the liver represent a heterogeneous group of disorders, ranging from benign cysts and abscesses to primary and secondary malignancies. The availability of high-resolution imaging has increased incidental detection, yet the clinico-etiological patterns and outcomes vary across populations. This study aimed to describe the spectrum, clinical presentation, and short-term outcomes of hepatic SOLs in patients attending a tertiary care hospital in South India.
Objectives:
- To evaluate the clinical and etiological profile of patients presenting with hepatic SOLs.
- To assess biochemical, microbiological, and imaging characteristics.
- To study treatment modalities and in-hospital outcomes.

Materials and methods: A prospective observational study was conducted in the Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, between January 2023 and June 2024. Patients with radiologically confirmed hepatic SOLs were included. Detailed clinical evaluation, hematological and biochemical investigations, serological tests (for amoebic and hydatid disease), and imaging studies (USG, CT, MRI) were performed. Etiology-specific management—antimicrobials, percutaneous drainage, or oncologic therapy—was instituted. Outcomes were analyzed at discharge.
Results: Among the study cohort, liver abscesses constituted the majority of lesions, followed by metastatic deposits and hepatocellular carcinoma (HCC). Pyogenic abscesses predominated, with Klebsiella pneumoniae as the commonest pathogen. Diabetes mellitus was the leading comorbidity. Most abscesses responded favorably to antibiotics and image-guided drainage. Malignant lesions, especially HCC in cirrhotic patients, were associated with poor outcomes and higher mortality. Hydatid and amoebic cysts showed excellent recovery with medical or minimally invasive therapy.
Discussion: Liver abscesses remain the predominant etiology of hepatic SOLs in India, reflecting a persisting infectious burden, whereas malignant lesions are emerging as a result of increased longevity and improved diagnostic access. The dominance of Klebsiella in pyogenic abscesses parallels recent regional data. Prompt radiological diagnosis, appropriate antibiotic coverage, and drainage markedly improve survival. Early detection of malignancy and access to advanced therapies such as transarterial chemoembolization and systemic agents remain limited challenges.
Conclusions: Hepatic SOLs in Indian patients show a predominance of infectious causes, chiefly pyogenic abscesses, followed by metastatic and primary hepatic malignancies. Early imaging and targeted intervention yield favorable outcomes in benign lesions, while prognosis in malignant SOLs depends on stage and underlying liver disease. Strengthening diagnostic and interventional facilities is essential for better clinical outcomes.

Geriatrics

Anemia in Elderly

Nikhileshwar Prasad Verma
Sahyog Hospital, Patna, India

Introduction: Anemia in the elderly should not be dismissed as a natural consequence of aging. Even mild anemia can have a significant adverse impact on the physical and cognitive functioning of older adults. One of the most common types in this age group is anemia of chronic inflammation. Other frequent causes include nutritional deficiencies, chronic kidney disease, bone marrow failure syndromes, and clonal cytopenias of undetermined significance. In some cases, no identifiable cause is found, and the condition is termed unexplained anemia of the elderly.
In many patients, anemia may result from multiple contributing factors. Therefore, a comprehensive, multidisciplinary approach is essential for accurate diagnosis and effective management.
Treatment strategies should be tailored based on the underlying cause, the severity of anemia, the presence of comorbidities, and the rate at which the anemia has developed.
The population of older adults is rapidly increasing as life expectancy continues to rise. By 2050, India is projected to have 324 million people over the age of sixty. Globally, one in four individuals is affected by anemia, and in India, the prevalence among the elderly ranges widely—from 21% to 97%.
According to World Health Organization (WHO) criteria, anemia is defined as hemoglobin levels below 12 g/dL in women and below 13 g/dL in men. However, different medical societies, such as those in cardiology and nephrology, may adopt varying thresholds. In most cases, anemia is not just a standalone condition but serves as a surrogate marker, often indicating the presence of underlying overt or subclinical disease.
Hence, anemia in the elderly should be taken seriously and thoroughly evaluated. It is often associated with a poor quality of life, and its symptoms can be subtle or nonspecific. Common consequences include cognitive impairment, increased risk of falls and fractures, cardiovascular complications, and higher rates of hospitalization. Anemia is also recognized as an independent risk factor for mortality in older adults.
Conclusion: Anemia in the elderly poses a significant clinical challenge. Early detection through simple blood tests, such as a complete blood count (CBC), is crucial. Effective management depends on identifying and addressing the underlying cause. To better understand the current burden and patterns of anemia in India's aging population, more extensive, nationwide studies are urgently needed.

Quest for Biological Immortality (Lifespan Extension) in Humans

M Abishek
Vinayaka Mission Medical College, Karaikal, Puducherry, India,

Background: My Current knowledge in this field of work is just like the tip of an iceberg; there are so many things to be unveiled in this field.
Aim and objectives: To achieve a state in which the rate of mortality from senescence is stable or decreasing, thus decoupling it from chronological age. A biologically immortal living being can still die from means other than senescence, such as through injury, poison, disease, lack of available resources, or changes to the environment, etc.
Method: Compilation of several meta-analyses from Various parts of the world.
Results:
- By the usage of certain molecules, lifestyle adaptations, reversing the bio-horology of Human DNA methylation clock, it is very much possible to reverse the effects of senescence and decouple it from chronological age and stretch Human life span even further.
- Death will become optional in the upcoming future.

Conclusions: The future scope in the quest for biological immortality is promising.

Comparison of Prognostic Accuracy of Clinical Frailty Scale to Traditional Sepsis Scoring Systems in Elderly Patients with Sepsis Admitted to a Tertiary Care Facility

Sneha HS
M S Ramaiah Medical College and Hospital

Background: Sepsis remains a leading cause of morbidity and mortality among the elderly, whose outcomes are further complicated by physiological decline and co-morbidities. While traditional scoring systems such as the Sequential Organ Failure Assessment (SOFA) and National Early Warning Score (NEWS) assess acute physiological parameters, they may not capture baseline functional status. The Clinical Frailty Scale (CFS), which evaluates pre-admission frailty, has emerged as a promising tool for risk stratification in older adults. This study aims to compare the prognostic accuracy of CFS with SOFA and NEWS in predicting in-hospital mortality among elderly patients with sepsis.
Methods: A hospital-based, prospective observational study was conducted between May 2023 and April 2025, enrolling 142 patients aged ≥60 years diagnosed with sepsis as per the Surviving Sepsis Campaign (2021) criteria. Each patient was assessed within 24 hours of admission using the CFS, SOFA, and NEWS scores. Outcome measures included in-hospital mortality. Statistical analysis included ROC curves, odds ratios, and predictive values to determine the performance of each scoring system.
Results: Patients with CFS >6 had a significantly higher mortality rate (18%) compared to those with CFS 1–6 (11%), with an Odds Ratio (OR) of 2.58. Similarly, SOFA >2 and NEWS >4 were associated

with mortality rates of 25% and 23%, respectively. While NEWS showed the highest sensitivity (80.8%), the CFS demonstrated superior specificity (66.4%) and the highest Negative Predictive Value (NPV) at 0.89, indicating strong performance in ruling out mortality risk. ROC analysis showed comparable AUCs: 0.624 for CFS, 0.618 for SOFA, and 0.627 for NEWS.

Conclusion: The Clinical Frailty Scale offers comparable prognostic accuracy to SOFA and NEWS, with the added advantage of capturing baseline vulnerability in elderly patients. Integration of frailty assessment into routine clinical evaluation can enhance risk stratification, guide personalized care strategies, and improve outcomes in older adults with sepsis. These findings support the routine use of CFS in acute care settings managing geriatric sepsis patients.

Neutrophil CD64 as a diagnostic biomarker in adult sepsis and in correlation with sepsis index and monocyte human leucocyte antigen - DR

Palle Nishita Reddy

Apollo Institute of Medical Science and Research

Introduction: Sepsis remains a major challenge in critical care, driven by a dysregulated host response to infection and associated with high morbidity and mortality. Conventional diagnostic tools—including CRP, procalcitonin, and blood cultures—often lack specificity or are limited by delayed results. Emerging cellular biomarkers offer improved diagnostic accuracy, with neutrophil CD64 gaining prominence due to its rapid upregulation during bacterial infections. Its complementary relationship with monocyte HLA-DR, which decreases during sepsis-induced immunosuppression, has led to the development of the "sepsis index," a composite marker that enhances early detection. Flow-cytometry–based measurement of these markers provides rapid, objective, and clinically actionable data, making them promising tools for timely sepsis diagnosis and risk stratification in critically ill patients.

Aim and objective: To study the neutrophil CD 64 expression as a biomarker in the diagnosis of proven and probable sepsis and in control and correlation with mHLA-DR and sepsis index.

Why do we need a better biomarker?

- Meta-analyses show that each hour of delay in giving appropriate antibiotics after sepsis recognition is associated with an increase in in-hospital mortality, and delays beyond the first hour are linked to a measurable rise in death risk.
- Existing biomarkers help but leave a large "diagnostic gray zone with blood culture taking 48 - 72 hours
- Ideal sepsis biomarker - Detect infection early (hours), with high sensitivity and specificity, Differentiate bacterial sepsis from viral and noninfectious inflammation, predict severity/prognosis, and guide escalation/de-escalation.
- nCD64, also known as Fcγ receptor I, is a high-affinity receptor for immunoglobulin G that plays an important role in immune cell function. Under normal physiological conditions, this receptor is constitutively expressed on monocytes and macrophages but is present at very low levels on circulating neutrophils.

Mechanism: Why is nCD64 elevated?

- *Cytokine-driven upregulation*: Proinflammatory cytokines released in infection (particularly IFN-γ, G-CSF, GM-CSF, TNF-α, and IL-6) induce rapid transcriptional and post-transcriptional upregulation of CD64 on neutrophils. This begins within 4–6 hours of stimulation and is maintained as long as the inflammatory drive persists.
- *Cellular trafficking and maturation*: During infection, bone marrow releases more activated neutrophils and band forms; these cells express higher CD64. Mature neutrophils also increase surface CD64 when exposed to opsonized pathogens or immune complexes.
- *Functional role of CD64*: CD64 (FcγRI) binds IgG with high affinity and triggers phagocytosis, antibody-dependent cellular phagocytosis (ADCP)

Methodology:

- Population: Adults ≥18 years with suspected sepsis and SIRS ≥2/4 before antibiotics.
- Exclusions: All patients meeting predefined exclusion criteria were removed.
- Sample collection:
  - Blood drawn within 4 hours of admission.
  - 2 mL venous blood collected in EDTA tube.
  - Samples sent immediately for analysis along with routine cultures.
- Biomarker analysis:
  - Neutrophil CD64 (nCD64) and monocyte HLA-DR measured using flow cytometry.
  - Sepsis Index calculated: (nCD64 / mHLA-DR) × 100.
- Patient classification:

Sepsis:

Proven sepsis–positive culture

Probable sepsis–clinician decision when cultures negative

Nonsepsis: Inflammatory conditions without sepsis

Controls: Healthy individuals with no infection/inflammation

Results:

- A total of 35 participants were studied: Sepsis (n =20), SIRS (n =8), and Controls (n =7).
- nCD64 MFI was significantly elevated in sepsis (3121.79 ± 1506.88) compared to SIRS and controls ($p < 0.001$), while mHLA-DR MFI showed a progressive decrease from controls to sepsis ($p < 0.001$).
- The Sepsis Index demonstrated the most pronounced separation across groups ($p < 0.001$).
- Among routine parameters, TLC, neutrophil%, platelets, CRP, and bilirubin differed significantly between groups, whereas creatinine showed no significant difference.
- ROC analysis revealed excellent discriminatory ability:
  - nCD64 AUC =0.937,
  - mHLA-DR AUC =0.912,
  - Sepsis Index AUC =0.995, the highest.
- Optimal thresholds showed high diagnostic accuracy:
  - nCD64 ≥2097 → Sensitivity 89.5%, Specificity 93.3%
  - mHLA-DR ≤5317 → Sensitivity 84.2%, Specificity 86.7%
  - Sepsis Index ≥21 → Sensitivity 94.7%, Specificity 100%
- Correlation analysis demonstrated:
  - Negative correlation between nCD64 and mHLA-DR (r =–0.443).
  - Positive correlation between nCD64 and Sepsis Index (r =0.505).
- Subgroup analysis confirmed consistent high performance of nCD64, with AUC values ranging from 0.883 to 1.0 across age, gender, and comorbidity categories.

Conclusion: nCD64, mHLA-DR, and the Sepsis Index are robust immunological biomarkers that reliably distinguish sepsis from non-infectious SIRS and healthy controls. Among them, the Sepsis Index demonstrated near-perfect accuracy (AUC 0.995), achieving 100% specificity at the optimal cut-off. nCD64 also showed excellent diagnostic performance and remained consistently reliable across demographic and clinical subgroups. These findings support the integration of immune-based biomarkers, particularly the Sepsis Index and nCD64, into early sepsis evaluation to improve diagnostic precision and clinical decision-making.

Correlation of Vitamin B12 Levels with Functional Status and Frailty in Geriatric Patients

Sakthivel, Manu Sharma, Altaf Ahmad Mir, Madhukar Mittal

Junior Resident, Department of General Medicine, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Assistant Professor, Department of General Medicine, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Additional Professor, Department of Biochemistry, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Professor and HOD, Department of General Medicine, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India

Background: Frailty is a multifactorial geriatric syndrome associated with increased vulnerability to adverse outcomes. While malnutrition is a known contributor, the influence of micronutrients—particularly vitamin B12—remains unclear. Given the high prevalence of vitamin B12 deficiency in the elderly and its link to neurological and functional decline, this study aimed to examine the relationship between vitamin B12, frailty, and functional status in geriatric patients.

Material and methods: A cross-sectional study was conducted at AIIMS Raebareli among patients aged >60 years. Functional status was assessed using the Katz ADL Index and Lawton IADL scale, and frailty was evaluated using Fried's Frailty Phenotype. Serum vitamin B12 was measured using ECLIA and classified as deficient (<200 pg/mL), insufficient (200–300 pg/mL), or normal (>300 pg/mL). Analyses included descriptive statistics, Spearman's correlation, Mann–Whitney U, Kruskal–Wallis with post-hoc tests, and chi-square tests, with $p < 0.05$ considered significant.

Results: Among 130 participants (mean age 66.8 years; 66.2% male), 11.5% were dependent in ADL and 53.8% in IADL. Vitamin B12 deficiency and insufficiency were observed in 23.8% and 25.4% respectively. B12 levels were not significantly associated with ADL ($p = 0.370$) or IADL ($p = 0.491$). However, B12 showed a significant inverse correlation with frailty ($p = 0.001$). Significant differences in Vitamin B12 levels were observed across the frailty groups ($p < 0.001$), with frail individuals showing markedly lower B12 than non-frail ($p < 0.001$). B12 deficiency was significantly associated with frailty status ($p = 0.036$). Katz ADL and Lawton IADL were positively correlated ($p < 0.001$), while frailty correlated negatively with both ADL ($p = 0.005$) and IADL ($p < 0.001$).

Conclusion: Lower vitamin B12 levels were significantly associated with frailty, highlighting the potential role of B12 as a clinically relevant biomarker for identifying vulnerable older adults. These findings underscore the need for comprehensive micronutrient evaluation in geriatric care, as timely detection and correction of B12 deficiency may help mitigate frailty progression. In contrast, no association was observed between B12 levels and functional dependence.

Music Therapy as an Intervention to Reduce Anxiety Levels, Blood Pressure and Blood Sugar in the Elderly Population Staying in an Old Age Home

Mohd Arif Ansari, Jitendra Mahour, Ruchi Soni
Gandhi Medical College, Bhopal, Madhya Pradesh, India ; Gandhi Medical College, Bhopal, Madhya Pradesh, India

Background: Anxiety, hypertension, and dysglycemia are common among the elderly and contribute substantially to morbidity. Music therapy is a safe, non-pharmacological intervention that has shown promising effects on autonomic regulation and emotional well-being. This study evaluated the effectiveness of music therapy in reducing anxiety levels, blood pressure, and blood sugar among the elderly population residing in an old-age home.
Methodology: A longitudinal pre-post interventional study was conducted among 59 elderly participants aged ≥65 years residing in an old-age home in Bhopal. Baseline assessments included HAM-A Rating Score, Systolic and Diastolic Blood Pressure (BP), Random Blood Sugar (RBS), HbA1c, Heart Rate (HR), and SpO_2. Participants received daily 30-minute evening sessions of Indian classical music (Raga Darbari and Raga Anandabhairavi) for 12 weeks. Weekly monitoring was performed for HAM-A Rating Score, BP, RBS, HR, and SpO_2; HbA1c was reassessed at 12 weeks. Data were analyzed using a paired-samples t-test.
Results: Significant improvement was observed across all parameters after 12 weeks of music therapy. HAM-A Rating Score showed a marked reduction (p <0.001; dz = 3.85), indicating substantial anxiety relief. Systolic and Diastolic Blood Pressure decreased significantly (p <0.001; dz =1.55 and dz = 0.76, respectively). Heart Rate demonstrated a large reduction (p <0.001; dz =4.94), while SpO_2 increased significantly (p <0.001; dz = −0.54). RBS (p <0.001; dz =2.40) and HbA1c (p <0.001; dz = 1.78) showed meaningful improvements in glycemic parameters.
Conclusion: Music therapy produced significant reductions in anxiety, blood pressure, heart rate, and blood sugar, along with improved oxygen saturation. As a safe, noninvasive, low-cost intervention, it serves as an effective adjunct to geriatric care and merits further evaluation through well-designed controlled studies.

Hematology

A Case Series of Venous Thromboembolism: Clinical and Etiopathological Overview

Sounak Kumar Roy, Sandipan Mukherjee
Junior Resident, Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India; [2]Assistant Professor, Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

Background: Venous thromboembolism includes deep vein thrombosis and pulmonary embolism. Deep vein thrombosis most often occurs in the leg vein but can also develop in the splanchnic, cerebral, and arm veins. One of the factors contributing to venous thrombosis is hypercoagulable state. Hypercoagulable state can be due to inherited thrombophilias or acquired causes like malignancy. The incidence of venous thrombosis is 1–3 individuals per 1000 per year, with a high rate of complications and death.[1]
Methodology: We studied 5 cases of unprovoked venous thromboembolism in a period of 1 year.
Case 1: A 58-year-old female complained of dyspnea, left upper limb swelling with heaviness, facial puffiness, and redness. CT scan revealed a mediastinal mass with Left IJV and SVC thrombosis. Axillary lymph node biopsy revealed T cell lymphoma
Case 2: A 60-year-old female with facial swelling and dyspnea. CT scan showed a right mediastinal mass with brachiocephalic vein thrombosis. Biopsy revealed small cell carcinoma.
Case 3: Patient presented with fever dyspnea and hemoptysis. CECT revealed right pulmonary artery thrombosis. Patient had vit b12 and folate deficiency due to hyperhomocysteinemia.
Case 4: *A 1*9-year-old female presented with chronic headache. MR venogram revealed Right IJV thrombosis. Patient had Protein S deficiency
Case 5: A 50-year-old male presented with left pleuritic chest pain and dyspnea. CECT revealed left descending pulmonary artery thrombosis. Patient had macrocytic changes due to hyperhomocysteinemia
Conclusion: We studied 5 cases of venous thromboembolism. We must find the presence of any inherited thrombophilia or any malignancy in case of unprovoked venous thromboembolism.

Reference

1. Rosendaal FR. Causes of venous thrombosis. Thromb J 2016;14(Suppl 1):24.

To Analyze the Clinical Profile and Treatment Outcomes of Patients with Immune Thrombocytopenia (ITP) at a Tertiary Care Hospital

Kothuru Sushanth, Hariprasad S
Raichur Institute of Medical Sciences

Methods: This prospective observational study was conducted over 1 year with 60 adult ITP patients who were symptomatic or had platelet counts below 30,000/mm^3. The standard treatment protocol involved first-line pulse steroid therapy. Non-responders were escalated to second-line treatments, including intravenous immunoglobulin (IVIG), rituximab, or thrombopoietin agonists (Eltrombopag, Romiplostim). Patient response was evaluated based on the cessation of bleeding and improvement in platelet counts.
Results: The study cohort had a mean age of 36.48 years and a significant female predominance (80%). Cutaneous bleeding was the most common manifestation (75%), followed by gum bleeding (26.7%). The mean platelet count at presentation was 12,683/mm^3. First-line steroid therapy resulted in a complete response for 60% of patients. Of the patients requiring second-line therapy, 87.5% responded completely to Rituximab. No mortalities were reported during the 6-month follow-up period.
Conclusion: ITP is most prevalent in young adult females and typically presents with bleeding manifestations. Steroids are effective as a first-line treatment, especially in newly diagnosed cases. For patients with relapsed or refractory ITP, second-line therapies such as Rituximab demonstrate high efficacy, highlighting the importance of prompt and tailored treatment to reduce morbidity.

Study of Prevalence, Risk Factors, Etiology, and Types of Anemia in Men in Kalaburagi

Chandrakala, Syed Mohammed Hussaini
Professor and HOD, Department of General Medicine, Faculty of Medical Sciences, Khaja Bandanawaz University, Kalaburagi, Karnataka, India; Junior Resident, Department of General Medicine, Faculty of Medical Sciences, Khaja Bandanawaz University, Kalaburagi, Karnataka, India

Background: Anemia remains a major global health concern affecting both developed and developing nations, with significant socioeconomic implications. Anemia among adult men is often under-recognized and under-reported. The condition may be a marker of underlying chronic disease or nutritional deficiencies. The present study was designed to study the prevalence, risk factors, etiology, and types of anemia in men.
Aim of the study: To determine the prevalence, risk factors, etiological profile, and types of anemia in adult men.
Materials and methods: This was a hospital-based, cross-sectional, observational study conducted in the Department of General Medicine, over a period of 6 months from 1st December 2024 to 30th May 2025. A total of 500 adult male individuals aged ≥ 14 years were screened for anemia along with a detailed history. Complete blood hemogram was performed using an automated hematology analyzer. Patients were classified to have mild, moderate, and severe anemia according to WHO criteria. MCV indices were used to classify types of anemia into microcytic, macrocytic, and normocytic anemia.
Results: Out of 500 adult male individuals, 240(48%) were anemic. The mean age of anemic individuals was 44.3 years. The most commonly affected age group was 36 - 75 years (67.1%). Out of 240 individuals 118(49.2%) had mild anemia, 94(39.2%) had moderate anemia and 28(11.7%) had severe anemia. The history of smoking, tobacco chewing, tea consumption of more than 3 cups per day, and alcohol consumption was present in 25%, 22.1%, 31.3% and 6.3% respectively. 15.4% had no identifiable risk factors. Nutritional anemia accounted for the largest proportion (48.6%) of cases, followed by pulmonary disease (17.1%), kidney disease (11.7%), liver disease (8.3%), and bleeding due to various causes (8.3%). 64.1% of individuals had normocytic, 29.6% had microcytic, and 6.3% had macrocytic anemia. This emphasizes the dual contribution of nutritional and chronic disease–related anemia in this population.
Conclusion: In India, like women, nutritional deficiencies are the leading causes of anemia in men because of their unhealthy habits. Routine anemia screening among men, especially elderly individuals and those with chronic illnesses, should be incorporated to improve early detection and reduce disease burden.

Keywords: Adult men, Anemia, Etiology, India, Prevalence, Risk factors

Clinical Profile, Mutational Spectrum, and Treatment Response in Non-chronic Myeloid Leukemia Myeloproliferative Neoplasms: A Prospective Study from a Tertiary Care Hospital in India

Avuthu Guna Vardhan Reddy
Junior Resident, Department of General Medicine, Nizams Institute of Medical Sciences. Hyderabad, Telangana

Background: Myeloproliferative neoplasms (MPNs) are chronic clonal disorders arising from acquired mutations in hematopoietic stem cells, leading to uncontrolled proliferation of one or more myeloid lineages. The classic Philadelphia-negative MPNs—polycythemia vera (PV), essential thrombocythemia (ET), and primary myelofibrosis (PMF)—are unified by constitutive activation of the JAK-STAT signaling pathway, most often through mutations in JAK2, CALR, or MPL genes.
Although these disorders share common molecular underpinnings, they differ in their clinical course, hematologic manifestations, and risk of transformation to acute leukemia

or secondary myelofibrosis. The incidence and presentation of these diseases in India remain less well characterized compared to Western populations.

This study aimed to describe the clinical and molecular spectrum of non-CML MPNs in Indian patients, evaluate their hematologic and biochemical parameters at presentation, and assess their response to standard treatment regimens such as hydroxyurea, phlebotomy, and supportive therapy over 6 months of follow-up.

Objectives:

- To evaluate the clinical profile, laboratory features, and mutational distribution among patients diagnosed with non-CML MPNs (PV, ET, PMF).
- To assess response to standard therapy at three and six months of follow-up.
- To correlate mutation status with clinical phenotype and treatment outcomes.

Materials and methods: This prospective observational study was conducted at the Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, between January 2023 and December 2024. A total of 50 consecutive patients aged 18 years or older, diagnosed as non-CML myeloproliferative neoplasms according to the 2016 WHO diagnostic criteria, were enrolled. Patients with chronic myeloid leukemia (BCR-ABL positive), secondary erythrocytosis or thrombocytosis, and other myeloid neoplasms were excluded.

Clinical evaluation: Detailed history and physical examination were performed, focusing on constitutional symptoms, history of thrombosis or hemorrhage, pruritus, splenomegaly, and comorbidities such as hypertension and diabetes mellitus.

Laboratory evaluation: Baseline complete blood counts, peripheral smear, liver and renal function tests, lactate dehydrogenase (LDH), uric acid, and erythropoietin levels were measured. Bone marrow aspiration and trephine biopsy were performed in all patients and graded for reticulin fibrosis.

Molecular studies: All cases underwent molecular testing for JAK2 V617F, CALR exon 9, and MPL exon 10 mutations using real-time PCR methodology (QuantStudio™ 5).

Treatment and follow-up: Treatment was individualized based on diagnosis and risk stratification.

- *Polycythemia vera*: Managed with phlebotomy (maintaining hematocrit <45%), hydroxyurea for high-risk cases, and low-dose aspirin (75–100 mg/day).
- *Essential thrombocythemia*: Hydroxyurea and aspirin were used for high-risk patients; interferon-alpha was considered in younger individuals.
- *Primary myelofibrosis*: Hydroxyurea, transfusion support, and symptom-based therapy; ruxolitinib was considered in resistant or advanced cases. Patients were reassessed at 3 months and 6 months for hematological response and symptom improvement.

Results: *Demographic profile*: Of 50 patients, 42 (84%) were males and 8 (16%) females, with an overall mean age of 46.1 ± 13.1 years (range 18–85). The 41–60-year age group constituted the largest proportion (38%).

Distribution of subtypes:

- Polycythemia Vera (PV): 40 patients (80%)
- Essential thrombocythemia (ET): 6 patients (12%)
- Primary myelofibrosis (PMF): 4 patients (8%)

Clinical features: The most common presenting symptom was generalized weakness (18%), followed by pruritus (14%), headache (12%), fatigue (10%), and abdominal fullness (8%) due to splenomegaly.

Thrombotic manifestations (stroke, DVT, Budd–Chiari) occurred in 10%, while hemorrhagic events were recorded in 4%.

Hypertension was the most frequent comorbidity (20%), followed by diabetes mellitus (10%) and gout (6%).

Laboratory findings:

- *Polycythemia vera*: Mean hemoglobin 18.05 gm/dL, hematocrit 55.6%, platelet count 5.3 $\times 10^5$/mm^3, WBC count 11.9 $\times 10^3$/mm^3, serum LDH 234.5 U/L, and uric acid 7.5 mg/dL.
- *Essential thrombocythemia*: Mean platelet count 9.76 $\times 10^5$/mm^3; mild leukocytosis and normal hemoglobin.
- *Primary myelofibrosis*: Mean hemoglobin 7.5 g/dL, LDH 757.5 U/L, and universal splenomegaly.

Bone marrow examination revealed trilineage hyperplasia in PV, megakaryocytic proliferation in ET, and marked reticulin fibrosis (grade 3–4) in PMF.

Molecular profile:

- JAK2 V617F mutation: 76%
- CALR mutation: 14%
- MPL mutation: 4%
- Triple negative: 6%

JAK2 mutation was almost universal in PV (95%), while CALR predominated among ET and PMF.

Treatment response:

At 3 and 6 months, hematologic responses were evaluated:

- PV: Mean Hb decreased from 18.3 to 15.6 gm/dL, platelet count normalized, and symptomatic relief was observed in 85%.
- ET: Platelet count reduced from 9.7 $\times 10^5$ to 6.4 $\times 10^5$/mm^3; headache and erythromelalgia improved in 80%.
- PMF: Mean Hb improved from 7.6 to 9.0 gm/dL; splenomegaly persisted in most patients, but fatigue improved modestly. Hydroxyurea was well tolerated; no significant cytopenia or transformation to leukemia was recorded during follow-up.

Discussion: The present study represents one of the few Indian datasets characterizing the clinical and molecular profile of non-CML MPNs in a tertiary care setting. The median age at diagnosis (46 years) was a decade lower than that reported in Western populations, suggesting earlier disease onset in Indian patients. The male predominance parallels other Asian studies, possibly reflecting genetic and environmental influences.

Molecular landscape: The predominance of JAK2 V617F mutation (76%) aligns with global data showing it as the key pathogenic driver in PV and half of ET/PMF cases. The proportion of CALR (14%) and MPL (4%) mutations also corresponds to international trends. Notably, triple-negative MPNs (6%) were associated with lower counts and poorer therapeutic response, consistent with their known aggressive biology.

Clinical correlations: PV patients had the highest hematocrit, LDH, and uric acid levels, reflecting active erythropoiesis and increased turnover. ET patients had extreme thrombocytosis, while PMF cases showed pancytopenia and splenomegaly. The observation that JAK2-mutated ET patients had higher thrombotic tendency than CALR-positive ones reinforces molecular risk stratification.

Therapeutic outcomes: Hydroxyurea remains the cornerstone of cytoreductive therapy in PV and ET, providing excellent hematologic control and symptom relief. Phlebotomy remains essential for maintaining the target hematocrit in PV. PMF patients, however, showed limited response to hydroxyurea, underscoring the unmet need for JAK inhibitor therapy (e.g., ruxolitinib) and potential early referral for transplant evaluation.

Comparative perspective: When compared to Western cohorts, Indian patients demonstrated similar molecular patterns but relatively higher rates of comorbidities such as hypertension and diabetes, which may accentuate thrombotic risk. Access to mutation testing and novel therapies remains limited in resource-constrained settings, making morphological and biochemical markers critical for diagnosis and monitoring.

Conclusions: Non-CML myeloproliferative neoplasms in Indian patients display distinctive demographic and clinical features with a predominance of JAK2-mutated Polycythemia Vera. Hydroxyurea and phlebotomy remain highly effective in PV, while ET and PMF require individualized therapy guided by risk stratification and mutation profile. Early identification of biochemical markers like LDH elevation and splenomegaly aids timely diagnosis, especially in centers lacking molecular testing. Future research should focus on long-term survival outcomes, transformation risk, and cost-effective incorporation of JAK inhibitor therapy in the Indian healthcare context.

Key findings:

- Mean age: 46 years; male predominance (84%)
- Distribution: PV (80%), ET (12%), PMF (8%)
- Most frequent mutation: JAK2 (76%)
- Common symptom: Weakness (18%)
- PV showed the best hematologic response; PMF the least
- Hydroxyurea remains first-line, safe, and effective

Keywords: Essential thrombocythemia, Hydroxyurea, India, JAK2 mutation, Myeloproliferative neoplasms, Polycythemia vera, Primary myelofibrosis.

Prevalence of Dysglycemia and Correlation between Plasma Glucose and HbA1c in Thalassemia Patients at A Tertiary Care Hospital in North Bengal

T Saha

North Bengal Medical College and Hospital

Introduction: Thalassemia is a common hereditary hemoglobinopathy requiring lifelong transfusions. Repeated transfusions cause progressive iron overload, predisposing to endocrine complications. Among these, dysglycemia from iron deposition in pancreatic β-cells is a major but under-recognized disorder. Early detection is essential to prevent long-term complications.

Objectives: To determine the prevalence of diabetes and prediabetes among thalassemia patients and evaluate the correlation between plasma glucose, HbA1c, and serum ferritin levels.

Methods: An institution-based, cross-sectional study was conducted among 50 male patients (≥12 years) with different forms of thalassemia attending North Bengal Medical College. Fasting plasma glucose (FPG), postprandial plasma glucose (PPG), HbA1c, and serum ferritin were measured. Patients with other causes of diabetes, chronic kidney/liver disease, or corticosteroid use were excluded.

Correlations between glycemic indices and ferritin were analyzed statistically.
Results: The overall prevalence of dysglycemia was 20%. In β-thalassemia major, 17.6% were diabetic and 23.5% prediabetic, while in HbE/β-thalassemia, 7.7% were diabetic and 15.4% prediabetic. Younger patients (<18 years) showed higher glycemic derangements, suggesting early β-cell involvement. Serum ferritin correlated positively with fasting and postprandial glucose ($p < 0.05$). HbA1c was occasionally normal despite dysglycemia, likely due to altered red cell turnover.
Conclusion: Dysglycemia is an early and significant endocrine complication in transfusion-dependent thalassemia, especially β-thalassemia major. Regular glycemic screening with optimal iron chelation is vital to prevent irreversible pancreatic damage

Efficacy and Safety of Concizumab Prophylaxis in Indian Patients With Hemophilia A or B with Inhibitors: Analysis from Phase 3 Explorer 7 Trial

Tulika Seth, Cecil Reuben Ross, Shashikant Apte, Aby Abraham, Vetrivel Babu Nagarajan
Department of Clinical Hematology, All India Institute of Medical Sciences, New Delhi, India; Department of Clinical Hematology, St John's Medical College Hospital, Bengaluru, India; Sahyadri Hospital, Pune, India; Department of Clinical Hematology, Christian Medical College, Vellore, India; Novo Nordisk India Private Ltd., India

Introduction: Despite advances in hemophilia care, managing patients with inhibitors remains challenging. Concizumab, a once-daily subcutaneous anti-TFPI monoclonal antibody, significantly reduced treated bleeding episodes as compared to no prophylaxis in the phase 3 explorer 7 trial in hemophilia A or B patients with inhibitors (HAwI or HBwI). This analysis highlights concizumab's efficacy, safety, pharmacokinetics, and pharmacodynamics in Indian cohort of the trial.
Methodology: The Indian subset ($n = 16$) from the phase 3, explorer 7 trial, conducted across four sites, was analyzed. Eligible participants (≥12 years, ≥25 kg) with HAwI or HBwI received concizumab: loading dose of 1.0 mg/kg, followed by 0.2 mg/kg once daily, with plasma-concentration guided dose adjustment 5 - 8 weeks after the initiation of treatment. Efficacy was assessed at the primary analysis cut-off (PACO) (week 24 for the on-demand (no prophylaxis) arm; week 32 for concizumab arm). Safety, PK/PD, and immunogenicity were evaluated through week 56.
Results: Of 16 Indian participants, enrolled in the explorer 7 trial, 2 were randomized to no prophylaxis (arm 1), 11 to concizumab prophylaxis (arm 2), and 3 patients to arm 4. Seven patients remained on 0.20 mg/kg, seven increased to 0.25 mg/kg. At PACO, mean (SD) annualized bleeding rate (ABR) for treated spontaneous and traumatic bleeding episodes was 2.9 (2.4) and 8.5 (0.2) in patients on concizumab and patients on demand, respectively. In the prophylaxis arm, by week 56, mean ABR remained stable at 2.8 (2.6), and those who later switched to concizumab had an ABR of 0.8 (1.1). SF-36v2 pain and physical function improved from baseline in patients receiving concizumab. Concizumab was well tolerated, mostly with mild and unrelated AEs.
Conclusion: Data from the Indian cohort in explorer 7 trial were consistent with those from the overall population in terms of efficacy and safety. Concizumab reduced ABRs and improved quality of life measures. It was well tolerated, with no thromboembolic or hypersensitivity events reported.
Keywords: explorer 7, concizumab, TFPI

Hepatology

An Observational Study of Serum Calcium in Liver Failure Patients as a Prognostic Marker for Malignancy in Tertiary Care Hospital

Chama Yadavendra Reddy

Background and aims: Abnormal liver function tests (LFTs) and calcium abnormalities can be associated with an increased risk of certain cancers, particularly liver cancer. Studies have shown that both high and low calcium levels, as well as deranged LFTs, can be linked to an increased risk of primary liver cancer. Calcium malnutrition causes a decrease in calcium concentration in extracellular fluid compartments, leading to modulation of calcium-sensing receptor activity. In addition to skeletal disorders, calcium and vitamin D deficits increase the risk of malignancies, particularly of colon, breast and prostate gland. Of these, colon, rectal, breast, gastric, endometrial, renal and ovarian cancer exhibit a significant inverse relationship between incidence and oral intake of calcium. The impairment of signaling from the 1,25(OH)2D3-activated vitamin D receptor (VDR) and from the CaR in vitamin D and calcium insufficiency has been implicated in the pathogenesis of cancer. The combined supplementation is required for optimal chemoprevention of cancer by calcium and vitamin D.
Materials and methods: The present prospective observational study was done in tertiary care hospital from February 2024 to February 2025. A total of 58 patients were collected, and all routine investigations were done. Patients with abnormal LFT were sent for calcium levels. Patients were checked with ionized calcium levels to rule out spurious calcium levels.
Inclusion criteria: (1) All patients above 18 years, (2) All patients with abnormal LFT, (3) All patients with abnormal calcium levels
Exclusion criteria: (1) All patients with previous endocrine disorders, (2) All patients with previous bone disorders.
Results: In our study, out of 58, we had a male preponderance, 45 males, 13 females. In our study, we had 30 patients between 31 and 50 years with abnormal LFT. We had 58 patients with increased SGOT, 56 patients with increased SGPT, and six patients with increased ALP. We had 26 patients with low calcium levels and four patients with high calcium levels. Vitamin D levels were decreased in these patients.
Conclusion: It is observed in our study that abnormal calcium in the presence of abnormal LFT serves as a prognostic marker in the early detection of cancer.

References

1. Sung V, Feldman D. 1,25-dihydroxyvitamin D3 decreases human prostate cancer cell adhesion and migration. Mol Cell Endocrinol 2000;164: 133–143.
2. Bao BY, Yeh SD, Lee YF. 1-alpha,25-dihydroxyvitamin D3 inhibits prostate cancer cell invasion via modulation of selective proteases. Carcinogenesis 2006;27:32–42.
3. Cui Y, Rohan TE. Vitamin D, calcium, and breast cancer risk: a review. Cancer Epidemiol Biomarkers Prev 2006;15:1427–1437.
4. Wang JB, Abnet CC, Chen W, et al. Association between serum 25(OH) vitamin D, incident liver cancer, and chronic liver disease mortality in the Linxian Nutrition Intervention Trials: a nested case-control study. Br J Cancer 2013;109: 1997–2004.
5. Peterlik M, Cross HS. Vitamin D and calcium deficits predispose to multiple chronic diseases. Eur J Clin Invest 2005;35:290–304.
6. Peterlik M, Grant WB, Cross HS. Calcium, vitamin D, and cancer. Anticancer Res 2009;29: 3687–3698.

The Yellow Puzzle: Unraveling the Mystery of Nonresolving Jaundice

Sushmitha S, Umesh G Rajoor
Koppal Institute of Medical Sciences, Bhagyanagar, Karnataka, India

Introduction: Jaundice is a clinical manifestation characterized by yellowish discoloration of skin, sclera, and mucous membranes due to the accumulation of bilirubin in blood and tissues. It typically becomes evident when serum bilirubin exceeds 3 mg/dL. Traditionally, jaundice is classified into three broad categories: prehepatic, hepatocellular, and posthepatic jaundice. In clinical practice, distinguishing between these categories relies on careful evaluation of history, physical examination, biochemical tests, and imaging.
Case report: A 31-year-old female presented to the outpatient department with complaints of yellowish discoloration of the eyes since the past 3 months. She denied any history of diabetes mellitus, hypertension, or alcohol consumption. Her past history revealed that two months earlier, she had visited a private hospital with similar complaints. Laboratory investigations at that time revealed total bilirubin of 24.2 mg/dL, direct bilirubin-13.5 mg/dL, ALT-276 U/L, AST-352 U/L, HBsAg positivity, undetectable HBV DNA, and ultrasonography of abdomen was unremarkable. The patient was diagnosed with acute hepatitis B and initiated on tenofovir therapy, which she continued for 2 months. However, as her symptoms persisted, she sought further evaluation at our center. On general physical examination, she was noted to have icterus, silvery white scaly plaques over the extensor surfaces of upper and lower extremities consistent with psoriasis. Systemic examination revealed no additional abnormalities. Laboratory investigations at presentation showed hemoglobin-9.9 mg/dL, MCV: 101.7 fL, total bilirubin: 39.3 mg/dL, direct bilirubin: 14.1 mg/dL, serum albumin: 3.2 gm/dL, AST: 127 U/L, ALT: 110 U/L, ALP: 78 U/L, prothrombin time: 25 sec and INR: 1.8, HBsAg positivity with undetectable HBV DNA, HIV and HCV-non reactive, serum ceruloplasmin levels-normal, lipid profile-normal, peripheral smear-dimorphic anemia, Ultrasonography and CT abdomen revealed mild fatty infiltration of liver, slit lamp examination-unremarkable. Given the unresolved hepatic dysfunction and presence of associated psoriasis, an autoimmune antibody panel was performed, which revealed significantly elevated titers of LKM-1 antibody. A final diagnosis of autoimmune hepatitis type 2 was established. The patient was initiated on oral prednisolone therapy, following which she

showed dramatic clinical improvement with resolution of jaundice and normalization of liver function tests with total bilirubin of 3.5 mg/dL, AST: 54 U/L, ALT: 67 U/L after 3 weeks of steroid therapy.

Discussion: Autoimmune hepatitis is a chronic, progressive, immune-mediated inflammatory liver disease. The disease can affect all age groups and both sexes, but it has a predilection for females. Epidemiologically, autoimmune hepatitis remains uncommon, with the recent meta-analyses and large reviews estimating the global incidence being 1–2 cases per 1,00,000 person-years. Type 1 autoimmune hepatitis is consistently more frequent than type 2. Based on contemporary estimates of natural history of autoimmune hepatitis, the 10-year survival is 80–98% for treated and 67% for untreated patients. Autoimmune hepatitis is characterized by interface hepatitis on histology, elevated IgG, and the presence of disease-defining antibodies. Type 2 autoimmune hepatitis is defined by presence of LKM-1 and/or anti-LC1 antibodies, which account for a minority of cases and classically present in children or adolescents. The mainstay of treatment in autoimmune hepatitis is glucocorticoids; such therapy leads to symptomatic, clinical, biochemical, and histological improvement as well as increased survival.

Conclusion: Autoimmune hepatitis is a rare but important cause of chronic liver disease, particularly in young patients. This case highlights the importance of considering autoimmune hepatitis in patients presenting with unexplained hepatitis. Early recognition and prompt initiation of corticosteroid therapy can lead to dramatic clinical improvement and favorable outcomes. Given its potential for progression to cirrhosis and liver failure if untreated, awareness of this rare entity and long-term follow-up are essential to optimize patient prognosis.

Prevalence and Outcomes of Spontaneous Bacterial Peritonitis at the Time of Hospitalization in Cirrhotic Patients: A Single-Center Experience

Lelin Kumar Jena, Aniket Ranjan, Partha Sarathi Behera, Deepak Kumar Nayak, Chitta Ranjan Khatua
MKCG Medical College, Berhampur, Odisha, India; MKCG Medical College, Berhampur, Odisha, India

Introduction: Spontaneous bacterial peritonitis (SBP) is a common and life-threatening condition in patients with decompensated cirrhosis (DC). It occurs as a result of intestinal bacterial overgrowth and translocation to the mesenteric lymph nodes. We performed a prospective study to evaluate the spectrum of SBP and its outcomes in hospitalized patients.

Methodology: This study was conducted on consecutive DC patients and patients with ascites who were admitted at MKCG Medical College between April 2023 and the present. Demographic, clinical, laboratory, and endoscopic findings were documented, along with patient outcomes.

Results: Out of 816 patients, 410 (50.2%) had infections, of which 20.4% (n = 83) had SBP. Culture positivity was seen in 14.5% (n = 12) of patients, and *Enterococcus* and *E. coli* were the most commonly isolated organisms. Patients with SBP had increased MELD, MELD-Na^+, CTP score, SAAG, INR, bilirubin, serum urea, and creatinine, and decreased mean arterial pressure, serum sodium, and albumin at the time of hospitalization. They also had an increased prevalence of ACLF-EASL-CLIF (acute-on-chronic liver failure) (53.7% vs 26.5%; $p < 0.001$) and AKI (acute kidney injury) (56.6% vs 24%; $p < 0.001$). Furthermore, they had a prolonged hospital stay (8 days vs 6 days; $p = 0.036$), higher in-hospital mortality (32.5% vs 15.3%; $p < 0.001$), and reduced survival at both 28 days (55.4% vs 75%; $p < 0.001$) and 90 days (34.9% vs 57.4%; $p < 0.001$). Increased MELD score (AUROC: 0.729), MELD-Na^+ score (AUROC: 0.761), and CTP score (AUROC: 0.733) were more strongly associated with SBP.

Conclusions: At our institution, more than half of DC patients had an associated infection at the time of hospitalization, and one-fifth of them had SBP. Advanced liver disease was found to be a risk factor for SBP. They also had a higher proportion of ACLF and AKI, longer hospital stays, an increase in in-hospital mortality, and decreased survival at both 28 days and 90 days.

Diagnostic Accuracy of FIB-4 and FIB-5 in Chronic Hepatitis B

Ishika Gupta, SL Margekar, LH Ghotekar, P Bansal, A Prakash
Lady Hardinge Medical College

Introduction: Chronic hepatitis B (CHB) is a major global health burden, with progression to fibrosis, cirrhosis, and hepatocellular carcinoma being key determinants of morbidity and mortality. While liver biopsy remains the gold standard for staging fibrosis, its invasive nature limits feasibility in routine practice. Non-invasive indices such as FIB-4 and FIB-5, derived from routine biochemical and hematological parameters, provide a potential low-cost alternative for fibrosis assessment. This study aimed to evaluate the diagnostic accuracy of FIB-4 and FIB-5 in comparison to transient liver elastography in patients with CHB.

Materials and methods: The study was conducted between April 2024 and August 2025. Sixty adult patients with chronic hepatitis B, fulfilling inclusion criteria, were recruited. All participants underwent clinical evaluation and routine laboratory investigations following which calculation of FIB-4 and FIB-5 scores was done. Transient liver elastography (TLE) was performed as the reference standard for fibrosis assessment. Sensitivity, specificity, predictive values and diagnostic accuracies were calculated for both indices. Correlation of individual parameters along with the fibrosis scores with significant liver fibrosis was assessed as part of secondary objective of the study.

Results: The mean age of participants was 35.3 ± 13.7 years, with 63.3% males. Significant fibrosis (≥F2) was detected in 35% of patients by TLE. FIB-4 at a cutoff ≥2.461 demonstrated sensitivity 66.7%, specificity 92.3%, AUROC 0.818, and diagnostic accuracy 83.3%. FIB-5 at a cutoff ≤–2.132 showed higher sensitivity (81.0%) but slightly lower specificity (84.6%), with AUROC 0.81 and diagnostic accuracy 83.3%. FIB-4 performed better in ruling in fibrosis, while FIB-5 was superior for ruling out fibrosis.

Conclusion: Both FIB-4 and FIB-5 demonstrated good diagnostic accuracy in assessing significant fibrosis in CHB. FIB-4 was more specific, while FIB-5 showed better sensitivity, highlighting their synergistic roles. Given their simplicity, affordability, and reliance on routinely available tests, these indices can be particularly useful in resource-limited settings, helping in early detection and stratification of fibrosis in CHB patients.

Hyponatremia and Its Correlation with Hepatic Encephalopathy and Severity of Liver Disease in Patients Diagnosed with Chronic Liver Disease in a Tertiary Care Centre

Dasari Sri Harsha, Prabhakar K, Prabhavathi K, Manjunatha N
Sri Devara Urs Institute of Medical Sciences

Background: Hyponatremia is a frequent electrolyte abnormality in patients with Chronic Liver Disease (CLD) and is recognized as an important precipitating and prognostic factor in Hepatic Encephalopathy (HE). Reduced serum sodium causes astrocyte swelling and contributes to cerebral edema, thereby worsening the severity of HE. This study aimed to evaluate the correlation between serum sodium levels and severity of hepatic encephalopathy, and to assess hyponatremia as a prognostic marker in CLD patients.

Methods: This case-control study included 100 CLD patients with overt HE (cases) and 100 CLD patients without HE (controls). Patients were followed over 14 days. Serum sodium levels were measured serially and correlated with West Haven grades of HE, Child-Pugh Class, and MELD score. Patients with sepsis, intracranial pathology, hepatorenal syndrome, or drug-induced hyponatremia were excluded.

Results: Hyponatremia was significantly more common among cases compared to controls. Lower serum sodium levels correlated with more advanced Child-Pugh Class and higher MELD scores ($p < 0.05$). Improvement in serum sodium levels from Day 1 to Day 14 was associated with improvement in West Haven grades of HE ($p = 0.001$). Mortality was highest in patients with serum sodium <120 mEq/L and progressively decreased with higher sodium levels ($p < 0.05$).

Conclusion: Hyponatremia shows a strong inverse relationship with severity of liver disease and hepatic encephalopathy. Serum sodium levels can serve as a reliable prognostic marker in CLD patients, with lower levels indicating higher risk of complications and mortality. Early recognition and correction of hyponatremia may improve clinical outcomes in patients with hepatic encephalopathy.

Correlation between HBV DNA Viral Load and Liver Function Test Parameters in Chronic Hepatitis B Patients: A Cross-sectional Study from India

Ritesh Yadav, Girish Dubey
SRVS Medical College, Shivpuri

Background: Chronic hepatitis B virus (HBV) infection is a global public health concern, particularly in resource-limited settings where access to molecular diagnostics is restricted. Liver function tests (LFTs) offer a practical alternative to monitor hepatic involvement and disease activity. This study aimed to assess the correlation between HBV-DNA viral load and routine liver function parameters among chronically infected HBV patients.

Methods: A descriptive cross-sectional study was conducted at the department, between Start Date and End Date, following ethical approval from the Institutional Ethics Committee. A total of 187 adult patients with confirmed chronic HBV infection (HBsAg positive, age ≥ 18 years) were enrolled. Patients with coinfections or other liver pathologies were excluded. Demographic,

clinical, and laboratory data—including serum ALT, AST, ALP, bilirubin, albumin, and HBV-DNA levels were collected. HBV-DNA was quantified using Truenat®-PCR (Abbott), and LFTs were measured via automated biochemical analyzers. Correlations between viral load and LFT parameters were assessed using Pearson's correlation coefficients.
Results: The mean age of participants was 40.72 ± 15.28 years, with a male predominance (127 males, 60 females). The mean HBV-DNA viral load showed a moderate positive correlation with ALT ($r = 0.38$, $p = 0.001$), AST ($r = 0.33$, $p = 0.004$), ALP ($r = 0.28$, $p = 0.011$), and bilirubin ($r = 0.26$, $p = 0.017$). A significant negative correlation was observed with serum albumin ($r = -0.30$, $p = 0.007$), indicating impaired hepatic synthetic function with higher viral replication.
Conclusion: Our findings demonstrate that standard liver function tests are significantly correlated with HBV-DNA viral load and may serve as accessible surrogate markers of disease severity and hepatic injury. In settings where molecular testing is limited, LFTs provide a valuable tool for patient monitoring and risk stratification in chronic HBV infection.
Keywords: ALT, Albumin, AST, Chronic liver disease, HBV-DNA, Hepatitis B virus, Hepatitis monitoring, India, Liver function tests, Viral load.

