



9th Annual Conference of the Association of Physicians of India
(MALWA BRANCH)

MAPICON-2022



SCIENTIFIC PROGRAMME & ABSTRACT BOOK

15th-18th September 2022 Hotel Sepal, Bathinda

Under the aegis of Punjab Medical Council, API, ICP

Awarded **16 credit hours** by PMC vide Letter No. PMC/CME/2022/3500 Dated: 24-08-2022

Scientific Programme MAPICON Bathinda 2022 (15-09-2022)

<p>09:00am to 10:25am</p> <p>ORAL PAPER PRESENTATIONS</p> <p>10:30am to 11:30am</p> <p>POSTER PRESENTATIONS</p>	<p>10:25am to 10:50am</p> <p>Simulation Based Medical Teaching: Good or Bad?</p> <div>  <p>Niket Verma Assistant Professor, Dept. of Medicine, AIIMS, Bathinda.</p> </div>	<p>10:50am to 11:15am</p> <p>Recent Advances in GI Surgery</p> <div>  <p>Deepak Bajaj MS, DNB (G I Surgery), Consultant Gastrosurgery, Delhi Heart Institute and Multispecialty Hospital, Bathinda.</p> </div>
<p>11:15am to 11:40am</p> <p>Primary Headache Disorders</p> <div>  <p>Monika Singla Associate Professor, Dept of Neurology, DMC, Ludhiana.</p> </div>	<p>11:40am to 12:05pm</p> <p>Elimination of Cervical