Hypertension

Real World Data of Telmisartan + Metoprolol + Amlodipine FDC in Hypertensive Patients Across Various Clinics in India

Shatakshi Rai
Glenmark Pharmaceuticals Limited

Background: Hypertension remains a leading modifiable risk factor for cardiovascular disease, particularly in patients with coexisting coronary artery disease (CAD). This study evaluates the real-world use of a fixed-dose combination (FDC) of Telmisartan, Metoprolol, and Amlodipine (TMA) in Indian hypertensive patients with CAD.
Methodology: A retrospective, open-label, single-arm, multi-centric observational study across 280 Indian sites reviewed data from 1.379 hypertensive patients on TMA FDC therapy. Following ethics approval, patient data were collected and analyzed using a structured proforma in the Electronic Case Report Form, focusing on demographics, blood pressure (BP), laboratory parameters, comorbidities, and medications.
Results: Among 1379 patients, 72.23% were male while 27.77% were females, with a mean age of 58.00 ± 10.04 years and mean weight was 74.14 ± 11.15 kg Most patients were treatment-naïve (78.39%), while 21.61% had transitioned from other antihypertensive due to inadequate BP control (17.4%), CAD diagnosis (12.69%), individual components of TMA FDC (11.97%) and adverse Drug Reactions to previous medications (6.38%). The most prescribed strength of the FDC was 40 mg + 50 mg + 5 mg (52.14%). Mean pulse rate was 86.99 ± 10.70 beats per minute, mean systolic and diastolic BP were 160.86 ± 18.61 mmHg and 92.29 ± 9.77 mmHg, respectively. Common comorbidities included diabetes (46.99%), CAD (44.45%), and obesity (34.74%). Laboratory assessments revealed a mean HbA1c of 7.05 ± 1.33%, a mean UACR of 35.21 ± 33.52 mg/gm, a mean eGFR of 77.92 ± 31.37 ml/min/1.73 m^2, mean total cholesterol of 209.61 ± 42.96 mg/dL, a mean LDL Cholesterol 120.57 ± 54.93 mg/dL, and mean Triglycerides was 170.67 ± 68.88 mg/dL.
Conclusion: The Telmisartan + Metoprolol + Amlodipine FDC was mostly initiated in treatment naïve patients with stage II–III hypertension and comorbidities like diabetes and CAD, reflecting a clinical preference for simplified management of complex cases.

An Observational Study on the Delta Abdominal Circumference in Systemic Hypertension

N Chowta K, Aman Siddiqui

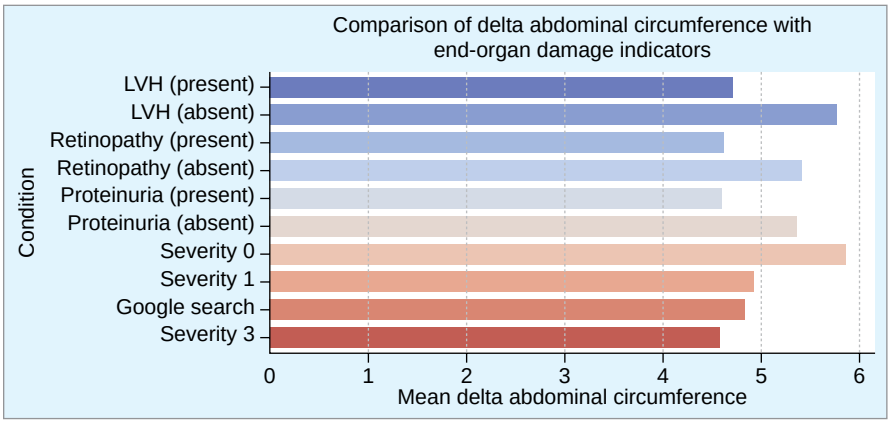
Professor, Department of Internal Medicine, Kasturba Medical College, Mangaluru, Karnataka, India

Background: Delta abdominal circumference (ΔAC) reflects abdominal wall compliance and may correlate with systemic vascular stiffness in hypertension. This study evaluates the association between ΔAC and hypertension severity.
Methods: Adult hypertensive patients were assessed for ΔAC and hypertension-mediated organ damage (HMOS): left ventricular hypertrophy on ECG, hypertensive retinopathy, and microalbuminuria. Severity was scored 0–3 based on the number of organ damage markers. Associations were tested using Mann–Whitney U and ANOVA.
Results: A total of 174 participants were included: males 113 (65%), females 61 (35%). LVH was present in 125 (74%), absent in 45 (26%). Hypertensive retinopathy was observed in 55% of patients. Proteinuria (microalbuminuria) was found in 51% of the cohort. Patients with LVH, retinopathy, or proteinuria showed significantly lower ΔAC values ($p < 0.05$). Increasing hypertension severity (0–3 organ damage markers) demonstrated a progressive decline in ΔAC. No significant variation in ΔAC with age was observed, while males had slightly higher ΔAC than females.
Conclusion: Delta abdominal circumference is strongly associated with hypertension severity and organ damage. ΔAC may serve as a simple clinical tool for identifying high-risk hypertensive patients.

Table 1: Summary statistics of demographic and baseline characteristics

Parameters	*N*	*Mean ± SD*
Hypertension patient profile at the time of prescription		
Pulse rate (beats/min)	1,379	86.99 ± 10.70
Systolic blood pressure (mm/Hg)	1,379	160.86 ± 18.61
Diastolic blood pressure (mm/Hg)	1,379	92.29 ± 9.77
Glycemic Parameter		
HbA1c (%)	1,040	7.05 ± 1.33
Renal Biomarkers		
UACR (mg/gm)	809	35.21 ± 33.52
eGFR (mL/min/1.73$m^{2)}$	809	77.92 ± 31.37
Lipid Profile		
Total cholesterol (mg/dL)	851	209.61 ± 42.96
LDL cholesterol (mg/dL)	851	120.57 ± 54.93
Sr. triglycerides (mg/dL)	851	170.67 ± 68.88

N, total no. of patients enrolled (N =1,379); SD, Standard Deviation



Clinical Spectrum of Young Hypertensive Patients in North India: A Hospital Based Prospective Observational Study

Md Habib ur Rahman
Jawaharlal Nehru Medical College, AMU, Aligarh, Uttar Pradesh, India

Introduction: Hypertension is increasingly prevalent among young adults in India, with secondary causes playing a significant role in this demographic. Early recognition of the etiological and clinical spectrum is crucial for timely diagnosis and effective management.
Objectives: To evaluate the clinical characteristics, etiological patterns, and biochemical profiles of young hypertensive patients, with focus on secondary hypertension and ambulatory blood pressure monitoring (ABPM) profiles.
Materials and methods: This was a cross sectional, observational study conducted in a tertiary care hospital in North India, involving 239 hypertensive patients aged 18–40 years. Data on demographics, clinical staging, BMI, metabolic syndrome, lipid profiles, drug usage, target organ damage and ABPM were collected. Statistical analysis was performed using chi-square and *p*-values, with significance set at $p < 0.05$.
Results: Of the 239 patients, 77.8% had primary and 22.2% had secondary hypertension. Secondary hypertension was significantly more common in younger age groups ($p = 0.0005$), and was associated with a higher requirement for multiple antihypertensive agents ($p = 0.0005$) and increased risk of target organ damage ($p = 0.0005$). Metabolic syndrome was significantly associated with higher BMI categories ($p = 0.0001$), as were parameters of dyslipidemia. Renal parenchymal disease (41.5%) was the most common secondary cause, followed by endocrine and renovascular disorders. ABPM revealed abnormal dipping patterns in over 50% of patients, with non dipping status significantly associated with secondary hypertension ($p = 0.0005$).
Conclusion: Secondary hypertension represents a substantial burden among young hypertensives and is often accompanied by greater disease severity, target organ damage, and ABPM abnormalities. Comprehensive evaluation, including etiological screening and biochemical profile, should be emphasized in the diagnostic workup of young hypertensive individuals to optimize outcomes and prevent long term complications.
Keywords: Young hypertension; Secondary hypertension; Ambulatory blood pressure monitoring; Dipping pattern; Metabolic syndrome; Target organ damage; Renal parenchymal disease; Etiology; India; Cross-sectional study

Awareness of Uncontrolled Hypertension in Indian Clinical Settings

Sneha Thakur, Indranil Purkait, Anil Pareek
Ipca Laboratories Pvt Ltd

Introduction and background: This survey aimed to get insights on the awareness of uncontrolled hypertension by studying BP control, number of medications used and associated comorbidities.
Methodology: A cross-sectional survey was conducted between January 2023 and December 2024 across 26 states and 2 union territories of India involving 13,104 clinicians. Data from 89,329 patients was collected through a digital mobile app using a validated screening questionnaire and analyzed using percent analysis method.
Results: The study found that 41% (N = 19,143) of patients had uncontrolled hypertension (as defined by Indian Society of Hypertension: SBP ≥140 mm Hg). Most of the known hypertensives (54%) were on single drug therapy, followed by 25% on dual, 18% on triple and 3% on no drug therapy. Most commonly used drug class for single drug therapy was ARB (80%); for dual therapy was ARB + CCB (68%); for triple drug therapy was ARB/ACEi + BB + CCB (43%) followed by ARB + CCB + Diuretic (27%). ASCVD and stroke were the most associated comorbid conditions at 46% followed by type 2 diabetes in 21% and other comorbidities in 33% patients.
Conclusion: Results showed that despite having higher threshold of BP targets (140/90 mm hg); 2/5th of patients had uncontrolled hypertension, which is line with the existing Indian data. ARBs are the most commonly used drug class for monotherapy, dual and triple drug therapies. Despite, strong guideline recommendations, there is a significant clinical inertia in initiating diuretics as 1st and/or 2nd line therapy.
Keywords: Hypertension; India; anti-hypertensive therapy; comorbidity

Management Patterns in Hypertension with Elevated Heart Rate and CAD/IHD: A National Clinician Survey

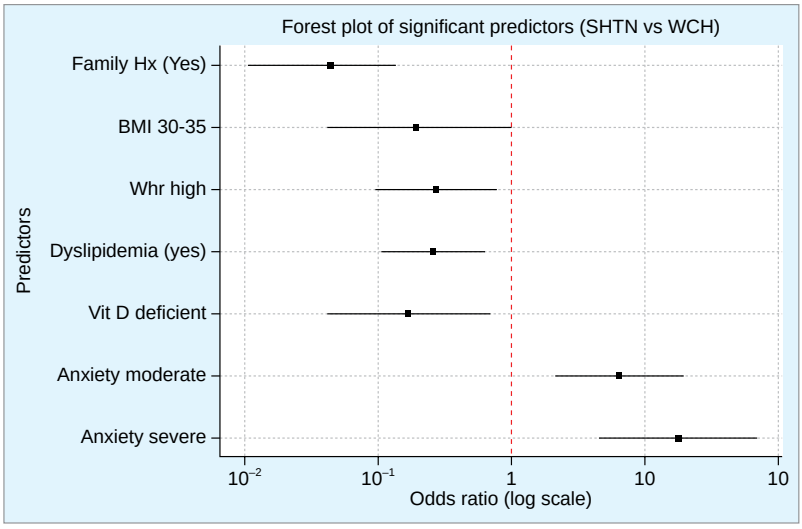
Parikshit Mishra, Kapil Mehta
JB Chemicals and Pharmaceuticals, Gurugram, Haryana, India

Background: Hypertension commonly coexists with coronary artery disease/ischemic heart disease (CAD/IHD) and elevated heart rate, requiring integrated treatment strategies. Real-world prescribing patterns for beta-blocker-based fixed-dose combinations (FDCs) in India are not well documented.
Methods: Cross-sectional, questionnaire-based online survey among 85 clinicians managing hypertension. A pre-validated questionnaire captured preferences for antihypertensive classes, beta-blocker selection, FDC choices, and their use in specific patient groups. Data were summarized descriptively.
Results: Most clinicians reported that 30–50% of hypertension patients present with elevated heart rate (80%) or CAD/IHD (86%). ACE inhibitor/ARB monotherapy was preferred initial therapy for hypertension with CAD/IHD (58.82%), followed by beta-blockers (16.47%). ARB + beta-blocker FDCs were most preferred (50.59%), especially among cardiologists, while calcium channel blocker + beta-blocker FDCs were next preferred (32.94%). Bisoprolol was the most preferred beta-blocker overall (51.76%), followed by metoprolol (29.41%). For cilnidipine-based FDCs, metoprolol (32.94%) and bisoprolol (28.24%) were preferred. The cilnidipine + metoprolol FDC was most frequently used in hypertension with cardiovascular comorbidities (72.94%), particularly among consulting physicians (87.10%).
Conclusion: Clinicians show strong pattern of use for beta-blocker-based regimens, particularly ARB + beta-blocker and cilnidipine-based FDCs, for managing hypertension with CAD/IHD or elevated heart rate. Bisoprolol and metoprolol are the preferred beta-blocker choices, supporting the role of dual-mechanism FDCs in complex cardiovascular hypertension profiles.

Study of Prevalence and Risk Factors of White Coat Hypertension in an Urban Healthcare Setup Using Ambulatory Blood Pressure Monitoring

Mohan KV

Introduction: White coat hypertension(WCH) refers to raised clinic BP with normal home values, often misdiagnosed as Sustained Hypertension(SHTN). Ambulatory BP monitoring(ABPM) improves diagnostic accuracy. This study assessed the predictors of WCH.
Methodology: A cross sectional study of 100 newly detected hypertensive adults. Office BP, anthropometry, biochemical tests and anxiety scores were recorded. All underwent 24 hour ABPM.
Results: WCH prevalence was 29%, while 71% had SHTN. Age, gender, smoking, eGFR showed no significant association. Anxiety was the strongest predictor of WCH; severe anxiety increased likelihood of WCH by 17-fold. SHTN was significantly associated with family history of SHTN, high waist-hip ratio, dyslipidemia and vitamin D deficiency.45% of WCH subjects showed a nondipping pattern.



Factors listed to the right of OR =1 are risk factors for WCH

Conclusion: Nearly one third of newly diagnosed hypertensive individuals had WCH, highlighting the risk of misdiagnosis based on office BP alone. WCH was primarily anxiety driven while SHTN demonstrated metabolic and familial predictors. ABPM plays vital role in accurate classification and prevention of unnecessary pill burden. Longitudinal follow-up of WCH, especially nondippers, is recommended.

Infectious Diseases and Tropical Medicine

Characterizing Chikungunya: A Prospective Study of Clinical Symptoms, Laboratory Parameters, and Therapeutic Outcomes in a Tertiary Care Hospital in Western India

Mehek Khanuja, Santosh Kumar SIngh
AFMC, Pune

Background: Chikungunya fever is a re-emerging viral infection of global importance, transmitted to humans by infected Aedes mosquitoes. The disease typically presents with fever, joint pain, and skin rashes. However, recent outbreaks, particularly in India, have highlighted severe complications, including neurological symptoms and co-infections, exacerbating disease severity in high-risk populations.

Objective: This study aims to explore the clinical profile of Chikungunya infection in a tertiary care hospital in Maharashtra, India, and to examine associated complications, comorbidities, and therapeutic outcomes.

Methods: This prospective observational study, conducted from June to September 2024, included 262 RT-PCR or IgM ELISA-confirmed Chikungunya patients. Patients were included if they presented with acute febrile illness, arthralgia/arthritis, with or without rash. Routine investigations included complete blood count, liver and renal function tests, and screening for co-infections like dengue and leptospirosis.

Results: Of the 262 patients, 170 (64.9%) were male, and with a mean age of 35 years. Fever and symmetrical polyarthralgia were seen in 100% of patients, primarily affecting small joints. Skin lesions were present in 70%, with maculopapular rashes being the most common. Laboratory findings included leukopenia in 46.9% and thrombocytopenia in 56.9% of cases. Co-infections with tropical diseases were noted in 5.5% of patients. Severe neurological complications were rare but included one case of fatal encephalitis and another of cerebellitis successfully treated with IVIG.

Conclusion: Chikungunya remains an under-recognized public health threat, with significant morbidity, particularly in high-risk populations with chronic diseases. The emergence of more severe forms of the disease, including neurological complications, highlights the need for vigilant diagnosis, timely supportive care, and robust vector control strategies. Mortality is rare, but chronic symptoms, especially musculoskeletal involvement, persist in a significant number of patients, impacting quality of life.

Keywords: Chikungunya, CHIKV, complications, arthritis, enthesitis, tenosynovitis, encephalitis, cerebellitis

Re-emergence of Adult Measles: Re-enforcement of Adult Immunization

Dhiraj Kumar Thakur
15 Air Force Hospital

Introduction: Measles, an acute and extremely contagious disease, is caused by the morbillivirus. Adult-onset measles has reemerged as a significant public health concern in India due to waning immunity, overlooked immunizations, and inadequate catch-up immunization efforts. Timely identification and robust public health intervention are essential for adult measles, which presents with more severe clinical consequences and atypical features.

Case presentation: A 32-year-old unvaccinated male with high-grade fever, conjunctivitis, coryza, and a rapidly disseminating maculopapular rash affecting the face, trunk, extremities, and palms and soles. His exposure to pediatric measles was recorded. Leukopenia, relative lymphocytosis, elevated inflammatory markers (CRP, ESR, ferritin), and abnormal liver enzymes indicated a viral etiology. RT-PCR verified the presence of measles RNA in nasopharyngeal samples. Interstitial pneumonia was identified on the chest radiograph. Isolation, supportive care, vitamin A supplementation, hydration, nutritional support, and prophylactic antibiotics were administered. He achieved complete recovery by day 12, with biochemical indicators returning to normal levels. This case exemplifies the evolving epidemiology of measles in India, with an increased incidence among the youth. Unusual and severe adult measles complications encompass hepatic impairment and respiratory involvement. Clinicians must consider and conduct testing utilizing serology and PCR. Treatment is supportive in the absence of specific antivirals. It underscores the imperative for adult vaccination, prompt diagnosis, and public health readiness.

Conclusion: In summary, adult-onset measles is inadequately acknowledged in India. To mitigate transmission and its repercussions in adults, surveillance, prompt case identification, catch-up vaccination initiatives, and the education of healthcare professionals are crucial

Evolution of Therapeutic Trials in Visceral and Dermal Leishmaniasis: Real-world Applications and Outcomes

R Kumar, K Pandey
ICMR-Rajendra Memorial Research Institute of Medical Sciences, Patna

The therapeutic landscape of leishmaniasis has evolved remarkably over the past century, transitioning from anecdotal case reports to rigorously designed randomized controlled trials and, more recently, real-world observational studies. This manuscript traces the historical trajectory of drug development for visceral leishmaniasis (VL), post-kala-azar dermal leishmaniasis (PKDL), and cutaneous leishmaniasis (CL), highlighting the challenges of drug resistance, toxicity, and regional variability in efficacy. Key advances include the introduction of liposomal amphotericin B, miltefosine, and paromomycin, alongside emerging combination regimens that offer safer and shorter treatment courses. For PKDL, prolonged therapy, declining efficacy of miltefosine, and concerns over ocular safety underscore the need for alternative regimens and robust clinical trials. CL management remains constrained by methodological weaknesses in existing studies and limited high-quality evidence. Beyond controlled settings, observational databases such as KAMIS (India), SINAN (Brazil), and Médecins Sans Frontières' operational records (Africa) provide crucial insights into patient populations often excluded from clinical research. Future opportunities include genomic sequencing, digital health applications, and pragmatic trial designs to bridge the gap between research efficacy and real-world effectiveness. Collectively, these developments underscore the need for innovative, patient-centered, and regionally tailored approaches to advance leishmaniasis therapeutics and sustain elimination efforts.

Study of Microbial Flora in Acute Exacerbation of COPD and Their Drug Sensitivity Pattern in Suburban Area, Kanyakumari

Prasant HA, Ranjit Jeyasekharan, Joseph Pratheeban, Vijay
Dr Jeyasekharan Hospital & Nursing Home

Background: Chronic obstructive pulmonary disease (COPD) is a heterogeneous lung condition characterized by chronic respiratory symptoms due to abnormalities of the airway and/or alveoli that cause persistent, often progressive, airflow obstruction. Although bacterial infections are the most common cause of Acute Exacerbation of COPD (AECOPD) in a geographic area, other corresponding environmental factors and local patterns are implicated in the patient's outcome.

Objective: To know the most common organisms growing in Acute Exacerbation of COPD and to know the Drug sensitivity pattern of those organisms.

Methods: This cross-sectional study was conducted in a Nursing home, Nagercoil, Tamil Nadu. One hundred and forty-eight patients admitted with Acute exacerbation of COPD were selected by convenient sampling, data were collected retrospectively and statistical significance of the variables were analyzed.

Results: The analysis of these variables with multivariable modelling identified antibiogram table with the highest prevalent ratio for *Klebsiella pneumonia* i.e., 0.6:1, p value of 0.0362 and Odd's Ratio 2.44 indicating Klebsiella as significant pathogen in our study with variable sensitivity to Cephalosporins and Aminoglycosides.

Treatment of Multidrug-resistant Infections: the Current Scenario

Amitav Mohanty
Apollo Hospital, Bhubaneswar

Introduction: Antimicrobial resistance (AMR) stands as an urgent global public health crisis, with multidrug-resistant (MDR) infections representing a particularly critical facet of this threat. MDR is precisely defined as acquired non-susceptibility to at least one agent in three or more distinct antimicrobial categories. As resistance escalates, more severe classifications emerge, including extensively drug-resistant (XDR), which denotes non-susceptibility to at least one agent in all but two or fewer antimicrobial categories, implying susceptibility to only one or two remaining classes. The most dire classification, pan-drug resistant (PDR), signifies nonsusceptibility to all agents across all available antimicrobial categories. A more recent and clinically pertinent definition, "Difficult-to-Treat Resistant" (DTR), has been introduced to characterize pathogens exhibiting resistance to all typical first-line, lower-toxicity agents, specifically encompassing beta-lactams (including carbapenems and beta-lactamase inhibitor combinations) and fluoroquinolones. This progressive evolution in resistance definitions underscores the escalating clinical complexity and diminished therapeutic options presented by these formidable organisms. The very act of refining these definitions reflects a worsening clinical reality, where the challenge extends beyond merely identifying resistance profiles to grappling with the practical implications of severely limited, often more toxic or costly, treatment choices. This shift

in terminology emphasizes the critical impact on patient management and outcomes, highlighting that the "strength" of resistance is not solely about the number of drug classes affected, but critically about the availability and tolerability of effective therapies.

The global burden imposed by AMR is staggering. In 2019, AMR was directly implicated in at least 1.27 million deaths worldwide and associated with nearly 5 million deaths globally. Within the United States alone, over 2.8 million antimicrobial-resistant infections occur annually, directly contributing to more than 35,000 fatalities. When infections caused by Clostridioides difficile, a bacterium often associated with antibiotic use, are included, the total burden in the U.S. surpasses 3 million infections and 48,000 deaths. On a global scale, the economic cost of AMR is projected to reach an alarming $100 trillion USD by 2050, with low- and middle-income nations disproportionately bearing the brunt of this immense financial burden. The COVID-19 pandemic further exacerbated the AMR crisis, leading to a notable 20% increase in six bacterial antimicrobial-resistant hospital-onset infections in the U.S. by 2021. This alarming trend reversed prior progress in combating AMR, underscoring the inherent fragility of antimicrobial effectiveness when confronted with widespread healthcare disruptions and a surge in antibiotic utilization.

Mechanisms of multidrug resistance: Understanding the mechanisms by which bacteria develop and disseminate resistance is crucial for devising effective treatment strategies. These mechanisms are diverse and can involve various molecular pathways. Key mechanisms include[1–3]:

- Enzymatic Inactivation: Bacteria produce enzymes that directly inactivate antibiotics. A prime example is the production of β-lactamases, which hydrolyze the β-lactam ring of penicillin, cephalosporins, and carbapenems, rendering them ineffective. Carbapenem-resistant Enterobacteriaceae (CRE) are a significant concern, often producing carbapenemases like KPC, NDM, and OXA-48, which confer resistance to a broad spectrum of β-lactam antibiotics.
- Target Modification: Bacteria can alter the molecular targets of antibiotics, reducing or eliminating the drug's binding affinity. Methicillin-resistant *Staphylococcus aureus* (MRSA) achieves resistance to β-lactams by acquiring the mecA gene, which encodes a modified penicillin-binding protein (PBP2a) with low affinity for β-lactam antibiotics. Similarly, vancomycin-resistant Enterococci (VRE) modify their cell wall precursors, preventing vancomycin from binding effectively.
- Efflux Pumps: These are active transport systems that pump antibiotics out of the bacterial cell, thereby preventing them from reaching their intracellular targets at inhibitory concentrations. Many Gram-negative bacteria possess broad-spectrum efflux pumps that can extrude multiple classes of antibiotics, contributing significantly to MDR phenotypes.
- Reduced Permeability: Alterations in bacterial outer membrane proteins (porins) can decrease the influx of antibiotics into the cell, particularly in Gram-negative bacteria. This mechanism can contribute to resistance, especially against larger, more hydrophilic antibiotics.
- Biofilm Formation: Bacteria can form biofilms, which are communities of microorganisms encased in an extracellular polymeric substance. Biofilms provide a protective barrier, reducing antibiotic penetration and increasing bacterial tolerance to antimicrobial agents.
- Mutations and Gene Transfer: Random mutations in bacterial DNA can lead to resistance, which can then be selected for under antibiotic pressure. Furthermore, resistance genes can be readily transferred between bacteria through horizontal gene transfer mechanisms such as conjugation, transformation, and transduction, leading to rapid dissemination of resistance across different bacterial species.

Current treatment strategies: Treating MDR infections is inherently complex, often requiring a multifaceted approach due to limited therapeutic options and the need to balance efficacy with toxicity. The choice of antimicrobial agents is guided by susceptibility testing, clinical severity, patient factors, and local epidemiology.

Novel antimicrobial agents: The development of new antibiotics is crucial in the fight against MDR. Recent years have seen the approval of several novel agents, primarily targeting resistant Gram-negative bacteria, which are often the most challenging to treat [4, 5]:

- *Ceftazidime/avibactam (CZA):*This combination consists of a third-generation cephalosporin and a novel β-lactamase inhibitor. Avibactam inhibits a wide range of β lactamases, including Ambler class A (e.g., KPC), class C (AmpC), and some class D (OXA-48-like) carbapenemases. It is a valuable option for infections caused by CRE and certain Pseudomonas aeruginosa strains.
- *Meropenem/vaborbactam (MVB):*This combination pairs a carbapenem with vaborbactam, a novel β-lactamase inhibitor that specifically targets KPC carbapenemases. MVB has demonstrated efficacy against KPC-producing Enterobacteriaceae, including those resistant to other carbapenems.
- Imipenem/relebactam (IMR): Combining imipenem (a carbapenem) with relebactam (a β-lactamase inhibitor) provides activity against KPC-producing Enterobacteriaceae and AmpC-producing Pseudomonas aeruginosa. Relebactam broadens the spectrum of imipenem by protecting it from hydrolysis by these enzymes.
- *Cefiderocol (FDC):*A siderophore cephalosporin, cefiderocol utilizes bacterial iron transport systems to gain entry into the periplasmic space of Gram-negative bacteria, bypassing common resistance mechanisms like porin mutations and efflux pumps. It exhibits broad-spectrum activity against a wide range of resistant Gram-negative pathogens, including carbapenem-resistant Acinetobacter baumannii (CRAB), carbapenem-resistant Pseudomonas aeruginosa (CRPA), and CRE.
- *Sulbactam/durlobactam (SUL-DUR):*This novel combination specifically targets carbapenem-resistant Acinetobacter baumannii-calcoaceticus complex (CRAB), including those with sulbactam resistance. Durlobactam acts as a potent β-lactamase inhibitor.
- *Eravacycline:*A fluorocycline antibiotic, eravacycline is a newer tetracycline derivative with broad-spectrum activity against many Gram-positive, Gram-negative, and anaerobic bacteria, including some MDR strains. It is approved for complicated intra-abdominal infections (cIAI).
- *Delafloxacin:*A novel fluoroquinolone, delafloxacin has enhanced activity against MRSA and some Gram-negative bacteria, including Pseudomonas aeruginosa. It is approved for acute bacterial skin and skin structure infections (ABSSSI) and community-acquired bacterial pneumonia (CABP).
- *Plazomicin:*A novel aminoglycoside, plazomicin is designed to overcome many common aminoglycoside-modifying enzymes. It is approved for complicated urinary tract infections (cUTI), including pyelonephritis, and has shown promise in treating CRE infections.

Repurposing and optimizing older agents: While novel agents are vital, older antibiotics, often considered "last-resort" drugs, are experiencing a resurgence in use, sometimes in combination therapies, to tackle MDR infections.[6]

- *Polymyxins (colistin and polymyxin B):*These agents, previously associated with significant nephrotoxicity and neurotoxicity, are crucial for treating infections caused by highly resistant Gram-negative bacteria, particularly CRAB and some CRE. Optimal dosing and therapeutic drug monitoring are essential to maximize efficacy and minimize adverse effects. The emergence of plasmid-mediated colistin resistance (MCR-1 gene) is a serious concern.
- *Aminoglycosides:*While traditional aminoglycosides (gentamicin, amikacin, tobramycin) face increasing resistance, they are still used, often in combination, for their synergistic effects.
- *Tigecycline:*A glycylcycline, tigecycline is active against many MDR Gram-positive and Gram-negative bacteria, including some CRE and CRAB. However, its use is cautioned for bloodstream infections and ventilator-associated pneumonia due to a potential increase in mortality compared to other regimens, and higher dosages may be needed for adequate penetration in certain infections.[6]
- *Fosfomycin:*This old antibiotic with a unique mechanism of action remains a valuable oral option for uncomplicated urinary tract infections, and intravenous fosfomycin is being explored for systemic MDR infections, often as part of combination therapy.
- *Combination therapy*: For highly resistant infections, combination therapy is often employed to achieve synergistic effects, prevent the emergence of further resistance, and improve clinical outcomes.[7] The rationale behind combining antibiotics is to target multiple bacterial pathways or to use agents that enhance each other's activity. Examples include:
  - Carbapenem-sparing regimens for CRE.
  - Combinations for CRAB (e.g., colistin with a carbapenem or sulbactam).
  - Dual β-lactam combinations for certain difficult-to-treat pathogens.

Role of rapid diagnostics: Timely and accurate diagnosis is pivotal in managing MDR infections. Rapid diagnostic tests (RDTs) can identify pathogens and their resistance mechanisms much faster than conventional culture-based methods, allowing for prompt initiation of appropriate, targeted therapy. This can significantly impact patient outcomes by reducing the time to effective treatment and curbing the unnecessary use of broad-spectrum antibiotics, thereby minimizing selective pressure for resistance [8].

Challenges in management: Despite advancements, significant challenges persist in the treatment of MDR infections:

- *Limited therapeutic options*: For extensively drug-resistant (XDR) or pan-drug-resistant (PDR) strains, treatment options can be extremely limited or non-existent, leading to high mortality rates.
- *Toxicity of available drugs*: Many effective anti-MDR agents, like polymyxins, carry a significant risk of toxicity, necessitating careful monitoring and dose adjustments, especially in critically ill patients.
- *Pharmacokinetic/pharmacodynamic (PK/PD) considerations*: Critically ill patients often experience altered PK/PD profiles, which can lead to suboptimal drug exposures and treatment failures if not properly accounted for. Therapeutic drug monitoring (TDM) can help optimize dosing for certain agents.
- *Diagnostic delays*: While RDTs are emerging, access to and implementation of these technologies remain a challenge in many settings, leading to delays in appropriate therapy.
- *High healthcare costs*: The development and use of novel antibiotics are often associated with high costs, posing a barrier to access, particularly in resource-limited settings.
- *Emergence of new resistance*: The dynamic nature of AMR means that new resistance mechanisms constantly emerge, challenging the longevity of even the newest antibiotics.
- *Biofilm-associated infections*: Infections involving biofilms, such as those associated with medical devices, are notoriously difficult to treat due to reduced antibiotic penetration and bacterial tolerance within the biofilm matrix.

Antimicrobial stewardship and infection control: Effective antimicrobial stewardship programs (ASPs) are indispensable in combating MDR infections.[9] These programs promote the judicious use of antibiotics, optimizing prescribing practices to ensure the right drug, dose, duration, and route of administration. Key components of ASPs include:

- *Surveillance*: Monitoring resistance patterns locally and globally is crucial for informing empiric treatment guidelines.
- *Formulary restriction and pre-authorization*: Controlling the use of broad-spectrum and novel antibiotics.
- *Prospective audit and feedback*: Reviewing antibiotic prescriptions and providing tailored recommendations to prescribers.
- *Education*: Educating healthcare professionals on appropriate antibiotic use, resistance mechanisms, and infection control.
- *Rapid diagnostics*: Integrating RDTs into clinical workflows to guide targeted therapy.

Alongside ASPs, stringent infection control measures are fundamental to preventing the transmission of MDR organisms within healthcare settings. These include strict hand hygiene, isolation precautions, environmental cleaning, and surveillance for healthcare-associated infections.

Future perspectives: The future of MDR infection treatment is likely to involve a combination of novel approaches and a renewed focus on preventative strategies:

- Nontraditional therapies:
  - *Bacteriophage therapy:* The use of bacteriophages (viruses that specifically infect and lyse bacteria) is gaining renewed interest, particularly for highly resistant infections where conventional antibiotics have failed. Phages offer high specificity and the potential to evolve with bacteria.[10]
  - *Antimicrobial peptides (AMPs):* These are natural or synthetic peptides with broad-spectrum antimicrobial activity, often acting by disrupting bacterial membranes. They represent a promising class of compounds with novel mechanisms of action.[10]
  - *Nanotechnology*: Nanoparticles can be engineered to deliver antimicrobials more effectively, disrupt bacterial membranes, or target specific bacterial components, offering a novel approach to overcome resistance.[10]
  - *Immunomodulation*: Strategies that enhance the host immune response to fight infections, rather than directly killing bacteria, are being explored.
- *Vaccine development:* Development of vaccines against key MDR pathogens could significantly reduce the incidence of infections and the need for antibiotics.
- *Inhibitors of resistance mechanisms:* Research into compounds that specifically inhibit bacterial resistance mechanisms (e.g., new β-lactamase inhibitors, efflux pump inhibitors) remains a critical area.
- *Global collaboration*: International partnerships and initiatives are essential for surveillance, data sharing, research and development, and equitable access to new antimicrobial agents. The WHO's Bacterial Priority Pathogens List guides research and development efforts for new antibiotics [11].
- *One health approach*: Recognizing that AMR is a complex issue with interconnected human, animal, and environmental dimensions, a "One Health" approach is crucial, addressing antibiotic use in agriculture and environmental contamination.

Conclusion: Multidrug-resistant infections pose an existential threat to modern medicine, demanding urgent and concerted action. The current scenario for treating MDR infections is characterized by a reliance on newer, often costly, and potentially toxic agents, alongside a resurgence in the use of older drugs, frequently in combination. However, the pipeline for novel antibiotics remains concerningly thin. For postgraduate medical students, physicians, and clinicians, a deep understanding of resistance mechanisms, an informed approach to current therapeutic options, and a steadfast commitment to antimicrobial stewardship and infection control are paramount. The future landscape of MDR infection treatment will likely integrate innovative nontraditional therapies, alongside robust global surveillance and collaborative efforts to preserve the effectiveness of existing and future antimicrobial arsenals.

References

1. World Health Organization. (2023). Antimicrobial resistance. [online] Available from https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance [Last accessed December, 2025].
2. Levy SB. Multidrug resistance in bacteria. In: Goering RV (Ed). Multidrug Resistance. New York: Marcel Dekker; 2008. pp. 1–28.
3. Magiorakos AP, Srinivasan A, Carey RB, et al. Multidrug-resistant, extensively drug-resistant and pan-drug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance. Clin Microbiol Infect 2012;18(3):268–281.
4. Frontiers. (2024). Friends or foes? Novel antimicrobials tackling MDR/XDR Gram-negative bacteria: a systematic review. [online] Available from https://www.frontiersin.org/journals/microbiology/articles/10.3389/fmicb.2024.1385475/full [Last accessed December, 2025].
5. Pana ZD, Koumpis E, Kofteridis DP. Current and future perspectives in the treatment of multidrug-resistant Gram-negative infections. Infect Drug Resist 2021;14:4817–4831.
6. Zhanel GG, Golden AR, Dreger G, et al. Treatment of infections due to MDR Gram-negative bacteria. Front Med (Lausanne) 2019;6:74.
7. Pourhajibagher M, Chiniforush N, Nikkhah M, et al. Antibiotic regimens for treatment of infections due to multidrug-resistant Gram-negative pathogens: an evidence-based literature review. J Crit Care 2015;30(4):815–820.
8. Al-Balushi M, Al-Rawahi G, Al-Hajri R, et al. Early appropriate diagnostics and treatment of MDR Gram-negative infections. JAC Antimicrob Resist 2022;4(5):dlac089.
9. Anderson DJ, Podgorny K, Beresford L, et al. Stewardship and Infection Control Committee of the Antibacterial Resistance Leadership Group. Clin Infect Dis 2017;64(Suppl. 1):S36–S40.
10. Number Analytics. (2025). The future of antimicrobial therapy. [online] Available from https://www.numberanalytics.com/blog/future-antimicrobial-therapy-multidrug-resistance [Last accessed December, 2025].
11. World Health Organization. (2024). WHO updates list of drug-resistant bacteria most threatening to human health. [online] Available from https://www.who.int/news/item/17-05-2024-who-updates-list-of-drug-resistant-bacteria-most-threatening-to-human-health [Last accessed December, 2025].

A Study of Cardiac Manifestations and its Correlation with CD4 Cell Count in Patients Living with HIV

Soumya Hiregoudar, Neha Sukhani
Raichur Institute of Medical Sciences

Aims and objectives: Human Immunodeficiency Virus (HIV) infection represents a global health challenge. Cardiovascular involvement in HIV is often underrecognized despite multifactorial etiologies such as direct viral effects, opportunistic infections, chronic inflammation, immune dysfunction, and cardiotoxic effects of ART medications. CD4 cell count is a key marker of immune status and may correlate with the severity of cardiac involvement. This study aimed to evaluate cardiac manifestations in patients living with HIV and analyze their association with CD4 count.

Methods: A cross-sectional study on 150 patients attending the ART center at RIMS Hospital between June 2024 and July 2025. Inclusion criteria were HIV-positive individuals aged >18 years. Patients with congenital or rheumatic heart disease were excluded. Clinical evaluation and relevant cardiac investigations were performed and correlated with CD4 cell counts.

Results: Cardiac manifestations were significantly more frequent in patients with CD4 counts <200 cells/μL. The most common abnormalities were left ventricular diastolic dysfunction (30%) and pericardial effusion (28%). These findings highlight the vulnerability of HIV patients to cardiovascular complications.

Conclusion: HIV infected individuals, particularly those with low CD4 counts, are at increased risk for cardiovascular disease. Routine cardiac screening and early intervention may reduce morbidity and mortality in this population.

Patterns and Diagnostic Challenges in Severe Acute Febrile Illness: A Case Series

Shankar S, Baby Shruthi, S Mookambika, C Arul Murugan

Vinayaka Mission Kirupanantha Variyar Medical College Hospital, Salem

Background: Acute febrile illness (AFI) remains a major cause of hospitalization in tropical regions. Overlapping clinical and laboratory features often delay diagnosis and obscure etiology. Understanding local clinical patterns and diagnostic pitfalls is crucial for timely and targeted management.

Aim: To describe clinical, hematological, and etiological trends and highlight diagnostic challenges among hospitalized patients with high-grade AFI.

Methods: A retrospective descriptive case series was conducted among 20 adults admitted with high-grade fever (≥38.5°C) unresponsive to ≥3 days of outpatient therapy between January and October 2025 at a tertiary care centre in Tamil Nadu. Data were extracted from anonymized discharge summaries. Demographic, clinical, and hematological variables were analyzed to identify trends and diagnostic challenges.

Results: Mean age was 37 years with male predominance (14:6). Common symptoms included fever (100%), headache (68%), myalgia (60%), and fatigue (50%). Probable etiologies were viral/viral-like (65%), bacterial (20%), undifferentiated (10%), and scrub typhus (5%) confirmed by IgM ELISA. Mean laboratory findings: Hb 13.7 g/dL, WBC 6.9 × 10^3/µL, platelets 1.85 × 10^5/µL, RDW 16.2%, MCV 70 fL. All patients recovered; mean hospital stay ≈ 4 days.

Conclusion (Learning Points): Most highgrade AFI cases were viral or mild bacterial with good outcomes. A confirmed scrub typhus case highlighted the need for vigilance toward atypical, treatable infections.

Learning points:

1. Persistent fever > 3 days warrants evaluation for rickettsial and atypical causes.
2. Routine CBC indices such as RDW, platelet count, and MCV provide early diagnostic clues.
3. Clinical acumen with targeted testing remains central to AFI management.

Medical Oncology

Quality of Life of Advanced Stage Cancer Patients Presenting to BPKIHS: A Cross-sectional Study

Ashok Kumar Mandal, Robin Maskey, Sonia Dulal

Junior Resident, Department of Internal Medicine, BP Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal; Department of Internal Medicine, BP Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal

This research, entitled "Quality of Life of advanced stage cancer patients presenting to BPKIHS: A cross-sectional study," was conducted to assess the quality of life of advanced stage cancer patients.

It was carried out among patients of BP Koirala Institute of Health Sciences, Dharan, Sunsari, attending the medicine OPD or admitted in medicine wards, and diagnosed with advanced-stage cancer patients.

Background: The advanced stage of a cancer is the stage at which a patient's disease is not amenable to cure, health progressively deteriorates, and survival is not expected by the health professionals providing care. QoL instruments can be used to assess the overall impact of patients' health status on their QoL.

Objective: The primary objective of this study is to assess the quality of life of advanced-stage cancer patients.

Methods: A hospital-based prospective cross-sectional study. A total of 72 patients, the inclusion criteria include adult patients (≥18 years) of advanced-stage cancer patients, exclusion criteria include those who are cognitively impaired and who not giving informed and written consent.

The data was collected by interview, using the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ- C30), and information about the disease condition and treatment was obtained from the medical records.

Results: The study findings revealed the quality of life of cancer patients to be influenced by different domains of QOL, clinicodemographic profiles. The average QoL scores (out of 100) for different scales were 45.60 (global health/QoL), 56.08 (functional), and 38.53 (symptom). Among the symptoms, scale fatigue is the most frequent symptom, i.e, 52.00 (SD =21.33). The single item rated the far most problematic is financial difficulties i.e., 55.09 (SD =22.48).

Conclusion: Hence, on average, the quality of life of advanced-stage cancer patients was below the average. The study findings can be used by all health care providers for providing care to people with cancer, as the findings will help to improve their knowledge.

Keywords: Advanced-stage cancer, EORTC QLQ-C30, Quality of Life.

Miscellaneous

A Prospective Analytical Cross-Sectional Study Comparing Efficacy of Different Techniques of Ear Pressure Equalization in Preventing Middle Ear Barotrauma in Patients Undergoing HBOT

Divya Singh

INHS Asvini

This prospective analytical cross-sectional study aimed to compare the efficacy of three different ear pressure equalization techniques—Valsalva, Toynbee, and Frenzel—in preventing middle ear barotrauma (MEB) among patients undergoing hyperbaric oxygen therapy (HBOT). Conducted over a 1-year period, the study involved a total of 130 patients who were equally and randomly assigned into three groups based on the equalization technique taught and practiced. Each patient received standardized instruction and demonstration from trained medical officers and diving team personnel to ensure consistent technique application. The primary outcome measured was the incidence of middle ear barotrauma, assessed through pre- and post-HBOT otoscopic examinations and symptom reporting. Secondary outcomes included patient-reported ease of technique, compliance, and any associated discomfort. Findings revealed significant differences in the efficacy of the techniques. The Toynbee technique group demonstrated the lowest incidence of MEB, followed by the Toynbee group, with the Frenzel group showing the highest rate of barotrauma cases. Patient-reported ease and comfort were also highest in the Toynbee group, indicating better compliance and suitability for repeated HBOT sessions. The results suggest that the Toynbee technique may offer superior protection against middle ear barotrauma in the context of HBOT, likely due to its more controlled pressure regulation and reduced risk of mucosal trauma. These findings have important clinical implications for improving patient safety and comfort during HBOT and support the need for formal instruction in effective equalization techniques, particularly Frenzel, for individuals at risk of barotrauma. Further studies with larger sample sizes and varied demographic groups are recommended to reinforce these findings and guide protocol development in HBOT centers.

Keywords: Ear barotrauma, Ear equalization technique, Frenzel maneuver, Middle ear barotrauma, Toynbee, Valsalva maneuver.

Systemic Complications of IV Drug Abuser Patients in Tertiary Care Hospital

Arkanil Das, Pradip Bhowmik, Parimal Sarkar

Second year PGT, General Medicine; Professor, General Medicine; Assistent Professor, General Medicine

Introduction: The intravenous administration of narcotics and other drugs may frequently result in serious and often life-threatening systemic complications. Drug contaminants and nonsterile injection techniques with resultant infection are responsible for many of these complications.

Objectives: To determine the spectrum and frequency of systemic complications associated with IV Drug use and evaluate their clinical outcomes.

Methods: An observational longitudinal study was carried out over a period of 4 months among indoor patients admitted in the department of medicine of a tertiary care hospital in North Eastern India. The study was conducted on 10 patients with IV drug abuse. Detailed clinical history and physical examinations were done. Standard investigations, including Complete blood count, LFT, KFT, HbsAg, Anti-HCV, HIV ELISA, purified protein derivative, rapid plasma reagin, Chest X-ray, ECG, and, depending on symptoms, HRCT, blood cultures, cardiac biomarkers, sputum analysis, Echocardiogram, Doppler ultrasound, CT or MR angiography, venography, were performed.

Results: The study included 10 patients, all being males, with a mean age of 26.5 years. Common complications include infectious diseases seen in 6 (60%) cases, cardiovascular complications in 5 (50%) cases, pulmonary complications in 4 cases (40%), hematological complications in 2 cases (20%), neurological complications in 2 (20%) cases, hematological in 2 (20%) and gastrointestinal in 9 (90%) cases. Mortality rate was 10%. Patients with infectious diseases have higher mortality than those without.

Conclusion: IV drug abuse is associated with a wide range of systemic complications, emphasizing the need for comprehensive care and multidisciplinary management in these patients

Keywords: Echocardiogram, IV drug abuse, Systemic complications.

A Comprehensive Study on Various Body and Mind Parameters During Prolonged Fasting and Strenuous Physical Exertion

Aadil Khan, Punekar P, RS Sharma

Department of General Medicine, R Mahobia Department of Pathology, Government NSCB Medical College, Jabalpur, Madhya Pradesh, India

Aims and objectives: A Detailed study on the effects of prolonged fasting and strenuous physical

exertion was carried out from May 22, 2024, 8 PM to May 29, 2024, 8 PM at NSCB Medical College, Jabalpur, Madhya Pradesh, India.

Material and method: As per the subject under study, Dada Guruji, actual (name not given for ethical reasons), he stopped taking food from October 17, 2020. He took only a small (approximately 500 mL amount of "Narmada River Water collected from midstream. In the meantime, he either continues his Parikrama around the Narmada River or intermittently stops at few places for worships and religious discourses. He is always under constant companionship and even at times in certain settings under CCTV surveillance. Since he is physically and mentally very active and his general health is excellent, it was decided to conduct a scientific study to objectively assess his physical, mental parameters, biochemical profile, and certain other investigations (ECG, echocardiography, USG abdomen, EEG, etc)

Results: The observation data are analyzed in standard scientific manner, and results procured result details discussed. He was under constant surveillance.

Conclusions: It was concluded that the "subject" did not consume any food substance that could give energy or nutrition. Only approx. 500 cc of Narmada river water was consumed in 24 hrs. Results showed that despite continuous physical activity (daily 25–30 Km walking under summer sun with outdoor temperature 40 - 45°C, he was physically and mentally agile and fit and had no symptoms. His physical, mental, biochemical parameters were mostly in normal range except for a few fluctuating marginal aberrations in blood sugar, S. Creatinine, Uric Acid, S-iron, ferritin (details will be presented). These are expected in a 7-day fast. In our opinion, subject Dada Guru's response to strict fasting coupled with strenuous physical activity is unique and hitherto unreported in world medical literature. Probable mechanisms, our hypotheses (Markedly increased metabolic adaptation and endurance power) are discussed.

Impact of Environmental Conditions and Clinical Parameters on Exertional Heat-Related Disorders: A Cross-sectional Study

Abhishek Kumar, Santosh Kumar Singh, Suman Kumar Pramanik, Anand Menon

AFMC, Pune

Background: Exertional heat disorders (EHDs) are a major occupational health concern among military personnel engaged in strenuous physical activity under high ambient temperatures and humidity. This study aimed to determine the clinical, biochemical, and environmental correlates associated with EHDs during organized military training.

Methods: A cross-sectional observational study was conducted among 6,857 cadets undergoing military training, of whom 116 (1.7%) developed EHDs. Clinical evaluation, environmental assessment, and laboratory investigations, including hepatic, renal, and muscle injury markers, were undertaken. Statistical analyses were performed to assess associations between clinical, biochemical, and environmental variables, with $p < 0.05$ considered significant.

Results: Heat exhaustion accounted for 79.8% of cases, followed by mixed forms (15.6%), heat stroke (3.4%), and heat syncope (0.9%). The highest incidence occurred during Combat Conditioning Runs (43.1%) and Battle Physical Efficiency Tests (36.2%). Mean ambient temperature and humidity were 29.1°C and 85%, respectively. Ambient temperature and distance covered significantly correlated with EHD severity ($p = 0.007$ and $p = 0.014$). Heat stroke cases showed higher core temperature, tachycardia, hypotension, and biochemical evidence of multiorgan involvement, with elevated CK, LDH, AST, ALT, and creatinine levels.

Conclusion: EHDs commonly occur during high-intensity training in hot, humid environments. Elevated environmental temperature and prolonged exertion are key determinants of severity. Preventive strategies such as acclimatization, hydration, and structured work-rest cycles are essential to reduce morbidity and sustain operational readiness among military personnel.

Not Every Fever Needs Antibiotics: A Retrospective Study and Algorithm-based Approach to Noninfectious Fever at a Tertiary Care Hospital, Coimbatore

Sangavi Ramachandran, Prenav Sakthi Kumar

Kongunad Hospitals Private Limited, Coimbatore; Consultant, Kongunad Hospitals Private Limited, Coimbatore

Background: Fever is among the most frequent causes of hospital visits and is often presumed to be infectious. However, a significant proportion of prolonged fevers have non-infectious etiologies, including autoimmune, autoinflammatory, malignancy, and drug-induced conditions. Overreliance on antibiotics for noninfectious causes delays diagnosis and contributes to increased antimicrobial resistance, which is projected to cause more deaths globally by 2050 than COVID-19. This study aims to evaluate the spectrum of noninfectious fever, identify reasons for diagnostic delay, and propose a structured algorithm to guide rational evaluation and antibiotic use.

Methods: A retrospective observational study was conducted in the Department of General Medicine at a tertiary care hospital. A total of 42 patients (interim data $n = 42$) from January to September 2025 during the time of abstract submission, final analysis will include all cases enrolled until January 2026 were included in the study. Adult patients (≥18 years) with noninfectious causes of fever were included. Patients with concurrent infection, known malignancy, and autoimmune diseases were excluded. Data on demographics, duration of fever, prior hospital visits, antibiotic use, criteria met for antibiotics, missed findings at outside hospitals that led to delay in diagnosis, and final diagnosis were analyzed. Based on study observations, a stepwise diagnostic algorithm was developed integrating qSOFA scoring, empirical antibiotic criteria, and systematic evaluation for infectious and noninfectious etiologies.

Results: The mean age of patients was 44.14 years, with a female predominance of ($n = 25$) 59.5%.

The mean duration of fever before diagnosis was 23.7 days.

85.7% ($n = 36$) of patients had received empirical antibiotics prior to admission at our hospital, and among them, 88.8% ($n = 32$) were used inappropriately (criteria for empirical antibiotics—Sepsis, community-acquired pneumonia, ventilator-associated pneumonia, necrotizing fasciitis, febrile neutropenia, meningitis—not met).

Nearly 100% of these patients had received empirical antibiotics without prior blood culture, and in most cases, baseline investigations (CBC, ESR/CRP, urinalysis, and imaging) had not been performed before starting antibiotics, contributing to significant diagnostic delay.

Concordance between outside and tertiary hospital diagnosis was low, as many were initially labeled as infectious but later confirmed as non-infectious.

The most commonly missed findings at primary centers were history 45.4%($n = 15$), lymphadenopathy 51.5%($n = 17$), and splenomegaly 3% ($n = 1$).

The final diagnosis distribution was:

- Autoimmune/connective tissue disorders: 42.8% ($n = 18$)
- Malignancy: 30.9% ($n = 13$)
- Autoinflammatory: 23.8% ($n = 10$)
- Drug induced: 7.1% ($n = 3$)

Algorithm: Evaluation of Fever >5 Days

- Step 1—Initial Assessment

Fever > 5 days

↓

Check qSOFA ≥ 2 and criteria met for empirical antibiotics?

Yes → Start empirical antibiotics

No → Proceed to Thorough history and physical examination

↓

- Step 2—Detailed Evaluation

Thorough history and physical examination (Contact history, drug history, travel history, vegetation exposure, lymph node examination, general survey)

↓

Step 3—Basic Investigations:

CBC, RFT, LFT, Electrolytes, Urinalysis, Chest X-ray, Ultrasound, CRP, Procalcitonin, Culture and Sensitivity, Mantoux test, Peripheral smear

↓

Suspicion of bacterial infection or SOFA ≥ 2?

Yes → Bacterial infection → Targeted cultures and investigations → Start antibiotics

No → Classify as either Non-bacterial infection or Non-infectious causes

- Step 4A—Nonbacterial infections
- Viral
- Fungal
- Parasitic

(Proceed with targeted investigations)

- Step 4B—Noninfectious causes

↓

Repeat history and detailed systemic examination

↓

Classify into:

- Autoimmune diseases
- Malignancy
- Miscellaneous

Autoimmune Diseases

- Connective Tissue Disorders (CTD): SLE (SLICC criteria), Sjögrens (EULAR criteria), systemic sclerosis (EULAR criteria), dermatomyositis, autoimmune hepatitis
- Investigations: ANA, ANA profile
- Arthritis >6 weeks:
- Seropositive: Rheumatoid arthritis → RA factor, anti-CCP (EULAR criteria)
- Seronegative: Psoriatic arthritis, reactive arthritis, ankylosing spondylitis (ASAS criteria), enteropathy-associated arthritis → HLA-B27 positive

Vasculitis:

Large vessel:

- Giant cell arteritis → Temporal artery biopsy, (EULAR criteria)
- Takayasu arteritis → Angiography(EULAR criteria)

Medium vessel:

- Polyarteritis nodosa → Angiography/ Biopsy(ACR criteria)

Small vessel:
- ANCA-positive: Wegener's granulomatosis(ACR criteria), Churg–Strauss(EULAR criteria), Microscopic polyangiitis(ACR criteria)
- ANCA-negative: Behçet's (criteria), Henoch–Schönlein purpura - skin biopsy (Criteria), Cryoglobulinemia (cryoglobulin levels)

Malignancy
- Biopsy
- CT chest and abdomen
- PET-CT

Miscellaneous
- Autoinflammatory diseases: Kikuchi (biopsy), adult-onset still's disease (Yamaguchi criteria)
- Drug fever
- Inflammatory bowel disease: Colonoscopy and biopsy
- Venous thrombosis: Venography
- Sarcoidosis: ACE levels, biopsy

Conclusion: Noninfectious causes of fever are frequently overlooked, leading to unnecessary antibiotic use and diagnostic delay. Implementing a structured algorithmic approach combining clinical judgment, qSOFA scoring, and targeted investigations can improve diagnostic accuracy, reduce antibiotic misuse and promote effective stewardship in prolonged fever evaluation.

Post Tubercular Lung Disease in PLHIV Patients Previously treated for Pulmonary Tuberculosis

Vishwa Varun Katti, S Nath, A Raizada, AK Verma
University College of Medical Sciences and Guru Teg Bahadur Hospital

An estimated 39 million people were living with HIV globally in 2022, with 630,000 deaths attributed to HIV-related causes. India accounts for 24.01 lakh PLHIV, and HIV seropositivity among referrals from the National Pulmonary Tuberculosis Elimination Program stood at 1.29%. Pulmonary tuberculosis (TB), the most common opportunistic infection in PLHIV, contributes to 1 in 5 HIV-related deaths. Even after successful TB treatment, patients may develop post-tubercular lung disease (PTLD), including bronchiectasis, cavitation, COPD, and restrictive lung disease. This study addresses the gap in Indian data on PTLD among PLHIV.

A cross-sectional study was conducted at the ART Clinic of a tertiary care Hospital, enrolling 150 PLHIV previously treated for pulmonary TB. Based on Auld et al. (2021), a sample size of 374 was calculated, but logistical constraints limited recruitment to 150. Data collection included socio-demographics, clinical history, CD4 count, viral load, chest imaging, spirometry, 6-minute walk test, and COPD Assessment Test. Statistical analysis was performed using SPSS v20.0. ANOVA, Mann-Whitney U, independent *t*-tests, and Chi-square tests were applied, with $p < 0.05$ considered significant. Ethical clearance was obtained from the institutional ethics committee, and data confidentiality was maintained.

Among participants (mean age 37.53 ± 11.61 years; 41% males, 61% females), 56.3% had PTLD. Of these, 25% showed obstructive, 28% restrictive, and 3.3% mixed spirometry patterns. A significant difference in 6-minute walk distance and CD4 count was observed between the PTLD and non-PTLD groups. Findings highlight the burden of respiratory impairment in PLHIV and the need for routine post-TB screening. The high prevalence of PTLD indicates that TB cure does not ensure full pulmonary recovery. Integrating spirometry and functional assessments into HIV care may improve long-term outcomes.

Evaluation of Safety Profile and Adverse Drug Reactions of Combined Fluoxetine and Mirtazapine Therapy in Patients with Major Depressive Disorder

Asmita Pandey, Rajkumar Arya
MD Resident, Department of Pharmacology; Professor and Head, Department of Pharmacology

Introduction: Major depressive disorder (MDD) often requires prolonged pharmacotherapy, and many patients show inadequate response to antidepressant monotherapy. Combining agents with complementary mechanisms can enhance therapeutic outcomes. Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), increases serotonergic transmission, while mirtazapine, a noradrenergic and specific serotonergic antidepressant (NaSSA), augments both noradrenergic and serotonergic activity. This combination, sometimes likened to "California rocket fuel," may offer superior efficacy but also raises potential safety concerns due to overlapping pharmacodynamic effects. Hence, a systematic evaluation of the safety and adverse drug reaction (ADR) profile of this combination is essential to ensure tolerability and patient compliance.

Aims and objectives: To assess the safety profile and adverse drug reactions (ADRs) associated with combined fluoxetine and mirtazapine therapy in patients with Major Depressive Disorder (MDD).

Methods: A prospective, interventional, randomized, double-blind study was conducted in 50 patients diagnosed with MDD over a 12-week period. Participants were assigned to receive combined fluoxetine and mirtazapine therapy. All adverse events were recorded at regular intervals, and causality was assessed exclusively using the WHO-UMC scale.

Results: Among the 50 participants, 12 patients (24%) experienced adverse drug reactions. Reported ADRs included sedation (8%), dry mouth (4%), weight gain (4%), nausea (4%), and mild headache (4%). All events were classified as mild to moderate in severity and deemed probable by the WHO-UMC causality assessment. No serious or life-threatening ADRs were observed.

Conclusion: Over 12 weeks, the combination of fluoxetine and mirtazapine showed a favorable safety and tolerability profile in patients with MDD, with an incidence rate of 24% of mild and manageable adverse reactions. Routine monitoring remains advisable to detect and address ADRs.

Keywords: Adverse drug reactions, Double-blind, Fluoxetine, Major depressive disorder, Mirtazapine, Safety study, WHO-UMC scale

Uncoupling the Hemoglobin–Thrombosis Paradigm: Re-exposure Dynamics as a Risk Factor at High Altitude

Maj (Dr) Ravi Kumar, Brig (Dr) Rajan Kapoor
153 General Hospital, Leh

Background: High-altitude thrombosis has long been attributed to altitude-induced erythrocytosis and blood hyperviscosity. However, not all individuals with elevated hemoglobin develop thrombotic events, suggesting additional physiological triggers. This study evaluates the relative contribution of hemoglobin versus re-acclimatization failure and other factors to thrombotic risk at high altitude.

Methods: A retrospective case-control analysis was conducted among personnel deployed between 4,500–20,000 ft (mean 13,894 ft) in the Leh-Ladakh sector. Fifty-one individuals with objectively confirmed thrombotic events (17 arterial, 34 venous) were compared with altitude-matched controls. Demographic, environmental, and hematological parameters—including hemoglobin, platelets, WBC, and D-dimer—were analyzed using t-tests and correlation coefficients.

Results: Mean age was 33.9 ± 6.9 years; BMI 23.5 ± 2.4 kg/m^2. The average duration of exposure prior to thrombosis was 11.6 months. Mean hemoglobin was 17.1 ± 2.0 g/dL in cases, with no significant difference between arterial and venous subgroups ($p > 0.4$). No correlation was noted between altitude, duration of stay, or hematological indices. Strikingly, >70% of cases occurred in returnees after leave, implicating re-acclimatization failure as a major precipitating factor. Platelet counts, WBC, and D-dimer levels remained within adaptive limits and were not independent predictors.

Conclusion: Elevated hemoglobin, while ubiquitous at high altitude, is neither necessary nor sufficient to cause thrombosis. The observed clustering among returnees highlights dynamic endothelial stress and incomplete re-acclimatization as key mechanisms. Preventive strategies should prioritize structured re-induction, hydration, and monitoring during redeployment rather than hemoglobin thresholds alone.

Keywords: Erythrocytosis, High altitude, Hypoxia, Indian armed forces, Reacclimatization, Thrombosis.

Skin Prick Test Sensitization Patterns in Adults with Allergic Bronchial Asthma and Allergic Rhinitis

Nusrat Sayed, Harsha NS2, Sowmya Nagarajan, Suraj BM
Bhagwan Mahaveer Jain Hospital

Objective: To demonstrate the allergic sensitization pattern in adults presenting with allergy symptoms (allergic rhinitis and allergic bronchial asthma) at a Hospital in Bengaluru, observed through skin prick test.

Methods: Data on sensitization, clinical history, physical examination, and diagnosis of individuals who presented to our hospital with allergic symptoms (allergic rhinitis and allergic bronchial asthma), and underwent skin prick test, was analyzed retrospectively, to establish sensitization pattern, its correlation to clinical presentation and variation in adult population.

Results: 110 adults underwent Skin Prick Test for their allergy workup from April to September 2025. Allergic rhinitis was the most common among subjects (60.86%).

Aeroallergen sensitization was seen in 78.26% of subjects. Sensitization to house dust mites (Blomia tropicalis—30.43%, Dermatophagoides pteronyssinus and farina—57.14% and 47.83%), and Cockroach—28.27%. Pollens (Parthenium hysterophorus—31.27%), and molds (Alternaria alternata—30.27%, Aspergillus fumigatus—15.07%). Differences were noted in pattern of sensitization for these allergens in the allergic rhinitis, asthma, and the 'rhinitis with asthma' groups.

Conclusions: Although differences were noted in the sensitization patterns in adult population and different allergy phenotypes, our cohort was sensitized to common airway allergens. Through skin prick testing, Clinicians can identify the various sensitization patterns to common allergens and differences within given population, thus providing knowledge on the same. Thus, enabling clinicians to provide patient-centric diagnosis and improve cost-effectiveness of treatment by allergy avoidance advice and appropriate targeting of medication (pharmacotherapy and immunotherapy).

Nephrology

Case Series of Emphysematous Infections of the Kidney and Urinary Tract: A Study from a Tertiary Care Centre

S Parmar, V Behera, N Agrawal, HBS Chaudhury, M Matta

INHS, Kalyanl, West Bengal, India

Background: Emphysematous pyelonephritis (EPN) is a severe and life-threatening infection of the renal parenchyma, collecting system or peri-nephric tissue, which is characterized by the presence of gas in the parenchymal tissue. The outcome of this condition has significantly improved over the years due to early diagnosis by better imaging modalities and a change in treatment strategies from nephrectomy to a more conservative nephron-sparing approach. We present a clinico-radio-pathological profile of a series of patients with EPN in which the patients were aggressively managed and early percutaneous surgical drainage (PCD) was performed.

Methodology: A total of 04 cases were included over a two-year period. All patients had pre-existing diabetes, among whom two patients (50%) had uncontrolled hyperglycemia at presentation and one patient had diabetic ketoacidosis; the mean blood sugar of the patients at presentation was 270 mg/dL. The mean age of the study patients was 60.33 years (range 51 - 69 years) and there were an equal number of females and males.

Discussion: Fever was seen in all patients, features of urinary infection (dysuria, pyuria) in 03(75%) and flank pain was seen in all patients (100%). Leuko-cytosis was seen in all patients (100%) (mean TLC 16,700/mm) and elevated serum creatinine was seen in all patients (100%). All 4 patients had pyelonephritis, one (25%) had both cystitis with pyelonephritis. The left urinary tract was more commonly involved (75%) than the right side (25%), and one patient had bilateral involvement. Urine culture was positive in three cases with growth of Klebsiella in two and Pseudomonas in one patient. The poor prognostic markers included presence of bilateral disease, thrombocytopenia, hypotension and elevated creatinine. Empirical intravenous antibiotics were administered to all patients as per our protocol and, subsequently, the antibiotics were changed based on the culture sensitivity. Of the 04 patients studied, 02 patients underwent PCD within 24 h. All patients responded well and recovered completely.

Conclusion: EPN is a potentially life-threatening condition commonly associated with diabetes and immunosuppressed states. Aggressive and prompt medical therapy with early PCD therapy is the key to reducing morbidity and mortality.

Keywords: Emphysematous pyelonephritis, Type 2 diabetes mellitus, Percutaneous drainage

Evaluation of the Relationship of NLR to Different Stages of Chronic Kidney Disease: A Retrospective Study

Tithi Ghosh, Soumyadeep Ghosh, Subrata Bhowmik

Department of General Medicine, Agartala Government Medical College and Govind Ballabh Pant Hospital, Agartala, Tripura, India; Division of Pharmaceutical and Fine Chemical Technology, Department of Chemical Technology, University of Calcutta, Kolkata, West Bengal, India

Background: Chronic kidney disease (CKD), a long-term metabolic disorder, causes renal damage, high rates of mortality and morbidity, and imposes a tremendous financial burden. Both local intrarenal inflammation and systemic inflammation are known to exacerbate this irreversible disease. The main objective of this study was to gain insight into the significance of the neutrophil-to-lymphocyte ratio (NLR) in CKD.

Methods: A retrospective cross-sectional research study including 65 participants with CKD, encompassing five stages of CKD in accordance with KDIGO guidelines, was undertaken in the Department of Medicine at AGMC, Tripura. From January to June 2025, information was collected. The study included patients with chronic kidney disease; patients with heart and liver diseases, children, pregnant women, those who have had a recent diagnosis of infection or feverish illness, and those receiving dialysis were not included. The differential count of hematological data was used to calculate the NLR.

Results: The particular derived inflammatory index metric NLR rose considerably among research participants (mean age: 51.092) in stage 5 of CKD. The group with the highest NLR showed lower eGFR and higher serum creatinine. Results indicated that NLR was positively correlated with CKD stages. The mean eGFR was 26.892 ± 3.23 ml/min/1.73 m^2, with 6.135% in stage 1 - 2, 18.461% in stage 3a, 29.23% in stage 3b, 35.384% in stage 4, and 10.769% in stage 5 of CKD. Concerning the exposure factors, 84.615 ± 0.52% exhibited a higher NLR (above 3.5).

Conclusion: The complex link between NLR and CKD phases illuminates renal impairment development. The NLR increases with CKD severity. These findings emphasize both the potential of NLR as a biomarker for CKD development and the necessity for additional research into its therapeutic implications in controlling this prevalent illness.

Keywords: Kidney failure, Chronic kidney disease, Neutrophil/Lymphocyte ratio, Estimated glomerular filtration rate.

Spectrum of Biopsy Proven Glomerulonephritis in Individuals with Asymptomatic Urinary Abnormalities

Behera Vineet, Rakesh Yadav, Chauhan P, Shanmugraj G, Alok Sharma, Ananthakrishnan R

Institute of Naval Medicine—INHS Asvini, Mumbai, Maharashtra, India; [2]Institute of Naval Medicine—INHS Asvini, Mumbai, Maharashtra, India

Background: Asymptomatic urinary abnormalities like hematuria and subnephrotic proteinuria are frequently incidentally detected in asymptomatic individuals without any renal disease. Most of these are benign, while a few may actually have an underlying glomerulonephritis at an early stage. Early diagnosis may help in early initiation of management, prediction of prognosis, close monitoring of disease, and thus help in retarding the progression of the disease.

Methods: The study was a retrospective observational study in a tertiary care hospital. All asymptomatic apparently healthy individuals without any known renal or related disease, individuals doing health checkups, individuals doing preanesthetic checkups, and individuals with nonrenal diseases were included in the study if they had abnormal urine examination (protein 1+ or more, any RBC or RBC cast, any active urine sediment) on two or more occasions. Individuals with systemic diseases known to affect the kidneys, like long-standing diabetes or hypertension, autoimmune conditions, or vasculitis, were excluded. A detailed history and examination were done for these patients. All patients underwent an ultrasound KUB, 24-hour urine protein, renal function tests and other relevant investigations. Individuals with glomerular or unexplained hematuria or proteinuria > 1000mg/day underwent a kidney biopsy.

Results: We screened 1000 patients, of which 108 patients had asymptomatic urinary abnormalities; of which 28 were excluded and 80 were included in the study. Of the 80 patients 42 (52.5%) patients had proteinuria > 1000 mg/day, 15 (18.7%) patients had isolated hematuria, while 23 (28.75%) patients had both hematuria and proteinuria. (80 = 42 + 15 + 23) *Of the 65 (42 + 23) subjects with proteinuria, 22 (33.8%) had 2000 - 3500mg/day, 3 (4.6%) had > 3500 mg/day, and* 28 (35%) subjects had associated abnormal creatinine.

Sixteen (20%) patients had one or both shrunken kidneys, suggestive of chronic kidney disease, while 02 patients had ADPKD and 02 had SOL kidneys each. (80 - 16 - 02 - 02 = 60)

Renal biopsy was done in 52 subjects (08 subjects refused, 60 - 08 = 52). Biopsy showed IgA nephropathy in 16 subjects (30.7%), focal segmental glomerulosclerosis in 9 subjects (17.3%), membranous nephropathy in 3 (5.7%), chronic glomerulonephritis (sclerosed glomeruli) in 8 (15.3%), hypertensive nephropathy in 3 (5.7%), minimal change disease in 4 (5.6%), chronic tubule interstitial disease in 7 (13.4%), MGRS in 1 (1.9%) and C3 glomerulopathy in 1 (1.9%).

Most patients with glomerulonephritis with proteinuria were managed with ACEI/ARBs, while steroids/immunosuppression were used in 6 patients (4 IgA nephropathy, one each of membranous nephropathy and MGRS).

Conclusion: Urinary abnormalities in asymptomatic individuals are an important screening method for early detection of glomerulonephritis and if present they should be evaluated in detail and renal biopsy done if required.

Vitamin B12 and Vitamin D3 as Biomarkers of Disease Severity in Chronic Kidney Disease

Siddheswar Debbarma, Pradip Bhaumik, Kushal Debbarma

Agartala Government Medical College & GBP Hospital, Agartala, Tripura, India

Introduction: Chronic kidney disease (CKD) is a well-recognized immunocompromised state associated with complex metabolic alterations. Notably, patients with CKD often demonstrate paradoxically elevated serum vitamin B12 and profound vitamin D3 deficiency. These changes may reflect disease severity and carry prognostic significance. This study aimed to evaluate the association of serum vitamin B12 and D3 levels with different stages of CKD and long-term prognosis.

Methods: A six-month observational, longitudinal study was conducted on 50 diagnosed CKD patients and 50 age and sex-matched healthy controls. Serum vitamin B12 and D3 concentrations were measured, and data were analyzed using descriptive statistics.

Results: CKD patients (mean age 54.89 ± 15.01 years; predominantly male) demonstrated significantly higher mean serum vitamin B12 levels (1059.24 ± 605.09 pg/mL) compared with controls (498.72 ± 178.95 pg/mL). Subgroup analysis revealed that advanced stages of CKD (stage 5 on hemodialysis: 1184.89 ± 771.08 pg/mL; stage 5 non-dialysis: 1460.5 ± 270.17 pg/mL) had markedly higher B12 levels than earlier stages (stage 3B: 433.33 ± 152.75 pg/mL; stage 4: 631.33 ± 152.11 pg/mL). In contrast, serum vitamin D3 levels were significantly reduced in CKD patients (21.43 ± 12.62 ng/mL) compared with healthy controls (76.05 ± 12.79 ng/mL).

Conclusion: Elevated serum vitamin B12 levels in CKD likely result from chronic inflammation

and impaired cellular uptake rather than true sufficiency, underscoring its potential role as a biomarker of disease severity. Profound vitamin D3 deficiency was consistently observed, highlighting the importance of regular monitoring and supplementation. Together, altered vitamin B12 and D3 profiles may serve as valuable adjunctive markers for assessing CKD progression and guiding long-term management strategies.

Beyond Gout—Magnitude and Multisystem Impact of Hyperuricemia: Insights from Telangana

Yerranagari Rajashekar, Vishakha Jain, Anitha S, Abhishek Jagdishchander Arora, Sangeetha Sampath
AIIMS, Bibinagar

Introduction: Hyperuricemia, defined as elevated serum uric acid (>7 mg/dL in males and >6.5 mg/dL in females), is a prevalent metabolic disorder linked to cardiovascular, renal, and hepatic dysfunction. While asymptomatic hyperuricemia is often overlooked, symptomatic forms denote greater metabolic burden and target organ involvement. This study assessed the magnitude and clinical–biochemical correlates of symptomatic and asymptomatic hyperuricemia among adults attending a tertiary care hospital.

Methods: A hospital-based analytical cross-sectional study was conducted among 268 adults with elevated uric acid from 4,685 screened outpatients. Participants were categorized as symptomatic (n = 77, 28.7%) or asymptomatic (n = 191, 71.3%) based on arthralgia or gouty symptoms. Clinical, anthropometric, and biochemical evaluations included renal and liver function tests, lipid profile, HbA1c, FIB-4, LVMI, and CIMT. Data were analyzed using mean ± SD and n (%), with p <0.05 considered significant.

Results: The prevalence of hyperuricemia was 5.72%. Symptomatic patients were older (52.4 ± 13.2 vs 48.4 ± 13.2 years, p = 0.02), predominantly male (p = 0.02), and had higher uric acid (8.46 ± 1.47 vs 7.99 ± 1.10 mg/dL, p = 0.005). LVMI abnormalities (p = 0.04), FIB-4 elevation (p = 0.04), and MASLD (p = 0.04) were more frequent, reflecting greater cardiac and hepatic stress. Renal stones were also higher (p = 0.12).

Conclusion: In this tertiary care cohort, 28.7% of hyperuricemic patients were symptomatic, representing a significant burden of clinically active disease. Symptomatic hyperuricemia correlated with higher uric acid, cardiac hypertrophy, hepatic fibrosis, and renal stones, underscoring its multisystem impact. Early detection and management are vital to mitigate long-term cardiovascular and renal risks.

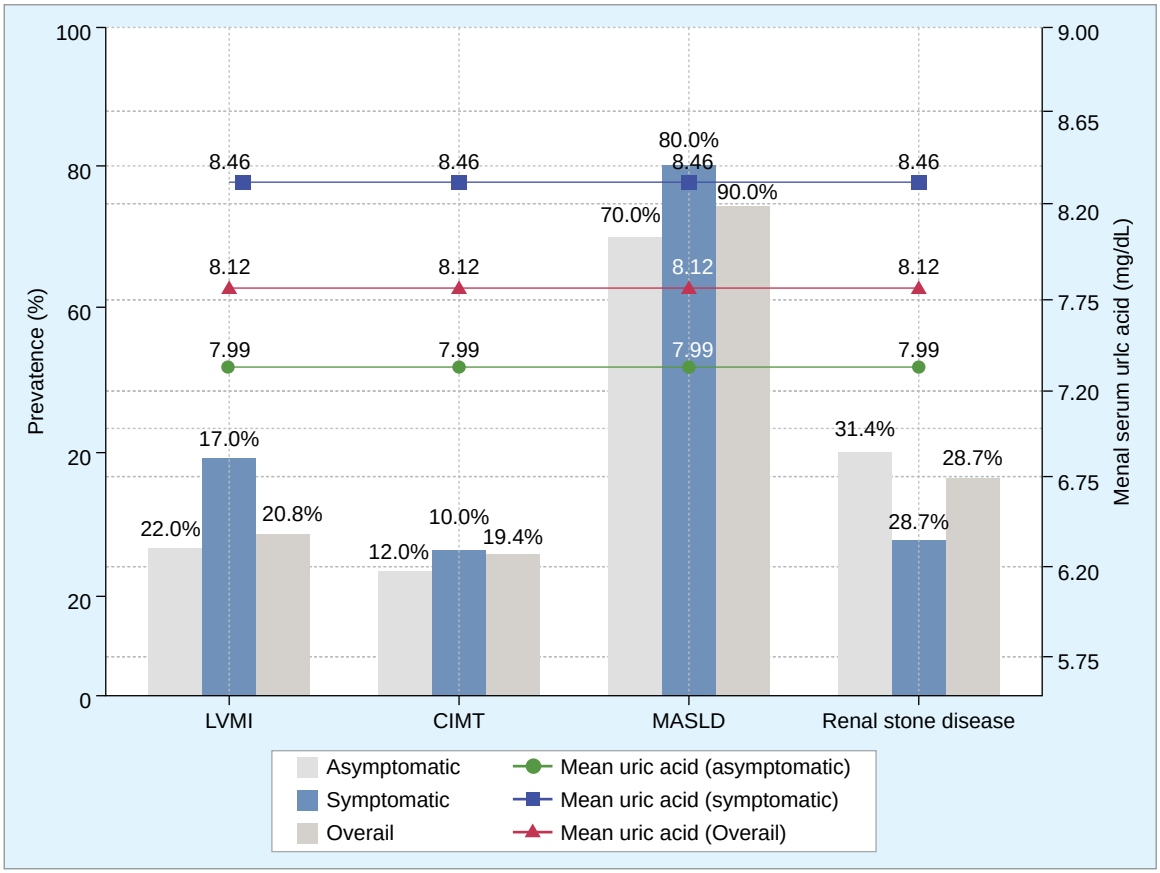
Beyond Gout: Magnitude and multisystem impact of hyperuricemia- Insights from Telangana

Vishakha Jain, Anitha S, Abhishek Jagdishchander Arora
AIIMS, Bibinagar

Methods: A hospital-based analytical cross-sectional study was conducted among 268 adults identified with elevated serum uric acid from 4,685 screened outpatients. Participants were categorized as symptomatic (n =77, 28.7%) and asymptomatic (n =191, 71.3%) based on arthralgia or gouty symptoms. Clinical, anthropometric, and laboratory assessments included renal and liver function tests, lipid profile, HbA1c, Fibrosis-4 Index (FIB-4), Left Ventricular Mass Index (LVMI), and carotid intima-medial thickness (CIMT). Statistical analysis used Mean ± SD and n (%), with p <0.05 considered significant.

Results: The prevalence of hyperuricemia among screened outpatients was 5.72%. Of 268 patients, 28.7% were symptomatic. Symptomatic patients were older (52.4 ± 13.2 vs. 48.4 ± 13.2 years, p = 0.02) and predominantly male (p = 0.02). Serum uric acid levels were higher in symptomatic patients (8.46 ± 1.47 vs. 7.99 ± 1.10 mg/dL, p = 0.005). LVMI abnormalities (p = 0.04) and FIB-4 scores (p = 0.04) were more frequent in symptomatic individuals, indicating greater cardiac and hepatic involvement. Renal stone disease was also more prevalent (p = 0.12).

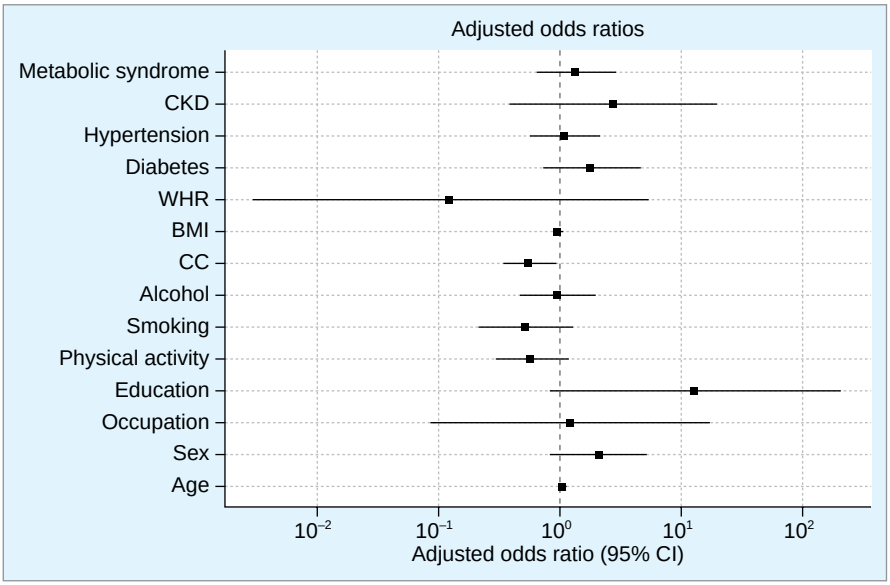
Conclusion: In this tertiary care cohort, 28.7% of hyperuricemic patients were symptomatic, reflecting a substantial burden of clinically active disease. Symptomatic hyperuricemia correlated with higher uric acid levels, cardiac hypertrophy, hepatic fibrosis, and renal stones, indicating multi-organ involvement. Early identification and management of such patients are crucial to prevent long-term cardiovascular and renal complications.



Graph. 1: Comparison of target end-organ damage in symptomatic and asymptomatic hyperuricemic patients

Table: Comparison of asymptomatic and symptomatic hyperuricemic patients

Parameters	*Asymptomatic (n = 191, 71.3%)*	*Symptomatic (n = 77, 28.7%)*	*p-value*
Mean age (years)	48.4 ± 13.2	52.4 ± 13.2	0.02*
Male (%)	71%	84%	0.02*
Education—low level (%)	30%	45%	0.04*
BMI (kg/m^2)	26.5 ± 4.8	27.6 ± 4.1	0.08
Current smokers (%)	7%	13%	0.07
Alcohol consumers (%)	42%	54%	0.16
Physical inactivity (%)	13%	19%	0.13
HbA1c (≥6.5%)	30%	33%	0.87
Hypertension (%)	39%	46%	0.06
CKD (%)	2%	3%	0.56
Serum uric acid (mg/dL)	7.99 ± 1.10	8.46 ± 1.47	0.005*
LVMI abnormal (%)	47%	61%	0.04*
Carotid intima-medial thickness (mm)	0.05 ± 0.01	0.06 ± 0.02	0.11
Fibrosis 4 index—high (%)	1%	4%	0.04*
MASLD (%)	70%	75%	0.04*
Renal stone disease (%)	22%	28%	0.12
Urine PCR (%)	5%	8%	0.09
Total (*n* = 268)			



Graph. 2: Forrest plot

Clinico-biochemical Assessment of Patients with Acute Renal Failure with Special Reference to Etiology and Short-term Outcomes in a Tertiary Care Hospital

Mandira Mondal, S Biswas, D Chakrabarti, S Adhikary

North Bengal Medical College, Darjeeling, West Bengal, India

Introduction: Acute Kidney Injury (AKI) is a frequent and serious complication among hospitalized patients, contributing substantially to morbidity and mortality. Its diverse etiologies and variable outcomes necessitate region-specific evaluation to guide preventive and therapeutic strategies. We conducted an observational study to assess the clinico-biochemical profile, etiological spectrum, and short-term outcomes of patients with AKI admitted to our institution.

Methodology: This observational, descriptive, cross-sectional study included 105 adults and adolescents with AKI (as per 2012 KDIGO criteria) and was conducted for one year duration. Clinical, biochemical, and radiological data were analyzed using descriptive and inferential statistics (SPSS v22).

Results: The mean age of participants was 53.6 ± 16.3 years; gender distribution was nearly equal (M: F = 0.98:1). Common comorbidities included hypertension and diabetes. Major etiologies were urosepsis (18%), pneumonia (17.1%), chronic liver disease with hepatorenal syndrome (15.2%), and poisoning (10.4%). 60% required renal replacement therapy (RRT), 26.6% required mechanical ventilation, and 35.2% required vasopressors. The overall mortality rate was 36.2%, significantly associated with prolonged hospital (>10 days) and HCCU (>6 days) stays ($p < 0.001$). Poor Glasgow Coma Scale scores and hypotension were key predictors of adverse outcomes. Early diagnosis and timely RRT initiation were linked to improved survival.

Conclusion: Sepsis and volume depletion remain leading causes of AKI in this region, with paraquat poisoning emerging as a distinct local contributor. Mortality remains high, emphasizing the need for early recognition, prompt intervention, and improved critical care support.

Decoding the Biochemical Signature of Snake Bite–induced Acute Kidney Injury: Insights from a Tertiary Care Study

Baishali Banerjee, Pinaki Mukhopadhyay, Dhirendra Tejpratap Singh, Roshnara Mishra

Nilratan Sircar College and Hospital, Kolkata, West Bengal, India

Introduction: This study aimed to evaluate the relationship between biochemical parameters and development of acute kidney injury following vasculotoxic snakebite and to assess their impact on clinical outcomes in a tertiary care hospital.

Materials and methods: This was descriptive, prospective, longitudinal cohort study including 135 patients admitted to the Department of General Medicine, NRSMCH, Kolkata, between Sept'23 to Aug'24. Statistical analyses, including univariate and multivariate methods, were performed using Excel and Python to evaluate the association between biochemical parameters and AKI.

Result: Among 135 patients, 55.55% were male, and 81.48% were aged 18–60 years. The mean bite-to-needle time was 1.84 hours, with a mean Anti Snake Venom (18.62 vials). AKI developed in 57.03% of patients, among them 18.48% patient needed dialysis. Other biochemical abnormalities included elevated potassium (29.62%), bilirubin (85%), SGOT (66.17%), CPK (61.02%), LDH (27.20%) and uric acid (61.02%) as well as low sodium (53.33%), albumin (61.02%) and cholesterol (54.92%). Mean hospital stay was 9.12 days, with 5.21% mortality rate. The correlation analysis demonstrated that hospital stay showed strong positive correlation with serum creatinine, moderate positive correlation with urea, potassium, bilirubin, albumin, CPK levels, and weak positive correlation with LDH and uric acid. ROC analysis with AKI revealed excellent positive AUC for LDH, bilirubin, SGOT, and CPK, good positive AUC for potassium, and excellent negative AUC for sodium, and albumin. After 3 months of discharge, 17.94% of patients exhibited persistent abnormal renal function.

Conclusion: In this study, elevated levels of CPK, bilirubin, LDH, and potassium, along with hyponatremia and hypoalbuminemia, were significant predictors of AKI following vasculotoxic snakebite. Early identification of biochemical derangement may enable prompt diagnosis, risk stratification, and improve renal outcome.

Neurology

Diagnostic Utility of Cerebrospinal Fluid Lactate in Differentiating Bacterial and Nonbacterial Acute Febrile Encephalopathy

T Garg, Z Siddiqi, S Singh
Era's Medical College and Hospital, Lucknow, Uttar Pradesh, India

Background: Acute febrile encephalopathy (AFE) is a clinical condition characterized by fever and altered mental status lasting more than 12 hours. Differentiating between bacterial and non-bacterial causes of meningoencephalitis is crucial for appropriate management. While cerebrospinal fluid (CSF) analysis using conventional markers such as glucose and protein levels plays a key role in diagnosing meningoencephalitis, CSF lactate has emerged as a potential biomarker for early differentiation of bacterial from non-bacterial infections.
Methods: This cross-sectional study was conducted over 24 months at Era's Lucknow Medical College and Hospital, including patients over 18 years presenting with AFE. After obtaining written consent, CSF samples were analyzed for biochemical, cytological, and microbiological markers. CSF lactate levels were estimated using ELISA. Hematological and biochemical parameters were compared between bacterial and non-bacterial AFE cases. Receiver operating characteristic (ROC) curves were generated to assess the diagnostic utility of CSF lactate for bacterial meningoencephalitis.
Results: A total of 100 cases were included, with 47% diagnosed with viral meningitis, 46% with tubercular meningitis, and 7% with pyogenic meningitis. Bacterial AFE cases had significantly higher total leukocyte counts (TLC) (11988.68 ± 7052.70) compared to non-bacterial AFE cases (9452.17 ± 4583.97) (p = 0.040). CSF lactate levels were significantly elevated in bacterial AFE cases (47.55 ± 27.34) compared to non-bacterial AFE cases (31.48 ± 14.71) (p = 0.001). The ROC analysis showed that CSF lactate levels above 43.42 mmol/L differentiated bacterial AFE from non-bacterial AFE, with a sensitivity of 47.2% and a specificity of 89.4% (AUROC = 0.694).
Conclusion: CSF lactate is a useful diagnostic marker for distinguishing bacterial from non-bacterial meningoencephalitis, particularly due to its high specificity. However, its moderate sensitivity suggests that CSF lactate should be used in conjunction with other clinical and laboratory findings for accurate diagnosis.
Keywords: Acute febrile encephalopathy, cerebrospinal fluid, CSF lactate, bacterial meningoencephalitis, ROC analysis, diagnostic biomarker.

Stroke Clinical Outcome Prediction Using NIHSS Scale in Acute Ischemic Anterior and Posterior Circulation Stroke: A Prospective Study

MD Rashid Haider, Uma Maheswari, K Murganandam, Radha Vijayaraghavan
Southern Railway Headquarters Hospital, Chennai, Tamil Nadu, India

Background: Stroke is a leading cause of death and disability worldwide, with ischemic stroke being the most prevalent subtype. The severity of stroke at presentation is a strong determinant of prognosis. The National Institutes of Health Stroke Scale (NIHSS) is a standardized clinical tool for quantifying neurological deficits, while the Modified Rankin Scale (mRS) is widely used for evaluating functional outcomes. However, the predictive accuracy of NIHSS in differentiating outcomes between anterior circulation (AC) and posterior circulation (PC) ischemic strokes requires further evaluation.
Objective: To assess the clinical outcome prediction of acute ischemic stroke using the NIHSS scale in anterior and posterior circulation stroke patients.
Methods: This prospective observational study was conducted at Southern Railway Headquarters Hospital, Chennai, over 18 months. A total of 240 patients with acute ischemic stroke, confirmed clinically and radiologically, were included. NIHSS scores were calculated at admission to determine initial stroke severity. Patients were followed up at one month, and outcomes were assessed using the mRS. Statistical analysis was performed using SPSS version 25. Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of NIHSS for outcome prediction were calculated, with $p < 0.05$ considered statistically significant.
Results: The mean age of patients was 67.0 ± 8.7 years, with male predominance (62.1%). Hypertension (80%), diabetes mellitus (72.1%), and dyslipidemia (47.9%) were common comorbidities. Anterior circulation stroke was more common (70.8%) than posterior circulation stroke (29.2%). The mean NIHSS score was significantly higher in AC stroke (15.6 ± 9.4) compared to PC stroke (11.8 ± 6.9; p = 0.003). At one month, favorable outcome (mRS ≤3) was observed in 48.2% of AC stroke patients and 27.1% of PC stroke patients (p = 0.004). NIHSS demonstrated high sensitivity (96.0%) and NPV (95.6%) but moderate specificity (63.3%) for predicting poor outcomes.
Conclusion: NIHSS is a reliable tool for predicting clinical outcomes in acute ischemic stroke, with higher scores correlating with greater severity and poorer prognosis. Anterior circulation strokes were more prevalent and showed better functional recovery compared to posterior circulation strokes, even though PC strokes presented with relatively lower NIHSS scores. This highlights the need for careful clinical interpretation of NIHSS in posterior circulation stroke patients, where functional outcomes may be worse despite lower baseline scores.
Keywords: Ischemic stroke, NIHSS, Anterior circulation, Posterior circulation, Prognosis, Modified Rankin Scale

Socio-demographic and Clinico-anatomic Characteristics of Neurodegenerative Disorders in Sub-himalayan West Bengal: An Observational Study

V Londhe, D Saha, D Bandyopadhyay, A Adhikary
Junior Resident, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Professor, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Assistant Professor, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; [4]Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

Introduction: Neurodegenerative disorders (NDDs) represent a growing global health burden due to aging populations. Limited data exist on their socio-demographic and clinico-anatomic features in resource-constrained settings. This study aims to delineate patterns of presentation, risk factors, and outcomes in a resource-restricted setting of sub-Himalayan West Bengal.
Methodology: A prospective, observational, hospital-based study was conducted from July 2023 to December 2024. Sixty patients aged ≥60 years, diagnosed with NDDs based on standard clinical and imaging criteria, were enrolled. Data on sociodemographic variables, lifestyle factors, co-morbidities, clinical features, biochemical markers, and neuroimaging findings were collected using a pre-designed case record form. Statistical analysis was performed by Jamovi 2.5.1.
Results: The mean age of the study population was 69.3 years, with 53.3% aged between 60–69 years, with females predominating (58.3%). Smoking (28.3%) and alcohol use (10%) were notable lifestyle risks. Memory impairment was present in 48.3%, bradykinesia in 73.3%, tremor in 70%, and gait disturbances in 65%. Depression affected 73.3%. Imaging revealed diffuse cortical atrophy in 91.7% and cerebellar atrophy in 48.3%. After 6 months, 31.7% showed disease progression despite standard medical and rehabilitative care.
Conclusion: Neurodegenerative disorders in this cohort predominantly affected elderly females with limited education, highlighting socio-demographic vulnerabilities. Clinical features correlated strongly with widespread cortical and subcortical atrophy, while vascular risk factors contributed to disease burden. Early diagnosis, lifestyle modification, cognitive stimulation, and integrated care are essential to improve quality of life in resource-limited settings.

Etiology, Clinical Characteristics, and Predictors of Outcome in Adults with Acute Meningitis and Meningoencephalitis

Sai Sirisha Nallani Chakravarthi, Sangram Mangudkar, Vijayashree Gokhale
Department of General Medicine, Dr DY Patil Medical College, Hospital and Research Centre, Pune, Maharashtra, India

Background: Acute meningitis and meningoencephalitis are associated with significant morbidity and mortality and early identification and management is vital for a favorable outcome.
Aim: To assess the Etiology, clinical profile of adult patients with acute meningitis and meningoencephalitis and determine the predictors of outcome based on the Glasgow Outcome Scale (GOS).
Results: The study cohort comprised 83 adults, aged >18 years, with 48(57.8%) men; 46(55.4%) had an immunosuppressed state. The clinical features included encephalopathy at presentation in 49(59%), seizures and focal neurological deficits in 29(31%)each. Among 47(56.6%) patients with pyogenic meningitis, an organism was identified in 20 (streptococcus pneumonia was the commonest in 12), while 7 had CSF suggestive of acute pyogenic meningitis with no organism detected; 15 patients had tuberculous meningitis, while five patients had fungal meningitis. Among 36 patients with viral encephalitis, dengue was the commonest in 8, followed by HSV and chikungunya viral encephalitis. Imaging was abnormal in 46 (55.4%). The mortality was 11%(9) and 66(79.5%) had good GOS outcome. On univariate analysis, age more than 60 years, association with retroviral infection, need for mechanical ventilation and prolonged hospital stay were associated with poor GOS outcome. Viral encephalitis was associated with favorable outcome. On Multivariate analysis retroviral infection need for mechanical ventilation

and pronged hospital stay were associated with poor GOS outcome. Need for mechanical ventilation was the strongest predictor of mortality.
Conclusion: Streptococcus pneumoniae was the commonest cause of acute meningitis, while dengue was the common viral encephalitis in the present cohort. Retroviral infection, need for mechanical ventilation and prolonged hospital stay were associated with mortality and poor GOS outcome. Need for mechanical ventilation was the strongest predictor of mortality.

A Study on Clinical Etiological Profile and Short-term Outcome in Patients Presenting with Non-traumatic Altered Sensorium

Amavarapu Chandu Vamsi, Naval Chandra, Surya Prabha T, Y Shashidhar, Rohit Lagisetty

Junior Resident, Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India; Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India

Background: Altered sensorium is a common and critical neurological presentation encountered in emergencies and inpatient settings. It represents a spectrum of disturbances in consciousness, cognition, and awareness, often signaling serious underlying systemic, infectious, metabolic, or structural brain pathology. Timely identification of the underlying etiology remains pivotal for improving survival and preventing long-term disability.

In India, nontraumatic causes of altered sensorium contribute significantly to hospital admissions, intensive care unit utilization, and mortality. The etiological spectrum varies widely across different age groups and geographical regions. While metabolic, vascular, infectious, and toxicological causes are frequently reported, the relative burden and outcome patterns in the Indian population continue to evolve due to epidemiological shifts, increasing prevalence of lifestyle diseases, and improved diagnostic capabilities.

Despite its clinical relevance, comprehensive data on the etiological distribution and outcome predictors of non-traumatic altered sensorium from tertiary-care centres in South India remain limited. This study was undertaken at Nizam's Institute of Medical Sciences (NIMS), Hyderabad, with the aim of delineating the clinical presentation, etiological profile, and short-term outcomes of adult patients presenting with acute non-traumatic altered sensorium.

Objectives:

1. To evaluate and categorize the etiologies of non-traumatic altered sensorium in adult patients.
2. To analyze the clinical profile, including symptomatology and neurological status at presentation.
3. To assess short-term in-hospital outcomes and determine factors associated with mortality and disability.

Methodology, study design, and population: This cross-sectional study included 99 adults with non-traumatic altered sensorium at NIMS, Hyderabad, over one year. Clinical evaluation, GCS scoring, neuroimaging, and relevant laboratory investigations were performed. Patients were followed until discharge or death, and outcomes were classified as recovery without disability, recovery with disability, or death.

Results: In this study, the mean patient age was 52.66 years, with a male predominance (65.7%). Metabolic disturbances were the leading cause (33.3%), followed by vascular (22.2%), infectious (20.2%), sepsis-related (13.1%), drug/toxin-induced (5.1%), and other causes (6.1%). Headache, fever, and seizures were frequent presenting symptoms, and diabetes and hypertension were the most common comorbidities. Sepsis-associated encephalopathy had the highest mortality (46.2%), whereas vascular causes resulted in significant disability (90.9%). Metabolic and infectious etiologies demonstrated favorable outcomes, with recovery without disability in 81.8% and 95% of patients, respectively. A lower admission GCS strongly correlated with mortality (p = 0.03). Overall, 57.6% recovered without disability, while 14.1% died.

Discussion: This study highlights that metabolic disorders are the most frequent and reversible causes of non-traumatic altered sensorium in India, reflecting the high regional burden. Vascular aetiologies, mainly ischemic stroke, led to substantial disability, emphasizing the need for improved stroke care and rehabilitation. Sepsis-associated encephalopathy showed the highest mortality, reinforcing the importance of prompt sepsis management. CNS infections, especially tuberculous meningitis, demonstrated favourable outcomes with early treatment. Admission GCS remained a strong predictor of prognosis, with lower scores indicating poorer outcomes. Overall, timely etiological identification and standardized evaluation protocols are critical for improving outcomes in patients presenting with altered sensorium.

Conclusion: Non-traumatic altered sensorium in adults is most commonly attributed to metabolic, vascular, infectious, and septic etiologies. Early detection of reversible causes such as metabolic disturbances and drug intoxication can markedly improve recovery. While sepsis contributes substantially to mortality, vascular events are associated with long-term disability. The admission GCS serves as a strong predictor of short-term outcome. Overall, rapid recognition, systematic evaluation, and timely intervention in tertiary-care settings are key to reducing morbidity and mortality in these patients.

Keywords: Altered sensorium, coma, metabolic encephalopathy, cerebrovascular accident, sepsis-associated encephalopathy, meningitis, hyponatremia, GCS, short-term outcome, India.

Exploration of Clinical Characteristics and Treatment Patterns in Painful Neuropathy Among Indian Patients: A Real-world Observational Study

Nishikant Madkholkar, Kushal Sarda, Akhilesh Sharma

Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; [3]Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

Background: Painful neuropathy is a common neurological condition that significantly affects daily functioning, yet evidence from routine clinical practice in India remains limited. This study aimed to evaluate clinical characteristics, comorbidities, symptom patterns, pain severity, and detailed treatment practices in Indian patients with neuropathic pain.

Methods: A cross-sectional analysis was conducted on 4,418 patients across 295 centers in India under routine clinical care. Data collected included demographics, neuropathy type, associated conditions, sensory–motor symptoms, pain severity, and detailed patterns of neuropathic medication use.

Results: The mean age was 49.31 ± 11.26 years, with 73.83% males. Peripheral neuropathy was predominant (98.46%). Common comorbidities included diabetes (15.07%) and neuropathic disorders (11.68%). Sensory symptoms were led by numbness (49.39%) and paresthesia (42.08%), whereas motor symptoms included weakness (60.10%) and muscle atrophy (27.0%).

Treatment analysis showed a strong preference for pregabalin-based regimens. The most frequently prescribed therapy was pregabalin + methylcobalamin (48.53%). Other combinations included pregabalin + nortriptyline (3.49%), pregabalin + duloxetine (0.45%), methylcobalamin + nortriptyline + pregabalin (3.62%), and nortriptyline + pregabalin (3.01%). Monotherapy use included pregabalin (10.80%) and gabapentin (0.43%), with rare combinations such as gabapentin + nortriptyline (0.05%) and gabapentin + pregabalin (0.02%). Multinutrient formulations containing alpha-lipoic acid, benfotiamine, biotin, folic acid, pyridoxine, and methylcobalamin were used in 3.15% of patients. Pain severity was mild in 41.10%, moderate in 42.67%, and severe in 16.23% of the patients.

Conclusion: Painful neuropathy in India predominantly affects middle-aged adults, with peripheral neuropathy and diabetes being the most common comorbidities. Sensory symptoms, especially numbness and paresthesia, along with motor weakness, were frequently reported. Treatment patterns were dominated by pregabalin-based combinations, reflecting clinician preference amid a significant burden of moderate to severe pain.

Prevalence of Vitamin D Deficiency in Migraine Patients and Response to Supplementation

Gunupuru Sravani

Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

Introduction: Migraine is a common neurovascular disorder characterized by recurrent, moderate to severe headaches often accompanied by nausea, photophobia, and phonophobia. Emerging evidence suggests an association between migraine and vitamin D deficiency. Vitamin D plays key anti-inflammatory and neuromodulatory roles, influencing cytokine activity, CGRP release, neuronal excitability, and serotonin synthesis.

Methods: A cross-sectional observational study was conducted on 50 migraine patients diagnosed using IHS criteria and 50 age- and sex-matched controls at Great Eastern Medical School and Hospital. Serum vitamin D levels were measured in all participants. Headache severity was assessed using a numeric pain scale, and disability was evaluated using the MIDAS questionnaire. Vitamin D–deficient patients received oral or injectable supplementation for 4–8 weeks.

Results: A higher prevalence of vitamin D deficiency was observed among migraine patients compared with controls. Lower vitamin D levels correlated with increased headache severity and greater disability scores. Patients receiving vitamin D supplementation demonstrated clinical improvement, including reduced pain intensity and decreased migraine frequency.

Conclusion: Vitamin D deficiency is common in migraine patients and is associated with greater disease severity. Supplementation in deficient individuals leads to symptomatic improvement, suggesting that routine screening and correction of vitamin D levels may serve as a beneficial adjunct in migraine management.

Obesity and Metabolic Disorders

Association of Metabolic Syndrome Severity Score (MetSSS) with Corresponding Controlled Attenuation Parameter (CAP) Score Obtained by Fibro-elastography: A Hospital-based Cross-sectional Study

A Patel, R Joshi, Y Khan, A Singhai, A Pakhare

Junior Resident, Department of General Medicine, AIIMS Bhopal, Bhopal, Madhya Pradesh, India; Professor and Head of Department, Department of General Medicine, AIIMS Bhopal, Bhopal, Madhya Pradesh, India; [3–5]Associate Professor, Department of General Medicine, AIIMS Bhopal, Bhopal, Madhya Pradesh, India

Introduction: Metabolic Syndrome (MetS) comprises central obesity, hypertension, hyperglycemia, hypertriglyceridemia, and low HDL-C, driven by insulin resistance and visceral adiposity. It affects 20–25% globally and ~25% in India, higher in women. Visceral fat also contributes to MASLD, with a global prevalence of ~25%. Vibration-controlled transient elastography (CAP score) aids non-invasive detection of MASLD. Management includes lifestyle modification—weight loss, diet, exercise, stress control, and sleep. Indices like CAP and MetSSS assist in grading of severity of MAFLD and MetS respectively.

Objectives: To screen patients attending the outpatient department for metabolic syndrome and to categorize them into groups A, B, and C.

To estimate MetSSS and obtain the CAP score by Fibro-elastography

To assess the association between MetSSS and the CAP score.

Methodology: *Study Setting:* Medicine OPD, AIIMS Bhopal

Study Design: Hospital based Cross-sectional study

Sample Size: 144

Study Participants – Inclusion Criteria:

Age: 18–65 years

MetS diagnosis as per NCEP ATP III (2005) criteria

Exclusion Criteria: History of other possible causes known to cause steatohepatitis

Study Procedures: Participants have undergone a structured questionnaire covering demographics and clinical history, along with anthropometric measurements (BMI, waist circumference, BP). Biochemical reports and FibroScan results were used to calculate MetSSS and CAP scores.

MetSSS Estimation: MetSSS was calculated using an online tool, using parameters for non-Hispanic Black populations due to the lack of South Asian-specific correction factors.

Results: The study included 144 participants with metabolic syndrome, grouped as A (diabetes <1 year), B (>1 year), and C (with complications). Mean age and male predominance increased across groups, while BMI and waist circumference declined. Median MetSSS (BMI and WC-based) rose progressively from A to C, indicating increasing metabolic severity. CAP scores decreased (268 → 242.5 dB/m), suggesting reduced hepatic steatosis, while LSM values (≈5.2–5.35 kPa) indicated minimal fibrosis. MetSSS showed significant positive correlations with CAP in Groups B and C, strongest for WC-percentile scores (r = 0.57, R^2 = 0.33), reflecting a tighter linkage with disease progression

Conclusion: The severity of metabolic syndrome, as reflected by MetSSS, showed a modest but consistent positive correlation with hepatic fat content (CAP), more pronounced in subjects with longer diabetes duration and those with established complications.

Metabolically Healthy Obese—A Cat on the Wall: Redefining Stability and Risk in Obesity Phenotypes

K Joseph Rajan

Rajans Hospital Pvt Ltd.

Metabolically healthy obesity (MHO) denotes a subgroup of individuals with elevated adiposity yet preserved insulin sensitivity, absence of overt metabolic syndrome components, and comparatively lower cardiometabolic risk than metabolically unhealthy obesity (MUO). The prevalence of MHO varies markedly across studies and definitions; globally, it ranges from 10–30% of adults with obesity, while in Asian Indian populations estimates vary from approximately 15–40%, depending on population characteristics and diagnostic criteria. Recent observational data suggest that although MHO may be increasing in prevalence, it remains a minority phenotype among individuals with obesity. *Emerging mechanistic evidence* implicates favorable adipose tissue distribution, reduced visceral and hepatic ectopic fat deposition, and attenuated inflammatory signaling in mediating metabolic resilience. *Nonetheless*, meta-analytic data indicate that MHO is often a transient state, and even individuals classified as MHO face higher long-term risks of type 2 diabetes, cardiovascular disease, and mortality compared with metabolically healthy normal-weight peers. These findings emphasize the need for clinicians to monitor metabolic health in all people with obesity and for researchers to refine definitions, identify protective mechanisms, and evaluate targeted interventions for MHO.

Effect of Obesity on Cardiovascular Parameters and Blood Glucose Level in Adolescents: An Observational Study

VS Ram, M Kumar, G Kumar, A Agarwal, S Rajput

Uttar Pradesh University of Medical Sciences, Saifai, Etawah, Uttar Pradesh, India

Introduction: Adolescent obesity has risen substantially in recent decades and is associated with early clustering of cardiometabolic risk factors. Excess adiposity contributes to hypertension, dyslipidemia, insulin resistance, inflammation, cardiac remodeling, and early atherosclerotic changes. As these abnormalities begin during adolescence and track into adulthood, early evaluation of cardiovascular and metabolic parameters is essential to prevent long-term morbidity.

Aims and objectives: To study the effects of obesity on cardiovascular parameters and blood glucose levels in adolescents.

Material and methods: This observational study was conducted over 1.5 years at the Department of General Medicine, UPUMS, Saifai, and included 110 adolescents aged 10–19 years. Anthropometric measurements were recorded and BMI was calculated; obesity was defined as BMI ≥95th percentile for age and sex. Blood pressure was measured using a calibrated mercury sphygmomanometer following standard protocols. Fasting blood glucose and HbA1c were estimated using ACCU-CHEK Performa and Bio-RAD D-10 analyzers. A resting ECG recording was performed using the BPL Cardiart 108T. Participants with chronic disease, long-term medication use, substance abuse, or acute illness were excluded. Statistical analysis assessed the association between obesity, cardiovascular parameters, and glycemic indices.

Results: Obese adolescents demonstrated significantly higher systolic and diastolic blood pressures than non-obese peers. ECG findings showed obesity-related abnormalities suggestive of early cardiac involvement. Fasting glucose and HbA1c values were also higher in obese subjects, indicating early metabolic dysregulation. BMI showed a positive correlation with adverse cardiovascular and glycemic parameters.

Conclusion: Obesity in adolescents is strongly associated with early cardiovascular and metabolic alterations. Routine screening, early lifestyle modification, and preventive interventions are crucial to reduce progression to adult cardiometabolic disease.

A Single Center Study on the Effect of Semaglutide on Lipid Profile, Waist Circumference, Inflammatory Markers, and Diabetic Profile in Poorly Controlled Type 2 Diabetes Mellitus in Coimbatore, Tamil Nadu: A Case Series

Ezhil Nilavan, Saravanan T

Postgraduate Resident, Department of General Medicine, PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India; Professor and Head of Department, Department of General Medicine, PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

Introduction: Semaglutide, a long-acting GLP-1 receptor agonist, has demonstrated improvement in glycemic control and weight reduction in T2DM. Its metabolic benefits may extend beyond glucose lowering, including effects on dyslipidemia, central adiposity, and inflammatory pathways. These components are pivotal in cardiometabolic risk among patients with poorly controlled T2DM.

Objectives: To assess the effect of weekly semaglutide therapy on lipid profile, waist circumference, inflammatory markers (CRP, ESR), and diabetic profile (HbA1c, fasting glucose) in patients with poorly controlled T2DM despite ongoing standard therapy.

Methodology: Patient data were collected from EMR records of our institution over the period of June 2025 to August 2025. Patients with T2DM receiving semaglutide for a minimum of 12 weeks were included. Baseline parameters recorded were age, sex, BMI, waist circumference, HbA1c, fasting glucose, lipid profile (TG, LDL, HDL, total cholesterol), and inflammatory markers. Follow-up values at 12–24 weeks of therapy were compared with baseline.

Results: Patients demonstrated meaningful reductions in HbA1c and fasting glucose after initiating semaglutide. Waist circumference showed a consistent downward trend independent of BMI reduction. Lipid parameters improved, with reductions in triglycerides and LDL and modest increases in HDL. Inflammatory markers showed decline, suggesting a reduction in metabolic inflammation. Response was more pronounced in patients with baseline higher HbA1c and central obesity.

Discussion: Semaglutide demonstrates beneficial multi-system effects in poorly controlled T2DM, targeting lipids, adiposity, and inflammation alongside glycemic improvement. These findings highlight its role in comprehensive metabolic risk modification.

Conclusion: Semaglutide may serve as an effective adjunct in T2DM management where metabolic control remains suboptimal. Regular monitoring of lipid parameters and inflammatory markers may guide therapeutic optimization.

Real-world Effectiveness and Safety of Omega-3 Fatty Acids in Hypertriglyceridemia: A Multicentre Retrospective Study

Ajitkumar Gondane, Pooja Vaidya, Dattatray Pawar, Akhilesh Sharma

Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; Senior Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

Introduction: Hypertriglyceridemia is rapidly emerging as a major lipid abnormality in India and contributes significantly to the burden of atherosclerotic cardiovascular disease (ASCVD). While global evidence supports the triglyceride-lowering benefits of Omega-3 Fatty Acids (O3FA), real-world insights into their effectiveness, safety, and utilization patterns in the Indian setting remain limited. This study aimed to generate real-world evidence on O3FA therapy in hypertriglyceridemia.
Methodology: This multicentre, retrospective observational study included patients diagnosed with hypertriglyceridemia and prescribed O3FA therapy between January 2023 and April 2024 across participating clinical centres. Demographic details, treatment duration, lipid and glycemic parameters, and safety data were extracted from medical records. All patients received one O3FA capsule daily, and pre- and post-treatment biochemical values were analyzed to assess effectiveness and safety.
Results: A total of 447 patients were included, of whom 80.3% were male, with a mean age of 49.5 years. The mean duration of O3FA therapy was 2.09 months. Significant improvements were observed across lipid parameters: triglycerides decreased by 113.42 mg/dL, total cholesterol by 75.99 mg/dL, LDL-C by 49.15 mg/dL, and VLDL by 13.99 mg/dL, while HDL-C increased by 16.47 mg/dL (all $p < 0.001$). Glycemic parameters also showed improvement, with reductions in fasting blood glucose (-24.79 mg/dL), postprandial glucose (-10.17 mg/dL), and HbA1c (-0.94%). Safety analysis reported only mild gastrointestinal disturbances in four patients, with no severe adverse events.
Conclusion: O3FA therapy demonstrated clinically meaningful improvements in both lipid and glycemic parameters, along with a favorable safety profile in Indian patients with hypertriglyceridemia. These findings strengthen the evidence supporting O3FA as an effective cardiometabolic intervention in routine clinical practice.

Age-stratified Differences in Body Fat, Muscle Mass, and Visceral Adiposity Among Indian Adults: A Bioimpedance-based Cross-sectional Study in Goa

Ankit S Nair, Chitralekha Nayak, Vijay Naik, Myla Isha Pereira

Healthway Hospitals Pvt Ltd, Old Goa, Goa, India

Introduction: BMI alone does not adequately reflect age-related changes in adiposity or muscle mass in Asian adults, who often accumulate visceral fat and lose lean tissue earlier in life. Bioelectrical impedance analysis provides more detailed information on body composition and may improve recognition of metabolic ageing. Limited data exist on age- and sex-specific body composition patterns in the Goan population, emphasizing the need for region-specific evidence. This study aimed to evaluate age-related variation in body fat percentage, visceral fat, subcutaneous fat, and muscle mass, and to analyze sex differences in these parameters.
Methods: This cross-sectional study was conducted in a tertiary-care hospital in Goa and included adults undergoing body composition assessment using the Omron Karada Scan HBF-702T. Convenience sampling was used. Statistical analysis was performed using IBM SPSS Statistics Version 24. Normality was assessed using the Shapiro-Wilk test. Sex differences in BMI, body fat, visceral fat, subcutaneous fat, and muscle mass were analyzed using the Mann-Whitney U test. Associations with age were examined using Spearman's rank correlations. Participants were grouped into four age categories: <30, 30–45, 46–60, and >60 years.
Results: Body fat percentage increased progressively with age, with women showing higher adiposity in the younger decades and men demonstrating steeper increases after mid-40s. Muscle mass showed a consistent age-related decline, with the 46–60 years group marking a clear transition into early sarcopenia, especially among men. Visceral fat rose sharply after 40 years and remained higher in men across all age categories. These changes occurred despite relatively similar BMI distributions, highlighting BMI's limited sensitivity in detecting metabolic aging.
Conclusion: Age exerts a significant influence on adiposity, visceral fat accumulation, and muscle decline-features not captured by BMI alone. Incorporating body composition analysis into routine clinical assessments may enhance early detection of high-risk metabolic profiles. As the study used a single-centre, hospital-based convenience sample, wider generalizability is limited.

Poisoning and Toxicology

Study to Assess Paradyenia Organophosphorous Poisoning Scale as a Severity and Prognostic Marker in Patients Presenting to the Emergency Department with a History of Organophosphorous Compound Consumption

Shashikantha Mallikarjuna Angadi

Raichur Institute of Medical Sciences, Raichur, Karnataka, India

Background: Organophosphate compounds (OPC) cause most self-poisoning deaths in India due to their easy availability and lack of stringent laws. The use of these products for deliberate self-harm has increased proportionately with their use in agriculture. Organophosphorus (OP) insecticides are possibly one of the commonest causes of morbidity and mortality due to poisoning worldwide.
Aim: To evaluate the prognostic value of the clinical parameters of the POP scale in predicting the severity of organophosphorous compound poisoning in terms of duration of hospital stay, mechanical ventilation, and mortality.
Methods and materials: This was a prospective observational study of 60 patients with acute organophosphorus poisoning presenting to the emergency department of Raichur Institute of Medical Sciences, Raichur. We performed the study over a one-year period from March 2024 to March 2025. All patients fulfilling the inclusion criteria were given initial treatment. We applied the POP scale to each patient at admission and graded their poisoning severity as mild, moderate, or severe. This scale assessed the patient's need for mechanical ventilation, ICU management, and their final clinical outcome.
Results: We enrolled a total of 60 patients in the study. Monocrotophos was the most commonly consumed OP compound, followed by chlorpyrifos. Most patients (47) were in the mild POP scale score range, 13 patients had moderate POP scale scores, and 3 of the patients had severe poisoning. 75% of patients (45) required ventilatory support, including 61.7% patients (29) with mild POP scale scores and 100% patients with moderate and severe scores. Among the 60 patients, 76% (46) improved, and 14 patients expired. The mortality rate was 30.8% and 100% for patients with moderate and severe poisoning, respectively. 68 % patients on ventilator support improved, and 31 % died. All patients who did not require ventilator support survived.
Conclusion: POP score at admission correlated well with the need for ventilator support, length of stay in the ICU, complications, and mortality. It can thus be used for prognostication and risk stratification of patients with OP compound poisoning.

Serum Creatinine Phosphokinase vs Pseudocholinesterase as a Prognostic Marker in Organophosphate Poisoning: A Cross-Sectional Study

M Jayraj, Raveesha A

Department of General Medicine, Sri Devaraj Urs Academy of Higher Education and Research, Kolar, Karnataka, India; [2]Professor, Head of Unit, Department of General Medicine, Sri Devaraj Urs Academy of Higher Education and Research, Kolar, Karnataka, India

Background: Organophosphate poisoning is a global health burden due to intentional and occupational exposure, particularly in Asian countries. Patients are usually monitored through serum pseudocholinesterase levels.1 Still, it is non-specific, does not correlate well with the severity of poisoning, and is not widely available in laboratory settings in developing countries. This study aims to assess serum baseline creatine phosphokinase (CPK) levels as a prognostic biomarker in acute organophosphate poisoning. In OP poisoning, intermediate syndrome (IMS) manifests between the end of the acute cholinergic crisis and delayed neuropathy.2 Respiratory paralysis in IMS, if identified early, can reduce the need for ventilator support, morbidity, and mortality. Serum creatine phosphokinase (CPK) is elevated in IMS The objectives of the study are to measure serum CPK levels, correlate CPK levels with the severity of poisoning, and estimate the atropine dose used.
Lacuna of the study: As Serum Pseudocholinesterase levels are not an effective prognostic indicator of outcome of Organophosphate poisoning. We require better prognostic markers for Organophosphate poisoning patients.
Objectives: To measure Serum creatinine, phosphokinase levels, and Pseudocholinesterase levels in organophosphate poisoning patients
To determine the better prognostic indicator in organophosphate poisoning.
Materials and methods:
Study Design: Cross-sectional study
Study period: 3 months
Sample size: 80
Sample size was estimated by using the correlation coefficient (r) of pseudocholinesterase with creatinine phosphokinase (POP scale) as 0.803 (i.e., $r = 0.803$) from the study by Ashekul Islam et al. Using these values at 95% confidence level and 90% power and substituting in the below formula, a sample size of 80 was obtained.
Total sample size = $N = [(Z_\alpha + Z_\beta)/C]^2 + 3$
The standard normal deviate for $\alpha = Z_\alpha = 1.960$
The standard normal deviate for $\beta = Z_\beta = 1.28$
r = Correlation coefficient = 0.803
$C = 0.5 \times \ln[(1 + r)/(1 - r)]$

Inclusion criteria:
1. All patients of either sex with an age of more than 18 years who will give informed consent
2. Patients with Organophosphate poisoning diagnosed by history and clinical examination.

Exclusion criteria:
1. Patients with co-existing illnesses like myopathy, chronic pancreatic diseases, chronic liver diseases, psychiatric conditions, myocardial infarction, myocarditis, and pregnant ladies were excluded

Study area: RLJH Hospital
Study Population: Patients admitted to the MICU, ICU, and ward in the RLJH hospital.
Study Method: After taking informed consent, the following steps are followed from the time of arrival
Through the assessment of history
Detailed clinical examination for signs of organophosphate poisoning
Laboratory investigations are done, including creatinine phosphokinase levels and pseudocholinesterase levels
Radiology: Chest X-ray
Compare these levels with the outcome
A blood sample is collected at the time of presentation, 4 mL of blood and is sent for basic blood parameters such as Complete Blood Picture, Renal function tests, Liver function tests, along with the above-mentioned parameters. These levels are compared with the outcome at the end of the hospital stay and analyzed.
Analysis and statistical methods: Data will be entered into Microsoft excel data sheet and will be analyzed using SPSS 22 version software. Categorical data will be represented in the form of Frequencies and proportions. Chi-square test or Fisher's exact test (for 2 × 2 tables only) will be used as a test of significance for qualitative data. Yates correction will be applied wherever chi-square rules were not fulfilled (for 2×2 tables only).
Continuous data will be represented as mean and standard deviation. An independent t-test or Mann-Whitney U test will be used as a test of significance to identify the mean difference between two quantitative variables and qualitative variables, respectively.
Graphical representation of data: MS Excel and MS Word will be used to obtain various types of graphs, such as bar diagrams, pie diagrams, and Scatter plots.
Pearson correlation or Spearman's correlation will be done to find the correlation between two quantitative variables and qualitative variables, respectively.

Correlation coefficient (r)	*Interpretation*
0–0.3	Positive weak correlation
0.3–0.6	Positive moderate correlation
0.6–1.0	Positive strong correlation
0 to (–0.3)	Negative weak correlation
(–0.3) to (–0.6)	Negative moderate correlation
(–0.6) to – (1)	Negative strong correlation

p-value (Probability that the result is true) of <0.05 will be considered as statistically significant after assuming all the rules of statistical tests.
Statistical software: MS Excel, SPSS version 22 (IBM SPSS Statistics, Somers, NY, USA) will be used to analyze data.
Reviewed in the Department – Yes
Proforma/questionnaires of the study – use check box wherever possible- ENCLOSED
Informed Consent form and project Information sheet in Kannada and English with Patient Name and Mobile Number – ENCLOSED
Contribution by each Investigator – ENCLOSED
Signature & Name of the Principal Investigator
Signature & Name of the Co-Investigators:
Signature of the Head of Department
Remarks from the Head of the Department

References

1. Biswas S, Ghosh R, Mandal A, et al. Is Serum Creatine Phosphokinase Level Useful to Predict the Severity of Organophosphate Poisoning?. Med Res Arch 2022;10(9):3015.
2. Islam A, Chowdhury D, Palit PK, et al. Serum creatinine phosphokinase: a potential prognostic marker in assessing clinical severity with organophosphorus poisoning. J Clin Laborat Anal 2023;37(21-22):e24980.
3. Kumar GC, Bhuvana K, Venkatarathnamma PN, et al. Serum creatine phosphokinase as a predictor of intermediate syndrome in organophosphorus poisoning. Indian Journal of Critical Care Medicine: Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine. 2015 Jul;19(7):384.

A Study to Evaluate Serum Creatinine Phosphokinase and Serum Lactate Dehydrogenase as Potential Prognostic Markers in Assessing Clinical Severity in Organophosphorus Poisoning

Chittamuru Maansi Reddy
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

Background: Organophosphorus (OP) poisoning remains a significant public health concern, particularly in regions where pesticides are widely used. OP compounds function as irreversible inhibitors of cholinesterase enzymes, leading to severe neurological, cardiovascular, and respiratory complications. Early identification of high-risk patients is crucial for optimizing treatment strategies and improving outcomes. This study aims to evaluate the prognostic significance of serum creatinine phosphokinase (CPK) and lactate dehydrogenase (LDH) levels in assessing the clinical severity of OP poisoning using the Peradeniya Organophosphorus Poisoning (POP) scale.
Methods: This prospective observational study was conducted over a 3-month period at RLJH Hospital, including 30 patients diagnosed with acute OP poisoning. Inclusion criteria encompassed patients aged ≥18 years, presenting with clinical symptoms of OP poisoning, and admitted to intensive care. Exclusion criteria included pre-existing neuromuscular, metabolic, or cardiovascular conditions. Blood samples were collected at admission for serum CPK and LDH estimation using an automated bioanalyzer. The severity of poisoning was classified using the POP scoring scale, and patients were categorized into mild (0–3), moderate (4–7), and severe (8–11) groups. Statistical analyses, including Pearson correlation, chi-square test, and regression models, were used to assess the relationship between biomarker levels and clinical severity.
Results: Elevated serum CPK and LDH levels showed a strong positive correlation with higher POP scores, indicating greater poisoning severity ($p < 0.05$). Patients in the severe category exhibited significantly higher CPK and LDH values than those in the mild and moderate groups. ROC curve analysis demonstrated that CPK had a higher predictive accuracy for severe OP poisoning than LDH, making it a potential early biomarker for risk stratification.
Conclusion: Serum CPK and LDH levels serve as cost-effective and accessible prognostic markers for assessing the severity of OP poisoning. Their integration into clinical evaluation may help improve early risk identification, guiding timely interventions, especially in resource-limited settings. Further studies with larger cohorts are warranted to validate these findings and establish standardized biomarker thresholds for OP poisoning management.

Keywords: Organophosphorus Poisoning, Serum Biomarkers, CPK, LDH, POP Score, Prognostic Indicators, Acute Toxicity, Risk Stratification.

A Study of Serum Creatine Phosphokinase and Amylase Levels as Surrogate Markers of Severity and Clinical Outcome in Organophosphate Poisoning

Ansh Makhija, Akashdeep Sehgal, Mahesh Dave
Junior Resident, Department of General Medicine, RNT Medical College, Udaipur, Rajasthan, India; Senior Professor, Department of General Medicine, RNT Medical College, Udaipur, Rajasthan, India

Introduction: Organophosphate (OP) poisoning remains a significant health problem in developing countries, particularly in India, where it is a common cause of morbidity and mortality. Early recognition of severity is crucial for timely intervention. Conventional markers like plasma cholinesterase are limited by cost and availability. Creatine phosphokinase (CPK) and serum amylase, reflecting muscle and pancreatic involvement, respectively, have emerged as potential surrogate markers for assessing severity and predicting outcomes in OP poisoning.
Methodology: A prospective observational study was conducted at RNT Medical College and Maharana Bhupal Government Hospital, Udaipur. A total of 100 patients with confirmed OP poisoning were enrolled after informed consent. Clinical severity was assessed using the Peradeniya Organophosphorus Poisoning (POP) scale. Serum CPK and amylase levels were measured on day 1 and day 3 of admission. Data regarding demographics, intent, occupation, clinical features, hospital stay, ventilatory requirement, and outcomes were recorded. Statistical analysis was performed to correlate enzyme levels with severity and clinical outcome.
Results: The mean age of patients was 31.8 years, with males comprising 68% of cases. Suicidal ingestion accounted for 91% of poisonings, and farmers represented the largest occupational group (43%). Based on POP scores, 55% had mild, 36% moderate, and 9% severe poisoning. Mean CPK and amylase levels showed a statistically significant rise with increasing severity ($p < 0.001$). Patients requiring ventilatory support and those with fatal outcomes demonstrated markedly elevated enzyme levels compared to survivors.
Conclusion: Serum CPK and amylase levels strongly correlate with severity and adverse outcomes in OP poisoning. These inexpensive and widely available tests, when combined with clinical scoring systems, provide valuable prognostic information. Their integration into routine assessment can aid in early risk stratification, guide therapeutic interventions, and ultimately reduce mortality in resource-limited settings.

Evaluation of Serum C-reactive protein (CRP) and Lactate Dehydrogenase (LDH) as Biomarkers for Hemotoxicity in Snakebite Victims

Resu Dilip Reddy
Sri Devaraj Urs Medical Academy, Kolar, Karnataka, India

Background: Snakebite envenomation is a major medical problem in rural settings and

frequently results in hemotoxic complications. Early recognition of systemic involvement is essential to initiate timely antivenom therapy. This study evaluates the role of serum C-reactive protein (CRP) and lactate dehydrogenase (LDH) as biomarkers in assessing hemotoxicity severity in snakebite victims.

Methods: A prospective observational study was conducted, including 75 patients presenting with confirmed or suspected snakebite. Baseline hematological parameters, serum CRP, and LDH levels were measured at admission and repeated after 24 hours. Patients were categorized into severity groups based on clinical and laboratory indicators of hemotoxicity. Data were analyzed using descriptive statistics and comparative evaluation across severity categories.

Results: Most patients were below 50 years of age, and lower limb bites were predominant. Moderate envenomation was the most commonly observed category. Elevated CRP and LDH levels showed a positive correlation with the severity of hemotoxic envenomation. All patients with severe envenomation demonstrated markedly increased CRP and LDH levels. Coagulation abnormalities were also more frequent in severe cases.

Conclusion: Serum CRP and LDH serve as useful adjunct biomarkers for assessing the severity of hemotoxic snakebite envenomation. Their routine use may aid in early risk stratification and clinical decision-making.

Keywords: Snakebite, Hemotoxicity, CRP, LDH, Biomarkers, Envenomation.

To Study the Clinical Profile and Outcome of Acute Poisoning Cases at a Tertiary Care Hospital in Ongole

Miriyala Venkatesh, S. Durga Prasad, P. Padmalatha, U. Nirmala, Ch Sai Pradeep Kumar

Government Medical College, Ongole, Andhra Pradesh, India

Background: Acute poisoning is a significant medical emergency and a leading cause of morbidity and mortality, particularly in developing countries. It predominantly affects the younger population. Understanding the regional patterns of poisoning, demographic profiles, and clinical outcomes is essential for formulating effective preventive strategies and improving critical care management in tertiary settings.

Aim: To study the clinical profile, demographic patterns, types of poisons consumed, and treatment outcomes of acute poisoning cases admitted to the Department of General Medicine.

Methods: A prospective observational study was conducted on 100 adult patients admitted with acute poisoning at Government General Hospital, Ongole, over a period of two months (August–September). Patients aged ≥18 years with a confirmed history or clinical diagnosis of poisoning were included. Detailed clinical history, time of ingestion, nature of poison, and lag time (delay in presentation) were recorded. Outcomes were assessed in terms of discharge, death.

Results: Out of 100 patients, females (59%) outnumbered males (41%). The majority of cases were from rural areas (78%), while 22% were from urban backgrounds. The most affected age group was 20–30 years (46%), followed by 40–49 years (24%). The average delay between poison ingestion and hospital arrival was 6.32 hours. The most common mode of poisoning was the consumption of multiple tablets (35%), followed by rodenticides (28%) and organophosphorus compounds (13%). Other agents included Vasmol (5%), ant powder (4%), bathroom acid/cleaner (4%), phenol (3%), and paraquat (3%). Regarding outcomes, 87% of patients were successfully discharged, while the mortality rate was 13%. Paraquat showed 100% mortality (3/3, all presented >6 hours). Rodenticide showed 32.1% mortality (9/28) with 5.6% in early presentation (<6 hours) and 80% in delayed presentation (>6 hours) ($p<0.01$). Organophosphorus achieved 0% mortality (0/13) with specific antidote therapy. Vasmol showed 20% mortality (1/5). Multiple tablets all discharged (35/35). Cases presenting >6 hours showed 37.1% mortality versus 0% in <4 hours presentation ($p<0.01$). Age specific mortality: 20-29 years 6.5%, 30-39 years 5%, 40-49 years 8.3%, with nil mortality in <20 and >50 years. Sex specific: males 7.3% mortality, females 5.1% ($p = 0.048$). Rural 6.4%, urban 4.5%

Conclusion: Acute poisoning is highly prevalent among young females and rural populations in this region. The ingestion of multiple tablets and rodenticides has emerged as a dominant trend, shifting away from traditional agents like organophosphorus compounds. Despite an average presentation delay of over 6 hours, the survival rate remains high (87%) with timely tertiary care intervention. Public health awareness targeting young adults and stricter regulation of household poisons are recommended.

Keywords: acute poisoning, rodenticide, overdose, tertiary care, clinical outcome.

Pulmonology

Exploring Optimal Blood Neutrophil Count and Neutrophil-to-lymphocyte Ratio Thresholds for Guiding Inhaled Corticosteroid Prescribing in Chronic Obstructive Pulmonary Disease: A Prospective Observational Cohort Study

Dipayan Bhattacharjee, VRA Ganguly

ESI-PGIMSR and ESIC Medical College and Hospital, Kolkata, West Bengal, India

Background: Chronic obstructive pulmonary disease (COPD) is predominantly a neutrophilic airway disorder, yet decisions on inhaled corticosteroid (ICS) therapy rely almost exclusively on blood eosinophil counts. GOLD guidelines recommend ICS initiation at eosinophil levels >300 cells/μL and consideration in the 100–300 cells/μL range for patients with frequent exacerbations. This study investigated whether blood neutrophil count (BNC) and neutrophil-to-lymphocyte ratio (NLR) could serve as additional biomarkers to refine patient selection, optimize outcomes, and minimize unnecessary corticosteroid exposure and related adverse events.

Methodology: We conducted a prospective, single-center cohort study enrolling 150 adults with spirometry-confirmed COPD (GOLD stage 2–4) who recently commenced ICS therapy per guidelines. Patients were prescribed ICS/LABA or triple therapy (ICS/LABA/LAMA) according to clinical indication. Baseline data included demographics, smoking history, comorbidities, spirometry, and symptom burden (COPD Assessment Test and St. George's Respiratory Questionnaire). Blood samples were analyzed for eosinophils, neutrophils, and lymphocytes, with NLR calculated accordingly. Patients were followed every three months for 12 months, recording moderate/severe exacerbations, post-bronchodilator FEV_1 change, health-related quality of life, and pneumonia episodes. Multivariable regression, receiver operating characteristic (ROC) analysis, and Cox proportional hazards models were applied to identify biomarker thresholds predictive of ICS benefit.

Results: ROC analysis identified BNC >6.4×10^9/L and NLR >4.8 as optimal thresholds discriminating ICS responders from non-responders (AUC 0.70 and 0.74, respectively). Patients with elevated biomarkers had significantly higher exacerbation rates (1.6 vs 0.8/year , $p = 0.02$), smaller FEV_1 improvements (+50 vs +100 mL, $p=0.03$); however, a non-significant excess in pneumonia incidence (10% vs 6%, $p=0.18$). Cox survival curves demonstrated shorter exacerbation-free survival among high-biomarker patients (HR 1.4, 95% CI 1.1–1.8, $p<0.05$), independent of age, smoking status, baseline lung function, and prior exacerbation history. Kaplan–Meier and Cox analyses of time-to-first exacerbation confirmed shorter exacerbation-free survival in the high-biomarker group (HR 1.4, 95% CI 1.1–1.8, $p<0.05$), independent of age, smoking, lung function, and prior exacerbations.

Conclusion: Elevated BNC (>6.4×10^9/L) or NLR (>4.8) were independently associated with diminished ICS responsiveness, characterized by fewer exacerbation reductions, smaller lung function gains, and earlier exacerbations. While these findings have the potential of creating neutrophil-based thresholds to complement eosinophil-guided strategies, validation in larger multicenter cohorts is required before clinical implementation. This table summarizes exacerbation rates, FEV_1 changes, and pneumonia incidence by biomarker strata.

Total characters 412+600+600 = 1612

Table 1: Clinical outcomes by baseline BNC (>6.4×10^9/L) and NLR (>4.8)

Biomarker Group	*N (=150)*	*Exacerbations / Year (Mean ± SD)*	*ΔFEV_1 (mL) (Mean ± SD)*	*Pneumonia (%)*	*p-value*
BNC ≤ 6.4×10^9/L	82	0.8 ± 0.3	+105 ± 40	6	–
BNC > 6.4×10^9/L	68	1.6 ± 0.5	+45 ± 30	10	0.02
NLR ≤ 4.8	79	0.7 ± 0.2	+110 ± 35	5	–
NLR > 4.8	71	1.5 ± 0.4	+50 ± 25	9	0.01

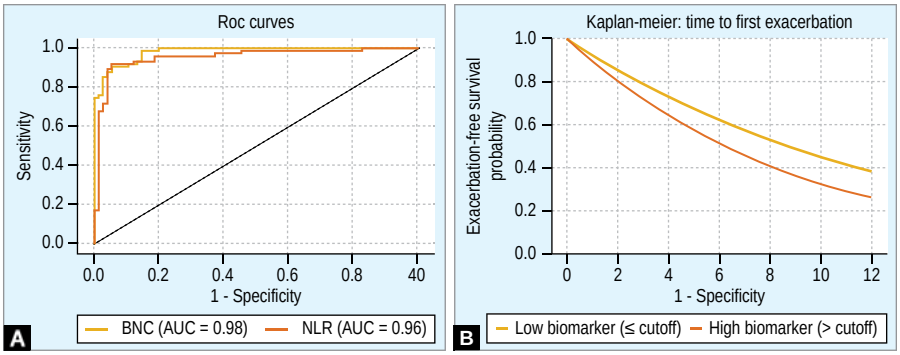


Fig. 1: ROC and survival analysis of neutrophil biomarkers in COPD: Panel (A), ROC curves for baseline blood neutrophil count (BNC) and neutrophil-to-lymphocyte ratio (NLR) predicting ICS responsiveness. Optimal thresholds were BNC >6.4×10^9/L and NLR >4.8 (AUC 0.70 and 0.74); panel (B) Kaplan–Meier curves showing shorter exacerbation-free survival in patients above these cut-offs (HR 1.4, 95% CI 1.1–1.8, p<0.05)

A Comparative Analysis of DECAF, CURB 65, and BAP-65 Scoring Systems for Predicting In-hospital Mortality in Patients With Acute Exacerbation of COPD

Ankita S Jain, Adarsh LS

JSS Academy of Higher Education and Research, Mysuru, Karnataka, India

Introduction: Chronic obstructive pulmonary disease (COPD) is a respiratory condition marked by gradually worsening airflow obstruction and destruction of lung tissue. Patients with Acute Exacerbation of COPD may exhibit signs and symptoms that are more severe than those seen at baseline. Identifying patients at high risk of mortality is crucial for making informed clinical decisions and allocating resources effectively. Numerous scoring systems have been created to forecast death in patients with Acute Exacerbation of COPD; however, there is little information comparing the precision and dependability of these methods. This study is therefore being carried out. Our study also analyzed among the three scores which was a better predictor for the need of a mechanical ventilator.

Objectives: To compare the precision of DECAF, CURB -65, and BAP-65 scoring systems in predicting in-hospital mortality in patients presenting with acute exacerbation of COPD. Evaluate the accuracy of the DECAF, CURB-65, AND BAP-65 scoring systems for predicting in-hospital mortality in patients with acute exacerbation of COPD and compare the predictive power of DECAF, CURB-65, AND BAP-65 scoring systems in identifying patients at high risk of in-hospital mortality.

Methodology: This was a prospective cross-sectional study conducted over a period of 18 months in the Department of General Medicine, in our hospital, amongst patients admitted to the hospital with Acute Exacerbation of COPD. Patients with a confirmed diagnosis of COPD according to GOLD criteria and admitted to the hospital with an Acute Exacerbation of COPD were included in the study. The sample size was calculated to be 386. A convenience sampling technique was used. The data was collected through the structured proforma, including all the relevant parameters in DECAF, CURB 65, and BAP 65 scales after getting informed written consent. The patients were followed up daily until discharge or death. The data was then entered and analyzed using IBM SPSS software version 26.

Results: In our study, on comparison of the three tools, the DECAF score was found to be the best predictor of mortality among Acute Exacerbation of COPD patients with an area under ROC curve of 0.935, followed by the CURB 65 score and BAP 65 score. DECAF score ≥4 is the best cutoff point and predicts mortality with a sensitivity of 0.882 and specificity of 0.866. The DECAF score was found to be the best predictor of mechanical ventilation among AECOPD patients.

Table 1: Area under ROC curve for mortality

Test result variable (s)	*Area under curve*	*p-value*	*95% confidence interval*	
			Lower bound	*Upper bound*
CURB-65	0.841	0.000	0.764	0.918
BAP	0.828	0.000	0.749	0.906
DECAF	0.935	0.000	0.907	0.963

Table 2: Area under ROC curve for mechanical ventilation

Result variable(s)	*Area under curve*	*p-value*	*95% confidence interval*	
			Lower bound	*Upper bound*
CURB65	0.726	0.000	0.618	0.833
BAP	0.691	0.003	0.575	0.808
DECAF	0.833	0.000	0.777	0.889

Conclusion: We conclude that in our study, on comparison of the three tools, the DECAF score was found to be the best predictor of mortality among AECOPD patients (area under ROC curve of 0.935) followed by CURB 65 score (area under ROC curve = 0.841) and BAP score (area under ROC curve = 0.828). A DECAF score ≥4 is the best cut off point and predicts mortality with a sensitivity of 0.882 and specificity of 0.866. Our study also demonstrates that DECAF score was found to be the best predictor of mechanical ventilation among AECOPD patients with area under ROC curve of 0.833 followed by the CURB 65 score (area under ROC curve = 0.726) and BAP score (area under the ROC curve = 0.691). All three scoring systems seem to be simple and promising models for predicting mortality outcomes and the need for mechanical ventilation in AECOPD. The study recommends using the DECAF score for predicting mortality and the need for mechanical ventilation.

Keywords: AECOPD, CURB 65, BAP 65, DECAF, predicting mortality.

A Study on Evaluation of Cardiac Function in COPD Patients by Dual Approach Using Electrocardiogram and Echocardiography in Tertiary Care Hospital

Chiguru Sai Pradeep Kumar, S Durgaprasad, P Padmalatha, U Nirmala, M Venkatesh

Government General Hospital, Ongole, Andhra Pradesh, India

Background: Cardiac dysfunction is a major contributor to morbidity and mortality in COPD. Pulmonary hypertension, right-ventricular (RV) abnormalities, and left-ventricular (LV) impairment often remain clinically silent. ECG provides early electrical clues, while echocardiography offers structural and hemodynamic assessment. A combined evaluation may improve the detection of cardiac involvement.

Objectives: To assess ECG and echocardiographic abnormalities in COPD patients, determine the prevalence of cardiac involvement, and correlate findings with COPD severity using a dual-modality approach.

Methods: A cross-sectional study was conducted on 50 spirometry-confirmed COPD patients in a tertiary-care hospital. Clinical data, GOLD stage, ECG changes, and echocardiographic parameters (RV size/function, pulmonary artery systolic pressure, and LV performance) were recorded and analyzed.

Results: Of 50 patients, 78% were male; 76% were smokers. Most belonged to the 61–70-year group. GOLD staging showed 22% mild, 50% moderate, 26% severe, and 2% very severe COPD. ECG abnormalities included P-pulmonale (36%), right axis deviation (28%), right bundle branch block (12%), and ST-T changes (8%). ECG evidence of pulmonary hypertension was present in 64%. Echocardiography revealed pulmonary hypertension in 58% (mild 34%, moderate 16%, and severe 8%), RV hypertrophy in 24%, RV dilatation in 20%, tricuspid regurgitation in 54%, and LV systolic dysfunction in 12%. Cardiac abnormalities increased with advancing GOLD stage.

Conclusion: Cardiac involvement is highly prevalent in COPD, even in moderate disease. The combined use of ECG and echocardiography enhances early detection of pulmonary hypertension and ventricular dysfunction. Routine dual-modality assessment is recommended for comprehensive evaluation and improved clinical outcomes in COPD patients.

Keywords: COPD, Pulmonary Hypertension, Electrocardiogram, Echocardiography, Right-ventricular Dysfunction.

Prognostic Value of Neutrophil to Lymphocyte, Platelet to Lymphocyte, Eosinophil to Lymphocyte, and Lymphocyte to Monocyte Ratios in Acute Exacerbation of Chronic Obstructive Pulmonary Disease

Drishti Singhal, Sudhir Chhabra, Moonish Agarwal, Chandramani Panjabi

Departments of General Medicine and Pulmonology, Mata Chanan Devi Hospital, New Delhi, India

Introduction: Chronic obstructive pulmonary disease (COPD) remains a significant global health concern, with acute exacerbations (AECOPD) contributing markedly to increased morbidity, mortality, and healthcare burden. Identifying reliable, cost-effective, and easily accessible prognostic markers is essential for timely risk stratification and management. This study aimed to evaluate the prognostic value of blood-based inflammatory markers, viz., neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), eosinophil-to-lymphocyte ratio (ELR), and lymphocyte-to-monocyte ratio (LMR) in patients hospitalized with AECOPD.

Methods: A prospective observational study was conducted over 18 months at Mata Chanan Devi Hospital, New Delhi, including 80 AECOPD patients aged over 18 years. Blood samples were collected within 24 hours of admission to calculate NLR, PLR, ELR, and LMR. Patients were followed for 4 weeks and categorized into survival and mortality

groups. These markers were evaluated for their association with mortality, hospital and ICU stay, and ventilatory requirements.
Results: Most patients were elderly males, with hypertension being the most common comorbidity. NLR and PLR showed significant prognostic value. NLR > 4.58 and PLR > 207.42 predicted mortality after 4 weeks, while NLR > 7 and PLR > 266.41 predicted mortality within 4 weeks. NLR was the best predictor of 4-week mortality (AUC = 0.785, $p < 0.001$), with 100% sensitivity. PLR also had good discriminatory power (AUC = 0.782, $p = 0.001$). Both NLR ($p = 0.014$) and PLR ($p = 0.015$) were significantly higher in patients who died. NLR showed a weak but significant positive correlation with hospital stay ($r = 0.298$, $p = 0.007$) and ICU stay ($r = 0.296$, $p = 0.008$). Higher NLR ($p = 0.007$) and PLR ($p = 0.031$) were also associated with prolonged ICU stay. ELR and LMR showed no significant associations with clinical outcomes or ventilation requirements.
Conclusion: NLR and PLR are affordable, accessible markers with significant prognostic value in AECOPD.

Role of DECAF Score in Predicting In-hospital Mortality in Acute Exacerbation of COPD Patients

MG Shaikh, RK Khare, V Parmar
Department of Medicine, IIMS and Research, Lucknow, Uttar Pradesh, India

Background: Acute exacerbation of chronic obstructive pulmonary disease (AECOPD) is a major cause of morbidity, mortality, and hospital admissions worldwide. Early risk stratification is essential to guide management, predict outcomes, and optimize resource utilization. The DECAF score (Dyspnea, Eosinopenia, Consolidation, Acidemia, Atrial Fibrillation) is a simple bedside tool shown to predict in-hospital mortality in AECOPD.
Objectives: To evaluate the role of the DECAF score in predicting in-hospital mortality among patients admitted with AECOPD, and to assess its accuracy in identifying high-risk patients.
Methods: This observational study was conducted among patients admitted with a clinical diagnosis of AECOPD. DECAF scoring was performed at admission using standard parameters. Patients were categorized into low (0–1), intermediate (2), and high-risk (≥3) groups. Clinical outcomes, including need for non-invasive ventilation, ICU admission, length of hospital stay, and in-hospital mortality, were recorded. Statistical analysis included ROC curve assessment of the DECAF score for the prediction of mortality.
Results: A total of 150 patients were included (mean age 60 years; 70% males). Overall, in-hospital mortality was 22.66%. Mortality increased significantly with rising DECAF score:
Low-risk (0–1): 0%
Intermediate-risk (2): 3%
High-risk (≥3): 55%
The DECAF score demonstrated strong predictive ability for in-hospital mortality with an AUC of 0.83 ($p < 0.05$). Higher DECAF scores were also associated with increased need for ventilatory support and longer hospitalization.
Conclusion: The DECAF score is a reliable, simple, and effective tool for early prediction of in-hospital mortality among AECOPD patients. Routine use of DECAF at admission can help clinicians identify high-risk patients, prioritize interventions, and improve clinical outcomes.

Assessment of Severity and Functional Status in COPD Patients by Using COPD Assessment Test and Clinical COPD Questionnaire

A Amarnath Reddy, Uma MA
PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

Background: The Global Initiative for Chronic Obstructive Lung Disease (GOLD) recommends assessing symptom burden, exacerbation history, and health status for a comprehensive evaluation. The COPD Assessment Test (CAT) is a simple, validated, patient-completed tool that addresses the limitations of complex CRQ questionnaires. The BODE index, incorporating BMI, airflow limitation, dyspnea, and exercise capacity, offers a broader view of disease severity and mortality. This study highlights the usefulness of tools like CAT, CCQ, and the BODE index in assessing COPD's impact, improving physician-patient communication, and guiding management in everyday practice.
Materials and methods: This cross-sectional study included COPD patients admitted to the Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, over 1.5 years. Diagnosis was based on GOLD guidelines. Spirometry was used for disease classification. Standard methods were used for biochemical and anthropometric measurements. Chest X-ray, pulmonary function tests, and CT thorax were done when indicated. Health status was assessed using CAT and the Clinical COPD Questionnaire (CCQ), with assistance provided during administration. The BODE index was calculated using BMI, FEV_1, the MMRC dyspnea scale, and the 6-minute walk distance. Data were compiled and analyzed.
Results: Among 60 participants, 75% were male, mostly aged 61–70 years. Smoking (70%) and biomass exposure (36.7%) were key risk factors. Moderate symptom severity was noted using CAT (46.7%) and CCQ (53.3%). Most had BODE scores between 3 and 4. Strong positive correlations were found between CAT, CCQ, and the BODE Index ($R > 0.74$, $p < 0.0001$), and with FEV1 and 6-minute walk distance.
Conclusion: The study demonstrates that the CCQ, CAT, and BODE Index are reliable, simple tools that reflect disease severity and functional status in COPD patients and should be incorporated into routine assessment.

Rheumatology

Catastrophic Seronegative Antiphospholipid Antibody Syndrome in Pregnancy: A Diagnostic Challenge

Mohammed Imtiyaz Qureshi
Continental Hospital, Hyderabad, Telangana, India

Background: Catastrophic seronegative antiphospholipid antibody syndrome represents a rare and challenging diagnosis when standard antibody tests are negative despite multiple organ involvement and thrombotic manifestations.
Case presentation: A nineteen-year-old primigravida at twelve weeks of gestation presented with acute dyspnea. Two-dimensional echocardiography revealed right heart strain. CT pulmonary angiogram confirmed pulmonary thromboembolism with subsequent pregnancy loss. During intensive care, an abdominal ultrasound demonstrated hepatic artery thrombosis. After sedation weaning, she developed right-sided upper and lower limb weakness with zero out of five power. MRI brain showed left middle cerebral artery infarct.
Results: Laboratory investigations revealed negative lupus anticoagulant, anticardiolipin, and beta-two-glycoprotein-one antibodies. Inherited thrombophilia screening, including Factor V Leiden, protein C and S deficiencies, and antithrombin levels, was normal. Despite negative serology, multiple thrombotic events affecting three organ systems, including pregnancy loss, pulmonary embolism, hepatic thrombosis, and stroke, fulfilled criteria for catastrophic seronegative antiphospholipid syndrome.
Treatment and outcome: High-dose corticosteroids and anticoagulation with warfarin resulted in significant neurological improvement with power recovering to three out of five. The patient was discharged with good functional recovery.
Conclusion: Catastrophic seronegative APS should be considered in young patients with rapid-onset multiple thrombotic events affecting different organ systems despite negative antibody testing, emphasizing clinical criteria and urgent intervention.

An Unusual Presentation of Systemic Lupus Erythematosus

Amrutha Sai, K Rambabu
First-year Postgraduate, Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India; Professor, Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India

Background: SLE is suspected based on the presence of Cutaneous and Multiorgan involvement. Juvenile SLE commonly presents with renal, neurological and hematological involvement. But the involvement of muscles and lungs is not common
Investigations: Evaluation showed raised ESR, CPK is 5350IU/ml and Chest X-ray showed ground glass opacities in the lung fields. The CT chest showed features of interstitial lung disease. The echogram revealed massive pericardial effusion. Muscle Biopsy showed features suggestive of inflammatory myositis. Serology showed ANA, Anti-Smith, and Anti-U1RNP positivity.
Case report: A 16-year-old girl presented with progressive proximal myopathy involving upper and lower limbs. There is no history of Arthritis, oral ulcers, or rash. Systemic examination showed bilateral coarse crepitus, muffled heart sounds, and loud P2.
Musculoskeletal examination showed power 3/5 in the proximal muscles of upper and lower limbs.
Conclusions: An unusual clinical presentation with muscle and lung involvement in a case of juvenile SLE. An early identification and timely therapy would result in a better outcome.

References

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine, 21st edition. New York: McGraw-Hill Education; 2022.
2. Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR, editors. Firestein and Kelley's Textbook of Rheumatology, 11th edition. Philadelphia: Elsevier; 2021.
3. Fishman AP, Elias JA, Fishman JA, Grippi MA, Senior RM, Pack AI, editors. Fishman's Pulmonary Diseases and Disorders, 6th edition. New York: McGraw-Hill Education; 2023.
4. The New England Journal of Medicine. Articles cited as per individual publication details. N Engl J Med.
5. Jindal SK. Textbook of Pulmonary and Critical Care Medicine, 3rd edition. New Delhi: Jaypee Brothers Medical Publishers; 2017.

Clinicopathological Profile of Systemic Lupus Erythematosus Patients in Sub-himalayan West Bengal

Swarnadip Hazra, S Mitra, D Bandyopadhyay
North Bengal Medical College, West Bengal, India

Introduction: Systemic lupus erythematosus is an autoimmune disorder with diverse heterogeneity.

The ethnic variability of sub-Himalayan West Bengal offers a unique opportunity to understand the clinical profile of this multi-systemic disease.

Methodology: A cross-sectional hospital-based descriptive study was conducted with 60 patients who met the 2019 EULAR diagnostic criteria for SLE. Their demographic, clinical, biochemical, and immunological data were collected and analyzed by SPSS V25. Statistical analyses were performed to arrive at significances.

Result: 90% of the study participants were female with a mean age of 30.6 years. 58% of participants had hematological abnormalities, including anemia (53%) and pancytopenia (16%). Systems affected included renal (73%), respiratory (60%), hematologic (58%), cutaneous (55%), CVS (35%), and CNS (15%). Among lupus nephritis, Class V (26.6%), Class IV (23.3%), and Class III (23.3%) changes were found on biopsy. Cutaneous features predominated with alopecia (65%), photosensitivity (55%), and malar rash (55%). Low C3/C4 (70%) and anti-dsDNA positivity (72.4%) were significantly linked to renal disease ($p = 0.047$). Significant correlation was found between renal and respiratory involvement ($p = 0.002$) and malar rash and photosensitivity ($p = 0.011$).

Conclusion: The preponderance of renal and hematological involvement in our study points towards a severe multisystem phenotype of SLE. Depletion of complement and anti-dsDNA continues to be an important indicator of nephritis activity. Future studies need to investigate genetic and climatic influences on organ-system involvement. This study guides the clinician to ensure early serological diagnosis of SLE and attentive evaluation of the renal and hematological parameters in our part of the country.

Cardiac Evaluation of Systemic Sclerosis Patients Using ECG and Echocardiography in a Tertiary Care Hospital of Eastern India

Digbijoy Bose, S Mitra, K Dutta, S Saha
North Bengal Medical College, West Bengal, India; Malbazar Superspeciality Hospital, West Bengal, India

Introduction: Systemic sclerosis (SSc) is a chronic autoimmune connective tissue disorder characterized by fibrosis of skin and internal organs with prominent vascular involvement. Cardiovascular complications of SSc, including pulmonary arterial hypertension (PAH), ventricular dysfunction, and conduction abnormalities, are major determinants of morbidity and mortality. Data on cardiac involvement in SSc patients is sparse from eastern India. This study aimed to assess electrocardiographic (ECG) and echocardiographic abnormalities among systemic sclerosis patients and to correlate these findings with disease duration and demographic variables.

Methodology: This hospital-based, cross-sectional, observational study was conducted over one year among 70 hemodynamically stable patients aged 15–70 years fulfilling the ACR/EULAR 2013 criteria for SSc. All participants underwent detailed clinical evaluation, ECG, and echocardiography. Data were analyzed using SPSS software; Chi-square test was applied, and $p < 0.05$ was considered statistically significant.

Results: The study population ($n = 50$) comprised 80% females, with the majority aged 31–40 years. Disease duration exceeded 10 years in 35.7% of patients. ECG abnormalities were observed in 30% of cases, with right bundle branch block (10%) being the most frequent, followed by left bundle branch block (4%) and bifascicular block (3%). Echocardiography revealed PAH in 20% and right ventricular dysfunction in 10% of patients. Left ventricular systolic and diastolic dysfunction were present in 3% and 5.7%, respectively, while pericardial effusion was detected in 10% (6% mild, 1% moderate, 3% severe). The prevalence of PAH increased significantly with disease duration, with 4.5% in patients with ≤5 years of disease versus 32% in those with >10 years ($p < 0.05$).

Conclusion: Cardiac involvement in SSc is frequent and increases with disease duration. PAH and right ventricular dysfunction are clinically significant findings, while conduction abnormalities such as bundle branch block represent the most common but innocuous ECG changes. Left ventricular diastolic dysfunction exceeds systolic dysfunction. Early detection through routine ECG and echocardiography may facilitate timely intervention, potentially improving outcomes in systemic sclerosis patients.

Association of Neutrophil-to-lymphocyte and Platelet-to-lymphocyte Ratios with Disease Activity in Rheumatoid Arthritis Using DAS28-CRP

Parul Sharma, S Meena, GS Pangtey, A Prakash, R Aggarwal
Lady Hardinge Medical College and Smt Sucheta Kriplani Hospital, New Delhi, India

Introduction: Neutrophil–lymphocyte ratio (NLR) and platelet–lymphocyte ratio (PLR), derived from complete blood counts, reflect systemic inflammation by balancing innate and adaptive immune responses. In rheumatoid arthritis (RA), persistent synovitis elevates these indices.

Objective: To assess the correlation between NLR and PLR with disease activity in RA, using the Disease Activity Score 28 with CRP (DAS28–CRP).

Methods: An observational cross-sectional study was conducted among 85 adults fulfilling ACR/EULAR 2010 criteria for RA at a tertiary care hospital in New Delhi. Clinical and laboratory parameters were recorded, and disease activity was assessed using DAS28–CRP. Patients were categorized as remission (<2.6), low (2.6–3.2), moderate (3.2–5.1), or high (>5.1) activity, and grouped as Group A (remission + low) and Group B (moderate + high). Correlation between NLR, PLR, and DAS28–CRP was analyzed using Spearman's coefficient.

Results: Mean age was 41.6 ± 11.8 years; females comprised 91.8%. Distribution of disease activity was 15.3% remission, 20% low, 45.9% moderate, and 18.8% high. Mean NLR and PLR were higher in Group B (3.5, 155) than in Group A (2.1, 113). NLR showed a strong positive correlation with DAS28–CRP ($r = 0.604$, $p < 0.001$) and PLR also correlated significantly ($r = 0.464$, $p < 0.001$).

Conclusion: NLR and PLR strongly correlate with RA disease activity and reflect systemic inflammation. As simple, inexpensive biomarkers, they can complement DAS28–CRP in monitoring disease activity and guiding timely therapeutic decisions.

A Study to Assess the Predictors of Poor Renal Responses in Lupus Nephritis in a Teaching Hospital in North Bengal

Tista Har, Srijana Pradhan, Pasang L Sherpa
North Bengal Medical College Hospital, West Bengal, India

Introduction: Lupus nephritis (LN) is a serious kidney complication of systemic lupus erythematosus (SLE), affecting a significant portion of SLE patients and contributing significantly to morbidity and mortality. Diagnosing and predicting renal outcomes in LN is challenging due to its complex pathogenesis and variable clinical course. Early identification of predictors of poor renal response is essential for optimizing treatment and improving prognosis.

Methods: This prospective ambispective observational study was conducted over 18 months in the Rheumatology and Medicine departments of North Bengal Medical College, Darjeeling. Sixty biopsy-proven LN patients classified according to the International Society of Nephrology-Renal Pathology Society (ISN-RPS) 2003 classification were enrolled. Clinical features, laboratory parameters including anti-dsDNA, complements, proteinuria, and serum creatinine, and socio-demographic variables were collected at baseline and during follow-up. Renal response was assessed based on proteinuria reduction and renal function normalization. Statistical analyses identified predictors of poor renal response.

Results: The majority of patients were females (98.3%) with mean age around mid-20s. Class III and IV lupus nephritis predominated. Significant predictors of poor renal response included higher baseline serum creatinine, severe proteinuria, hypertension, and histological chronicity index. Early achievement of complete remission was associated with better renal outcomes. Patients with partial remission or persistent proteinuria had poorer prognosis. Immunosuppressive regimens affected response rates.

Conclusion: Multiple clinical, histological, and laboratory parameters contribute to effectively predicting renal outcomes in lupus nephritis. Early recognition and intervention in patients with poor prognostic markers can improve renal response and reduce progression to end-stage renal disease, enhancing patient care quality.

Left Ventricular Diastolic Dysfunction Among Patients with Rheumatoid Arthritis

Ashwini C, Barman B, Bharadwaj R
PGT, Department of General Medicine, AIIMS, Guwahati, All India Institute of Medical Sciences, Guwahati, Assam, India; Professsor and Head, Department of General Medicine, AIIMS, Guwahati, All India Institute of Medical Sciences, Guwahati, Assam, India; Assistant Professor, Department of Cardiology, AIIMS, Guwahati, All India Institute of Medical Sciences, Guwahati, Assam, India

Background: Rheumatoid arthritis (RA) increases cardiovascular risk, including left ventricular diastolic dysfunction (LVDD). Limited data exist on the link between RA disease activity and LVDD severity. We present preliminary findings from 95 cases to explore this relationship and inform early detection and targeted management strategies in RA patients.

Methods: This hospital-based cross-sectional study, conducted over one year at the Department of General Medicine, AIIMS Guwahati, included newly diagnosed and existing rheumatoid arthritis (RA) patients meeting the 2010 ACR-EULAR criteria. After obtaining informed consent, patients underwent thorough clinical examinations and laboratory tests, including erythrocyte sedimentation rate and C-reactive protein. Two-dimensional echocardiography assessed diastolic dysfunction severity. Data analysis utilized MS Office 365, employing percentages, Chi-square tests, and regression analysis. The study aimed to evaluate clinical and laboratory profiles of RA patients to understand disease characteristics and associated cardiac complications.

Results: Among 95 patients (84% females) with a mean age of 49.1 ± 11.33 years. 85% of them were seropositive and the mean duration of the disease was 58.1± 5.27 years. The mean DAS 28 ESR and DAS 28 CRP were 5.12 ±4.69 and 4.16 ±1.15 respectively. There was a positive correlation between DAS28CRP and DAS28ESR with the grade

of diastolic dysfunction, p-value (0.0056 and 0.0042), respectively.
Conclusion: In the current preliminary study 75% of the patients had diastolic dysfunction. There was a positive correlation between DAS28CRP and DAS28ESR with Grade of diastolic dysfunction. So, as the disease severity increases, concurrently grade of LVDD increases. There was no correlation between duration of disease and gender with grade of diastolic dysfunction.

ANNOUNCEMENT

DR JC PATEL AND DR BC MEHTA BEST PAPERS AWARD 2025

1st Prize for Best Original Article entitled – "Hospital-acquired Infections in the Adult Intensive Care Unit: Epidemiology, Resistance Patterns, and Risk Factors" – Kapil Gangadhar Zirpe[1], Sushma Kirtikumar Gurav[2], **Piyush Arvind Dhawad**[3]*, Anand Mohanlal Tiwari[4], Abhijit Manikrao Deshmukh[5], Prasad Bhimrao Suryawanshi[6], Upendrakumar S Kapse[7], Prajkta Prakash Wankhede[8], Abhaya Pramodrao Bhoyar[9], Ria Vishal Malhotra[10], Hrishikesh S Vaidya[11], Shameek Mukherjee[12], Rupali Suryawanshi[13], Subhal B Dixit[14] – [1]Head; [2]Senior Consultant, Department of Neuro Trauma Unit, Grant Medical Foundation; [3]Consultant, Department of Neuro Trauma Unit, Ruby Hall Clinic; [4]Senior Consultant Intensivist, Department of Neuro Trauma Unit, Ruby Hall Clinic; [5]Consultant Incharge, Department of Neuro Trauma Stroke Unit, Grant Medical Foundation's Ruby Hall Clinic; [6]Senior Consultant, Department of Critical Care Medicine; [7,8]Consultant, Department of Neuro Trauma Unit, Ruby Hall Clinic; [9]Junior Consultant; [10]Associate Consultant; [11,12]Junior Consultant, Department of Neuro Intensive Care, Ruby Hall Clinic; [13]Consultant Microbiologist, Department of Laboratory, Ruby Hall Clinic; [14]Director, Department of Critical Care, Sanjeevan and MJM Hospital, Pune, Maharashtra, India – *J Assoc Physicians India 2025;73(2):51–55*.

2nd Prize for Best Original Article entitled – "Empowering Communities, Transforming Education—Evaluating the Students Perceptions about Family Adoption Program in India: A Cross-sectional Study" – **Rashmi Hullali**[1]*, Rachel Sushmita Daniel[2], Bhoomika N[3] – [1]Assistant Professor; [2,3]Junior Resident, Department of Community Medicine, Bijapur Lingayat District Educational (Deemed to be University), Shri BM Patil Medical College and Research Center, Vijayapura, Karnataka, India – *J Assoc Physicians India 2025;73(5):34–36*.

2nd Prize for Best Original Article entitled – "Diagnostic Accuracy of World Health Organization Case Definitions for Acute Febrile Illness: A Tertiary Care Hospital-based Study – Safdar Aftab Aslam[1], Khateeja Afrah[2], **Gopika Kamal**[3*], Santosh R Goudar[4] – [1]Assistant Professor; [2]Resident; [3]Assistant Professor; [4]Professor, Department of General Medicine, Yenepoya Medical College, Mangaluru, Karnataka, India – *J Assoc Physicians India 2025;73(2):e1*.

1st Prize for Best Case Report entitled – "Refractory Pericardial Effusion in a Patient with Rosai–Dorfman Disease" – **Parthajit Das**[1]*, Rajesh M Chowdhury[2], Subhendu Roy[3], Anil Mishra[4], Kayapanda Mandana[5], Sukumar Mukherjee[6] – [1]Consultant Rheumatologist, Apollo Multispeciality Hospital; [2]Consultant Ophthalmologist, Fortis Hospital; [3]Pathologist, Drs Tribedi and Roy Diagnostic Laboratory; [4]Consultant Cardiologist, Birla Heart Research Center; [5]Consultant Cardiothoracic Surgeon, Fortis Hospital; [6]Retired Professor of Medicine, Medical College, Kolkata, West Bengal, India – *J Assoc Physicians India 2025;73(1):81–84*.

2nd Prize for Best Case Report entitled – "Opercular Syndrome without Involvement of Opercular Area—An Uncommon Presentation of Stroke: A Case Report" – Aman Panchal[1], Anurag Rohatgi[2], Pooja Rani[3], Pooja Verma[4], **Sanjay Kumar**[5]*, Kavita Vani[6], Rekha[7] – [1]Student; [2,3]Director and Professor, Department of Medicine, Lady Hardinge Medical College; [4]Senior Resident, Department of Medicine, Atal Bihari Vajpayee Institute of Medical Sciences; [5]Professor, Department of Medicine, Lady Hardinge Medical College; [6]Professor; [7]Senior Resident, Department of Radiodiagnosis, Atal Bihari Vajpayee Institute of Medical Sciences, Delhi, India – *J Assoc Physicians India 2025;73(1):85–86*.

2nd Prize for Best Case Report entitled – "Interesting Case of Familial Partial Lipodystrophy Syndrome (Type 6) with *LIPE* Gene Defect" – **Viswanathan Mohan**[1]*, Varun Anil Damle[2], Akshay Vikas Patil[3], Rajendran Lavanya[4], Karthick Vijayalakshmi[5], Aruldass Regina[6], Venkatesan Radha[7]– [1]Department of Diabetology, Madras Diabetes Research Foundation (ICMR-Collaborating Centre of Excellence) and Dr. Mohan's Diabetes Specialities Centre (IDF Centre of Excellence in Diabetes Care); [2–4]Department of Diabetology, Dr. Mohan's Diabetes Specialities Centre (IDF Centre of Excellence in Diabetes Care); [5–7]Department of Molecular Genetics, Madras Diabetes Research Foundation (ICMR Collaborating Centre of Excellence), Chennai, Tamil Nadu, India – *J Assoc Physicians India 2025;73(5):93–94*.

1st Prize for Best Correspondence entitled – "Human Metapneumovirus—How It Affects and Whom?" – **Prachee Ratre**[1], Rahul Khera[2], Deepak Prajapat[3], Kanishka Kumar Singh[4], Deepak Talwar[5] – [1]DNB Resident; [2]Associate Consultant; [3,4]Senior Consultant; [5]Director and Chairman, Department of Pulmonary, Critical Care and Sleep Medicine, Metro Center for Respiratory Diseases, Noida, Uttar Pradesh, India – *India J Assoc Physicians India 2025;73(8):103*.

2nd Prize for Best Correspondence entitled – "Anagen Effluvium as an Early Sign of Azathioprine Toxicity" – Sehtaj Kaur[1], Asit Kumar Mittal[2], Shaifali Jain[3], Laxman Kumar[4] – [1]Postgraduate Junior Resident; [2]Senior Professor and HOD; [3]Second Year Resident; [4]Third Year Resident, Department of Dermatology, RNT Medical College, Udaipur, Rajasthan, India – *J Assoc Physicians India 2025;73(8):104–05*.

M. VISHWANATHAN POSTER PRESENTATION: APICON 2026

Cardiology

1. **Silent Myocardial Infarction in the Diabetes Outpatient Clinic: A Case Report**
Debasree Reang,
T Jeetenkumar Singh
Regional Institute of Medical Sciences, Imphal, Manipur, India; Department of Medicine, Regional Institute of Medical Sciences, Imphal, Manipur, India

2. **Advancing Atrial Fibrillation Management: Roles and Outcomes of Atrial Fibrillation**
Ravinuthala Prasanna Sai Srikar,
Ashutosh Loka
Prathima Institute of Medical Sciences, Hyderabad, Telangana, India

3. **Toxic Seed, Infected Lead: MRSA Bacteremia Following Temporary Pacing in *Cerbera odollum* Poisoning**
Arya Saj, Jayachandran R,
Poornima H, Suresh Raghavan
Junior Resident, Department of General Medicine, Government TD Medical College, Alappuzha, Kerala, India; Associate Professor, Department of General Medicine, Government TD Medical College, Alappuzha, Kerala, India; Professor, Department of General Medicine, Government TD Medical College, Alappuzha, Kerala, India; Professor and Head of Department, Department of General Medicine, Government TD Medical College, Alappuzha, Kerala, India

4. **Real-world Efficacy of Sacubitril–Valsartan on Cardiac Function and Quality of Life in Indian Patients with Heart Failure: A Retrospective, Observational Multi-Centre Study**
Somnath Bhattacharya,
Manasi Prakash Brid, Shatakshi Rai, Sumit Bhushan, Sanjay Yallappa Choudhari, Saiprasad Patil, Hanmant Barkate

5. **Navigating the Unseen Electrophysiological Labyrinth: A Case of Long QT Syndrome and Sudden Cardiac Arrest Survival**
Keisham Bitash Meitei,
Chongtham Dhanaraj Singh
Department of Medicine, Regional Institute of Medical Sciences, Imphal, Manipur, India

6. **Prognostic Impact of High-sensitivity C-Reactive Protein (Hs-CRP) at Admission in Acute Myocardial Infarction Patients: A Cross-sectional Study from a Tertiary Care Center in South India**
Yaramala Sailaja Reddy
Junior Resident, Department of General Medicine, Nizams Institute of Medical Sciences, Hyderabad, Telangana, India

7. **A Study on Thrombolytic Effect of Streptokinase Infusion Assessed By ST-segment Resolution between Diabetic And Nondiabetic Myocardial Infarction Patients**
Katyayani Devi Reddi, Jaswanth Kumar
Great Eastern Medical School and Hospital, Ragolu, Andhra Pradesh, India

8. **Clinical Profile and Prognostic Significance of NT-proBNP in Heart Failure: A Single-Centre Study**
Abhilash Dangi,
Sakthivadivel Varathrajan, Vishakha jain, N. Charan, Anand Pyati
All India Institute of Medical Sciences, Bibinagar, Telangana, India

9. **Study of Serum Potassium Level and Its Clinical Outcomes in Acute Decompensated Heart Failure Patients**
Madhav Bhardwaj, Vishwanath. K
MS Ramaiah Medical College, Bengaluru, Karnataka, India

10. **Prevalence of Peripheral Arterial Disease among Patients Presenting with Acute Coronary Syndrome: A Prospective Observational Study**
Sauvik Paul, Rohini Rokkam,
Satyajit Singh, Naman Agrawal
All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

11. **Avoidable Reasons for Rising Heart Attacks and Sudden Deaths in the Indian Youth and Middle Age, Reveals Experts**
M. Abishek
Vinayaka Mission Medical College, Karaikal

12. **Quest for Biological Immortality (Lifespan Extension) in Humans**
M Abishek
Vinayaka Mission Medical College, Karaikal

13. **A Study of Serum Procalcitonin Levels as a Prognostic Marker in Patients Admitted With ST-Elevation Myocardial Infarction**
Abhishek Garg, MP Singh
Postgraduate Resident, Department of General Medicine, NMCH, Rohtas, Bihar, India; Assistant Professor, Department of General Medicine, NMCH, Rohtas, Bihar, India

14. **A Tight Heart from the Past: Tubercular Constrictive Pericarditis Leading to Polyserositis**
Kshitij Raj, Manoj Kumar Choudhary, Naresh Kumar, Abhay Prakash, Afreen Hoda
Indira Gandhi Institute of Medical Sciences, Patna, Bihar

15. **A Cross-sectional Observational Study on Assessment of Sleep Deprivation in Acute Coronary Syndrome Patients and Its Correlation with the Risk of Acute Coronary Event**
Harikrishna Sharma M, Dhaval Dalal, Sandeep Patil
Bhaktivedanta Hospital and Research Institute, Thane, Maharashtra, India

16. **When Pneumonia Breaks the Heart: Klebsiella Sepsis Presenting as SVT and Reversible Septic Cardiomyopathy**
Saimuddin
Katihar Medical College, Katihar, Bihar, India

17. **Demographic and Biochemical parameters in relation to Severity of coronary artery disease assessed by SYNTAX score in patients undergoing Percutaneous Coronary Intervention**
Mahesh Mannava, Ankit Gupta, Ashish Jain, Mahendra Kumar Meena, Mir Altaf Ahmad
Junior Resident, General Medicine, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Assistant Professor, Cardiology, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Associate Professor, Cardiology, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Assistant Professor, General Medicine, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India; Associate Professor, Biochemistry, All India Institute of Medical Sciences, Raebareli, Uttar Pradesh, India

18. **A Case Report of Weill-Marchesani Syndrome with Pulmonic Stenosis**
Dharmesh Manyam
Agartala Government Medical College and GB Pant Hospital, Agartala, Tripura, India

19. **Correlation of Heart Rate Variability and Sustained Hand Grip Test with Cardiovascular Risk in Coronary Artery Disease Patients**
Naresh Kumar, Subodh Pandey, Rajeev Gupta
Gandhi Medical College, Bhopal, Madhya Pradesh, India

20. **Clinical, Biochemical, and Echocardiographic Profile of Young Hypertensive Patients**
Sai Kulwanth, Uma MA
Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

21. **A Rare Presentation of Atrial Fibrillation in a Young Adult with Atrial Septal Defect**
Rea Prakash, Balram Jha, Sanjay Kumar Pandey, Nikhil Lade
Mahatma Gandhi Memorial Medical College and Hospital, Jamshedpur, Jharkhand, India

22. **An Interesting Case of Congenital Cyanotic Heart Disease in Adult**
Taranjot Singh, PS Karmakar
Mata Gujri Memorial Medical College, Kishanganj, Bihar, India

23. **The Endocardial Masquerade When LRTI Symptoms Conceal a Deadlier Truth**
Shaba Firdoush, Dhanashri Atre, Pratik Sane, Kashmira Shah
Jupiter Hospital, Thane, Maharashtra, India

24. **Evaluation of Aspartate Transaminase–to–Platelet Ratio Index as a Predictor of Cardiovascular Risk in Metabolic Syndrome**
D Rakesh Kumar Reddy, Uma MA
PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

25. **Prevalence of Heart Failure with Preserved Ejection Fraction in Patients with Metabolic Syndrome**
Vijay Kumar Swarna, Uma MA
PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

26. **A Study on 72-Hour Ambulatory ECG Monitoring in Acute Ischemic Stroke**
Aravindh Shiva G, Adarsha GK, Mukund A Prabhu
Kasturba Medical College, Manipal, Karnataka, India

27. **Congenitally Corrected Transposition of the Great Arteries**
Gangireddy Veera Manikanth Reddy, Uma M A
PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

28. **Study of Vitamin D Levels in Premature Coronary Artery Disease**
Chalapati Lakshmi Swetha Bhavani K. Sudheer
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

29. **Serum Sodium as a Prognostic Marker in Acute STEMI: A Study from a Tertiary Care Hospital**
Shaik Basheer Basha, CV Ravi Kumar
Government General Hospital, Kadapa, Andhra Pradesh, India

30. **A Study of Postprandial Hypertriglyceridemia as an Independent Risk Factor for Ischemic Heart Disease**
Banavath Jayanthi, B. Kishore Kumar
Government General Hospital, Kadapa, Andhra Pradesh, India

31. **Sick Euthyroid Syndrome in Acute ST-Elevation Myocardial Infarction**
Gorantla Raju, Anjaneya Prasad V.
Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India

32. **From Subtle Signs to Missed Diagnosis: A Diagnostic Complexity of HFpEF**
Maliha Abid, Karan Chopra, Rajeev Srivastava
Venkateshwar Hospital, New Delhi, India

33. **A Study of Clinical Profile and Analysis of Risk Factors for Myocardial Infarction in the Young**
Gollapolu Narendra, IV Rama Chandra Rao, SM Imroz
Department of General Medicine, Apollo Institute of Medical Sciences and Research, Chittoor, Andhra Pradesh, India

34. **Global Left Ventricular Strain Pattern for Detection of Anthracycline Chemotherapy–Induced Subtle Heart Failure**
Ramavath Niharika
Apollo Institute of Medical Sciences and Research, Chittoor, Andhra Pradesh, India

35. **A Rare Case of Lightning-Induced Cardiomyopathy**
Kommera Nakshatra, Mahender Kumar, Nagender Devulapally
Apollo Institute of Medical Sciences and Research, Chittoor, Andhra Pradesh, India

36. **Excess Consumption of Highly Caffeinated Drinks Causing Ventricular Arrhythmia**
Rupal Sushil Sharma
MMU Hospital, Mullana, Ambala, Haryana, India

37. **Spots on Skin and a Hole in the Heart: Neurofibromatosis Type 1 with Atrial Septal Defect**
Akram Shah
Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

38. **Situs Inversus Totalis with Atrial Septal Defect: Flipped Physiology**
Gaurav Anand, Basanth Kumar S
Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

39. **Silent Since Birth, Unmasked by Pregnancy: A Case of Adult VACTERL Association**
Harshika Chauhan
Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

40. **An Adult with Lifelong Cyanosis: CCTGA With RVOT Obstruction and Mesocardia**
Rizwan Ahmad
Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

41. **To Study Serum Calcium–Magnesium Ratio and Its Association with Mortality in Patients with Acute Coronary Syndrome**
Aditya Akash, Nishant Mangla, Mahesh Dave
Second-Year Postgraduate Student, Rabindranath Tagore Medical College, Udaipur, Rajasthan, India

42. **Broken Heart Syndrome**
Pratibha Saha
Mahatma Gandhi Hospital, Jaipur, Rajasthan, India

43. **A Study on Incidence of Hyponatremia in Patients with Acute ST Elevation Myocardial Infarction Admitted in the Intensive Cardiac Care Unit of SSIMS and Research Centre Hospital, KLE, Davangere, Karnataka**
Shubham Vashisht
Shymanuru Shivashankarappa Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

44. **Ruptured Sinus of Valsalva (RSOV) from Right Coronary Cusp to Right Ventricle: A Rare Case Report**
Nazneen Parween
Postgraduate Year, Patna Medical College

and Hospital, Patna, Bihar, India

45. **Study of QRS Duration and R/Q Ratio in the Assessment of Severity of Acute Myocardial Infarction**
Shashi Kiran D
Ballari Medical College and Research Centre, Ballari, Karnataka, India

46. **Edema Grade-wise Effectiveness and Safety of Torsemide–Spironolactone FDC in Heart Failure: Results From RESTORE-HF Study**
Md Dilawez Shamim, U Jadhav, DG Roy, R Iyer, A Sugumaran
Rasha Health Care, Sitamarhi, Bihar, India; MGM New Bombay Hospital, Navi Mumbai, Maharashtra, India; Peerless Hospital, Kolkata, West Bengal, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

47. **ADD ARNI Study: Baseline Characteristics of HFrEF Patients Starting ARNi Therapy in India**
A K Thakur, Ashwani Mehta, Kamal Sharma, Rahul Iyer, Amarnath Sugumaran
Consultant Interventional Cardiologist, Healthy Heart Clinic, Patna, Bihar, India; Consultant Cardiologist, Sir Ganga Ram Hospital, New Delhi, Delhi, India; Consultant Cardiologist, SAL Hospital, Ahmedabad, Gujarat, India; Medical Affairs, Cipla Ltd., Mumbai, Maharashtra, India

48. **NYHA Class-wise Effectiveness and Safety of Torsemide–Spironolactone FDC in Heart Failure: Results From RESTORE-HF Study**
Abhishek Kumar, CK Ponde, U Jadhav, R Iyer, A Sugumaran
Usha Gupta Memorial Medical Centre, Purnea, Bihar, India; PD Hinduja Hospital, Mumbai, Maharashtra, India; MGM New Bombay Hospital, Navi Mumbai, Maharashtra, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

49. **Impact of BMI on Effectiveness and Safety of Torsemide–Spironolactone FDC in Heart Failure: Results From RESTORE-HF Study**
Siddharth Madnani, CK Ponde, DG Roy, P Nidhankar, R Iyer
Madnani Hospital, Prayagraj, Uttar Pradesh, India; PD Hinduja Hospital, Mumbai, Maharashtra, India; Peerless Hospital, Kolkata, West Bengal, India Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

50. **Gender-wise Effectiveness and Safety of Torsemide–Spironolactone FDC in Heart Failure: Results From RESTORE-HF Study**
Nadim Anwar, DG Roy, CK Ponde, P Nidhankar, R Iyer
RIMS Hospital, Ranchi, Jharkhand, India; Peerless Hospital, Kolkata, West Bengal, India; Department of Cardiology, PD Hinduja Hospital, Mumbai, Maharashtra, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

51. **A Rare Case of Isolated Myocardial Hydatid Cyst**
Markapuram Mounika, M Abdur Rahim, S Imran Basha, Arshad Saleem
Department of General Medicine, Tertiary Care Centre, Kurnool Medical College, Kurnool, Andhra Pradesh, India

52. **A Rare Case of Idiopathic Pulmonary Arterial Hypertension**
Saikat Biswas
SRIMS and Sanaka Hospitals, Durgapur, West Bengal, India

53. **A Case Study of Sudden Cardiac Death: Hypertrophic Cardiomyopathy**
Arnab Mukherjee
SRIMS and Sanaka Hospitals, Durgapur, West Bengal, India

54. **An Unusual Presentation of Infective Endocarditis**
Subiya Banu, Debasish Barik
The Oxford Medical College, Hospital and Research Centre, Bengaluru, Karnataka, India

Clinical Pharmacology

1. **Definite DRESS Triggered by a Complex Medication Regimen: A Clinically Challenging Case of Fever, Rash, and Eosinophilia with Isolated Hepatic Involvement**
Akshay Achutrao Gaikwad, Poonam Yadav, Vishakha Naik, Avinash Tekam
Grant Government Medical College and Sir J. J. Group of Hospitals, Byculla, Mumbai, Maharashtra, India

2. **Improved Coronary Flow, Fading Muscle Power: A Hidden Cost of Statin Therapy**
A Deshpande, CA Kante, CD Sarang
Dr Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, India

Critical Care Medicine

1. **Neuroleptic Malignant Syndrome Complicated by STEMI: A Rare Clinical Association**
J Aryalekshmi, AK Mishra, K Kumar, B K Choudhary, P Budhwani
All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh, India

2. **When Hemophagocytic Lymphohistiocytosis Meets Acute Liver Failure: A Critical Care Triumph**
R Khan
Department of Internal Medicine, Manipal Hospital, Kolkata, West Bengal, India

3. **Clinical Judgment over Confirmation: Early CytoSorb Use in Severe Dengue-Induced Hyperinflammation**
Akepati Abhilash Reddy, Rajib Paul
Department of Internal Medicine, Apollo Health City, Hyderabad, Telangana, India

4. **Kounis Syndrome: A Case Series**
Yashaswini GU
Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

5. **When the Pancreas Casts an Evil Eye: A Rare Case of Acute Pancreatitis–Induced Thrombotic Microangiopathy and Multiorgan Failure**
Harikrishna Sharma M, Kavita Vishwakarma, Shubham Jain
Bhaktivedanta Hospital and Research Institute, Thane, Maharashtra, India

6. **A Study on Procalcitonin versus C-Reactive Protein as Prognostic Markers of Sepsis in Intensive Care Unit Patients**
Gaddam Nikhitha, Kalepu Meher Aravind, Yadati Sathyanarayana Raju, Naval Chandra, Yerraguntla Shashidhar
Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India

7. **Pattern of Antibiotic Prescription and Antimicrobial Resistance among Inpatients in Medical Wards of a Tertiary Care Hospital**
Gourabathuni Manikanta, P Padmalatha, S Durga Prasad, A Saimanisha
Government Medical College, Ongole, Andhra Pradesh, India

8. **Performance of SIRS, qSOFA, NEWS, and MEWS Scores as Predictors of In-Hospital Mortality in ICU Sepsis**
M Sodhana P Kristhu Dasu, S Durga Prasad, P Padmalatha, Arshiya Sulthana
Government Medical College, Ongole, Andhra Pradesh, India

9. **Clinician Perspectives on the Real-World Use of Ceftriaxone–Sulbactam–EDTA for Difficult-to-Treat Infections: Insights from a Nationwide Study in India**
DB Pawar, PV Vaidya, A A Gondane, AD Sharma
General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Senior Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India;

Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

10. **A Comparison of Serum Magnesium Levels in Patients with Systemic Inflammatory Response Syndrome**
Y Prathibha Bharathi Yadav, Arjun Kumar Avvaru
Government General Hospital, Kadapa, Andhra Pradesh, India

11. **Prognostic Nutritional Index and the Course of Sepsis: A Clinical Marker Bridging Immunity, Nutrition, and Survival**
P Arora, S Patro, SS Pattnaik
Postgraduate Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Head of the Department, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Assistant Professor, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

12. **Unmasking the Unusual: Rare ICU Pathogens and Diagnostic Challenges**
Ritvik Antal, Aman Vij
Venkateshwar Hospital, Dwarka, New Delhi, India

13. **The Profile of Lactate, Albumin, and Lactate–Albumin Ratio as Predictors of Outcome in Sepsis Patients: A Longitudinal Observational Study in a Tertiary Care Centre**
Sneha Susan Thomas, Ramakrishna
Junior Resident, Mandya Institute of Medical Sciences, Mandya, Karnataka, India; Associate Professor, Mandya Institute of Medical Sciences, Mandya, Karnataka, India

14. **Acute Kidney Injury and Rhabdomyolysis following Multiple Hornet Stings: A Case Report**
Harshitha Vahini S
Velammal Medical College and Hospital, Madurai, Tamil Nadu, India

15. **When Clots Turn Catastrophic: Unraveling A Sudden Storm of Antiphospholipid Syndrome**
N Jain, V Chauhan, SC Chaudhary
King George's Medical University, Lucknow, Uttar Pradesh, India

Diabetology

1. **Clinical and Biochemical Profile of Ischemic Stroke in Diabetes Mellitus**
B Ratnam, K Sudheer, V Priya
Department of General Medicine, Great Eastern Medical School and Hospital, Ragolu, Srikakulam, Andhra Pradesh, India

2. **Muscle Tear and Subsequent Muscle Infarction in a Patient with Uncontrolled Type 2 Diabetes Mellitus**
Dipra Dattasarma, Nirmalya Roy
Department of General Medicine, KPC Medical College and Hospital, Kolkata, West Bengal, India

3. **Macronutrient Intake Patterns in relation to BMI in Type 2 Diabetes Mellitus Patients aged 40-60 years**
Saksham Shukla, A Prakash, R Aggarwal, S. L. Margekar, P Bansal
Department of Medicine, Lady Hardinge Medical College, New Delhi, India

4. **To Study the Changes in Neutrophil–Lymphocyte Ratio and Platelet–Lymphocyte Ratio With Different Degrees of Glycemic Control in Patients with Type 2 Diabetes Mellitus**
Saurabh Kumar Pandey
Narayan Medical College and Hospital, Jamuhar, Sasaram, Rohtas, Bihar, India

5. **Euglycemic Diabetic Ketoacidosis: A Case Report**
Abdullah Khan, PK Agrawal
Katihar Medical College, Katihar, Bihar, India

6. **Neutrophil–Lymphocyte Ratio and Platelet–Lymphocyte Ratio as Predictors of Microalbuminuria in Type 2 Diabetes Patients: Cross-sectional Study**
Hulesh M
Sri Devraj URS Medical College, Kolar, Karnataka, India

7. **The Sweet Brain: When Hyperosmolar Hyperglycemic State Mimics Stroke**
Mohit Tiwary, PK Agrawal
Katihar Medical College, Al-Karim University, Katihar, Bihar, India

8. **Prevalence of Cardiac Autonomic Neuropathy in Patients with Type 2 Diabetes Mellitus and Prediabetes**
Saaket Buddhiraju, Vishakha Jain, Anish Singhal, Sakthivadivel V., Sangeeta Sampath, Nitin John
Junior Resident (Second Year), Department of Medicine, All India Institute of Medical Sciences, Bibinagar, Telangana, India; Additional Professor and Head, Department of Medicine, All India Institute of Medical Sciences, Bibinagar, Telangana, India; Assistant Professor, Department of Physiology, All India Institute of Medical Sciences, Bibinagar, Telangana, India; Additional Professor, Department of Medicine, All India Institute of Medical Sciences, Bibinagar, Telangana, India; Professor and Head, Department of Biochemistry, All India Institute of Medical Sciences, Bibinagar, Telangana, India; Professor and Head, Department of Physiology, All India Institute of Medical Sciences, Bibinagar, Telangana, India

9. **Red Cell Distribution Width as A Predictor of Glycemic Control in Type 2 Diabetes Mellitus**
Aritra Banerjee, A Maganur, P Bhattacharjee, A Swami
Silchar Medical College and Hospital, Silchar, Assam, India

10. **Triglyceride-to-HDL Cholesterol Ratio as a Surrogate Marker of Insulin Resistance and Subclinical Atherosclerosis in Prediabetes: A Cross-Sectional Study from Eastern India**
Rizwan Khan, Rishad Ahmed
KPC Medical College and Hospital

11. **Diabetic Ketoacidosis: Uncommon Presentation of Chronic Pancreatitis-induced Pancreatogenic Diabetes**
Thingujam Bikas Singh
Department of General Medicine, Narayan Medical College and Hospital, Rohtas, Bihar, India

12. **Association of Triglyceride-glucose Index in Patients with Newly Diagnosed Hypertension with or without Type-2 Diabetes Mellitus in a Tertiary Care Centre of Northern India**
VS Kawanpure, V Parmar
Department of Medicine, Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

13. **Blind Spots in Artificial Intelligence: A Call for Caution in Diabetic Retinal Diagnostics**
Atindra Narayan, Das D, Grover S
Department of Medicine, National Cancer Institute, AIIMS, New Delhi, India; Department of Ophthalmology, National Cancer Institute, AIIMS, New Delhi, India

14. **Clinico-laboratory Profile of Peripheral Neuropathy in Type 2 Diabetes Mellitus Patients in A Tertiary Care Hospital**
Auroshree Das, Murugesan S, Bhargav Kiran Gaddam, Ashok Kumar Das
Mahatma Gandhi Medical College and Research Institute, Pondicherry

15. **Effect of Tight Glycemic Control on Sudomotor Function in Patients with Type 2 Diabetes Mellitus with Poor Glycemic Control**
Rakhi Malhotra, Kumar Abhisheka, Keerti Avinash
Command Hospital Air Force, Bengaluru, Karnataka, India

16. **Study of the Red Blood Cell Indices and Coagulation Profile with**

Glycated Hemoglobin in Type 2 Diabetes Mellitus Individuals at a Tertiary Care Hospital
Vinayak Biradar, Yeshavanth G
Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davanagere, Karnataka, India

17. **Bronze From Iron: Diabetes in a Thalassemia Patient—A Case Report**
Rajesh R, P Malarvizhi
Junior Resident, Institute of Internal Medicine, Madras Medical College, Chennai, Tamil Nadu, India; Professor, Institute of Internal Medicine, Madras Medical College, Chennai, Tamil Nadu, India

18. **GLP-1RA in Young-onset T2DM: Prospective Observational Study of Glycemic Response, Weight Outcomes, and Beta-Cell Preservation in Patients <40 Years at a Tertiary Care Centre in South India**
Abhilash S, Renuka B G
JJM Medical College, Davangere, Karnataka, India

Endocrinology

1. **The Relentless Potassium Leak: Unraveling a Silent Driver of Resistant Hypertension**
Anurag Banerjee, Taraknath Chatterjee, Piyusha Ranjan Nayak
General Medicine, Healthworld Hospital, Durgapur, West Bengal, India; Consultant, General Medicine, Healthworld Hospital, Durgapur, West Bengal, India; General Medicine, Healthworld Hospital, Durgapur, West Bengal, India

2. **Parathyroid Hyperplasia with Double-Negative Sestamibi Scan: Clinical Judgment Over Imaging**
Vinjamoori Venkata Sreekeerthan, NVBK Sai, M Aditya Kumar, Vasista Viswa Sen Yerla
Central Hospital, South Central Railways, Lallaguda, Andhra Pradesh, India

3. **A Dangerous Stroke in a 46-year-old Female with Type 2 Diabetes Mellitus**
O Changmi

4. **Unseen Endocrine Deficits: Clinical Diversity in Sheehan's Syndrome Presentation**
Rohit kumar, Rajan Kumar, Prabhat Ranjan
Department of General Medicine, Patna Medical College and Hospital, Patna, Bihar, India

5. **Myxoedema Ascites: A Rare Presentation of Uncontrolled Hypothyroidism**
Devashish Nailwal, Ashok Kumar Rohilla
Park SS Hospital, Panipat, Haryana, India; CEDAR Diabetes, Thyroid and Hormone Clinic, Panipat, Haryana, India

6. **Hyponatremia Secondary to Amiodarone Therapy: A Rare But Serious Complication**
Devashish Nailwal, Rajeev Mittal, Ashok Kumar Rohilla
Park SS Hospital, Panipat, Haryana, India; MM College of Medical Science and Research, Ambala, Haryana, India; CEDAR Diabetes Thyroid and Hormone Clinic, Panipat, Haryana, India

7. **Endocrine Eclipse: Hypophysitis Masquerading as Shock**
Janaky Mahesh, Afsar Fatima
Registrar, Department of General Medicine, Bangalore Baptist Hospital, Bengaluru, Karnataka, India; Consultant, Department of Endocrinology, Bangalore Baptist Hospital, Bengaluru, Karnataka, India

8. **Severe Rhabdomyolysis and Adrenal Crisis Secondary to Undiagnosed Hypopituitarism Unmasked by Plasmodium vivax Malaria: A Case Report**
Dasharatha Rami Reddy A
Continental Hospitals, Hyderabad, Telangana, India

9. **Pericardial Effusion in Hypothyroidism: A Rare Case Highlighting Diagnostic and Therapeutic Challenges**
Ashwinkumar Anandrao Deore, Supriya Patil, Harshad Surana
Shri Bhausaheb Hire Government Medical College, Dhule, Maharashtra, India

10. **Autoimmune Polyglandular Syndrome Type 2 Presenting with Pericardial Effusion: A Diagnostic Challenge**
Aditya Akash, Mahesh Dave, Akashdeep Sehgal, Devendra Kasahyap, Nishant Mangla
Rabindra Nath Tagore Medical College and Maharana Bhupal Hospital, Udaipur

11. **Levothyroxine Dosage and Adverse Reactions: A Clinical Correlation Study**
Dheeraj Kumar, R Aggarwal, A Goel, A Prakash, P Chauhan
Lady Hardinge Medical College and SMT Sucheta Kriplani Hospital, New Delhi, India

12. **Linking Clinical Connections: Brown Tumor, Parathyroid Adenoma, and the Enigma of Enophthalmos**
Ranvijay Singh, Sunita Aggarwa
Assistant professor, AIIMS Bilaspur, Himachal Pradesh, India; Professor, Lok Nayak Hospital and Maulana Azad Medical College, New Delhi, India

13. **When an Antibiotic Turns Hypoglycemic: An Unusual Culprit**
Sushma Birge, Mahesh DM, KVS Reddy
Aster CMI Hospital, Bengaluru, Karnataka, India

14. **When Thyroid Fails, the Kidneys Follow: A Case of AKI Due To Hypothyroid Myopathy-induced Rhabdomyolysis**
Jyoti kumari
Maharaja Jitendra Narayan Medical College and Hospital, Cooch Behar, West Bengal, India

15. **A Rare Case of Myxedema Coma in a Middle-aged Female: A Diagnostic Challenge**
Mohd Aatif Khan, PK Agarwal
PG Resident, Department of Medicine, Katihar Medical College, Al-Karim University, Bihar; Professor and Head, Department of Medicine, Katihar Medical College, Al-Karim University, Bihar

16. **A Case Presentation on Simple Virilizing Type of CAH**
Vaibhav Aditya, Pankaj Hans, Neeraj Sinha, Nidhi Kumari
Patna Medical College and Hospitals, Patna, Bihar, India

17. **Euglycemic Diabetic Ketoacidosis: A Case Report**
Abdullah Khan
Katihar Medical College, Katihar, Bihar, India

18. **Seizure in Elderly Hypertensives may not always be Stroke, and could be A Rare Disease like Fahr's Syndrome**
Akriti Singh, Mohammed Asif Nijam, Awadhesh Kumar Singh
Department of Medicine, KPC Medical College, Kolkata, West Bengal, India; Department of Medicine, GD Hospital and Diabetes Institute, Kolkata, West Bengal, India; Department of Endocrinology, GD Hospital & Diabetes Institute, Kolkata, West Bengal, India

19. **A Case of Severe Hyponatremia in a Patient With Primary Adrenal Insufficiency**
Chinnala Sai Krishna, PK Agrawal
Katihar Medical College, Katihar, Bihar, India

20. **The Frozen Physiology Myxedema Coma Unveiled**
Vijay Kumar C
Gulbarga Institute of Medical Sciences, Kalaburagi, Karnataka

21. **A Rare Case of Myxedema Coma in a Middle-Aged Female: A Diagnostic Challenge**
Mohd Aatif Khan, PK Agarwal

PG Resident, Department of Medicine, Katihar Medical College, Al-Karim University, Bihar; Professor and Head, Department of Medicine, Katihar Medical College, Al-Karim University, Bihar

22. **Hidden in the Jaw: A Maxillary Tumor's Role in Debilitating Osteomalacia**
H Malhotra, A Biswas
Postgraduate Resident, Department of Internal Medicine, Fortis Hospital, Noida, Uttar Pradesh, India; Senior Consultant, Department of Endocrinology, Fortis Hospital, Noida, Uttar Pradesh, India

23. **Rare Case Of Glycogen Storage Disease Type 3 A**
M Abishek
Vinayaka Mission Medical College, Karaikal, Puducherry, India

24. **Cost-effectiveness of Beta-cell Regeneration Agents**
M Abishek
Vinayaka Mission Medical College, Karaikal, Puducherry, India

25. **Insulin Autoimmune Syndrome: A Rare Cause of Hypoglycemia in a Non-Diabetic Patient**
Nishi, Rajesh K Meena
Moolchand KR Hospital, New Delhi, India

26. **Hormonal Failure Triggers Cardiac Instability: Ventricular Tachycardia and Cardiac Tamponade in Sheehan Syndrome: A Two-case Series**
Asiya Perveen
Department of Medicine, Jawaharlal Nehru Medical College Hospital, Aligarh Muslim University, Uttar Pradesh, India

27. **Hypocalcemia-induced GTCS After Total Thyroidectomy: Unmasking Fahr's Syndrome**
Yama Ramani Reddy, Anjaneya Prasad V
Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India

28. **Secondary Amenorrhea in a 19-Year-Old Type 1 Diabetes Mellitus Patient**
Yogendra Rahangdale, Sanjay Kumar Dubey, Bharat Parmar
Government Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Government Medical College, Ratlam, Madhya Pradesh, India; Assistant Professor, Government Medical College, Ratlam, Madhya Pradesh, India

29. **Hypercoagulable State in Type 2 Diabetes Mellitus (<50 Years) and Its Reversal after Metabolic Intervention: A Biomarker-based Prospective Study**
Souvik Bhandari, Subhabrata Ray, Biplab Mandal
North Bengal Medical College, Siliguri, West Bengal, India

30. **Bone Health After Androgen Deprivation Therapy in Indian Men with Prostate Cancer: 12-Month Prospective Cohort Study**
Kumar Bivas, Kumar Abhisheka
Resident, Department of Medicine, Command Hospital Air Force, Bengaluru, Karnataka, India; Senior Adviser, Department of Medicine and Endocrinology, Command Hospital Air Force Bangalore

31. **Unmasking the Hidden Culprit: Primary Hyperparathyroidism Presenting as Acute Pancreatitis in A Teenager**
P Goswami, S Mahapatra, M Murmu
Junior Resident, Department of Medicine, Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India; Assistant Professor, Department of Medicine, Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India; Professor, Department of Medicine, Veer Surendra Sai Institute of Medical Sciences and Research, Burla, Odisha, India

32. **A Study on Gamma Glutamyl Transferase, C-Reactive Protein Levels in Type 2 Diabetes Mellitus Patients and Its Correlation with Glycosylated Hemoglobin Levels**
Aswini Duth Buddala, Uma MA
Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

33. **When Skin Turns Dark**
S Mohan Ram
Velammal Medical College and Hospital, Madurai, Tamil Nadu, India

34. **Recurrent Hyponatremia in A Patient with SIADH Secondary To Pituitary Macroadenoma: A Case Report**
MG Shaikh, RK Khare, V Parmar
Department of Medicine, Integral Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

35. **A Case Report on Klinefelter Syndrome Diagnosed at Age 50**
Nidhi Kumari, Pankaj Hans, Niraj Sinha
Patna Medical College, Patna, Bihar, Patna

36. **Association of Red Cell Distribution Width with Glycemic Control among Patients with Type 2 Diabetes Mellitus: A Cross-sectional Study**
Girish Thawani
Department of Medicine, Integral Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

37. **Prevalence and Patterns of Thyroid Dysfunction in Non-Dialysis Chronic Kidney Disease Patients**
Mulakalapalli Venkatesh
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

38. **A Subtle Clue to a Profound Autoimmunity: APS Type 3B**
Debnath Murmu, Amitava Mazumdar, Ujjal Chakraborty
Ramakrishna Mission Seva Pratishthan, Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

39. **Familial Hypercholesterolemia Presenting with Xanthomas and Critically Elevated LDL in a 15-Year-Old Male**
Mamidala Haritha Venkata Lakshmi Sivani, AT Mishra
Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

40. **Hoffmann's Syndrome—A Rare Form of Hypothyroid Myopathy: A Case Report**
Khillare Abhishek Dhananjay, Surendra Kumar
Nalanda Medical College and Hospital, Patna, Bihar, India

41. **Exploring the Neurological Landscape of Diabetes: Insights into Neuropathy**
Mansi Dilip Dhoble
Resident, Department of Medicine, JJ Hospital, Mumbai, Maharashtra, India

42. **A Silent Pituitary, A Loud Infection Cellulitis Exposing Occult Sheehan's Syndrome**
Sai Keertana Godugu, Ravala Siddeswari
Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

43. **Sheehan's Syndrome Unveiled After Decades Without a Diagnosis**
Rajashekar Badalgama, Sindhu Joshi, Krishna Murthy, Shreyansh Buty
Mahavir Hospital and Research Centre, Hyderabad, Telangana, India

44. **Effect of Glycemic Status on Platelet Activity Measured by Mean Platelet Volume and Microvascular Complications in Diabetics**
Nukasani Tanuja, B Balasubramanyam
Government General Hospital, Kadapa, Andhra Pradesh, India

45. **Thyroid Hormone Dysfunction in Patients with Chronic Renal failure: A Clinical Observational Study**
Jatoth sandeep, B Balasubramanyam
Government General Hospital, Kadapa, Andhra Pradesh, India

46. **Faces of a Failing Adrenal Axis: A Case Series Highlighting Diverse Etiologies of Adrenal Insufficiency Encountered in a Tertiary Care Hospital in Kolkata**
Tanmay Ghosh, Sujoy Roy Chowdhury, Prabuddha Mukhopadhyay, Ajitesh Roy
Department of General Medicine, Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India; Department of Endocrinology, Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

47. **Evaluation of Lung Function Abnormalities in Diabetes Mellitus with Microvascular Complications Compared to Normal Individuals**
Kurre Subbareddy, C Venkata Ravikumar
Government General Hospital, Kadapa, Andhra Pradesh, India

48. **From Subtle Symptoms to Significant Findings: A Detailed Insight into Pituitary Microadenoma**
Rushikesh H Chillore
Department of General Medicine, Grant Medical College, Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

49. **A Case of Familial Isolated Hypoparathyroidism Type 2 due to Novel GCM2 Mutation Presenting with Seizures**
Pranathi A, Thrilok Chander B
Department of General Medicine, KMC and MGM Hospital, Warangal, Telangana, India

50. **A Case of Steroid-responsive Encephalopathy Associated with Autoimmune Thyroiditis**
Ashutosh Jadhav, Vidya Nagar, Nitin Suryavanshi
Department of General Medicine, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

51. **A case of Lipodystrophy, Insulin Resistance, and Metabolic Catastrophe**
Divam Prakash Singh, Vijayashree Gokhale, Sangram Mangudkar, Satbir Kaur Malik
Dr DY Patil Medical College, Dr DY Patil Vidyapeeth, Pune, Maharashtra, India

52. **Berardinelli-Seip Congenital Lipodystrophy: A Rare Case of Generalized Fat Loss with Multisystem Involvement**
Gadiparthi Sai Sri Harsha, D Srinivasa Rao, E Sireesha
Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Asram Medical College, Eluru, Andhra Pradesh, India

53. **Transaldolase Deficiency in Adulthood: Reproductive and Renal Manifestations**
Preeti N, C Hariharan; Madras Medical College, Tamil Nadu, India

54. **Myopathy and Resistant Hyponatremia as Initial Presentation of Autoimmune Thyroiditis: A Unique Presentation**
Sudhansu Sekhar Das,
Tata Main Hospital, Jamshedpur, Jharkhand, India

55. **Comparative Study of Vitamin D and Insulin Resistance and Lipid Parameters in Diabetic and Nondiabetic Subjects**
Kannuri Sai Chandra Rohith, B Surya Teja
Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Vijayawada, Andhra Pradesh, India

56. **Silent Sheehan: A Hidden Pituitary Failure Unmasked by Stress**
Pallapalli Naga Rishitha, A Gopichand, SK Noorjahan, D Srinivasulu, D Sreeramulu
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

57. **Recurrent Hyponatremia: Unveiling Empty Sella Syndrome**
Nageshwaran
Kamakshi Hospital, Mysuru, Karnataka, India

58. **Sheehan's Syndrome—A Delayed Diagnosis of Postpartum Hypopituitarism: A Case Report**
Ankita Roy
College of Medicine and JNM Hospital, Kalyani, West Bengal, India

59. **When Insulin Becomes the Enemy: A Case of Hirata Disease Presenting with Recurrent Hypoglycemia**
N Srivastava, S Swain, **Oshin Garg**, A Agarwal
Fortis Hospital, Noida, Uttar Pradesh, India

60. **Efficacy and Safety of Prandial Technosphere Inhaled Insulin (Afrezza) Compared to Placebo in Adult Individuals with T2DM: Results From a Phase III Clinical Trial From India**
Faraz Farishta
FS Endocrinology and Diabetic Center, Hyderabad, Telangana, India

61. **The Polydactylous Pandora's Box: A Case of Bardet–Biedl Syndrome in an Adolescent Male**
Rayaprolu Tulasi Lakshmi Devi, L Sunil Kumar, P Sirisha, Vamshi Krishna
Gandhi Medical College, Secunderabad, Telangana, India

62. **Arginine Vasopressin Deficiency: An Interesting Case**
Ashmita Giri
Ruby General Hospital, Kolkata, West Bengal, India

63. **An Icy Metabolic Collapse in a Male: Myxedema Crisis Unveiled**
Sai Ruhi Dandu, L Suneel Kumar
Gandhi Medical College, Hyderabad, Telangana, India

64. **Beyond the Surface: Delving Into the Depths of Recurrent Renal Calculi and Parathyroid Adenoma-induced Hypercalcemia**
Mallolu Sai Krishna, K Srikanth, B Naresh
Resident, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India; Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India; Assistant Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India

65. **A Rare Presentation of Seizures in Hyperthyroidism**
Kondreddy Pavani Reddy, K Vidya Sagar, K Vali Basha, K Manohar
Department of General Medicine, Tertiary Care Centre, Kurnool Medical College, Kurnool, Andhra Pradesh, India

66. **A Rare Case of Hypoparathyroidism Presenting with Seizures in a Young Male**
Banavath Padmavathibai, D Sreeramulu, K Vidyasagar, K Manohar, K Valli Basha
Kurnool Medical College, Kurnool, Andhra Pradesh, India

67. **A Case Series of Primary Hyperparathyroidism Having Varied Presentation and Diagnostic Challenges**
Soumyadip Das, Ajitesh Roy
2nd year PGT, Department of General Medicine; Head, Department of Endocrinology, Ramakrishna Mission Seva Pratishthan Vivekananda Institute of Medical Sciences, Kolkata, West

Bengal, India

68. **To Study the Effect of Statins on Graves' Orbitopathy in Patients with Graves' Disease: A Randomized Controlled Study**
Aswin Babu N, Sandeep Kumar, J Muthukrishnan
Resident; Associate Professor; Professor, Department of Internal Medicine, Armed Forces Medical College, Pune, Maharashtra, India

69. **Thyrotoxic Hypokalemic Periodic Paralysis: A Rare Life-threatening Phenomenon**
Allepu Praneeth, L Suneel Kumar
Resident, Department of General Medicine, Gandhi Medical College, Secunderabad, Telangana, India

Gastroenterology

1. **Posterior Reversible Encephalopathy Syndrome (PRES) as a Rare Complication of Acute Pancreatitis**
D Bhuyan, AK Das, J Das, A Phukan
Assam Medical College and Hospital, Dibrugarh, Assam, India

2. **Idiopathic Portal Hypertension in A Young Female**
Yeshwanth Naik GP, Umesh Rajoor
Koppal Institute of Medical Sciences, Koppal, Karnataka, India

3. **From Vision Loss to Ventilation: A Neurocritical Sequela of ERCP**
Naveen Bhat, Ajay Jaryal, Tarun Sharma, Naveen Kumar, Lokesh Rana

4. **A Curious Case of Chylous Ascites**
Sahil Soman, Rekha S
KC General Hospital, Bengaluru, Karnataka, India

5. **Ring in the Heart: A Peculiar Case of Liver Abscess**
Prachi, Rishabh Jha, Sweety Singh, Bhim Ram, Arshad Ahmed
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

6. **Case of Pancreatic Ascites Secondary to Disconnected Pancreatic Duct Syndrome**
Bindumathi PL,
Mohammed Wasique Kola, Prashanth Y Kanni, Bhaskar Balasundaram, Yashaswini A

7. **Disguised Metastasis: Breast Ca Presenting as Gastric Outlet Obstruction**
Vijay Kumar HJ, Dinesh Kini K, Swarna S, Saran PS
Department of Gastroenterology, Apollo Hospitals, Bengaluru, Karnataka, India; Department of Pathology, Apollo Hospitals, Bengaluru, Karnataka, India; Department of Internal Medicine, Apollo Hospitals, Bengaluru, Karnataka, India

8. **From Diarrhea to Deposition: Gastrointestinal Amyloidosis as a Sequela of Tuberculosis Mimicking Dysentery**
Shubhashree Khadanga,
Swarna Shivakumar, Vinod, Neema Bhat, Vijay Kumar HJ
Apollo Hospitals, Bengaluru, Karnataka, India

9. **Bones of Glass: Curious Case of Collapsing Calcium**
Akriti Singh,
Kalyan Kumar Gangopadhyay, Jaya Chaudhury, Rakesh Rajput, Kunal Kanti Pal
Department of Medicine, KPC Medical College, Kolkata, West Bengal, India; Department of Endocrinology, CK Birla Hospitals, Kolkata, West Bengal, India; Department of Anesthesiology, CK Birla Hospitals, Kolkata, West Bengal, India; Department of Orthopedics, CK Birla Hospitals, Kolkata, West Bengal, India

10. **An Unexpected Cause of Acute Pancreatitis**
Katkam Srinath, P Sri Harsha, K Sudheer
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

11. **From Hepatitis to Hypoxia: An Atypical Case of Hepatitis A Presenting With Methemoglobinemia**
Sneha Modi
Sri Balaji Action Medical Institute, New Delhi, Delhi, India

12. **Exfoliative Esophagitis Associated with Mucosal Predominant Pemphigus Vulgaris Presenting as Upper Gastrointestinal Bleeding: A Rare Case Report**
Meenupriya SE, Afnan Abdussalam, Bala Kasi, Sudheer BV
Department of General Medicine, Lalitha Hospital, Guntur, Andhra Pradesh, India

13. **Lumbosacral Plexus Involvement as a Rare Presentation of Gastrointestinal Adenocarcinoma**
Rakesh KS, B Jha, V Murmu, Abhishek Prashant
Mahatma Gandhi Memorial Medical College and Hospital, Jamshedpur, Jharkhand

14. **Clinico-etiological Spectrum of Pancreatitis in Female Subjects: A Case Series from A Tertiary Care Hospital**
Greeshma Muvva,
Sri Ramoju Premsagar Osmania Medical College, Hyderabad, Telangana, India

15. **Predicting MASLD Severity in Resource-Limited Settings: The Role of Waist Circumference, HbA1c, and Lipid Profile**
Priteshkumar Vaishnav, Vijay Naik, Chitralekha Nayak, Sanjay Altekar
Healthway Hospitals Pvt Ltd, Goa, India

16. **A Curious Case of Jaundice**
Jaikrishnan KA, Radha TR, Durga Padmanabhan
Junior Resident, Government Medical College, Kottayam, Kerala, India; Head of Department, Government Medical College, Kottayam, Kerala, India; Assistant Professor, Government Medical College, Kottayam, Kerala, India

17. **When Iron Turns Heavy: A Journey Back to Balance**
Balasubramaniyan
Amrita Institute of Medical Science, Kochi, Kerala, India

18. **A Rare Case of Splanchnic Vessel Thrombosis in Autoimmune Hepatitis**
Ravinuthala Prasanna Sai Srikar, Narahari Kavya, Duddukuri Akhil, Praneeth Chandragiri
Prathima Institute of Medical Sciences, Karimnagar, Telangana, India

19. **Rantac® for Heartburn Symptom Relief in the PROGRADE Study: A Subgroup Analysis (RAN-HB PRO Analysis)**
H Khan, J Savai, K Mehta, T Shah
JB Pharmaceuticals Ltd., Mumbai, Maharashtra, India

20. **An Unusual Case of Biliopathy due to Portal Cavernoma**
I Singh, BP Singh
Department of Internal Medicine, Max Smart Super Specialty Hospital, New Delhi, India; Department of Gastroenterology and Hepatology, Max Smart Super Specialty Hospital, New Delhi, India

21. **A Study on Etiological Spectrum and Precipitating Factors of Hepatorenal Syndrome**
Chiyyeti Yaswanth Kumar Reddy, KB Yadavendra Reddy
Government General Hospital, Kadapa, Andhra Pradesh, India

22. **Albumin-bilirubin (ALBI) Score: A New and Simple Bedside Model to Predict Mortality in Patients with Cirrhosis**
Narra pravallika, B Kishore Kumar, M Sunil Duttu
Government General Hospital, Kadapa, Andhra Pradesh, India

23. **Mesenteric Panniculitis: A Eccentric CT Finding in A Patient with Abdominal Uneasiness**
Pritam Gupta
Gouri Devi Institution of Medical Sciences and Hospitals, Durgapur, West Bengal, India

24. **Beyond Hepatitis A: G6PD Deficiency as the Hidden Driver of Acute Hemolysis and Marked Hyperbilirubinemia**
Aakash S Shaj, Aditya V Pachisia , Kartik S
Junior Resident, Department of Medicine, Command Hospital Air Force, Bengaluru, Karnataka, India; Associate Professor, Department of Medicine and Gastroenterologist, Command Hospital Air Force, Bengaluru, Karnataka, India; Consultant and HOD, Department of Medicine and Rheumatology, Command Hospital, Air Force, Bengaluru, Karnataka, India

25. **Hypertriglyceridemia-induced Acute Pancreatitis Successfully Managed with Insulin Therapy: A Case Report**
Roshini Sampara, **E Sireesha**
Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Asram Medical College, Eluru, Andhra Pradesh, India

26. **Roles and Outcomes of Plasmapheresis in Acute and Acute-on-chronic Liver Failure: A Retrospective Observational Study**
Ravinuthala Prasanna Sai Srikar, Praneeth Chandragiri
Prathima Institute of Medical Sciences, Karimnagar, Telangana, India

27. **GERD Prevalence in India: Nationwide Population-based Study Mapping Regional, State-wise, and Linguistic Variability**
Vaidya PV, Gondane AA, Pawar DB, Sharma AD
Senior Medical Advisor, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Medical Advisor, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

28. **ALGATE: Physician Preferences and Use of Alginate Formulations for Reflux in India**
J Savai, H Khan, K Mehta
JB Pharmaceuticals Ltd., Mumbai, Maharashtra, India

29. **An Unusual Case of Obstructive Jaundice**
Bhavana Parshi, Abhishek, Ravinder Reddy, Sashidhar Reddy
RVM Institute of Medical Sciences, Medak, Telangana, India

30. **A Study to Assess the Association Between Nonalcoholic Fatty Liver Disease (NAFLD) and Microalbuminuria in Nondiabetic Adult Subjects**
Harshad Sahu, Nishant Singh Rajput, AC Gupta, Tanu Midha, Vinay Kumar
Ganesh Shankar Vidyarthi Medical College, Kanpur

31. **Seroprevalence of *Helicobacter pylori* Infection in the Adult Population of Tripura: An Interim Analysis of A Community-based Cross-sectional**
Rahul Sarkar, Avik Chakraborty, Arkadip Choudhury, Sonali Bhowmik, Manideep Chakraborty
Tripura Medical College and Dr BR Ambedkar Memorial Teaching Hospital, Agartala, Tripura, India

32. **A Rare Complication: Splenic Vein Thrombosis Secondary to Pancreatitis**
Vinayak Biradar, Yeshavanth G; S S Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

33. **Microangiopathic Hemolytic Anemia as the Initial Presentation of Metastatic Gastric Adenocarcinoma**
Sundarapandian P, K Senthil, M Muralidharan, Saravana Madhav, Manikandan
Madurai Medical College, Madurai, Tamil Nadu, India

34. **Wilson's Disease—Present As Seizure**
Nilima Wankhade, Pote Akash Shivaji
Grant Government Medical College and JJ Hospital, Mumbai, Maharashtra, India

35. **A Young Liver Growing Old: An Unusual Presentation of Cholestatic Liver Disease in an Adolescent Male**
Nimma Shivakumar
ESIC Medical College

36. **Serum Procalcitonin as a Predictor of Severity in Acute Pancreatitis: A Clinical Study**
Karthik S
Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India

37. **Outcome of Patients with Acute Liver Failure and Acute on Chronic Failure Undergoing Plasma Exchange: An Observational Study**
Sneha Bukke, Sabah Siddiqui, Pankaj Kannauje, Tanmay Vajpai, Vinay Rathore
Department of General Medicine, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

38. **A Rare Duo: Hemolytic Clue to A Genetic Disorder**
V Priyadharshini, Samueldinesh, Arunprabhu, Gouthamraj
Madras Medical College, Chennai, Tamil Nadu, India

39. **Beyond the Bowel: A Diagnostic Challenge of Seronegative Polyarthritis in Ulcerative Colitis**
Rishav Kumar
Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna, Bihar, India

40. **Outcomes of Hypertriglyceridemia-Induced Acute Pancreatitis Managed with Insulin Infusion: A Case Series of 6 Patients**
Ashutosh Loka, Praneeth Chandragiri
Junior Resident (Year), Prathima Institute of Medical Sciences, Karimnagar, Telangana, India; Consultant Gastroenterologist, Prathima Institute of Medical Sciences, Karimnagar, Telangana, India

41. **Unravelling a Rare Cause of Upper Gastrointestinal Bleed**
Darshit Amit Jasoliya
Park Hospital, New Delhi, India

42. **A Case of Colonic Mucormycosis in a Patient With Long-standing Diabetes Mellitus**
Yerrabati Sai Ramya, D Sreeramulu, M Maheswara Reddy, V Swarna Kumari, G Harsha Vardhan Reddy
Kurnool Medical College, Kurnool, Andhra Pradesh, India

43. **Real-world Effectiveness and User Experience of Vonoprazan for GERD Self-Management: Insights from a Clinician Survey**
Shailesh Pallewar
Macleods Pharmaceuticals Ltd, Mumbai, Maharashtra, India

44. **A Study of Serum Sodium Levels in Decompensated Chronic Liver Disease and Its Clinical Significance**
Yesrab Fathima
Ballari Medical College and Research Centre, Ballari, Karnataka, India

45. **Chronic Diarrhea as the Sole Presentation of Common Variable Immunodeficiency: A Diagnostic Challenge**
Tanya Mishra
Patna Medical College and Hospital, Patna, Bihar, India

Geriatrics

1. **Role of AI in managing geriatric Heart Failure patients in rural tribal remote areas of India: What Family Physicians Need to Know in 2025?**
Raj Kumar Gupta, Suman Gupta, Anand Agrawal, Parkhi Gupta
FH Medical College; Consultant, Department of Preventive and Clinical Cardiology, Agra Medicity Hospital, Agra, Uttar Pradesh, India; SN Medical College, Agra, Uttar Pradesh, India; Jawaharlal Nehru Medical College, Ajmer, Rajasthan, India; Government Autonomous Medical College, Firozabad, Uttar Pradesh, India

Hematology

1. **A Mysterious Storm: Unravelling Idiopathic Hypereosinophilic Syndrome**
Fousiya Jalal, Arun Raj CN, Muneer A, Ashik AR, Aarsha Sadar
Department of General Medicine, Travancore Medical College, Kollam, Kerala, India; Department of Medical Oncology, Travancore Medical College, Kollam, Kerala, India
2. **Idiopathic Hypereosinophilic Syndrome: A Diagnostic and Therapeutic Challenge**
Anupama Kurup, Deepak Charles, Sunil Roy Thottuvelil
Resident, Department of Internal Medicine, Aster Medcity, Kochi, Kerala, India; Senior Consultant, Department of Hemato-oncology, Aster Medcity, Kochi, Kerala, India; Senior Consultant, Department of Interventional Cardiology, Aster Medcity, Kochi, Kerala, India
3. **Immunologic Reversal of Castleman Disease Associated Cardiomyopathy with Rituximab: A Novel Case Report**
Greeshma George,
Shinto Francis Thekkudan, Biju IK, Rajesh Muraleedharan, Gangaprasad, Anoop Kumar AS, Jayameena P
4. **Chronic Myeloid Leukemia Manifesting as Concurrent Cerebral Venous Sinus Thrombosis and Pulmonary Embolism With Isolated Thrombocytosis**
Shubham
All India Institute of Medical Sciences, Patna, Bihar, India
5. **A Rare Hematological malignancy, masquerading as Chronic liver disease**
Salha Salam, Mobin Paul**,** Ismail Siyad**,** Dhanya PG
Aster Medcity, Kochi, Kerala, India
6. **An unusual case of thrombocytopenia- Metastatic Neuroendocrine Neoplasm**
JS Thankachan, A Shams, D Charles
Aster Medcity Kochi
7. **Male Systemic Lupus Erythematosus Complicated by Autoimmune Hemolytic Anemia: A Case Study**
V Suhaas, DJK Chakravarthy, Y Satya Sree
GSL Medical College and General Hospital, Rajahmundry, Andhra Pradesh, India
8. **Hidden in Nodes: Angioimmunoblastic T-Cell Lymphoma Masquerading as Disseminated Tuberculosis**
Fahad Rasheed, Abdul Latheef AG
Baby Memorial Hospital, Kozhikode, Kerala, India
9. **A Case Report of Fungal Sinusitis Unmasking as Extranodal Nk/T Cell Lymphoma**
Shashikumar, Rohith G Chitrapur, Manoj A
Resident, Department of General Medicine, Bangalore Baptist Hospital, Bengaluru, Karnataka, India; Hematologist, Department of Hematology, Bangalore Baptist Hospital, Bengaluru, Karnataka, India
10. **An Unusual Case of Hemolytic Anemia**
Anette Mary George
Government Medical College, Kottayam, Kerala, India
11. **Cerebral Venous Sinus Thrombosis in a Patient with Immune Thrombocytopenic Purpura: A Rare Clinical Dilemma**
D Kundu, S Datta
MJN Medical College and Hospital
12. **Evident Dengue Fever Turned Out to be Hemophagocytic Lymphohistiocytosis (HLH): A Rare Case Report**
Sneha Ranjan, PK Agrawal
Junior Resident, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India; Professor and Head, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India
13. **Antiseizure Medications (ASMs) Induced Folate Deficiency Leading to Pancytopenia: A Rare Case Report**
Pushpender, PK Agrawal
Junior Resident, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India; Professor and Head, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India
14. **POEMS Syndrome Case Report Abstract: Atypical Presentation**
Vinothini S, Malarvizhi, Manikandan
Madras Medical College
15. **Beyond the Bone Marrow: Pleural Involvement in Multiple Myeloma**
Salha Salam, Aparna S Nirmal, Praveen Valsalan, Shone P James, Mobin Paul
Aster Medcity, Kochi, Kerala, India
16. **Unravelling Pancytosis: Evaluation of Massive Splenomegaly in an Elderly Patient**
Abhishek Kumar, Sudhir Kumar, Amit Kumar Mishra, Iffat Jamal
Junior Resident (rd Year), Department of General Medicine, IGIMS Patna; Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Associate Professor, Department of Hematology, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India
17. **The Hematocrit Enigma: From Presentation to Precision—A Case-based Approach to Erythrocytosis**
Sneha Kumari, Govind Kumar, Prafull Deepankar, Jyoti Kumar Dinkar
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India
18. **Antiseizure Medications (ASMs) Induced Folate Deficiency Leading to Pancytopenia: A Rare Case**
Pushpender, PK Agrawal
Junior Resident, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India; Professor and Head, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India
19. **Metabolic Encephalopathy as a Rare Presenting Feature of Occult Multiple Myeloma**
Lalit Kumar, CA Kante
Dr Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, India
20. **Thrombotic Thrombocytopenic Purpura: A Hematologic Emergency Unmasking a Diagnostic Challenge**
Agrawal A, Ramaiah M, Kulkarni A, Urs LR
Department of General Medicine, Sapthagiri Institute of Medical Sciences and Research Centre, Bengaluru, Karnataka, India
21. **A Case of Atypical Presentation of Multiple Myeloma**
Vangipuram Harsha Vardhan, Rana Randhir Singh
Postgraduate Student, Department

of Internal Medicine, Narayan Medical College and Hospital, Rohtas, Bihar, India; Professor, Department of Internal Medicine, Narayan Medical College and Hospital, Rohtas, Bihar, India

22. **A Case of Hemophagocytic Lymphohistiocytosis**
Velugati Anudeep Reddy, G Sarveswara Rao
Postgraduate Student(nd year), Department of General Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India; Assistant Professor, Department of General Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India

23. **Microangiopathic Pathway to Stroke: A Rare Case Report Of Hereditary Thrombotic Thrombocytopenic Purpura**
Rajashekar V, TS Santhi, Senthil Priyan, Mukil
Madras Medical College, Chennai, Tamil Nadu, India

24. **A Study to Determine the Prevalence of Pulmonary Hypertension in Hemoglobinopathies Using Noninvasive Method in A Tertiary Care Hospital of North Bengal**
Juber Khan, Subhrangsu Mukherjee, Pasang L, Sherpa, Avijit Moulick
Department of General Medicine, North Bengal Medical College, Siliguri, West Bengal, India

25. **Steroid Refractory Idiopathic Thrombocytopenia: Approach to Diagnosis by Exclusion**
V Anjana, Karthik Rengaraj, Ajitha V, Jerene Jayanth J
CSI Kalyani General Hospital, Chennai, Tamil Nadu, India

26. **Multicentric Castleman Disease with Renal TMA: A Clinical Presentation of the TAFRO Variant Responding to Rituximab**
Saineni Rahul Rao, LIJO
Government Medical College Hospital, Kottayam, Kerala, India

27. **An Unusual Presentation of Castleman Disease: Anasarca and Dysphagia as Dominant Clinical Features in a Middle-aged Woman**
Aakula Greeshma
ESIC Medical College and Hospital, Hyderabad, Telangana, India

28. **More Blood, Less Flow: A Rare Case of Polycythemia Vera with Syncope**
HA Rahaman, L Murlidhar, Prem Sagar
Osmania Medical College and General Hospital, Hyderabad, Telangana, India

29. **Thrombocytopenia in Pregnancy: Unraveling Etiology in Complex Cases**
Elluri Abhilash Reddy
ESIC Medical College and Hospital, Hyderabad, Telangana, India

30. **Severe Falciparum Malaria with Primaquine-Induced Methemoglobinemia: A Rare Clinical Presentation**
Gajendra Singh Sisodiya, Mahendra Chouhan, Sanjay Kumar Dubey, Sohan Singh Mandloi, Roshan Mandloi
PG Resident, Government Medical College, Ratlam, Madhya Pradesh, India; HOD and Professor, Government Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Government Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Government Medical College, Ratlam, Madhya Pradesh, India; Assistant Professor, Government Medical College, Ratlam, Madhya Pradesh, India

31. **A Case of Thrombocytosis- Essential or Something Far Sinister?**
Anwika Das
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

32. **A Rare Double Jeopardy: Parvovirus B19–Induced Aplastic Anemia with Fetal Hydrops in an Immunocompetent Pregnant Woman**
AK Akansha, Mahendra Chouhan, Preeti Kori, Sohan Singh Mandloi
PG Resident, Dr Laxminarayan Pandey Medical College, Ratlam, Madhya Pradesh, India; HOD and Professor, Dr Laxminarayan Pandey Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Dr Laxminarayan Pandey Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Dr Laxminarayan Pandey Medical College, Ratlam, Madhya Pradesh, India

33. **When the Count Does not Add Up: A Diagnostic Dilemma in ITP**
Shreyansh Buty, Sindhu Joshi, Krishna Murthy, Rajshaker Badalgama
Mahavir Hospital and Research Centre, Hyderabad, Telangana, India

34. **Clotting Against the Rules: A Shockingly Thrombotic ITP Case**
Asha Sarkar, Mohit Raj Singh, Sauren Panja
NH Rabindranath Tagore International Institute of Cardiac Sciences, West Bengal, India

35. **Mortality Predictors in Adult Hemophagocytic Lymphohistiocytosis: A Retrospective 18-Month Study**
S Bharadwaj, KP Tripathy, R Panigrahi, S Jainwar, KS Krishna, PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of Pathology, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

36. **A Rare Initial Ovarian Presentation of T-Cell Lymphoblastic Lymphoma in an Adolescent Female: A Diagnostic Challenge**
Y Kalra, L Mohanty, B Bhuyan, P Das, P Naik
PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Head, Department of Hematology, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of Pediatrics, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

37. **Real-world Effectiveness and Safety of Ferrous Glycine Sulfate in Adults with Iron Deficiency Anemia: A Multicenter Retrospective Study**
Pawar DB, Vaidya PV, Gondane AA, Sharma AD
General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Senior Medical Advisor, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Medical Advisor, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

38. **Rare Hereditary Platelet Anomaly: Bernard–Soulier Syndrome**
Donepudi Sri Thanmayee, PVV Satyanarayana, N Viraja
First year Postgraduate, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor, Department of General Medicine, Asram Medical College, Eluru, Andhra Pradesh, India; Assistant Professor, Department of General Medicine, Asram Medical College, Eluru, Andhra Pradesh, India

39. **A Rare Concurrence of Multiple Myeloma and ITP**
SS Panda, MR Naik; Postgraduate Resident, Department of General Medicine, Veer Surendra Sai Institute of Medical Sciences and Research, Sambalpur, Odisha, India; Associate Professor, Department of General Medicine, Veer Surendra Sai Institute of Medical Sciences and Research, Sambalpur, Odisha, India

40. **Severe Pancytopenia Secondary to Chronic Alcoholism and Nutritional Deficiency**
Polu Krishna Lokesh, N Raghavaram
First Year Postgraduate Resident, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Asram Medical College, Eluru, Andhra Pradesh, India

41. **Reticulocyte Hemoglobin (RET-He) as an Efficient, Economical, and Rapid Screening Marker for Iron Deficiency Anemia in Adolescent and Young Girls: A Community-based Cross-Sectional Study**
Harshinipriya Thirunagari, Swarnadeepak
Apollo Institute of Medical Sciences and Research

42. **The Protean Protein: Spectrum Plasma Cell Disorders**
Jeevagan
Velammal Medical College Hospital and Research Institute, Madurai, Tamil Nadu, India

43. **Randomized Controlled Trial of High Dose Dexamethasone and Methylprednisolone in Immune Thrombocytopenia (HDMI Trial)**
Kundan Mishra
Department of Clinical Hematology and Stem Cell Transplant, Army Hospital (Research and Referral), Delhi, India

44. **CD36-related Disorder or Hereditary Hemorrhagic Telangiectasia? A Diagnostic Dilemma in an Older Adult with Diffuse Telangiectasia**
S Roy, S Mukherjee, M Vardiyani
Third-year PGT Resident, Department of General Medicine, The Calcutta Medical Research Institute, Kolkata, West Bengal, India; HOD and Consultant, Department of General Medicine, The Calcutta Medical Research Institute, Kolkata, India; Third-year PGT Resident, Department of General Medicine, The Calcutta Medical Research Institute, Kolkata, West Bengal, India

45. **When Clots Defy the Odds: The Enigma of Male Antiphospholipid Syndrome**
Aippuru John, B Lekshmi, PN Ramani, SV Racker
Dr Somervell Memorial CSI Medical College and Hospital, Trivandrum, Kerala

46. **Autoimmune Pure Red Cell Aplasia with a Homozygous ADA2 Variant in an 18-year-old Female: A Rare Case Report**
Nisanth Thatichetla, D Sreeramulu, KM Iqbal Hussain, K Somappa, K Divya Sriharshala
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

47. **A Case of Sickle Cell Hepatopathy**
Satyam Kumar
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

48. **Unmasking the Malignancy Behind Fever and Dyspnea: A Case of DLBCL in the Elderly**
Gantepogu Ajith Kumar, D Sreeramulu, D Srinivasulu, A Gopichand, S K Noorjahan
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

49. **Hemarthrosis in a Patient With β-Thalassemia Major: A Rare Clinical Presentation**
Akash Kumar Rath
IMS and SUM Hospital, Bhubaneswar, Odisha, India

50. **Rare Clinical Intersection: Acute Mesenteric Ischemia as a First Presenting Sign of Chronic Myeloid Leukemia**
Gautam Agrawal, Rahul Singh Praliya, Ashutosh Gupta, Munesh Meena, **Nityanand Verma**
Park Group of Hospitals, Delhi, India

51. **Hodgkin's Lymphoma Masquerading as Thromboembolic Disease**
Puttam Raju Sri Krishna Vamsi, D Sreeramulu, D Srinivasulu, A Gopichand, S K Noor Jahan
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

52. **A Cross-sectional Questionnaire-based Study on Quality of Life in Patients with Hemophilia from Jamshedpur, Jharkhand**
Soni Narayan
Manipal Tata Medical College, Jamshedpur, Jharkhand, India

53. **Frozen Clues: A Curious Case of Digital Gangrene and Anemia**
Prasad Gurov, G Nilajkar
Goa Medical College, Goa, India

54. **A Rare Case of Glanzmann Thrombasthenia**
Elukuri Chandra Prakash, M Maheswara Reddy
Kurnool Medical College, Kurnool, Andhra Pradesh, India

55. **A Rare Disease: Rosai–Dorfman Disease**
Veduru Pavan Kumar Reddy
Kurnool Medical College, Kurnool, Andhra Pradesh, India

56. **The Dangerous Black Box: A Case Report on Hemophagocytic Lymphohistiocytosis**
Sayanee Banerjee
SRIMS and Sanaka Hospitals, Durgapur, West Bengal, India

57. **Paroxysmal Nocturnal Hemoglobinuria Presenting as Severe Hemolytic Anemia: A Case Report**
Nazneen Parween
Patna Medical College and Hospital, Patna, Bihar, India

58. **The Contradictory Coagulation: A Case of Romiplostim-induced Cerebral Venous Thrombosis in a Patient with Chronic Primary Immune Thrombocytopenia**
Navin Raj, Namitha Narayanan
Postgraduate, Institute of Internal Medicine, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai, Tamil Nadu, India; Professor, Institute of Internal Medicine, Madras Medical College and Rajiv Gandhi Government General Hospital, Chennai, Tamil Nadu, India

59. **Sickle Cell Crisis Beyond the Brain: Acute Soft Head Syndrome with Orbital Compression Secondary to Orbital Roof Infarction**
Reema Sahu, Malati Murmu, Siddhant Mohapatra
Junior Resident; Professor; Assistant Professor, Department of General Medicine, Veer Surendra Sai Institute of Medical Sciences and Research (VIMSAR), Burla, Odisha, India

60. **Correlation of Fetal Hemoglobin and Disease Severity in Adults with Sickle Cell Anemia (Homozygous Hemoglobin SS) in Steady State: A Cross-sectional Study**
Pauravi Parhate, PN Wasnik, Pranita, Saroj

All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

Hepatology

1. **Super-Refractory Status Epilepticus (SRSE) in a Case of Acute Hepatitis A Infection: A Rare Presentation**
D Majumder, V Jain, S Kumar, KN Saxena
DNB Resident, Department of Internal Medicine, Manipal Hospital, Jaipur, Rajasthan, India; Head, Department of Internal Medicine, Manipal Hospital, Jaipur, Rajasthan, India; Head, Department of Neurology, Manipal Hospital, Jaipur, Rajasthan, India; Consultant, Department of Gastroenterology, Manipal Hospital, Jaipur, Rajasthan, India

2. **Atypical Wilson's Disease in A Young Adult: A Case Report**
Rachana SJ
Kasturba Medical College, Mangalore, Karnataka, India

3. **A Case of Autoimmune Hepatitis Masquerading as Drug-induced Liver Injury**
Akhil PS, Radha TR, Durga Padmanabhan
Government Medical College Hospital, Kottayam, Kerala, India

4. **Profile Of Ascitic Fluid Infections In Chronic Liver Disease**
Vivek S Dandin
Kasturba Medical College, Mangaluru, Karnataka, India

5. **Prevalence of Portal Hypertension in Patients with Metabolic Dysfunction-associated Steatotic Liver Disease (MASLD): A Cross-Sectional Study**
Sneha Modi
Department of Medicine, Sri Balaji Action Medical Institute, New Delhi, India

6. **From Inflammation to Outcome: The Growing Prognostic Value of NLR in Chronic Liver Disease**
Sourav Ranjan Parija, Mahendra Kumar Meena, Anirudh Mukherjee, Koushik Biswas, Madhukar Mittal
Junior Resident, General Medicine, All India Institute of Medical Science, Raebareli; Assistant Professor, General Medicine, All India Institute of Medical Science, Raebareli; Associate Professor, General Medicine, All India Institute of Medical Science, Raebareli; Assistant Professor, Biochemistry, All India Institute of Medical Science, Raebareli; Professor and HOD, General Medicine, All India Institute of Medical Science, Raebareli

7. **A Study of Vitamin B12-associated Peripheral Neuropathy in Cirrhosis of Liver in A Tertiary Care Hospital**
V Anudeep Reddy, G.Sarweshwara Rao
Second Year Postgraduate Resident, Department of General Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India; Assistant Professor, Department of General Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India

8. **Autoimmune Hepatitis in A Middle-aged Female: A Case Report on Diagnosis, Treatment, and Response to Corticosteroids**
VS Kawanpure, V Parmar
Department of Medicine, Integral Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

9. **A Challenging Case of Acute Viral Hepatitis A with Acute Liver Failure**
Rashmi Nanjundaswamy, Sandeep Satsangi
Apollo Hospital, Bengaluru, Karnataka, India; Manipal Hospitals, Bengaluru, Karnataka, India

10. **Mean corpuscular volume (MCV) in Chronic Alcoholic Liver Disease Patients and Comparison with Child–Pugh Score**
Routu Harika, K Rambabu
Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India

11. **Progressive Intrahepatic Cholestasis 3, A Rare Cause of Chronic Liver Disease in a Young Female**
Satyavarapu Dinesh Gupta
Guntur Medical College, Guntur, Andhra Pradesh, India

12. **Case Report of A Rare Case of Wilson's Disease Presenting As Decompensated Chronic Liver Disease**
Bachu Tejeswar Reddy, IV Ramachandra Rao, V Srikanth
Apollo Institute of Medical Science and Research, Chittoor, Andhra Pradesh, India

13. **A Rare Case of Budd–Chiari Syndrome Presenting as Progressive Anasarca and Refractory Ascites**
Gugulothu Ugender
ESIC Medical College and Hospital, Hyderabad, Telangana, India

14. **An Unusual Cause of Hypernatremia in Decompensated Cirrhosis: Unmasking A Pituitary Mass**
Hema K,
Madras Medical College, Chennai, Tamil Nadu, India

15. **Comparative Analysis of Clinical, Biochemical and Imaging Data Between Treatment Naïve and Treatment Experienced Noncirrhotic Chronic Hepatitis B Patients Attending North Bengal Medical College, Darjeeling**
Aviroop Maiti, Bidyut Adhikary, Debasis Chakraborti, Robert Ekka
Junior Resident, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Professor, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Assistent Professor, Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

16. **To Study the Association of Hepatic Steatosis and Fibrosis with Metabolic Syndrome using AGILE 3+ Score**
Diksha Mahajan
TS Mishra Medical College and Hospital, Lucknow, Uttar Pradesh, India

17. **Wilson's Disease with Predominant Neurological Impairment in the Absence of Hepatic Impairment**
Sapna Kumari
Junior Resident (Year), Patna Medical College and Hospital, Patna, Bihar, India

18. **An Observational Study of FIB-4 score as a Biomarker of Risk Stratification of Liver Fibrosis in NAFLD Patients in a Tertiary Care Hospital**
Tanmay Diasi
Senior Resident, Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

Hypertension

1. **Interesting Case of Hypertension: Unusual Coincidence**
Sachin K
Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

2. **Comparative Assessment of Hypertension Definitions and Their Association with Cardiometabolic and Retinal Microvascular Changes in Type 2 Diabetes**
U Singh, R Kumar, V Singh, P Verma
Department of General Medicine, ESIC Medical College and Hospital, Patna, Bihar, India

3. **A Study of Left Ventricular Mass and Microalbuminuria in Naive Hypertensive Patients**
Prabali Chiran Bezbaruah, Shah Abrar
JJM Medical College and Hospital, Davangere, Karnataka, India

4. **Efficacy and Safety of Azilsartan and Chlorthalidone Combination vs Telmisartan and Chlorthalidone Combination in Hypertensive Patients: A Randomized Controlled Trial**
Bikash Ranjan Meher
Department of Pharmacology, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India

5. **Impact of Age on Telmisartan–Amlodipine FDC Efficacy and Safety in Indian Hypertension: TACT India**
Saurav Dey, Ashok Kumar Das, Jabir Abdullakutty, Ijaz Ahmed Khan, Amarnath Sugumaran
[1]Consultant, Internal Medicine, Serampore, Hooghly, West Bengal, India; [2]Mahatma Gandhi Medical College and Research Institute and Sri Balaji Vidyapeeth, Puducherry, India; Consulting Cardiologist, Lisie Hospital, Kochi, Kerala, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

6. **TACT India: Role of Baseline BMI in Outcomes With Telmisartan–Amlodipine FDC in Hypertension**
Arindam Naskar, Jabir Abdullakutt, Mangesh Tiwaskar, Ijaz Ahmed Khan, Amarnath Sugumaran
Consultant Endocrinologist, Apollo Clinic, Ballygunge, Kolkata, West Bengal, India; Consulting Cardiologist, Lisie Hospital, Kochi, Kerala, India; Honorary Consultant, Karuna Hospital and Asian Heart Institute, Mumbai, Maharashtra, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

7. **Gender-based Outcomes of Telmisartan–Amlodipine FDC in Hypertension: Results from TACT India**
Ashok Kumar Gupta, Jabir Abdullakutty, Arindam Pande, Rahul Iyer, Amarnath Sugumaran
Senior Consulting Physician and Cardiologist, Gupta Heart and Lifestyle Clinic, Darbhanga, Bihar, India; Consulting Cardiologist, Lisie Hospital, Kochi, Kerala, India; Consultant Interventional Cardiologist, Medica Superspecialty Hospital, Kolkata, West Bengal, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

8. **TACT India: Outcomes of Telmisartan–Amlodipine FDC in Newly and Previously Diagnosed Hypertension**
Ashfaque Ahmad, Jabir Abdullakutty, Viveka Kumar, Rahul Iyer, Amarnath Sugumaran
Senior Consulting Physician, Nirman Tower, Kolkata, West Bengal, India; Consulting Cardiologist, Lisie Hospital, Kochi, Kerala, India; Consulting Cardiologist, Max Super Speciality Hospital, New Delhi, Delhi, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

9. **Physical Activity and Hypertension Control in Indian Patients on Telmisartan–Amlodipine FDC: TACT India**
Agnik Pal, Ashok Kumar Das, Jabir Abdullakutty, Rahul Iyer, Amarnath Sugumaran
Professor, Head of Department, and Consultant Physician, Santiniketan Medical College, Bolpur, West Bengal, India; Mahatma Gandhi Medical College and Research Institute and Sri Balaji Vidyapeeth, Puducherry, India; Consulting Cardiologist, Lisie Hospital, Kochi, Kerala, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

Infectious Diseases and Tropical Medicine

1. **Cutaneous Vasculitis and Nerve Dysfunction in Scrub Typhus: Expanding the Clinical Spectrum of O. tsutsugamushi Infection**
Vikrant Singh
Armed Forces Medical College, Pune, Maharashtra, India

2. **Neuromelioidosis Presenting as Frontal Subdural Empyema in a Newly Diagnosed Diabetic Patient: A Rare Case Report**
Dharmveer Singh
Apollo Hospital

3. **Neuromelioidosis Presenting as Frontal Subdural Empyema in a Diabetic with Successful Treatment: A Rare Case Report**
Jagadeesh Chandrasekaran, Dharmveer Singh
Apollo Main Hospital

4. **A Vicious Valve: From Local Infection to Systemic Chaos**
Jagadeesh Chandrasekaran, Thara Thangavel
Senior Consultant, Apollo Main Hospital, Chennai, Tamil Nadu, India; Apollo Main Hospital, Chennai, Tamil Nadu, India

5. **Cardiac Hydatid Cyst-Induced Heart Block: A Case of Interventricular Septal Involvement**
M Praveen, J Ranjit, J Chandrakumar Immanuel, VS Bermio
Department of General Medicine, Dr Jeyasekharan Hospital & Nursing Home, Nagercoil, Tamil Nadu, India; Department of Cardiology, Dr Jeyasekharan Hospital & Nursing Home, Nagercoil, Tamil Nadu, India

6. **Cardiac Manifestations in Dengue Fever**
Shaik Mahammed Imran, Rajashekar
Postgraduate Resident, Raichur Institute of Medical Sciences, Raichur, Karnataka, India; Associate Professor, Raichur Institute of Medical Sciences, Raichur, Karnataka, India

7. **Rare Presentation of Cryptococcal Infection in a HIV Positive Patient**
Satarupa Deb, Garyll Ryan Tariang Blah, P Kalita
Second Year PGT, Department of General Medicine, NEIGRIHMS, Shillong, Meghalaya, India; Assistant Professor, Department of General Medicine, NEIGRIHMS, Shillong, Meghalaya, India; Assistant Professor, Department of Pathology, NEIGRIHMS, Shillong, Meghalaya, India

8. **When Infection Triggers Paralysis: Scrub Typhus-associated Guillain-Barré Syndrome with Myelitis**
Saumya Meena
Sawai Mansingh Medical College and Hospital, Jaipur, Rajasthan, India

9. **Abacavir Hypersensitivity Reaction in a 52-year-old HIV-positive Male: A Diagnostic Challenge in a Resource-limited Setting**
Sneha Bhosle, Divyashree S
MGM Hospital, Navi Mumbai, Maharashtra, India

10. **When Viral Suppression is not Enough: Predictors of Immunological Nonresponders in PLHIV Patients on ART**
Krutika Saha
Jawahar Lal Nehru Hospital & Research Centre, Bhilai, Chhattisgarh, India

11. **Pulmonary and Cervicofacial Melioidosis Masquerading as Tuberculosis: A Diagnostic Dilemma in a Diabetic Patient from Rural India**
Ankur Acharjee, Bidita Khandelwal
Postgraduate Resident, Department of Medicine, SMIMS; Professor and Head, Department of Medicine, SMIMS

12. **Patterns and Diagnostic Challenges in Severe Acute Febrile Illness: A Case Series**
Shankar S, Baby Shruthi, S Mookambika, C Arul Murugan
Vinayaka Mission Kirupanantha Variyar Medical College Hospital, Salem, Tamil Nadu, India

13. **A Rare Dual Complication of Autoimmune Hemolytic Anemia and**

Axonal Polyneuropathy In a Hepatitis C-positive Patient
Dipendu Saha, Ajit Kumar Pegu, Pranjal Kumar Dutta, Mitraa Shyam
Postgraduate Trainee, Department of Medicine, Assam Medical College, Dibrugarh, Assam, India; Professor, Department of Medicine, Assam Medical College, Dibrugarh, Assam, India; Associate Professor, Department of Medicine, Assam Medical College, Dibrugarh, Assam, India; Assistant Professor, Department of Medicine, Assam Medical College, Dibrugarh, Assam, India

14. **Spontaneous Hemoperitoneum in a Case of *Plasmodium falciparum* Malaria without Splenic Rupture**
Niharika Kadali
GSL Medical College and General Hospital, Rajahmundry, Andhra Pradesh, India

15. **Physicians' Perspectives on Oral Antibiotic Utilization in Respiratory Tract Infections: A Nationwide Survey in Pediatric and Adult Care**
Amitrajit Pal, Dattatray Pawar, Akhilesh Sharma
Medical Affairs Department, Alkem Laboratories Ltd., India

16. **Navigating Noncaseating Granuloma in an Endobronchial Specimen**
MS Sangeetha, G Philips, P Valsalan
Aster Medcity, Kochi, Kerala, India

17. **HLH Secondary to Scrub Typhus Responding Well to Doxycycline Alone**
Varun Ranjan Dubey
All India Institute of Medical Sciences, Patna, Bihar, India

18. **Profile of organ dysfunction in clinically stable HIV patients on uninterrupted HAART for more than 3 years**
RK Adhikary, S Ahamed, D Bandyopadhyay
PG Resident, Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Professor and Head, Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

19. **Clinical, Microbiological Profile, and Outcomes of Patients with Infections Caused by *Burkholderia cepacia* Complex**
B Koilpillai, B Philip, Ramya I, S Hansdak, Balaji V
Department of General Medicine, Christian Medical College, Vellore, Tamil Nadu, India; Department of Microbiology, Christian Medical College, Vellore, Tamil Nadu, India

20. **Oculogyric Crisis: Atypical Presentation in a Patient with Dengue**
Imran Khan, PK Agrawal
Professor and Head, Katihar Medical College, Katihar, Bihar, India; Katihar Medical College, Katihar, Bihar, India

21. **A Silent Gateway: An Unusual Case of Amoebic Meningitis**
Vyshakh TV, Abdul Latheef AG, Hariprasad PM
Baby Memorial Hospital, Kozhikode, Kerala, India

22. **Navigating Noncaseating Granuloma in an Endobronchial Specimen**
MS Sangeetha, G Philips, P Valsalan
Aster Medcity, Kochi, Kerala, India

23. **Isolated Hepatosplenic Tuberculosis: A Diagnostic Challenge**
Harikrishnan R, Arun Mathew, PV Bhargavan, Biju. IK
Baby Memorial Hospital, Kozhikode, Kerala, India

24. **Leptospirosis Presenting with Severe AKI and Jaundice: A Case Report**
Mahvish Imtiyaz, PK Agrawal
Katihar Medical College, Al-Karim University, Bihar, India; Professor and Head, Katihar Medical College, Al-Karim University, Bihar, India

25. **Pneumococcal Vaccination in Eligible Healthcare Workers in North India**
Hazique Parvaiz Koul
Nottingham General Hospital, NHS Trust, United Kingdom

26. **Eliminated but not Forgotten: A Pure Neuritic Mystery Mimicking Autoimmune Neuropathy**
Gutti Avinash, Gutti Avinash, Manish Duggar, Dammu Joel David
Department of Internal Medicine, Apollo Health City, Hyderabad, Telangana, India

27. **HLH Secondary to Scrub Typhus Responding Well to Doxycycline Alone**
Varun Ranjan Dubey
All India Institute of Medical Sciences, Patna, Bihar, India

28. **FUO (Fever of Unknown Origin), A Doctor's Foe: Disseminated EPTB (Extrapulmonary Tuberculosis) Impersonating Metastatic Prostatic Cancer**
Harsh Malhotra, Abhishek Verma, Ajay Agarwal
Postgraduate Resident, Fortis Hospital, Noida, Uttar Pradesh, India; Attending Consultant, Fortis Hospital, Noida, Uttar Pradesh, India; Chairman and Head, Department of Internal Medicine, Fortis Hospital, Noida, Uttar Pradesh, India

29. **A Case of Scrub Typhus Induced Acute on Chronic Hepatitis with Vasculitis and Cancrum Oris (Mucosal Necrosis)**
A Ghosh, A Mukhopadhyay, A Sarkar
ESIPostgraduate Institute of Medical Sciences and Research, ESIC Medical College and Hospital, Kolkata, West Bengal, India

30. **Study of Animal Bite Management**
M Abishek
Postgraduate Resident (Final Year), Department of General Medicine, Vinayaga Mission Medical College, Karaikal, Puducherry, India

31. **A Case of Pyrexia of Unknown Origin: Tuberculosis of Bone Marrow**
Jishu Jayaprakash, TR Radha, Durga Padmanabhan
Junior Resident, Department of General Medicine, Government Medical College, Kottayam, Kerala, India ; Professor, Department of General Medicine, Government Medical College, Kottayam, Kerala, India; Assistant Professor, Department of General Medicine, Government Medical College, Kottayam, Kerala, India

32. **Scrub Typhus with Multiorgan Dysfunction Syndrome: An Unusual Clinical Challenge**
Manoj Kumar Choudhary
Additional Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

33. **A Diagnostic Dilemma: Visceral Leishmaniasis Presenting with Autoimmune-like Features**
SP Karthikeyan, AK Das
Assam Medical College and Hospital, Dibrugarh, Assam, India

34. **Irreversible Vision Loss Following Antitubercular Therapy: A Case of Ethambutol-induced Optic Neuropathy**
C Ramesh Chandra Balaji, Uma MA
Postgraduate, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India; Head, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

35. **Tuberculosis with Secondary Hemophagocytic Lymphohistiocytosis: A Candle with Two Flames**
Niranjhana V, Jayanth JJ, V Ajitha, Karthik Rengaraj, Avinash A Nair
CSI Kalyani General Hospital, Chennai, Tamil Nadu, India

36. **Hemophagocytic Lymphohistiocytosis (HLH)—The Great Masquerader: A Case Series**
Challagulla Jyothirmaye, Nagendar Devulapally
Apollo Institute of Medical Sciences and Research, Hyderabad, Telangana, India

37. **Real-world Evidence on the Epidemiology and Treatment of ICU Pneumonia: A Multicenter Retrospective Analysis**
Ajitkumar Gondane, Pooja Vaidya, Dattatray Pawar, Akhilesh Sharma
Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; Senior Medical Advisor, Alkem Laboratories, Mumbai, Maharashtra, India; General Manager, Medical Affairs, Alkem Laboratories, Mumbai, Maharashtra, India; Chief Medical Officer, Alkem Laboratories, Mumbai, Maharashtra, India

38. **From Back Pain to Heart Murmur: Tracing Brucella's Systemic Trail**
Parsi Lasya, Mounika MAM
Assistant Professor, Department of General Medicine, Prathima Institute of Medical Sciences, Karimnagar, Telangana, India

39. **Bilateral Panophthalmitis: A Rare Presentation of Dengue Fever**
N Arora, V Singh, A Singh, P Chaudhry
Aakash Healthcare, New Delhi, India

40. **A Hidden Bite, A Heavy Clot: Sub-massive PE Unveiling Scrub Typhus**
Sourav Ranjan Parija, Anirudh Mukherjee, Mahendra Kumar Meena, Sagar Subhash Nanaware, Madhukar Mittal
Junior Resident, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Associate Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Assistant Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Professor and Head, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India

41. **Acute Watery Diarrhoea Following Strongyloides Stercoralis Infection in an Immunocompetent Man**
Hariprasad N, Sara Chandy, Devapriya Rajeev
PG Resident, Dr Moopen's Medical College, Wayanad, Kerala, India; Professor, Dr Moopen's Medical College, Wayanad, Kerala, India; Assistant Professor, Dr Moopen's Medical College, Wayanad, Kerala, India

42. **Histoplasmosis Hidden in the Marrow: A Diagnostic Challenge in an Immunocompetent Host**
Mahesh Mannava, Pramod Kumar, Manu Sharma, Sakthivel, Madhukar Mittal
Junior Resident, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Associate Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Assistant Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Professor and Head, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India

43. **Diagnostic Utility of a Clinical Scoring Tool for Scrub Typhus Among Vegetation-Exposed Febrile Patients**
Sangavi Ramachandran, Prenav Sakthi Kumar Rajachandran
Kongunad Hospitals Private Limited, Coimbatore, Tamil Nadu, India

44. **A Rare Case of Concurrent Acanthamoeba Meningoencephalitis and Tuberculous Meningitis**
A Anjima, Josemon George, Athulya G Asokan, Juby John, Netto George Mundadan
Government Medical College, Kottayam, Kerala, India

45. **Critical Limb Ischemia Revealing Underlying Tuberculosis: A Rare Vascular Mimicker in Young Patients**
Sreelekhya Vasireddi, Sreelekhya Vasireddi, Naval Chandra, Chandana Kaspa
Department of General Medicine, Nizam's Institute of Medical Sciences, Hyderabad, Telangana, India

46. **Liver Function Tests in Dengue and Its Correlation with Disease Severity: A Cross-sectional Observational Study in A Tertiary Care Centre**
Teena Jabir, R Legha, Sunisha Vinod L, Jinu C
Postgraduate, Department of General Medicine, Travancore Medical College, Kollam, Kerala, India; Head, Department of General Medicine, Travancore Medical College, Kollam, Kerala, India; Senior Resident, Travancore Medical College, Kollam, Kerala, India; Assistant Professor, Travancore Medical College, Kollam, Kerala, India

47. **Evaluation of Biochemical Alterations to Assess Severity of Dengue Fever in Adults: A Prospective Observational Study**
Vangipuram Harsha Vardhan
Narayan Medical College and Hospital, Rohtas, Bihar, India

48. **Reversible Hypokalemic Paralysis as an Atypical Clinical Presentation of Falciparum Malaria**
Priyanka Kumari, AK Mishra, Ashutosh Tiwari, K Kumar, BK Chaudhary
All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh, India

49. **A Case of Disseminated Tuberculosis with Rickets in A Vitamin D Deficient Female Presenting with Hypocalcemic Seizures**
Pandey Ashutosh Hariprakash
Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

50. **Histoplasmosis Beyond the Borders: A Pulmonary Infection That Skipped the Lungs**
Drishti Singhal, Sudhir Chhabra, Moonish Agarwal, Lokesh Jha
Departments of General Medicine, Mata Chanan Devi Hospital, New Delhi, India; Departments of Gastroenterology, Mata Chanan Devi Hospital, New Delhi, India

51. **Deep Vein Thrombosis in Tuberculosis: Highlighting an Overlooked Complication**
Jennifer Joseph
Bangalore Baptist Hospital, Bengaluru, Karnataka, India

52. **Prospective, Observational, Real-world study of metallic-taste incidence with Metronidazole ER vs IR**
H Khan, **J Savai**, K Mehta

53. **Gastrointestinal Strongyloidiasis Infection Presenting as Protein-losing Enteropathy: A Diagnosis of Serendipity**
Aakash S Shaj, Aditya V Pachisia, S Kartik
Junior Resident Medicine, Command Hospital Air Force, Bengaluru, Karnataka, India; Associate Professor and Gastroenterologist, Command Hospital, Air Force, Bengaluru, Karnataka, India; Consultant Rheumatologist and Head, Department of Medicine, Command Hospital Air Force, Bengaluru, Karnataka, India

54. **Prospective, Observational, Real-world study of metallic-taste incidence with Metronidazole ER vs IR**
H Khan, **J Savai,** K Mehta
JB Pharmaceuticals Ltd. Mumbai, Maharashtra, India

55. **The Great Masquerader**
A Arora, M. Mahajan, P. Gupta
Department of Internal Medicine, Max Super Speciality Hospital, Saket, New Delhi, India

56. **The Perfect Storm: A Case of Triple Pulmonary Coinfection in Immunosuppression**
Preethika SV, Murali A, Saravanan T
PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

57. **Mumps encephalitis in an MR-vaccinated Individual**
N Poojitha Sivani, Uma MA
Postgraduate Resident, Department of General Medicine, PES Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India; Professor and HOD, Department of General Medicine, PES Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

58. **Scrub Vasculitis Causing Digital Gangrene: A Peculiar Presentation of Scrub Typhus**
Himanshu Sekhar Panda
Department of General Medicine, All India Institute of Medical Sciences, Jammu, Jammu and Kashmir, India

59. **When Clues Run Cold, But Fever Stays Hot: A FUO Case Report**
Jeet Gujarathi, Sindhu Joshi, Krishnamurthy, Sravan Yejju, Muthyala Pravalika
Mahavir Hospital and Research Centre

60. **A Study of Clinical Profile, Laboratory Profile, and Complications of Fever with Thrombocytopenia**
Nallamothu Sandeep Kumar, KB Yadavendra Reddy
Government General Hospital, Kadapa, Andhra Pradesh, India

61. **Co-infection with Leptospira and Scrub Typhus Causing Severe Hepatic and Renal Injury: A Case Report**
Nallamothu Sandeep Kumar, Kukkala Himanth Harsha, AT Mishra
Second-year Postgraduate Resident, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; First-year Postgraduate Resident, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

62. **The Dengue Aftershock: Explosive Disseminated MRSA in a Healthy Adult**
Arun P K, Samir Samadarshi, Abhishek Kumar Sharma, S Kartik
Command Hospital, Air Force, Bengaluru, Karnataka, India

63. **Hepatitis E: A Case Highlighting Extrahepatic Immune Manifestations**
Palle Sree Hima Varsha, Krishna Padarabinda Tripathy, Ranjita Tripathy, Subhashree Misra, Rohith Reddy
PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Professor, Department of Pathology, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India; Assistant Professor, Department of General Medicine, Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

64. **A Study of Microalbuminuria as a Prognostic Marker of Sepsis**
Pratiksha R Gadag, EJ Harisha
JJM Medical College, Davangere, Karnataka, India

65. **Hepatitis E: A Case Highlighting Extrahepatic Immune Manifestations**
Palle Sree Hima Varsha, Krishna Padarabinda Tripathy, Ranjita Panigrahi, Subhashree Misra, Rohith Reddy
PG Resident, Department of General Medicine, Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, Odisha, India Professor, Department of General Medicine, Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, Odisha, India; Professor, Department of Pathology, Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, Odisha, India; Assistant Professor, Department of General Medicine, Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, Odisha, India

66. **A Significance of Neutrophil–Lymphocyte Ratio, Predicting Outcomes in Dengue Patients on Admission at A Tertiary Center**
P Amaralinga Swamy, K Sudheer
Postgraduate Resident, General Medicine, Great Eastern Medical School and Hospital, Ragolu, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Great Eastern Medical School and Hospital, Ragolu, Andhra Pradesh, India

67. **A Rare Case of Herpes Zoster with Involvement of the Maxillary Division of the Trigeminal Nerve**
P Amaralinga Swamy, Krishna Sasank Katta, C Vasavi, K Nagarjuna
Second-year Postgraduate Resident, Department of General Medicine; Postgraduate Resident, Department of General Medicine, Guntur Medical College, Guntur, Andhra Pradesh, India; Professor, Department of General Medicine; Assistant Professor, Department of General Medicine

68. **Atypical Presentation, Atypical Territory: Japanese Encephalitis Mimicking Stroke**
Aanchal Rani, Ajay Jaryal, Kapil Sharma

69. **A Tale of Troubled Valve**
Mohit Raj Singh, Asha Sarkar, Sauren Panja, Debika Chatterjee
NH-Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata, West Bengal, India

70. **Clinical Spectrum and Predictors of Mortality in Patients with Tubercular Meningitis: A Prospective Study**
Mohammed Siraz Shah, Bongu Srinivasa Rao
Postgraduate Resident, Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India; Professor, Department of Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India

71. **Serum N-Terminal Probrain Natriuretic Peptide, D-Dimer Levels in Community Acquired Pneumonia and Its Correlation with Curb-65 as a Prognostic Marker**
Ankith MK, Uma MA
PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

72. **Atypical Presentation of Cutaneous Tuberculosis: A Chronic Ulcerative Plaque Mimicking Vasculitis in an Immunocompetent Woman**
Indla Shashidhar
ESIC Medical College and Hospital, Hyderabad, Telangana, India

73. **Unexplained Weight Loss and Loss of Appetite: Beyond Malignancy**
S Samajdar, A Bhattacharya
Postgraduate Trainee, Department of General Medicine, Manipal Hospitals, Kolkata, West Bengal, India

74. **Splenic Infarct as a Presenting Feature of Severe Scrub Typhus Fever**
Venkata Sai Deepthi Rayadurgam[1], N Raghavaram[2]
First-year Postgraduate Resident, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

75. **Heat of the Tropic, Fury of the Cytokine Storm: A Study on Secondary HLH due to Tropical Infections in North India**
Meher Mehdiratta, Aman Vij
Venkateshwar Hospital, New Delhi, India

76. **Beyond the Headache, Silent but Dangerous: An Infection Mimicking Chronic Headache**
Monalisa Sethi, Tarun Sharma, Subhash Chander, Sudesh Kumar, Varun Bansal
Junior Resident, Department of Internal Medicine, AIIMS Bilaspur; Additional Professor, Department of Internal Medicine, AIIMS Bilaspur; Associate Professor, Department of Internal Medicine, AIIMS Bilaspur; Additional Professor, Department of Otorhinolaryngology, AIIMS Bilaspur

77. **Clinical Spectrum, Microbiological Profile and Treatment Outcomes in Culture-Confirmed Melioidosis: A Retrospective Case Series from Goa**
Dhruv Bawania, Chitralekha Nayak, Vijay Naik, Aileen Rodrigues
Resident, Healthway Hospitals Pvt Ltd, Goa, India; Senior Consultant Physician, Healthway Hospitals Pvt Ltd, Goa, India; Consultant Microbiologist, Healthway Hospitals Pvt Ltd, Goa, India

78. **The Sick Brain and the Sympathetic Heart – A Case Series of Stress Cardiomyopathy in Tuberculous Meningitis Patients**
Sagiraju Akshitha Vardhani, Guntupalli Srinivas
First Year Postgraduate, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor, Department of Medicine, ASRAM Medical College, Eluru, West Godavari, Andhra Pradesh, India

79. **CMV Retinitis with Suspected CMV Myeloradiculitis/Encephalitis in Advanced HIV: A Case Report**
Vamshika chetla
Kaloji Narayana Rao University of Health Sciences, Warangal, Telangana, India

80. **Predictors of Dengue-related Thrombocytopenia from Clinical and Hematologic Parameters (PREDICT-Dengue study)**
Ramalingam Madhumitha
MRCP Trainee, Dr.Mehta's Hospital, Chennai, Tamil Nadu, India

81. **A Rare Case of Neurocysticercosis Presenting as Epilepsia Partialis Continua**
Parla Keerthi Lakshmi
ESIC Medical College

82. **Admission AST–Platelet Ratio Index (APRI) as an Early Determinant of Severe Thrombocytopenia in Hospitalized Dengue: Insights from a Tertiary-Care Cohort (ASPiRE–DENGUE Study)**
Krishna Kumaran A, Adhiti Krishnamoorthy, Dilip Kumar R, Saravana Bharathy SP, Ramalingam Madhumitha
MRCP Trainee, Department of Internal Medicine, Dr. Mehta's Hospital, Chennai, India; Consultant, Department of Internal Medicine, Dr. Mehta's Hospital, Chennai, India

83. **Fatal Severe Generalized Tetanus in a 63-Year-Old Male without an Identifiable Portal of Entry**
Uppara Nikitha, Suman GR, Hoysala Kumar DP
Junior Resident, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, India; Professor, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, India; Assistant Professor, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, India

84. **Rare Presentation of Meilioidosis**
Koorathota Ramya
ESIC Medical College and Hospital, Hyderabad, Telangana, India

85. **CMV Retinitis with Suspected CMV Myeloradiculitis/Encephalitis in Advanced HIV: A Case Report**
Vamshika chetla
Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, Telangana, India

86. **When Clues Run Cold But Fever Stays Hot : A Fuo Case Report**
Jeet Gujarathi, Sindhu Joshi, Krishnamurthy, Sravan Yejju, Muthyala Pravalika
Mahavir Hospital and Research Centre

87. **Bone Marrow Cryptococcus in the Context of HIV Infection**
Pedditi Abhignan Mishra, Anjaneya Prasad, Lavanya Sri I
Third-Year Postgraduate, Department of General Medicine, Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinnavutpalli, Gannavaram Mandal, Krishna , Andhra Pradesh, India; Professor and Head of Department, Department of General Medicine, Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinnavutpalli, Gannavaram Mandal, Krishna, Andhra Pradesh, India; Associate Professor, Department of General Medicine, Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinnavutpalli, Gannavaram Mandal, Krishna , Andhra Pradesh, India

88. **Unveiling Rabies: A Misdiagnosed Case Initially Suspected as Guillain–Barré Syndrome**
Mohammed Siraz Shah, Bongu Srinivasa Rao
Postgraduate, Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India; Professor, Department of General Medicine, Andhra Medical College, Visakhapatnam, Andhra Pradesh, India

89. **A Rare Case of Septic Arthritis and Pneumonia due to Melioidosis**
Prashant C Sinha
Mediheart Hospital, Patna, Bihar, India

90. **Neurocysticercosis with Ascariasis: A Case Report from an Endemic Region of India**
Tejas Khairnar, CA Kante, Sarang Chimanlal Dayhabhai
Junior Resident, Department of General Medicine, DUPMC and H, Jalgaon, Maharashtra, India; Professor, Department of General Medicine, DUPMC and H, Jalgaon, Maharashtra, India; Associate Professor, Department of General Medicine, DUPMC and H, Jalgaon, Maharashtra, India

91. **The Fatal Severe Generalized Tetanus in a 63-Year-Old Male Without an Identifiable Portal of Entry**
Uppara Nikitha, Suman GR, Hoysala Kumar D P
Junior Resident, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Professor, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Assistant Professor, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

92. **A Study on Differential Alteration Trend of Monocyte Count and Other Blood Parameters Among Dengue Patients During Hospitalization in a Tertiary Care Centre of North India: A Prospective Cohort Study**
Jyoti Verma
Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, Uttar Pradesh, India

93. **The Great Imitator: A Rare Diagnostic Challenge**
Vivek Shah, S Bhadury
North Bengal Medical College and Hospital, Darjeeling, West Bengal, India

94. **When Conventional Markers Fail: ADA-Negative, CBNAAT-Negative Tuberculous Pleural Effusion Responding to Empirical Therapy**
Mohamed Yasin M, S Chandrasekar, D Ramesh, P Barani
Government Stanley Medical College and Hospital, Chennai, Tamil Nadu, India

95. **From Fever to Seizure: The Journey of a Young Boy With CNS Tuberculoma**
Biswajit Pattnaik, Sanjay Kumar Jangid, Sradhananda Mahapatra, Bhabani Sankar Samantray, Ashutosh Das
Department of General Medicine, Hi-Tech Medical College and Hospital, Bhubaneswar, Odisha, India

96. **METRO-ER: Physician Prescribing Patterns and Perceptions of Metronidazole ER 600 mg in Mumbai, India**
Hasnat Khan, J Savai, K Mehta, T Shah, N Lakkundi
JB Pharmaceuticals Ltd, Mumbai, Maharashtra, India

97. **An Atypical Presentation of Rabies Without Hydrophobia**
Rupsa Bhattacharya, S Pain, S Nandi
Institute of Postgraduate Medical Education and Research and SSKM Hospital, Kolkata, West Bengal, India

98. **Disseminated MAC in a Severely Immunosuppressed PLHIV**
Mansi Vijaywargiya, Jaya Chakrovarty
Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

99. **Generalized Tremors and Opsoclonus in a Patient with Scrub Typhus Infection**
Guddu Kumar
Institute of Medical Sciences, BHU, Varanasi, Uttar Pradesh, India

100. **Typhoid Encephalitis: A Rare Case Report of CLOCCs**
Shashank M, Namitha Narayanan, Sanjeevi Kumar
Department of Internal Medicine, Madras Medical College, Chennai, Tamil Nadu, India

101. **Migratory Polyarthritis with Rash—A Diagnostic Challenge: Disseminated Gonococcal Infection**
Prashant Kumar Pandey
Heritage Institute of Medical Sciences, Varanasi, Uttar Pradesh, India

102. **When Fever Becomes a Cardiac Emergency: Scrub Typhus Unmasking Ischemic Cardiomyopathy: A Case Report**
Girin Ray
KPC Medical College and Hospital

Medical Oncology

1. **An Unusual Diagnosis behind a Persistent Thigh Abscess: IgA Lambda Multiple Myeloma**
Bindhana Jyothi, Chelikani Yaswanth
Resident, Department of General Medicine, GSL Medical College and General Hospital, India; Assistant Professor, Department of General Medicine, GSL Medical College and General Hospital, India

2. **A Diagnostic Conundrum: Leptomeningeal Carcinomatosis Mimicking Optic Neuritis in a Gastric Cancer Survivor**
Venkataraman Sateesh Joshi, Likhitha MP, Suresh Babu KP, Rohith KS
Siddaganga Medical College and Research Institute, Tumakuru, Karnataka, India

3. **Vision in Disguise**
Simmy Tiwari, Mahuya Bhattacharya
Third Year DNB Medicine Postgraduate Trainee, AMRI (Manipal) Dhakuria Hospital, Kolkata, West Bengal, India; Consultant, Department of Critical Care Medicine, AMRI (Manipal) Dhakuria Hospital, Kolkata, West Bengal, India

4. **From Weaknesses to Diagnosis: An Atypical Case Suggestive of Poems Syndrome**
Eediga Venkatesh Goud
ESIC Medical College and Hospital, Hyderabad, Telangana, India

5. **An Indolent Disease Gone Rogue: Hybrid of Plasma Cell Myeloma–Lymphoplasmacytic Lymphoma Case**
Dandamudi Sai Akhil, D. Sindhu
First Year Postgraduate, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Consultant, Department of Medical Oncology, ASRAM Medical College, Eluru, Andhra Pradesh, India

6. **A Rare Case of Indolent Urothelial Carcinoma Masquerading as Diffuse Thrombosis**
Guravana Venkata Sai Prasad, D Sindhu
First Year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Consultant, Department of Medical Oncology, ASRAM Medical College, Eluru, Andhra Pradesh, India

7. **An Elderly Female With Anemia and Hypoalbuminemia: Unmasking IgG Kappa Multiple Myeloma Through Comprehensive Laboratory Evaluation**
Venu Gopal P, K M Iqbal Hussain, K Somappa, M Sumalatha, K Divya Sriharshala
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

8. **The Thymus Goes Gastro: Enteric-type Thymic Adenocarcinoma Causing Cardiac Tamponade**
Parsi Lasya
Prathima Institute of Medical Sciences, Karimnagar, Telangana, India

Miscellaneous

1. **A Clinical Puzzle of Recurrent Seizures and Skin Lesions**
S Nihal Hussain, Umesh Rajoor
Koppal Institute of Medical Sciences, Koppal, Karnataka, India

2. **Castleman Disease - TAFRO Syndrome**
Prenav Sakthi Kumar R, Aswathi A, Shriee Harihara Sudhan, Sangavi Giribalan
,Kongunad Hospital; PSG Hospital

3. **Congenital Renal Agenesis Unmasked by Pain: A Rare Case of Infected Ureteric Remnant Successfully Treated with Robotic Surgery**
Ashish Gupta, Vandana Garg, Anant Kumar, Sohan Biswas, Anya Kapoor
Senior Consultant, Department of Internal Medicine, Max Super Speciality Hospital, Ghaziabad, Uttar Pradesh, India; Senior Consultant, Department of Internal Medicine, Max Super Speciality Hospital, Ghaziabad, Uttar Pradesh, India; Chairman, Urology, Renal Transplant and Robotics, Max Saket Complex; and Uro-Oncology, Max Super Speciality Hospital, New Delhi, India; DNB Junior Resident (JR-), Department of Internal Medicine, Max Super Speciality Hospital, Ghaziabad, Uttar Pradesh, India

4. **The Paradox Within: Autoimmune Cytopenia Unveiling a Silent Thrombus**
Sounak Datta, Pradeep Chakraborty, Sujata Mazumdar
Ramakrishna Mission Seva Pratishthan, Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, India

5. **Interesting Cases of Hereditary Angioedema: Familial Presentations with Variable Clinical Manifestations**
Harsha NS
Bhagwan Mahavir Jain Hospital

6. **Central Pontine Myelinolysis or Wernicke Encephalopathy: A Clinical Dilemma**
K Kanwar, K Narvencar
Postgraduate Student, Department of Medicine, Goa Medical College, Goa, India; Associate Professor, Department of Medicine, Goa Medical College, Goa, India

7. **Beyond dissemination: fatal intersection of TB and HLH**
Amogh Chandrashekar C, Madhumathi R, Ricken Mehta, Mamatha TR
Sapthagiri Institute of Medical Sciences

8. **Interesting Cases of Hereditary Angioedema: Familial Presentations with Variable Clinical Manifestations**
S Kiruthika, Harsha NS, Sowmya, Suraj BM, Supreeth SK
Department of General Medicine, A Tertiary Care Centre, Bangalore

9. **When Vessels Rebel: Bullous Skin, Cardiac Clots, Pulmonary Emboli, and Kidney Injury: Rare Manifestation of HSP in a Young Adult**
Sneha HS
MS Ramaiah Medical College and Hospital

10. **Rare Case of Lightning Injuries Survivor**
M Abishek
Vinayaka Mission Medical College, Karaikal, Puducherry, India

11. **Survey on current practice patterns of antibiotic use in the treatment of typhoid fever amongst HCPs from India**
Ajeet Singh Choudhary, Megharani Rajkumar Durge, Gurmeet Thakur, Vaishali Gupte
Jaswant Hospital, Bharatpur, Rajasthan, India; Durge Hospital, Pune, Maharashtra, India; Department of Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

12. **Benign Yet Alarming: Recognizing Purple Urine Bag Syndrome**
Shubham Das, Samir Sahu, Aswini Kumar Sahoo, Bhimsen Soren
IMS and SUM Hospital

13. **Dermato-neurosyndrome in a Case of Scleromyxedema: A Rare and Life-threatening Presentation**
Medaka Avinash
Osmania Medical College

14. **The Hidden Culprit**
S Bagli, SK Todi
Manipal, Kolkata, West Bengal, India

15. **The Buzz Behind the Blockage: Acute Limb Ischemia After a Bee Sting**
Govind PS, Ram Bhat
Kasturba Medical College, Manipal, Karnataka, India

16. **The Medical Abdomen: A Prospective Study of Emergency Abdominal Pain Caused by Nonsurgical Diseases**
Harsimar Singh, Uttam Kumar Paul
PGT (st Year), Department of General Medicine, Mata Gujri Memorial Medical College, Mata Gujri University, Kishanganj, Bihar; HOD and Professor, Department of General Medicine, Mata Gujri Memorial Medical College, Mata Gujri University, Kishanganj, Bihar

17. **Case of Refractory Neurocysticercosis with Autosomal Dominant Polycystic Kidney Disease**
Bindumathi PL, Chitrita Behera, Bhaskar Balasundaram, Yashaswini A
Sapthagiri Institute of Medical Sciences and Research Center, Bengaluru, Karnataka, India

18. **The Vibrant Trial: A Randomized Comparison of Nasal and Intravenous Vitamin B12 Supplementation in Macrocytic Anemia**
Kundan Mishra
Command Hospital

19. **Survey on ChatGPT Use Among Interns, Residents, Postgraduate Trainees, and Early Career Medical Officers with MBBS degrees Actively Engaged in Clinical or Academic Settings**
Sumaiya Naaz, Jayanta Datta, Sania Sami, Tahrim Nisar
Charnock Multispecialty Hospital; Vedanta College; College of Medicine and JNM Hospital

20. **Rosai–Dorfman Disease Presenting with Massive Cervical Lymphadenopathy: A Rare Case**
Preeti Gupta, Samir Sahu, Aswini Kumar Sahoo
IMS and SUM Hospital

21. **Correlation of C-reactive Protein Level (CRP) and Neutrophil–Lymphocytes Ratio (NLR) as a Marker of Severity in Sepsis Patients**
Laxman Poonia
Venkateshwara Institute of Medical Sciences, Amroha, Uttar Pradesh, India

22. **A Case of Probable Idiopathic Systemic Capillary Leakage Syndrome**
Sristy Singh
College of Medicine and JNM Hospital, Kalyani, West Bengal, India

23. **Beyond Mucocutaneous Lesions: A Case of Stevens–Johnson Syndrome Presenting with Dysphagia and Bulbar Symptoms**
Soumitra Maity
Gouri Devi Institute of Medical Sciences and Hospital, Durgapur, West Bengal, India

24. **Correlation of C-Reactive Protein and Neutrophil-to-Lymphocyte Ratio (NLR) With Severity of Chronic Obstructive Pulmonary Disease Based on Gold Criteria**
Laxman Poonia
Venkateshwara Institute of Medical Sciences, Amroha, Uttar Pradesh, India

Nephrology

1. **Metabolic Acidosis with a Twist: A Case of Distal Renal Tubular Acidosis Unveiling an Autoimmune Puzzle**
A Maity, PR Nayak, T Chattopadhyay
Healthworld Hospital, Durgapur, West Bengal, India

2. **Case series of Emphysematous infections of the Kidney and Urinary Tract: A Study from a Tertiary Care Centre**
Srikanth K, Vineet Behera, Shanmugaraj, Ananthakrishnan Ramamoorthy
Bharat Ratna Dr Ambedkar Memorial Hospital, Mumbai, Maharashtra, India; INHS Kalyani, Visakhapatnam, Andhra Pradesh, India; INHS Asvini, Colaba, Mumbai, Maharashtra, India

3. **From Platelets to Proteinuria: Essential Thrombocytosis Driving Renal Amyloidosis and Chronic Kidney Disease**
Bindra RK, Lakra DP, Agrawal V, Saxena S
Department of Medicine, Dr BRAMH, Raipur, Chhattisgarh, India; Department of Nephrology, DKS Hospital, Raipur, Chhattisgarh, India

4. **A Fair Complexion with an Unfair Outcome**
Yasha Kiran, Prashant CD
Apollo Hospital, Bengaluru, Karnataka, India

5. **Serum Albumin Levels as A Prognostic Marker in Arteriovenous Fistula Failure in Chronic Kidney Disease Patients in A Tertiary Care Centre: A Cross-sectional**
M Aravind Venkat
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

6. **Serum Albumin Levels as A Prognostic Marker in Arteriovenous Fistula Failure in Chronic Kidney Disease Patients in A Tertiary Care Centre: A Cross-sectional**
M Aravind Venkat
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

7. **Serum Albumin Levels as A Prognostic Marker in Arteriovenous Fistula Failure in Chronic Kidney**

Disease Patients in A Tertiary Care Centre: A Cross-sectional
M Aravind Venkat
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

8. **Pathological Fracture with Hypokalemic Periodic Paralysis Due to Distal Renal Tubular Acidosis in Sjogren's Syndrome**
Mahesh Vallabhani, M Sri Hari Babu, C Yaswanth
GSL Medical College and Hospital, Rajahmundry, Andhra Pradesh, India

9. **Concomitant Occurrence of Two Hematological Disorders with Renal Involvement: A Rare Case Report**
Sharma R, Lakra DP, Margekar V
Academic Resident, Department of Medicine, Pt JNM Medical College, Raipur, Chhattisgarh, India; Professor and Head, Department of Medicine, Pt JNM Medical College, Raipur, Chhattisgarh, India; Assistant Professor, Department of Medicine, Pt JNM Medical College, Raipur, Chhattisgarh, India

10. **NSAID-induced Minimal Change Disease: Uncommon Cause of Nephrotic Syndrome in Adults**
Mohammad Salman
Katihar Medical College, Katihar, Bihar, India

11. **Utility of Serum Procalcitonin–to–Serum Albumin Ratio as a Predictor in Discriminating Urosepsis from Febrile Urinary Tract Infection**
L Vynatheya Chowdary, Uma MA
PES Institute of Medical Sciences, Kuppam, Andhra Pradesh, India; PES Institute of Medical Sciences, Kuppam, Andhra Pradesh, India

12. **Serum Albumin Levels as a Prognostic Marker in Arteriovenous Fistula Failure in Chronic Kidney Disease Patients in A Tertiary Care Centre: A Cross-sectional Study**
M Aravind Venkat
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

13. **Clinical and Biochemical Predictors of Erythropoietin Resistance in Type 2 Diabetic Patients on Maintenance Hemodialysis**
Pranavesh V, Srinivasa SV, Prasanna Kumar, Lokesh
Junior Resident, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Professor and Head, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Associate Professor, Department of Nephrology, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Assistant Professor, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India

14. **Utility of Point of Care Ultrasound (POCUS) for Volume Status Assessment and Clinical Decision Making in Acute Kidney Injury: A Cross-sectional Study**
M Aravind Venkat
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

15. **Nephrotic Syndrome Presenting as A Case of AL Amyloidosis**
Shantanu Gupta, Vijay Kumar Malviya, Navnit Kalam, Harswaroop Meena
ESIC Medical College and Hospital, Indore, Madhya Pradesh, India

16. **Silent Salt Sensitivity: A Case Report on Liddle's Syndrome**
Ekta Sharma, PK Agrawal
Katihar Medical College, Al-Karim University, Katihar, Bihar, India

17. **Clinical and Biochemical Predictors of Erythropoietin Resistance in Type 2 Diabetic Patients on Maintenance Hemodialysis**
Pranavesh V, Srinivasa SV, Prasanna Kumar, Lokesh
Junior Resident, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Professor, Head, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Associate Professor, Department of Nephrology, Sri Devaraj Urs Medical College, Kolar, Karnataka, India; Assistant Professor, Department of General Medicine, Sri Devaraj Urs Medical College, Kolar, Karnataka, India

18. **Unmasking the Thyroid–Kidney Axis: Thyroid Hormone Disruptions Across CKD Stages**
Yama Ramani Reddy[1], Anjaneya Prasad V[2]
Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India; Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna, Andhra Pradesh, India

19. **Clinico-demography of Chronic Kidney Disease in Migrant Returnees: A Descriptive Cross-sectional Study**
Bhandari P[1], Sharma S K[2], Maskey R[3], Uranw S[4]
Department of Internal Medicine, BP Koirala Institute of Health Sciences, Dharan, Nepal

20. **A Case of Rosai Dorfman Destombes Disease Presenting with Lupus Nephritis and Small Vessel Vasculitis**
Jagdeep Singh, Rakesh Sisodia, Avinash Balraj
Government Medical College, Ratlam, Madhya Pradesh, India

21. **A Study of Pulmonary Hypertension in Patients with CKD on Maintenance Hemodialysis**
Asodhi Sai Manisha, P Padmalatha, S Durga Prasad, G Manikanta
Government General Hospital, Ongole, Andhra Pradesh, India

22. **Too Salty, Too Late: A Rare Case of Extreme Postpartum Hypernatremia with Osmotic Injury**
Yeshavanth G, **Rohith C**
Department of General Medicine, SS Institute of Medical Sciences, Davangere, Karnataka, India

23. **Tropical Triggers of Acute Kidney Injury: A Clinico-etiological Study from Upper Assam**
Khan FA, Sonowal N, Gogoi N, Saikia N
Postgraduate Trainee, Department of Medicine, Jorhat Medical College, Jorhat, Assam, India; Professor, Department of Medicine, Jorhat Medical College, Jorhat, Assam, India; Assistant Professor, Department of Medicine, Jorhat Medical College, Jorhat, Assam, India; Assistant Professor, Department of Medicine, Jorhat Medical College, Jorhat, Assam, India

24. **Paraplegia as the Initial Presentation of Distal Renal Tubular Acidosis in a Patient with Sjögren Syndrome**
Harshadip Mondal, Rishi Tuhin Guria, Sujeet Marandi
Additional Professor, Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India; Associate Professor, Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India; Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

25. **Assessment of Quality of Life in Patients Undergoing Maintenance Hemodialysis Using KDQOL-SF36: A Cross-sectional Study of 100 Patients at a Tertiary Care Centre**
Sumita, Gaurav Vohra
INHS Asvini, Mumbai, Maharashtra, India

26. **A Rare Presentation of Multiple Myeloma in a 35-Year-Old Woman Masked as Vitamin D Deficiency Presenting with Generalized Body Ache**
Abdullah Hashmi

Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

27. **A Case of Pigment Nephropathy Secondary to Snake Bite**
Piyush Ghind, Vidya Nagar, Advait Mehendale
Department of General Medicine, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

28. **An Unusual Case of Rhabdomyolysis-Induced Acute Kidney Injury in the Setting of Statin Therapy**
Rukaiya Sarkar
Katihar Medical College, Katihar, Bihar, India

29. **A Rare Case of Renal Vein Thrombosis Secondary to Acute Pyelonephritis**
Mangiri Lohitha, Uma MA
Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

30. **Renal Tubular Acidosis–induced Hypokalemic Periodic Paralysis Mimicking Guillain–Barré Syndrome: A Diagnostic Challenge**
Abhishek Taya
Katihar Medical College, Katihar, Bihar, India

31. **Evaluation of Urinary Electrolytes and Fractional Excretion of Uric Acid in the Diagnosis and Differentiation of Hyponatremia Subtypes**
Vishwasraj HS, Manasa AS Gowda
Kempegowda Institute of Medical Sciences, Bengaluru, Karnataka, India

32. **A Plethora of Presentations in a Renal Transplant Recipient**
Saurabh Datta, SS Behra, D Mahapatra, S Kartik
Command Hospital Air Force, Bengaluru, Karnataka, India

33. **Renal Amyloidosis in the Young**
K. Pujita[1], K. Anjani A[2], K. Sudheer[3]
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

34. **A Study of Thyroid Function Test and Fasting Lipid Profile in Patients with Chronic Kidney Disease**
Sunkugari Sreeja[1], Uma MA[2]
Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

35. **Renal Vein Thrombosis Secondary to Acute Pyelonephritis: A Rare Case Report**
Christopher Samuel Nagesh Vunnam
Guntur Medical College, Guntur, Andhra Pradesh, India

36. **A Rare Case of Hypokalemia**
Chukthar Jamatia, Arindam Datta, Anirban Bhowmik, Sangita Choudhury, Niloy Gan Chaudhuri, Abhik Deb
Tripura Medical College and Dr BRAM Teaching Hospital, Agartala, Tripura, India

37. **Cerebrovascular Catastrophe in a case of Atypical Hemolytic Uremic Syndrome : A Rare Phenomenon**
A. Nair, H. Edakunnummel, A. Khandeparkar, D. Joshi
Goa Medical College Hospital, Goa, India

38. **Clinico-histopathological Spectrum of Native Kidney Biopsies: A Four-Year Study in a Tertiary Centre in Southern Odisha**
Kilaparthi Satya Krishna Yaswanth, SN Jali, Amalendu Jena
Department of General Medicine, MKCG Medical College and Hospital, Berhampur, Odisha, India; Department of Nephrology, MKCG Medical College and Hospital, Berhampur, Odisha, India

39. **Post Fish Bile–Induced Acute Kidney Injury**
Shweta Anand[1], Sudhir Kumar[2], Amit Kumar Mishra[3]
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

40. **Rare Association of Plummer–Vinson Syndrome with Primary Sjögren Syndrome**
Aditi Rana
Max Super Specialty Hospital, Saket, New Delhi, Delhi, India

41. **The Bent Bones of CKD: A Case of Long-Standing Growth Failure and Renal Rickets**
Nidhi Kumari
Junior Resident, Department of General Medicine, Patna Medical College and Hospital, Patna, Bihar, India

42. **TSC2–PKD1 Contiguous Gene Deletion Syndrome: A Rare Cause of Early-Onset Polycystic Kidney Disease**
Pranavi Jataprolu
Osmania General Hospital, Hyderabad, Telangana, India

43. **Hypokalemic Paralysis Unmasking Sjögren's Syndrome: A Rare Initial Presentation**
Lingireddy Priyanka, D V C Shoban Kumar, D Vijayalakshmi
Presenting Author, Mamata Medical College, Khammam, Telangana, India; Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India; Assistant Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India

44. **Not Just a Nosebleed: Two Months of Epistaxis Unmasking Granulomatosis with Polyangiitis**
Kranti Hiralal Lobhe
Yatharth Superspeciality Hospital, Greater Noida, Uttar Pradesh, India

45. **Etiology and Risk Factors for Acute Kidney Injury in Patients Admitted at a Tertiary Care Hospital in Eastern India: A Prospective Cohort Study**
Ashmita Giri
Ruby General Hospital, Kolkata, West Bengal, India

46. **Gitelman's Syndrome: A Rare Presentation**
Gajula Umesh Kumar
Kurnool Medical College, Kurnool, Andhra Pradesh, India

47. **Assessment of Adequacy of Hemodialysis**
Santosh Kumar Mishra
Military Hospital Devlali, Nashik, Maharashtra, India

48. **Recurrent Hypokalemic Metabolic Alkalosis with Hypomagnesemia: A Case of Renal Salt Wasting Tubulopathy in Adulthood**
Md Sawez, B Kumar, Gagan Gunjan
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

Neurology

1. **The Enigmatic Mind: A Rare Case of Non-paraneoplastic VGCC Antibody–Positive Autoimmune Limbic Encephalitis in a Young Female**
Jagadeesh Chandrasekaran, Vijayashankar, **Ritika Dwarak**, Vivekananth Subbiramaniyan
Apollo Main Hospitals, Chennai, Tamil Nadu, India

2. **Hirayama Disease: A Rare Cause of Distal Upper Limb Weakness in a Young Male**
S Raul, P Bhaumik, RK Debbarma, P Santoshi, AL Nath
Postgraduate Trainee, Department of General Medicine, Agartala Government Medical College and GB Pant Hospital, Agartala, Tripura, India; Professor, Department of General Medicine, Agartala Government Medical College and GB Pant Hospital, Agartala, Tripura, India; Professor, Department of General Medicine, Agartala Government Medical College and GB Pant Hospital, Agartala, Tripura, India; Senior Resident, Department of Radiodiagnosis, Tripura Medical College and Dr BR Ambedkar Memorial Teaching Hospital, Agartala, Tripura, India; Assistant Professor,

Department of Neurology, Agartala Government Medical College and GB Pant Hospital, Agartala, Tripura, India

3. **Ophthalmoplegia Under the Spotlight: Solving the Tolosa–Hunt Mystery**
Vasista Vishwa Sen Yerla, NVBK Sai, J Kavya, Aswani Kondapalli, Vinjamoori Venkata Sreekeerthan
South Central Railway Central Hospital, Secunderabad, Telangana, India

4. **Bright Tongue Sign: A Radiological Marker for Early Detection of Bulbar-Onset Amyotrophic Lateral Sclerosis**
Adrish Biswas, Rajesh Kumar, Sushil Kumar, Pradosh Kumar Sarangi
Junior Resident, Department of General Medicine, All India Institute of Medical Sciences, Deoghar, Jharkhand, India; Head of the Department, Department of General Medicine, All India Institute of Medical Sciences, Deoghar, Jharkhand, India; Assistant Professor, Department of General Medicine, All India Institute of Medical Sciences, Deoghar, Jharkhand, India; Assistant Professor, Department of Radiodiagnosis, All India Institute of Medical Sciences, Deoghar, Jharkhand, India

5. **An Interesting Case of Pain Abdomen**
GHG Prateek Varma
Sri Devaraj Urs Medical College, Kolar, Karnataka, India

6. **MOG Antibody Disease (MOGAD) Presenting with Bilateral Optic Neuritis in a Young Female**
D Majumder, V Jain, S Kumar
DNB Resident, Department of Internal Medicine, Manipal Hospital, Jaipur, Rajasthan, India; Head of the Department, Department of Internal Medicine, Manipal Hospital, Jaipur, Rajasthan, India; Head of the Department, Department of Neurology, Manipal Hospital, Jaipur, Rajasthan, India

7. **Congenital Myasthenic Syndrome (Fast Channel): A Disguise of NMJ Disorders**
Ramamoorthy Ponnusamy, Gouranga Santra, Alapan Paul, Nihal Ade
Purulia Government Medical College, Purulia, West Bengal, India; Professor and Head, Department of General Medicine, Purulia Government Medical College, Purulia, West Bengal, India; Consultant Neurologist; First-year Postgraduate Trainee

8. **Lafora Disease Among Two Sisters: An Ultra-Rare Neurodegenerative Disorder**
Ramamoorthy Ponnusamy, Gouranga Santra, Alapan Paul, Nihal Ade
Purulia Government Medical College, Purulia, West Bengal, India; Professor and Head, Department of General Medicine, Purulia Government Medical College, Purulia, West Bengal, India; Consultant Neurologist; First-year Postgraduate Trainee

9. **Uncommon Path, Common Emergency: Recurrent Stroke in a Male Patient with Probable Takayasu Arteritis Treated with Thrombolysis and Mechanical Thrombectomy**
Harimohan Sharma[1], Pratibha Gupt[2], Surya Narayan Sharma[3]
Apollo Hospital, Bengaluru, Karnataka, India

10. **A Case of Lead Toxicity Presenting as Young-Onset Motor Neuron Disease**
Shreya Jha, Nikhil Kumar, Bibhu Prasad, Ajay Kumar Sinha
Second-year Postgraduate Trainee, Department of General Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India; Senior Resident, Department of General Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India; Assistant Professor, Department of General Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India; Head, Department of General Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India

11. **Autoimmune Encephalitis: A Reversible Cause of Rapidly Progressive Dementia in the Elderly**
Sourabh Vijay Wergiya, Ajay Kumar Mishra, Kanishka Kumar, Kanishka Kumar
All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh, India

12. **Combined Central and Peripheral Demyelination (CCPD) with Mitochondrial Dysfunction in GBS Spectrum: A Rare Case Report**
Radha Agarwal, A Kumar, A Kumar
Rajendra Institute of Medical Sciences

13. **Atypical Presentation of Posterior Reversible Encephalopathy**
Shekar Elugala
GSL Medical College and General Hospital, Rajahmundry, Andhra Pradesh, India

14. **Unmasking Tuberous Sclerosis Complex in Adulthood: A Case of New-Onset Status Epilepticus with Undiagnosed Facial Angiofibromas**
Rameshwar Sanjay Sonawane, Nirmalkumar Rawandale
Shri Bhausaheb Hire Government Medical College, Dhule, Maharashtra, India

15. **Hereditary Cerebellar Degeneration: A Case of Spinocerebellar Ataxia**
Manik Garg, Sandeep Goyal
Junior Resident, Department of Medicine, Postgraduate Institute of Medical Sciences, Rohtak, Haryana, India; Senior Professor, Department of Medicine, Postgraduate Institute of Medical Sciences, Rohtak, Haryana, India

16. **The Hidden Hand Behind a Limbic Mystery**
Ashima K Thuruthayil
Government Medical College, Kottayam, Kerala, India

17. **An Unusual Neurological Manifestation of Acute Viral Hepatitis A: A Case of Opsoclonus Myoclonus Syndrome**
Neha Sharma, Vandana Garg
DNB Internal Medicine Resident (Third Year), Max Super Specialty Hospital, Vaishali, Ghaziabad, Uttar Pradesh, India; Senior Consultant, Department of Internal Medicine, Max Super Specialty Hospital, Vaishali, Ghaziabad, Uttar Pradesh, India

18. **Simultaneous Cerebral Arterial Infarction and Superior Sagittal Sinus Thrombosis in a Hypertensive Woman with Severe Iron-Deficiency Anemia: A Rare Case Report and Review of Literature**
Harshvardhan Bhamare, Subahana Nazir
Jagjivan Ram Railway Hospital, Mumbai, Maharashtra, India

19. **A Case of Recurrent Cerebrovascular Accident in Mixed Connective Tissue Disorder**
N Poojitha, M Sri Hari Babu
GSL Medical College and General Hospital, Rajahmundry, Andhra Pradesh, India

20. **Unmasking a Rare Neuroendocrine Complication in Lateral Medullary Syndrome: Diagnostic and Therapeutic Challenges**
Girin Ray
KPC Medical College, Jadavpur, Kolkata, West Bengal, India

21. **Stiff Person Syndrome: A Diagnostic Odessey**
Muralikrishnan RB
Government Medical College, Kottayam, Kerala, India

22. **X-Linked Recessive Diseases: Are Females Safe?**
Mayank Gupta, Ritu Jha, Swarupa Bansode
Junior Resident, Department of Internal Medicine, Sarvodaya Hospital and Research Institute; Head of the Department, Neurology, Sarvodaya Hospital and Research Institute; Associate Consultant, Neurology, Sarvodaya Hospital and Research Institute

23. **Generalized Tonic-Clonic Seizures in a Case of Primary Hypoparathyroidism: A Case Report**
Md Waquar Ahmad, PK Agrawal
Junior Resident, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India; Professor and Head, Department of Medicine, Katihar Medical College and Hospital, Katihar, Bihar, India

24. **Acute Cerebral Infarction Presenting with Triplegia**
Suraj Diwakar Punyaprediwar, Mahendra Chouhan, Asmita Dwivedi
Junior Resident (Third Year), Department of General Medicine, Government Medical College, Ratlam, Madhya Pradesh, India; Head of the Department, Department of Medicine, Government Medical College, Ratlam, Madhya Pradesh, India

25. **Beyond the Usual: Atypical Manifestation of Intracranial Tuberculoma in the Elderly**
Arkadeep Sarkar, Kaushik Saha, Jawed Ali Warsi, Supantha Bhattacharyya, Ayush Banerjee
KPC Medical College and Hospital, Kolkata, West Bengal, India

26. **The Patient with a Backward Heart and a Slowing Gait**
Sneha Susan Thomas, Ramakrishna
Junior Resident, Department of Medicine, Mandya Institute of Medical Sciences, Mandya, Karnataka, India; Associate Professor, Department of Medicine, Mandya Institute of Medical Sciences, Mandya, Karnataka, India

27. **A Worm Behind the Migraine: An Atypical Presentation of Neurocysticercosis**
Rishav Kumar, PK Agrawal
Department of Medicine, Katihar Medical College, Al-Karim University, Katihar, Bihar, India; Professor and Head, Department of Medicine, Katihar Medical College, Al-Karim University, Katihar, Bihar, India

28. **When the Triad Misleads: NMOSD Masquerading as Wernicke's Encephalopathy**
Debasis Dash
First-year Postgraduate Resident, Department of General Medicine, RSDKS Government Medical College, Ambikapur, Chhattisgarh, India

29. **When Weakness Follows Delivery: A Postpartum Case of Guillain–Barré Syndrome**
T Ghosh, S Ghosh, S Bhowmik
Department of General Medicine, Agartala Government Medical College and Govind Ballabh Pant Hospital, Agartala, Tripura, India; Division of Pharmaceutical and Fine Chemical Technology, Department of Chemical Technology, University of Calcutta, Kolkata, West Bengal, India

30. **30. A Rare Case of Cervical Cord Compressive Myelopathy with Coexisting Stocking–Glove Pattern Peripheral Neuropathy**
Kiran Nyamannavar, Mahendra Pratap
Junior Resident (Third Year), Department of General Medicine, Narayan Medical College and Hospital (NMCH), Sasaram, Bihar, India; Assistant Professor, Department of General Medicine, Narayan Medical College and Hospital (NMCH), Sasaram, Bihar, India

31. **Heterogeneity and Diagnostic Challenges in Guillain–Barré Syndrome: Insights from a Three-Case Series**
Nikhita Maddeti
Apollo Institute of Medical Sciences and Research

32. **Acute Subdural Hematoma: A Rare Presentation in Cerebral Venous Thrombosis**
Aditya Deoghare, Rakesh Kumar Sisodia, Avinash Balraj, Jagdeep Singh
Postgraduate Resident, Department of General Medicine, Government Medical College, Ratlam, Madhya Pradesh, India; Associate Professor, Department of General Medicine, Government Medical College, Ratlam, Madhya Pradesh, India; Assistant Professor, Department of General Medicine, Government Medical College, Ratlam, Madhya Pradesh, India; Postgraduate Resident, Department of General Medicine, Government Medical College, Ratlam, Madhya Pradesh, India

33. **Marchiafava–Bignami Disease in a Chronic Alcoholic: MRI Features and Diagnostic Challenges**
Chintaguntla Siva, Uma MA
Postgraduate, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India; Head of the Department, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

34. **Neurofibromatosis Type 1 Presenting with Headache and Periodic Limb Movements**
Emmadi Supreeth, Uma MA
Postgraduate, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India; Professor and Head, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

35. **A Rare Case of SLE Coexisting with Fahr Syndrome**
Abhishek Prashant, B Jha, V Murmu, Rakesh KS
Mahatma Gandhi Memorial Medical College and Hospital, Jamshedpur, Jharkhand, India

36. **When the Mind Speaks for the Immune System: A Case of Neuropsychiatric SLE in a Young Woman**
Sarath Gilbert Anjiparambil, SK Singh, Rashmi Sinha, NK Singh
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

37. **A Rare Case of Refractory Epilepsy: Rasmussen's Encephalitis in a Young Adult**
Moon Tiger, MK Prasad
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

38. **A Rare Case of Seronegative Paraneoplastic Limbic Encephalitis**
Greeshma Muvva[1], Sri Ramoju Premsagar[2]
Osmania Medical College, Hyderabad, Telangana, India

39. **Cerebellar Ataxia as the Presenting Feature of Hypothyroidism—A Rare but Reversible Manifestation: A Case Report**
Deepesh Kumar Ranasingh, Binod Manthan, SN Nayak
MKCG Medical College, Berhampur, Odisha, India

40. **An Interesting Case of Joubert Syndrome**
Mudragada Jayraj
Sri Devaraj Urs Academy of Higher Education and Research, Kolar, Karnataka, India

41. **The Left Pancoast Tumor Presenting with Acute Paraplegia in a 48-Year-Old Male: A Rare Manifestation of D1–D3 Vertebral Metastasis**
Uppara Nikitha, Yeshavanth G, Suman GR
Junior Resident, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Professor and Head, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Professor, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

42. **Neurological Wilson's Disease with Kayser–Fleischer Ring without Hepatic Involvement in an Adult Male**
Alaka Kumari, B Kumar, ML Prasad, G Gunjan
Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

43. **Rhino-cerebral Mucormycosis Masquerading as Bell's Palsy: A Rare Case Presentation**
Girish Thawani, Vivek Katiyar, Vishal Parmar, Aakash Garwal, Tauseef Khan
Department of General Medicine, Integral Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

44. **The Silent Side: A Case of Sudden-Onset Hemiplegia with Altered Sensorium**
Deepak Raj Rajavel, Umashankar R, Saketh Ramineni
Sree Balaji Medical College and Hospital, Chennai, Tamil Nadu, India

45. **Early-onset Parkinsonism as the First Manifestation of Wilson's Disease: A Case Report**
Sapna Kumari, Nikhil Kumar, Bibhu Prasad
Second-year Postgraduate Trainee, Department of Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India; Senior Resident, Department of Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India; Assistant Professor, Department of Medicine, Nalanda Medical College and Hospital, Patna, Bihar, India

46. **Artery of Percheron Stroke**
Deepak K
Government Medical College, Kottayam, Kerala, India

47. **Hirayama Disease: A Rare Disease with Atypical Features**
Subham Mondal, Santa Subhra Chatterjee, Sounak Kumar Roy
Postgraduate Trainee, Department of General Medicine, RKMSPVIMS, Kolkata, West Bengal, India; Associate Professor, Department of General Medicine, RKMSPVIMS, Kolkata, West Bengal, India; Postgraduate Trainee, Department of General Medicine, RKMSPVIMS, Kolkata, West Bengal, India

48. **Broken Bridge of the Brain: Marchiafava–Bignami Disease**
Ruchika Reddy
Malla Reddy Medical College for Women, Hyderabad, Telangana, India

49. **Seronegative, Nonthymomatous Myasthenic Crisis: Navigating Diagnosis in an Atypical Presentation**
MS Kunte, R Radhakrishnan, VS Nagar
Department of General Medicine, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

50. **Vitamin B12 Deficiency with SACD in the Absence of Hematological Manifestations**
B. Manohar Babu, N Raghavram
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

51. **Early Postpartum PRES with Isolated Brainstem Involvement**
Ch Abhishek, N Tarun Sai, K Vamsi Krishna, Sujana Gogineni
Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Chinna Avutapalli, Andhra Pradesh, India

52. **Monoplegia as an Atypical Initial Presentation of Cerebral Toxoplasmosis in an Untreated HIV Patient**
Aadit Krishna, Rahul Radhakrishnan, Vidya S Nagar
Department of General Medicine, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

53. **A Cross-Sectional Study on the Prognostic Significance of Serum Ferritin in Patients with Acute Ischemic Stroke**
Rekam Anusha, Uma MA
Postgraduate, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India; Professor and Head, Department of General Medicine, PES Institute of Medical Sciences and Research, Kuppam, Andhra Pradesh, India

54. **Intramedullary Spinal Tuberculoma: A Diagnostic Enigma**
P Kumari, R Guria, S Marandi, R Prasad, A Abhishek
Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

55. **From Hiccups to Paraparesis: An Overlooked Presentation of AQP4-positive NMOSD**
Manvi Sharma, Ajay Jaryal, Kapil Sharma
All India Institute of Medical Sciences, Bilaspur, Himachal Pradesh, India

56. **A Puzzling Paralysis**
Kasturi Kabiraj, Mahuya Bhattacharyya, Sitansu Sekhar Nandi, Mithun Chaudhuri
Third-year DNB Medicine Postgraduate Trainee, Manipal Hospital (AMRI), Kolkata, West Bengal, India; Senior Critical Care Consultant and Physician, Manipal Hospital (AMRI), Kolkata, West Bengal, India; Consultant Neurologist, Manipal Hospital (AMRI), Kolkata, West Bengal, India; Consultant Radiologist, Manipal Hospital (AMRI), Kolkata, West Bengal, India

57. **A Rare Case of Creutzfeldt–Jakob Disease**
S Pranathi, S Rajendra Prasad, S Prem Sagar
Osmania Medical College and General Hospital, Hyderabad, Telangana, India

58. **Tolosa–Hunt Syndrome: A Rare Case Report**
B Deepika, S Rajendra Prasad, S Prem Sagar
Osmania Medical College and General Hospital, Hyderabad, Telangana, India

59. **CNS Vasculitis Mimicking Infectious Encephalitis and Recurrent Stroke in a Young Female**
Divya Debashis Panigrahi, Samir Sahu, Aswini Sahoo
IMS and SUM Hospital, Bhubaneswar, Odisha, India

60. **Dyke–Davidoff–Masson Syndrome: A Rare Neurological Condition**
Pinkey Singh
MGM Medical College, Kolhan University, Jamshedpur, Jharkhand, India

61. **Ataxia Telangiectasia Presenting with Recurrent Pulmonary Infections: A Clinical Case Report**
S Kumari[3], A Dungdung, ML Prasad[3], S Kapoor[4]
Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

62. **When the Triad Misleads: NMOSD Masquerading as Wernicke's Encephalopathy**
Debasis Dash
First-year Postgraduate Resident, Department of General Medicine, RSDKS Government Medical College, Ambikapur, Chhattisgarh, India

63. **Anti-Yo–Associated Paraneoplastic Neuropathy Presenting as CIDP: A Diagnostic Challenge**
D Suneel, V Srikanth
Third-year Postgraduate, Apollo Institute of Medical Sciences and Research, Andhra Pradesh, India; Associate Professor, Apollo Institute of Medical

Sciences and Research, Andhra Pradesh, India

64. **Mitochondrial Neurogastrointestinal Encephalomyopathy (MNGIE) in a Young Adult: A Case Report**
Prem Kumar, Rajesh Kumar
Junior Resident, Department of General Medicine, All India Institute of Medical Sciences, Deoghar, Jharkhand, India; Professor and Head, Department of General Medicine, All India Institute of Medical Sciences, Deoghar, Jharkhand, India

65. **Beyond Hemiplegia: Central Stroke Manifesting as Exclusive Upper Limb Motor Weakness**
BSV Sai Harshitha, E Sireesha
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

66. **Study of Correlation between Serum Cortisol and Early Stroke Outcome in Patients with Non-hemorrhagic Stroke**
A Chakraborty, A Jha
Dr DY Patil Medical College, Hospital and Research Centre, Pune, Maharashtra, India

67. **Isolated Left Gaze Palsy: An Atypical Presentation of Tubercular Meningitis**
Vidyacharan, AK Mishra, A Tiwari, K Kumar, BK Chaudhary, P Budhwani

68. **The Great Mimicker: When Myasthenia Gravis Presents as Guillain–Barré Syndrome—A Diagnostic Trap Unveiled**
T Thamizharasan, T Saravanan, R Balakrishnan
PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

69. **Hidden in Tendons, Revealed in the Brain—Unveiling a Treatable Case of Neurometabolic Disorder: A Case Report**
Dolly Sri Amritha Ghantasala[1], Suneel Nayak[2]
First-year Postgraduate, Government General Hospital, Srikakulam, Andhra Pradesh, India; Head of the Department, Government General Hospital, Srikakulam, Andhra Pradesh, India

70. **Morvan's Syndrome with CASPR (Strongly Positive) and LGI (Positive)**
VB Deepak
Sri Sathya Sai Sarla Memorial Hospital

71. **Chronic Sensory–Motor Axonal Neuropathy: A Rare Case of Nodopathy**
Gorantla Raju, Kotagiri Vamsi Krishna, Sujana Gogineni, Anjaneya Prasad
Second-year Postgraduate, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India; Professor, Department of Neurology, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India; Associate Professor, Department of Neurology, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India

72. **Abdominal Cutaneous Nerve Entrapment Syndrome: A Commonly Overlooked Cause of Abdominal Pain**
N Pravallika, G Eswar, I Lavanya Sri
Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Vijayawada, Andhra Pradesh, India

73. **Neither Stroke nor Epilepsy: It's CMTX1—A Sibling Surprise!**
Meher Mehdiratta,
Sankalp Surya Mohan

74. **Stroke in the Young: An Uncommon Manifestation of Factor V Leiden Mutation with Protein S Deficiency**
Mallela Bhavana,
Posina Veera Venkata Satyanarayana, Nimmagadda Viraja
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Assistant Professor, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

75. **A Study on the Clinico-etiological Profile of Patients Presenting with Stroke Mimics to the Emergency Department at MGM Hospital**
Avula Pranathi
Kakatiya Medical College and MGM Hospital, Warangal, Telangana, India

76. **Normal Pressure Hydrocephalus: A Cause of Reversible Dementia**
Avuthu Hemanjali
Dr D Y Patil Medical College, Hospital and Research Center, Dr D Y Patil Vidyapeeth, Pune, Maharashtra, India

77. **Hirayama Disease in a 25-Year-Old Male Presenting with Progressive Distal Upper Limb Weakness: A Clinical, Electrophysiological, and Radiological Correlation**
Shahfahad Ahmed, Surendra Kumar

78. **When Sensation Fades: A Subtle Stroke in the Shadows**
Poulami Das, Avas Chandra Ray, Md Jawed Ali Warsi, Vivek Paul Chowdhury, Soumyadeep Maity
KPC Medical College and Hospital, Kolkata, West Bengal, India

79. **Beyond Demyelination: A Tale of Two Nodopathies**
Monika Vardiyani, Sujoy Mukherjee, Sitanshu Shekhar Nandi, Suchanaa Roy
Postgraduate Trainee, Department of Medicine, Calcutta Medical Research Institute, Kolkata, West Bengal, India; Head, Department of General Medicine, Calcutta Medical Research Institute, Kolkata, West Bengal, India; Consultant Neurologist, Calcutta Medical Research Institute, Kolkata, West Bengal, India

80. **Normal Pressure Hydrocephalus: A Reversible Cause of Dementia**
Avuthu Hemanjali, Vijaya Shree Gokhale, Sangram S Mangudkar, Satbir Kaur Malik
Junior Resident, Department of Medicine, Dr D Y Patil Medical College, Hospital and Research Center, Dr D Y Patil Vidyapeeth, Pune, Maharashtra, India; Professor and Head of Unit, Department of Medicine, Dr D Y Patil Medical College, Hospital and Research Center, Dr D Y Patil Vidyapeeth, Pune, Maharashtra, India; Professor, Department of Medicine, Dr D Y Patil Medical College, Hospital and Research Center, Dr D Y Patil Vidyapeeth, Pune, Maharashtra, India; Assistant Professor, Department of Medicine, Dr D Y Patil Medical College, Hospital and Research Center, Dr D Y Patil Vidyapeeth, Pune, Maharashtra, India

81. **Cerebral Sinus Venous Thrombosis with Subarachnoid Hemorrhage: A Case Report**
Muddannuru Yadunandan,
P Rajasekhar, V Blessy Manohar, G Ramaiah, G Esther Rani
Department of General Medicine,

Kurnool Medical College, Kurnool, Andhra Pradesh, India

82. **Autoimmune Inflammatory Myositis Presenting as a Diagnostic Dilemma: An Atypical Multisystem Presentation**
Rahul Hussain
Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

83. **The Left Pancoast Tumor Presenting with Acute Paraplegia in a 48-Year-Old Male: A Rare Manifestation of D1–D3 Vertebral Metastasis**
Uppara Nikitha, Yeshavanth G, Suman GR
Junior Resident, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Professor and Head, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India; Professor, Department of General Medicine, SS Institute of Medical Sciences and Research Centre, Davangere, Karnataka, India

84. **Seeing without Sight: Anton–Babinski Syndrome, a Rare Presentation of Posterior Circulation Stroke with Left Hypoplastic Vertebral Artery**
Chandan Kumar
Junior Resident, Department of General Medicine, Patna Medical College and Hospital, Patna, Bihar, India

85. **Acute-Onset CIDP with Neurofascin-186 Antibody Positivity Mimicking GBS: A Case Report and Review of Therapeutic Implications**
Puneet Kumar Paswan
Patna Medical College and Hospital, Patna, Bihar, India

86. **Cranial Dystonia–Driven TMJ Dislocation in Risperidone-induced Parkinsonism: A Case Report**
Mesa Navya
Osmania General Hospital, Osmania Medical College, Hyderabad, Telangana, India

87. **A Case Report on a 28-Year-Old Male with Morvan Syndrome**
Akash Kumar
Patna Medical College and Hospital, Patna, Bihar, India

88. **A Case of Adrenoleukodystrophy with a Rare Genetic Mutation**
Raj Prateek
Patna Medical College and Hospital, Patna, Bihar, India

89. **Tolosa–Hunt Syndrome: A Case Report of a 41-Year-Old Male Presenting With Unilateral Ptosis Associated with Severe Pain**
Alka Sinha, Munish Kumar, Kaushal Kishore
Department of General Medicine, Patna Medical College and Hospital, Patna, Bihar, India

90. **Unmasking Immune-mediated Encephalitis: Insights from a Case Series**
Kumar Shavik
Patna Medical College Hospital, Patna, Bihar, India

91. **Biotin–Thiamine Responsive Basal Ganglia Disease: A Treatable Neurometabolic Encephalopathy**
Mayank Raj
Patna Medical College and Hospital, Patna, Bihar, India

92. **Metronidazole-induced Encephalopathy: A Rare but Reversible Neurotoxic Complication**
Sushant Bhardwaj
Patna Medical College and Hospital, Patna, Bihar, India

93. **Adult-Onset Rasmussen Encephalitis: A Rare Case**
Ashish Pany, SK Jangid, B Samantaray
Hi-Tech Medical College and Hospital, Bhubaneswar, Odisha, India

94. **Weber Syndrome—A Rare Neurological Complication: A Case Report**
Arnab Mukherjee
Gouri Devi Institute of Medical Sciences and Hospital, Durgapur, West Bengal, India

95. **Prognostic Role of CRP in Acute Ischemic Stroke**
Vaibhav Singh
Lord Buddha Koshi Medical College, Saharsa, Bihar, India

96. **Parry–Romberg Syndrome: A Rare Neurocutaneous Cause of Progressive Facial Hemiatrophy**
Rishu Raj, Vijay Achari, Somya Katyayane, Shavik
Department of General Medicine, Patna Medical College and Hospital, Patna, Bihar, India

97. **When Paralysis Speaks First: Acute Quadriparesis Unmasking Colon Cancer—A Paraneoplastic Neuropathy**
Bathula Ajay Kumar, L Suneel Kumar
Gandhi Medical College, Hyderabad, Telangana, India

98. **From Measles to Mind Loss: A Rare Case Report of Subacute Sclerosing Panencephalitis (SSPE)**
Rishu Kumar
Patna Medical College and Hospital, Patna, Bihar, India

99. **Recurrent Headache With Diplopia: A Case Report of Recurrent Painful Ophthalmoplegic Neuropathy**
Akshay Rawat
Yatharth Superspeciality Hospital, Greater Noida, Uttar Pradesh, India

100. **A Frozen Face, an Immune Race: A Case of Facial Diplegia**
Porika Sriram, L Suneel Kumar
Gandhi Medical College, Hyderabad, Telangana, India

101. **A Rare Case of Tuberous Sclerosis Presenting with Diplopia**
C Naga Shashi Pranay Reddy, D Sreeramulu, S Lakshmi Bai, Seema Nilofer, D Suryakala, Kiran Durga Prasad
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

102. **The Story of Groan and Grimace—A Case of Complex Dystonia**
Modini Sai Preethi, L Suneel Kumar
Gandhi Medical College, Hyderabad, Telangana, India

103. **Management of Spontaneous Intracerebral Hematoma**
Shyam Sunder
Jeevandan Health Hospital, India

104. **Progressive Distal Weakness with Pes Cavus in a Young Female: A Case of Charcot–Marie–Tooth Disease IIa**
Patna Medical College and Hospital, Patna, Bihar, India

105. **When Proximal Weakness Tells a Systemic Story: A Case of Dermatomyositis**
Md Asif Nawaz
Patna Medical College and Hospital, Patna, Bihar, India

106. **Cerebrotendinous Xanthomatosis: Clinical Profiles of Two Adult Cases with Unusual Presentation**
PR Prajapati, R Punj, NK Soni, C Gupta.
Yatharth Superspeciality Hospital, Greater Noida, Uttar Pradesh, India

107. **Guillain-Barré Syndrome Triggered by Concurrent Tubercular and Pyogenic Meningitis: One Battle After Another**
A Chandra, P Jain, N. Pasricha
University College of Medical Sciences and Guru Teg Bahadur Hospital, New Delhi, India

108. **Acute-onset Symmetric Spastic Paraplegia Secondary to Ischemic Myelopathy in A Patient with Hereditary Thrombophilia**
A Chaitanya Lakshmi, L Suneel Kumar
Gandhi Medical College, Secunderabad, Telangana, India

109. **Correlation of Serum Vitamin D Levels with Severity and Prognosis of Acute Ischemic Stroke**
Rakhshanda Khatoon
JLNMCH

110. **A Rare Neurological Sequel: Mumps-induced Guillain-Barré Syndrome in An Elderly Female**
Kumar Ravi
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

111. **Beyond Seizures: Neurocysticercosis Presenting with Multiple Cranial Nerve Palsies**
Vemireddy Sai Chandana, L Suneel Kumar
Gandhi Medical College, Hyderabad, Telangana, India

Obesity and Metabolic Disorders

1. **The Silent Metabolic Trap: Hypoglycemia as the Only Warning**
K Priyadarshini, Tolstoy, Saravanan T

2. **Metabolic Benefits of Fortified Sugar in People With and Without Type 2 Diabetes: A 6-Month Randomized Cross-Over Study**
Sailesh Lodha, Krishna Kumar Sharma, Himanshu Bhardwaj, Vishnu Natani
Eternal Hospital, Jaipur, Rajasthan, India; LBS College of Pharmacy, Jaipur, Rajasthan, India

3. **Prevalence of Sarcopenic Obesity in Patients with BMI > 23 kg/m^2 and Its Association with Diabetes Mellitus, Dyslipidemia, and Hypertension**
Himanshu Sekhar Panda
Department of General Medicine, All India Institute of Medical Sciences, Vijaypur, Jammu and Kashmir, India

4. **Comparative Utility of Waist Circumference and Waist-to-Height Ratio in Screening for Abdominal Obesity in Indian Type 2 Diabetes Mellitus Patients: A Post-hoc Analysis From the NOVELTY Study**
A S Prakash, Rutul Gokalani, Richa Chaturvedi, Rahul Iyer, Amarnath Sugumaran
Dr Prakash Diabetes Specialty Centre, Patna, Bihar, India; AHC Diabetes Clinic, Ahmedabad, Gujarat, India; Advance Centre for Obesity, Diabetes, and Endocrinology (ACODE), Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, Delhi, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

5. **Impact of BMI and Waist-to-Height Ratio on Glycemic Response in Indian Type 2 Diabetes Patients: *Post hoc* Analysis From the NOVELTY Study**
Rutul Gokalani, Richa Chaturvedi, Saranraj Kamaraj, Rahul Iyer, Amarnath Sugumaran
AHC Diabetes Clinic, Ahmedabad, Gujarat, India; Advance Centre for Obesity, Diabetes, and Endocrinology (ACODE), Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, Delhi, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

6. **Age-stratified BMI Analysis of Indian Type 2 Diabetes Mellitus Patients from the NOVELTY Real-World Study: A *Post hoc* Analysis**
Richa Chaturvedi, Rutul Gokalani, Saranraj Kamaraj, Rahul Iyer, Amarnath Sugumaran
Advance Centre for Obesity, Diabetes, and Endocrinology (ACODE), Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, Delhi, India; AHC Diabetes Clinic, Ahmedabad, Gujarat, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

7. **Unmasking Hidden Abdominal Obesity in Indian Type 2 Diabetes Mellitus Patients: A Post-hoc Analysis from the NOVELTY Study**
Sajjad Ahsan, Rutul Gokalani, Richa Chaturvedi, Rahul Iyer, Amarnath Sugumaran
Diabetes Thyroid and Endocrine Clinic, Patna, Bihar, India; AHC Diabetes Clinic, Ahmedabad, Gujarat, India
Advance Centre for Obesity, Diabetes, and Endocrinology (ACODE), Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, Delhi, India; Medical Affairs, Cipla Ltd, Mumbai, Maharashtra, India

8. **Statin-Induced Myopathy: When Cholesterol Falls and Muscle Fails—A Case Report**
Vadthyavath Bharathi, P Rajasekhar, Blessy Manohar, G Ramaiah, G Esther Rani
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

9. **Obesity, Metabolic Syndrome, and Insulin Resistance: Interlinked Epidemics in Modern Health**
Jagadeesh Beerannawar
Ballari Medical College and Research Centre, Ballari, Karnataka, India

Poisoning and Toxicology

1. **Kounis Syndrome: The Heart's Allergic Reaction**
Bhagath Kumar V[1], Umesh G Rajoor[2]
Koppal Institute of Medical Sciences, Koppal, Karnataka, India

2. **Status Epilepticus and SVT with Aberrancy following Thiamethoxam Ingestion: Expanding the Spectrum of Neonicotinoid Toxicity—A Rare Case Report**
Vijayakumar YA, Umesh G Rajoor
Koppal Institute of Medical Sciences, Koppal, Karnataka, India

3. **A Case of Severe Myocarditis Due to Self-Harm by Aluminum Phosphide Ingestion**
Ananthakrishnan R Rajput[1], Sambyal BS[2], Rakesh Yadav[3]
INHS Asvini, Mumbai, Maharashtra, India

4. **Fatal Dose of Ignorance: Methotrexate—A Curse in Disguise**
Sai Vishnu Battu, Anjaneya Prasad V
Second-year Postgraduate, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India

5. **Acute Hepatic and Renal Failure in a Patient with Yellow Oleander Poisoning: A Rare Case Report**
Abhishek Garg, J Kumar
Postgraduate Resident (Third Year), Department of General Medicine, Narayan Medical College and Hospital (NMCH), Jamuhar, Sasaram, Rohtas, Bihar, India; Professor and Head, Department of General Medicine, Narayan Medical College and Hospital (NMCH), Jamuhar, Sasaram, Rohtas, Bihar, India

6. **Breaking the Deadlock: Effective Treatment for Yellow Phosphorus Poisoning**
B Kurjekar, T Pisal, P. Gupta
Jagjivan Ram Railway Hospital, Mumbai, Maharashtra, India

7. **A Hidden Toxin: Paralytic Shellfish Poisoning Mimicking Neurological Disease**
Bhushan Kurjekar, Trupti Pisal, Preeti Gupta
Jagjivan Ram Railway Hospital, Mumbai, Maharashtra, India

8. **A Case of Methylene Blue–Induced Hemolytic Anemia in a G6PD-Sufficient Patient with Toxin-Induced Methemoglobinemia**
Sri Sai Naga Aneesh Thatavarthy, Ravala Siddeswari
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju

Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

9. **Scorpion Envenomation–Associated Myocarditis**
Vaibhav Tripathi, Preeti Kori, Sohan Singh Mandloi
Government Medical College, Ratlam, Madhya Pradesh, India

10. **Clinical Spectrum and Management of Paraquat Poisoning: A Case Series of 10 Patients from a Tertiary Care Center**
Asmita Dwivedi, Mahendra Chouhan, Suraj Punyaprediwar
Government Medical College, Ratlam, Madhya Pradesh, India

11. **Neurotoxic Snakebite with Unexpected Hypokalemia: A Rare Case**
Nikhil Lade, B Jha, SK Pandey, Rea Prakash
Mahatma Gandhi Memorial Medical College and Hospital, Jamshedpur, Jharkhand, India

12. **Datura Poisoning Masquerading as Meningoencephalitis: A Case Series of Foodborne Anticholinergic Toxicity**
Jerin Varghese, Anees CK, Melvin C Anto, Sruthakeerthi RN
Postgraduate Resident, Department of General Medicine, Dr Moopen's Medical College, Wayanad, Kerala, India; Associate Professor, Department of General Medicine, Dr Moopen's Medical College, Wayanad, Kerala, India; Assistant Professor, Department of General Medicine, Dr Moopen's Medical College, Wayanad, Kerala, India; Assistant Professor, Department of General Medicine, Dr Moopen's Medical College, Wayanad, Kerala, India

13. **Prognostic Value of Serum Creatine Phosphokinase Levels in Organophosphorus Poisoning**
Uma Vyshnavi Allika
Great Eastern Medical School and Hospital, Srikakulam, Andhra Pradesh, India

14. **Sting to Stroke: A Rare Presentation of Honey Bee Sting Causing Acute Ischemic Stroke**
Sabarish Kumar S[1], Srinivasa M[2]
Kamakshi Hospital, Mysuru, Karnataka, India

15. **Fulminant Multi-Organ Failure Following Multiple Wasp Stings: A Rare Case Report**
Vardhanapu S Ch Swaroop, G Srinivas
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

16. **Serum CPK as an Early Predictor of Outcomes in Organophosphorus Toxicity**
Pavarala Kalyan, Anjaneya Prasad V
Second-year Postgraduate, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Krishna District, Andhra Pradesh, India

17. **Snake Envenomation Complicated into a PRESing Case**
NS Sriprada, Vedavathi R, Nithin K
Kempegowda Institute of Medical Sciences Hospital and Research Centre, Bengaluru, Karnataka, India

18. **The Unforeseen Challenge: Atypical Course of Organophosphate Poisoning and Intensive Care Triumph**
Shaik Shabana Kousar, D Srinivasa Rao, E Sireesha
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

19. **A Study on Red Cell Distribution Width as a Predictor for Ventilatory Support and Mortality in Patients with Organophosphate Poisoning**
Lingampalli Geethika, K Leelaprasad Babu
Government General Hospital, Kadapa, Andhra Pradesh, India

20. **Neuropathy Following Organophosphate Poisoning**
Anupam Dungdung
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

21. **Misleading Presentations of Chronic Lead Exposure: A Longitudinal Case Report**
Nusrat Sayed, Supreeth K, Suraj BM, Harsha N S
Bhagwan Mahaveer Jain Hospital, Bengaluru, Karnataka, India

22. **A Cross-Sectional Study on Serum Magnesium Levels in Alcohol Withdrawal Syndrome**
V Anjayaneya Prasad, S Krishna Hamsini
Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Andhra Pradesh, India

23. **Severe Acute Isoniazid Poisoning in a young male: Clinical, Biochemical and Therapeutic Challenges**
Akshaya Kumar Balagopal
Madras Medical College, Chennai, Tamil Nadu, India

24. **IVIG (Immunoglobulins) Treatment for ASV (Anti-Snake Venom)–Resistant Thrombocytopenia Following Viper Bite: A Rare Case**
Sirpa Venu Gopal
Government General Hospital, Nizamabad, Telangana, India

25. **Paraquat Toxicity Complicated by Spontaneous Pneumothorax: A Rare Presentation of Daisley–Barton Syndrome**
Pullaiahgari Pravalika Reddy, K Siva Rama Krishna, K Umavani Hiranmayee
Resident, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India; Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India; Associate Professor, Department of General Medicine, Mamata Medical College, Khammam, Telangana, India

26. **26. Phenytoin as the Silent Masquerade of Chronic Cerebellar Atrophy**
Sai Geethika Mallempati
Mamata Medical College, Khammam, Telangana, India

27. **Locked-In Syndrome Following Neurotoxic Krait Bite: An Atypical Presentation**
Bandari Rahul Sai
Mamata Medical College, Khammam, Telangana, India

Pulmonology

1. **A Little More Than Just Air and Fluid: An Uncommon Case of Hydropneumothorax**
V Raj, S Datta
Maharaja Jitendra Narayan Medical College and Hospital, Cooch Behar, West Bengal, India

2. **Marrowly Caught: TB Beneath the Surface**
Madhav Bhardwaj, Aslam S, Ashwin

MS Ramaiah Medical College, Bengaluru, Karnataka, India

3. **Organizing Pneumonia as a Pulmonary Manifestation of JAK2-Negative Polycythemia: A Rare Case Report**
Chavala Rahul, A T Mishra
Second-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

4. **The Stiff Lung Syndrome after Stem Cell Transplant: A Case of Pleuroparenchymal Fibroelastosis**
Salha Salam, Aparna S Nirmal, Praveen Valsalan, Shone P James, Mobin Paul
Department of Pulmonology, Aster Medcity, Kochi, Kerala, India

5. **Study of Serum Electrolytes in Acute Exacerbation of COPD**
Y Vamsi Krishna, G Sadasivaiah
Postgraduate, Department of General Medicine, Apollo Institute of Medical Sciences and Research, Chittoor, Andhra Pradesh, India; Professor, Department of General Medicine, Apollo Institute of Medical Sciences and Research, Chittoor, Andhra Pradesh, India

6. **An Observational Study on the Clinicopathological Profile of Patients with Primary Lung Cancer Treated at Railway Hospital, Perambur**
Sakthimurugan R, Rubavahini N, Arunkumar G, Radhavijayaragavan
Southern Railway Headquarters Hospital, Perambur, Tamil Nadu, India

7. **Waist–Height Ratio vis-a-vis Body Mass Index for Prediction of Cardiovascular Complications in People with Diabetes at a Medical College of Eastern India**
Sunita Roy, U K Paul
Junior Resident (Second Year), Department of General Medicine, Mata Gujari Memorial Medical College and LSK Hospital, Bihar, India; Professor and Head, Department of General Medicine, Mata Gujari Memorial Medical College and LSK Hospital, Bihar, India

8. **The Use of SMART-COP Score in Predicting Severity among Patients with Community-Acquired Pneumonia in a Tertiary Care Centre of Southern India**
Amitesh Pahari, Nitin Bhat
MD Postgraduate Resident (Third Year), Department of General Medicine, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India; Associate Professor, Department of General Medicine, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India

9. **A Pleural Puzzle: Primary Pleural Diffuse Large B-Cell Lymphoma Presenting as Refractory Massive Effusion**
Anwika Das
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

10. **Double Insult with Antitubercular Therapy: A Rare Case of Rifampicin-Induced Acute Kidney Injury and Thrombocytopenia**
D Mohanasundharam, Kunal, Sudeep Prakash, Manish Manrai, Divya Gupta
Resident Internal Medicine, Department of Medicine, Command Hospital, Lucknow, Uttar Pradesh, India; Assistant Professor, Department of Respiratory Medicine, Command Hospital, Lucknow, Uttar Pradesh, India; Nephrologist and Assistant Professor, Department of Medicine, Command Hospital, Lucknow, Uttar Pradesh, India; Gastroenterologist and Head of the Department, Department of Medicine, Command Hospital, Lucknow, Uttar Pradesh, India; Assistant Professor, Department of Pathology, Command Hospital, Lucknow, Uttar Pradesh, India

11. **A Case of Mediastinal Lymphadenopathy Presenting as Vocal Cord Palsy**
Pudipeddi Sujan, Kunal Kumar, Manish Manrai, Kavita Manrai
Command Hospital (Central Command), Lucknow, Uttar Pradesh, India

12. **A Case of Sudden-Onset Massive Pericardial Effusion with Right-Sided Infective Endocarditis and Multiple Pulmonary Septic Emboli**
Jyoti Verma, Upendra, Inderjeet Singh
Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, Uttar Pradesh, India

13. **A Case of Tropical Pulmonary Eosinophilia with Pronounced Blood Eosinophilia**
Suraj Kumar
Patna Medical College and Hospital, Patna, Bihar, India

14. **Role of Non-Invasive Ventilation in Acute Exacerbation of COPD**
Prince Raj
Bhagwan Mahavir Institute of Medical Sciences, Nalanda, Bihar, India

15. **NOVA-MH: National Observational Study on the Prevalence and Trends of Chronic Mucus Hypersecretion in Outpatient Care**
Nikita V Lakkundi, Jay Savai, Kapil Dev Mehta
JB Pharma, Mumbai, Maharashtra, India

Rheumatology

1. **Takayasu's Arteritis: Case Report and a Brief Review**
Syed Arshad Hussain
Trauma Hospital Pattan, DHSK, Jammu and Kashmir, India

2. **From Septic Thrombophlebitis to Autoimmunity: Lemierre-like Onset of Antiphospholipid Syndrome**
Edwin George Pullan, Geetha Mary Phillips, Deepak Charles, Joe Thomas
Aster Medcity, Kochi, Kerala, India

3. **Deceptive Cutaneous Clues and Deeper Battles**
Kausar Rawani, Gunjan Kumar
JLN Hospital and Research Centre, Bhilai, Chhattisgarh, India

4. **Systemic Lupus Erythematosus with Lupus Nephritis and Posterior Reversible Encephalopathy Syndrome in a Patient with Down Syndrome: A Rare Case**
Aswani Kondapalli, NVBK Sai, Jyothsna Ch, Vinjamoori Venkata Sreekeerthan, Vasista Vishwa Sen Yerla
SCR Central Hospital, Lallaguda, Secunderabad, Telangana, India

5. **Albumin Infusion Unmasking Lupus Nephritis: A Case of Thrombosis Correlated with Hypoalbuminemia**
Neha Raj
All India Institute of Medical Sciences, Patna, Bihar, India

6. **Beyond Idiopathic PAH: Unmasking an Autoimmune Overlap Syndrome**
Chathur Agnivesh Balaji, Renoy Henry, Ann Mary, Sanjeev Mathew
Amrita School of Medicine, Kochi, Kerala, India

7. **IgG4-related Hypophysitis: A Case Report**
Tanvee Pund, Rahul Shingne, Mahesh Chavan, Akshay Challani
DNB Resident, Department of Internal Medicine, Apollo Hospitals, Navi Mumbai, Maharashtra, India; Consultant Endocrinologist, Apollo Hospitals, Navi Mumbai, Maharashtra, India; Consultant Physician and Intensivist, Apollo Hospitals, Navi Mumbai, Maharashtra, India

8. **Drug-Induced Lupus Precipitating Hemophagocytic**

Lymphohistiocytosis in a Young Woman with Familial ITP: A Rare Autoimmune Collision
Ashish Gupta, Vandana Garg, Sohan Biswas, Anya Kapoor, Ajay Krishnan
Senior consultant, Department of Internal Medicine, Max Superspeciality Hospital, Vaishali, Ghaziabad, Uttar Pradesh, India; DNB Junior Resident (Third Year), Department of Internal Medicine, Max Superspeciality Hospital, Vaishali, Ghaziabad, Uttar Pradesh, India; DNB Junior Resident (First Year), Department of Internal Medicine, Max Superspeciality Hospital, Vaishali, Ghaziabad, Uttar Pradesh, India

9. **Therapeutic Response to Rituximab in Bullous Systemic Lupus Erythematosus Unresponsive to Conventional Immunosuppressants**
S Jilani, A Dungdung, ML Prasad, S Kapoor
Department of Medicine, Rajendra Institute of Medical Sciences, Ranchi, Jharkhand

10. **Systemic Lupus Erythematosus Presenting as Hemophagocytic Lymphohistiocytosis: A Rare and Life-Threatening Autoimmune Association**
Karthik I Prasanta Dihingia, Rima Moni Doley Duncan Khanikar, Enam Murshed khan
Assam Medical College, Dibrugarh, Assam, India; Dibrugarh Cancer Centre, Dibrugarh, Assam, India

11. **Protein-losing Enteropathy as a Rare Initial Manifestation of Systemic Lupus Erythematosus**
Harshit Kumar, Ajay Kumar Mishra, Kanishka Kumar, Brijesh Kumar Choudhary
Department of Medicine, All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh, India

12. **Gigantic Clues, Misleading Muse: A Skeletal Riddle that Mimicked Acromegaly**
O Shirodkar, G Nilajkar
Goa Medical College and Hospital, Goa, India

13. **Takayasu Arteritis in a Young Male**
Shahtaj Alam, Spandan Bhadury, Kaustav Bhowmick
Junior Resident, Department of Medicine, North Bengal Medical College and Hospital, Darjeeling, West Bengal, India; Professor, Department of Medicine, North Bengal Medical College and Hospital, Darjeeling, West Bengal, India; Assistant Professor, Department of Medicine, North Bengal Medical College and Hospital, Darjeeling, West Bengal, India

14. **Granulomatosis with Polyangiitis Presenting with Multisystem Impairment**
S Halder, D Bandyopadhyay, S Saha
Postgraduate Resident, Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Professor and Head, Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India; Associate Professor, Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

15. **A Case of Evans Syndrome with SLE Presented with FUO**
Saurabh Kumar Pandey, Jitendra Kumar
Department of General Medicine, Narayan Medical College and Hospital, Sasaram, Bihar, India; Professor and Head, Department of General Medicine, Narayan Medical College and Hospital, Sasaram, Bihar, India

16. **When Lupus Meets Erythema Multiforme: A Rare Presentation of Rowell Syndrome**
Anjala Jabeen KT, Abdul Latheef AG, Abhay Martin, Chandhu AS
Baby Memorial Hospital, Kozhikode, Kerala, India

17. **A Rare Association of Mixed Connective Tissue Disorder with Multicentric Castleman Disease: A Diagnostic Challenge**
N Kumar, P Gupta
Jagjivan Ram Railway Hospital, Mumbai, Maharashtra, India

18. **Rare case of Reversal of Coronary Artery Aneurysms with Immunomodulatory Therapy in Polyarteritis Nodosa**
Smitha Muraletharan, Abraham Paul, Mohammed Sameel Areethalakkal, Rajiv Chandran
Aster Medcity, Kochi, Kerala, India

19. **Vascular Manifestation Revealing Behçet's Disease: A Case Report**
Apoorva Chaudhary, Aishwarya, Leeneshwar Harshvardhan, Avinash Jain
SMS Medical College and Hospital, Jaipur, Rajasthan, India

20. **Central Diabetes Insipidus as the First Manifestation of Systemic Sarcoidosis: A Rheumatology Perspective**
Mudige Arun Kumar, Rajiv Kumar Bandaru, M. Lakshman
ESIC Medical College and Hospital, Hyderabad, Telangana, India

21. **PRES as a critical differential diagnosis for seizures in patients with Systemic Lupus Erythematosus**
S Gupta, AK Mishra, K Kumar, M Harish, BK Chaudhary
All India Institute of Medical Sciences, Gorakhpur, Uttar Pradesh, India

22. **Heart of All Problems**
Arun R K, Silas Vinay Rao
Bangalore Baptist Hospital, Bengaluru, Karnataka, India

23. **A Case of Shrinking Lung Syndrome**
Arashdeep Singh, Kapil Kalra
Military Hospital, Chennai, Tamil Nadu, India; Base Hospital ITBP, India

24. **Systemic Lupus Erythematosus Presenting with Mononeuritis Multiplex and c-ANCA Positivity: A Rare Overlap Vasculitic Syndrome**
Reesha Pain
Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

25. **A Curious Case of Flaccid Quadriparesis**
A Balar, S Datta
Maharaja Jitendra Narayan Medical College and Hospital, Cooch Behar, West Bengal, India

26. **A Rare Case Report of Felty Syndrome**
Bhogisetti Naga Gowri Durga Praveena, DJK Chakravarthy, Y Satyajith
Postgraduate, Department of General Medicine, GSL Medical College and Hospital, Rajahmundry, Andhra Pradesh, India; Professor, Department of General Medicine, GSL Medical College and Hospital, Rajahmundry, Andhra Pradesh, India; Department of General Medicine, GSL Medical College and Hospital, Rajahmundry, Andhra Pradesh, India

27. **Macrophage Activation Syndrome: A Case Series**
Prachi, Rishabh Jha, Sweety Singh, Govind Prasad, Arshad Ahmed
Junior Resident, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Junior Resident, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Assistant Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Associate Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India; Additional Professor, Department of General Medicine, Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

28. **When Treatment Turns against Immunity: ATT-induced Macrophage Activation Syndrome**
R. Damodhar, S Datta
Maharaja Jitendra Narayan Medical College and Hospital, Cooch Behar, West Bengal, India

29. **Bicytopenia as an Unusual Initial Presentation of Primary Sjögren's Syndrome: A Diagnostic Challenge**
Sudhanva H Kotabagi
Kempegowda Institute of Medical Sciences and Research Centre, Bengaluru, Karnataka, India

30. **The Nose Knows, and So Do the Ears: A Deformative Dive into GPA**
Manjunatha R, Jacob Mathews
Bangalore Baptist Hospital, Bengaluru, Karnataka, India

31. **Life-threatening Diffuse Alveolar Hemorrhage in Mixed Connective Tissue Disorder**
Taarika Balaji
Chettinad Hospital and Research Institute, Kanchipuram, Tamil Nadu, India

32. **From Gut to Glomerulus: A Rare Consequence**
Akash Pawar, Vaibhav Ingle, Vishnu Narayan Mishra, Abhishek Singhai
AIIMS, Bhopal, Madhya Pradesh, India

33. **Unveiling Anti-MDA5 Dermatomyositis: When Muscles Whisper and Skin Screams**
J Sri Ranga Suhas
SVS Medical College and Hospital, Mahabubnagar, Telangana, India

34. **Bicytopenia as an Unusual Initial Presentation of Primary Sjögren's Syndrome: A Diagnostic Challenge**
Sudhanva Kotabagi
Kempegowda Institute of Medical Science and Research Center, Bengaluru, Karnataka, India

35. **When GPA Goes All Cerebral**
Chethana Dharmapalaiah, Pooja Pillai, Santosh M, Mighty Rephanshi
Aster CMI Hospital, Bengaluru, Karnataka, India

36. **Life-threatening Diffuse Alveolar Hemorrhage in Mixed Connective Tissue Disorder**
Durga Krishnan, Taarika Balaji
Unit Chief and Professor, Department of General Medicine, Chettinad Hospital and Research Institute, Chennai, Tamil Nadu, India; Junior Resident, Department of General Medicine, Chettinad Hospital and Research Institute, Chennai, Tamil Nadu, India

37. **Beyond Bell's Palsy: A Case Series of Bilateral LMN Facial Paralysis**
Sriram R
Madras Medical College, Chennai, Tamil Nadu, India

38. **Dermatomyositis Sine Dermatitis Overlapping Myasthenia Gravis: A Neuroimmunological Dilemma**
Muthyala Pravalika Durga, Srinivas Deshmukh, Sindhu Joshi, Krishna Murthy, Jeet Gujarathi
Mahavir Hospital and Research Centre, Hyderabad, Telangana, India

39. **Severe Adult-Onset Still's Disease with Impending Macrophage Activation Syndrome and Flexion Contractures: A Case Report**
Shivansh Sinha, G. Minz, Gagan Gunjan, Bindey Kumar
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

40. **Unexpected Allies: A Case Report of Immune Thrombocytopenia Overlap with Neuromyelitis Optica Spectrum Disorder**
R. Lalrinliana, Spandan Bhadury, Deep Mazumdar, Tanmoyee Samanta
North Bengal Medical College and Hospital, Darjeeling, West Bengal, India

41. **Systemic Lupus Erythematosus with Secondary APLA Syndrome Presenting as Mononeuritis Multiplex and Lupus Nephritis: A Rare Case Report**
Aiswarya S
Government Medical College, Kottayam, Kerala, India

42. **CAPS–A Clinical Kaleidoscope of Thrombotic Fury**
Ajith Balineni, Surya B
Dr Pinnamaneni Siddhartha Institute of Medical science and research foundation, Vijayawada, Andhra Pradesh, India

43. **A Rare Association of Hyperthyroidism with Rheumatoid Arthritis**
Varsha Paragond Kamatagi, GB Doddamani, Venkatesh Desai

44. **When Myalgia Turned Malignant–The Hidden Face of Myositis Clinical Characteristics, Diagnostic Trends, and Treatment Outcomes in Patients with Idiopathic Inflammatory Myopathies: A Single-Centre Review on 20 patients**
Nagarjun D, Saravanan T, Sundaram
PSG Institute of Medical Sciences and Research

45. **Immune-mediated Necrotizing Myopathy: A Rare but Severe Autoimmune Myopathy**
Ashish Kumar, Rashmi Sinha, SK Singh, NK Singh
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

46. **Recurrent Hypokalemic Paralysis due to Distal Renal Tubular Acidosis in a Patient with Secondary Sjögren's Syndrome and Rheumatoid arthritis: A Rare Case Report**
Sakthivel D, Pramod Kumar, Manu Sharma, Madhukar Mittal
Junior Resident, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Associate Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Assistant Professor, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India; Professor and HOD, Department of General Medicine, All India Institute of Medical Science, Raebareli, Uttar Pradesh, India

47. **Dryness, Dissonance and Diagnostic Dilemma: Atypical Sarcoidosis Mimicking Seronegative Sjogren's**
Akriti Singh, Nirmalya Roy, Dipra Dattasarma, Mainak Mandal, Abhishek Praharaj
Department of Medicine, KPC Medical College, Kolkata, West Bengal, India

48. **The Myopathy Conundrum: An Enigmatic Presentation of Mixed Connective Tissue Disease with Normal CK-MB**
Shreya M Bhat, GB Doddamani, Ullasini Kolhar
Gulbarga Institute of Medical Sciences, Kalaburagi, Karnataka, India;**Piperacillin–Tazobactam and Phenobarbitone-induced DRESS Syndrome: A Case Highlighting Diagnostic Challenge and Cross-Reactivity**
Sanjiv Narwariya, Preeti Kori, Sohan Singh Mandloi
Government Medical College, Ratlam, Madhya Pradesh, India

49. **Hypokalemic Periodic Paralysis: An Unusual Clue To Primary Sjögren's Syndrome - A Case Report**
Debarghya Dey
Charnock Hospitals, Kolkata, West Bengal, India

50. **A Case of SLE Vasculitis with Digital Gangrene**
Manisha Jaiswal, Rabinarayan Rout
Kalinga Institute of Medical Sciences, Bhubaneswar, Odisha, India

51. **Primary Sjögren's Syndrome with Palmoplantar Psoriasis Presenting as Autoimmune Pancytopenia**
Battepati Venkata Sai Bharath, Ravala Siddeswari
First-year Postgraduate, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

52. **Ovarian Carcinoma Presenting with Progressive Neurological Dysfunction in a Young Woman with Limited Systemic Sclerosis: A Rare Diagnostic Challenge**
Virendra Banjare, Anubha Garg
Department of Medicine, Pt BD Sharma PGIMS, Rohtak, Haryana, India

53. **Hypocomplimentary Urticarial Vasculitis**
Aboobacker KC
Government Medical College, Kottayam, Kerala, India

54. **Renal Tubular Acidosis as the Astonishing First Manifestation of Sjögren Syndrome: Two Contrasting Cases of Quadriparesis with triple acid-base disorder and Chronic Hypokalemic Proximal Myopathy**
Souvik Barman
Junior Resident, Department of Medicine, All India Institute of Medical Sciences, Rajkot, Gujarat, India

55. **Melanoma Differentiation–associated Gene 5 Dermatomyositis: A Single-Centre Experience from a Tertiary Care Hospital of North Bengal**
Sourav Banerjee, Tista Har, Nilasish Dutta, Kaustav Bhowmick, Pasang Lhamu Sherpa, Abhed Biswas, Arghya Chattopadhyay, Dipanjan Bandyopadhyay
Department of General Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

56. **Recurrent Cerebrovascular Accident as an Initial Presentation of Takayasu Arteritis**
Karthik
Gulbarga Institute of Medical Sciences, Kalaburagi, Karnataka, India

57. **Walking along the razor's edge: A case of adult-onset Still's disease with Macrophage Activation Syndrome**
Polakam Sabarinath
Amrita Institute of Medical Science, Kochi, Kerala, India

58. **TEN-like Acute Cutaneous Lupus Erythematosus Presenting with Psychosis in an Adolescent Female**
Pranav, Josemon, Jacob Cyriac
Government Medical College, Kottayam, Kerala, India

59. **Association of Osteoarthritis of Knee and Hand with Metabolic Syndrome**
BM Dev, S Agarwal, V Parmar
Department of General Medicine, Integral Institute of Medical Sciences and Research, Lucknow, Uttar Pradesh, India

60. **Severe Multisystemic Systemic Lupus Erythematosus Complicated by Secondary HLH, Acute Pancreatitis, Lupus Hepatitis, and Class IV Lupus Nephritis: A Comprehensive Case Report**
Rupam Chakrabarty, Dr Monaliza Lyngdoh
North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, Meghalaya, India

61. **Deeper than the Skin**
Rahman MD, Ray S, Mandal B
Department of Medicine, North Bengal Medical College, Darjeeling, West Bengal, India

62. **Beyond Myositis: The Cutaneous Storm of Anti-MDA5 Dermatomyositis**
Baby Kumari
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

63. **When Scleroderma Strikes the Pelvis: A Rare Presentation of Bladder and Bowel Dysfunction in Diffuse Systemic Sclerosis**
Rakhshanda Khatoon, Raj Kamal Choudhary
Jawahar Lal Nehru Medical College and Hospital, Bhagalpur, Bihar, India

64. **Diffuse Systemic Sclerosis Presenting with Chronic Fever and Oral Fibrosis: An Atypical Initial Manifestation**
Juhi Gupta, Rahul Radhakrishnan, Vidya S Nagar
Department of General Medicine, Grant Government Medical College and Sir JJ Group of Hospitals, Mumbai, Maharashtra, India

65. **Beauty of Medicine**
M Alexander
Madurai Medical College, Madurai, Tamil Nadu, India

66. **Nasal Mass as an Initial Presentation of Eosinophilic Granulomatosis with Polyangiitis (EGPA): An Atypical Presentation**
Ritu Gupta, Silas Supragya Nelson, Shubham Gupta
Professor and Head, Department of Medicine, Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh, India; Professor, Department of Medicine, Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh, India; Postgraduate Resident, Department of Medicine, Netaji Subhash Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh, India

67. **When Intussusception Vanished Overnight!—The Event That Helped Solve a Decade-long Conundrum**
Darshini, Saravanan T, Sundaram TG, Venkatakrishnan Leelakrishnan
Department of General Medicine, PSG Institute of Medical Sciences and Research, Coimbatore, Tamil Nadu, India

68. **Case of Systemic Lupus Erythematosus Presented with Iron Deficiency Anemia and Discoid Lupus Erythematosus: Rajeshwari Hungund**
Gulbarga Institute of Medical Sciences Government Hospital, Kalaburagi, Karnataka, India

69. **An Unusual Case of Gonadal Venous Thrombosis Presenting as FUO**
A Arora, P Bhanu, S. Budhiraja, A Manocha
Department of Internal Medicine, Max Super Specialty Hospital, New Delhi, India; Department of Histopathology, Max Super Specialty Hospital, New Delhi, India

70. **A Rare Case of Dermatomyositis Sine Myositis**
I Singh, A Dewan, PD Rath
Department of Internal Medicine, Max Smart Super Specialty Hospital, Delhi, India; Department of Rheumatology, Max Smart Super Specialty Hospital, Delhi, India

71. **Takayasu Arteritis: A Rare Cause of Chronic Headache**
Nallapaneni Vakula
Guntur Medical College, Guntur, Andhra Pradesh, India

72. **Systemic Lupus Erythematosus Presenting as Acute Intestinal Pseudo-obstruction**
Ravi Lakshmi Tejaswi
Guntur Medical College, Guntur, Andhra Pradesh, India

73. **Two cases of Flagellate Dermatosis: Initial Presentation in Case of SLE**
Geet Gaurav
Institute of Medical Sciences and SUM HOSPITAL, Bhubaneswar, Odisha, India

74. **Primary Sjögren's Syndrome with Palmoplantar Psoriasis Presenting as Autoimmune Pancytopenia**
Battepati Venkata Sai Bharath, Ravala Siddeswari
First-year Postgraduate, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor and Head, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

75. **Comparing the Disease Activity Score (DAS28) and Routine Assessment of Patient Index Data 3 (RAPID3) as Measures of Disease Activity in Patients with Rheumatoid Arthritis**
Shashank Mishra, UR Raju
JJM Medical College, Davanagere, Karnataka, India

76. **Triple-positive Antiphospholipid Syndrome in a Middle-aged SLE Patient**
Komarolu Balaji, Posina Veera Venkata Satyanarayana, Nimmagadda Viraja
First-year Postgraduate, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Professor, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India; Assistant Professor, Department of General Medicine, Alluri Sita Rama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh, India

77. **Association of Poncet's Arthritis in a Case of Tuberculous Cervical Lymphadenitis**
Vibhleen Kaur, Uttam Kumar Paul
Junior Resident (Second Year), Department of General Medicine, MGM Medical College and LSK Hospital, Kishanganj, Bihar, India; Professor and Head, Department of General Medicine, MGM Medical College and LSK Hospital, Kishanganj, Bihar, India

78. **Inferno Without Flames: A Diagnostic Odyssey**
Suvarna Sharma, Praful Sharma, Vishwa Prakash Tiwari
Ganesh Shankar Vidyarthi Medical College, Kanpur, Uttar Pradesh, India

79. **Limited Systemic Sclerosis With Raynaud's Phenomenon and Gastrointestinal Involvement: A Clinical Case Report**
Sadhu Kranthikumar
Apollo Institute of Medical Sciences and Research

80. **Beyond Sicca: Distal Renal Tubular Acidosis as a Sentinel Manifestation of Sjögren's Syndrome**
Akshay S Hegde, ML Ashok, Mahesh SK, Shravya T
Postgraduate, Department of General Medicine, Bangalore Medical College and Research Institute (BMCRI), Bengaluru, Karnataka, India; Professor, Department of General Medicine, Bangalore Medical College and Research Institute (BMCRI), Bengaluru, Karnataka, India

81. **A Tale of Two Crises: DKA and Mesenteric Ischemia Exposing Takayasu Arteritis**
P Chatterjee, AK Saha, **M Mukherjee**
Jagannath Gupta Institute of Medical Science and Hospital, Kolkata, West Bengal, India

82. **Lupus Nephritis Presenting with Acute-onset Fever and Bilateral Pedal Edema in a Male: An Atypical Manifestation of Systemic Lupus Erythematosus**
Mahesh Anil Kendre, MG Gaikwad
Department of General Medicine, Grant Government Medical College and Sir J. J. Group of Hospitals, Mumbai, Maharashtra, India

83. **Not Just a Woman's Disease: Systemic Sclerosis in a Young Male with Multisystem Involvement**
Preetam Priyadarshan Pradhan, Manoranjan Naik
Veer Surendra Sai Institute of Medical Sciences and Research (VIMSAR), Burla, Odisha, India

84. **Cryoglobulinemia as the Initial Manifestation of Multiple Myeloma: A Diagnostic Challenge**
Md Athar Alam, Naresh Kumar, Praveen Kumar, Manoj Kr Choudhary, Kshitij Raj
Indira Gandhi Institute of Medical Sciences, Patna, Bihar, India

85. **ABS883 Seizure as an Initial Manifestation of Neuropsychiatric SLE: A Case Report**
Rajesh Kumar Jena, N Mishra
Tata Main Hospital, Jamshedpur, Jharkhand, India

86. **Beyond Sicca: A Rare Multisystem Presentation of Sjögren Syndrome with Distal Renal Tubular Acidosis and Pancreatic Pseudocyst**
Somya Katyayane
Patna Medical College and Hospital, Patna, Bihar, India

87. **Adult-Onset Still's Disease Presenting with Prolonged Fever and Hyperferritinemia: A Case Report**
Miriyala Hari Pavan, M Abdur Rahim, S Imran Basha, Arshad Saleem
Department of General Medicine, Kurnool Medical College, Kurnool, Andhra Pradesh, India

88. **Renal Tubular Acidosis as the Astonishing First Manifestation of Sjögren Syndrome: Two Contrasting Cases of Quadriparesis With Triple Acid–Base Disorder and Chronic Hypokalemic Proximal Myopathy**
Souvik Barman
Junior Resident, Department of Medicine All India Institute of Medical Sciences, Rajkot, Gujarat, India

89. **Beyond dsDNA: The Hematological Face of Lupus Masquerading as Lymphoma**
Nadendla Mounika, L Sunil Kumar, P Sirisha, S Vamsi Krishna
Gandhi Medical College

90. **Symmetrical Peripheral Digital Gangrene in Systemic Lupus Erythematosus**
Cheemala Gopi Sumanth Reddy, K Vidyasagar, Manohar, Vali Basha
Kurnool Medical College, Kurnool, Andhra Pradesh, India

91. **A Case of Eosinophilic Granulomatosis With Polyangiitis With Palpable Purpura**
Beena Wadhwani
Mahatma Gandhi Hospital

92. **Association Between Hematological Indices and Measures of Disease Activity in Patients With Rheumatoid Arthritis**
Dinesh Kumar, Keshao Nagpure, Sunita D Kumbhalkar, Prashant P Joshi
All India Institute of Medical Sciences, Nagpur, Maharashtra, India

93. **Utility of DORIS-Remission Criteria in Patients with Systemic Lupus Erythematosus**
Akshitha Miyapuram, B Thrilok Chander
Kakatiya Medical College, and MGM Hospital, Warangal, Telangana, India

94. **A Case of Acute Encephalopathy with PTH-independent Hypercalcemia**
PAS Siddhardh, NP Mahesh
Krishna Institute of Medical Sciences (KIMS), Secunderabad, Telangana, India

ANNOUNCEMENT

DR VR JOSHI API AWARD FOR OUTSTANDING REFEREE FOR THE YEAR 2025

- **Dr Arnav Kalra,** *New Delhi*
- **Dr Akhilesh Goyal,** *Uttar Pradesh*
- **Dr Rajeshkumar Mishra,** *Ahmedabad*

RNI NO. 11552/57
Postal Reg. No. MCW/80/2021-2023
MR/TECH/WPP-248/WEST/2021-23 licensed to post without prepayment
Posted at Mumbai Patrika Channel Sorting Office, Mumbai 400 001 on 1st and 2nd of every month

IF UNDELIVERED PLEASE RETURN TO
Office: Unit No. 3301, Prestige Turf Tower 'D', Shakti Mill Lane,
Off. Dr. E. Moses Road, Near Mahalaxmi Station (West), Mumbai 400 011. • Tel.: 91-22-6666 3224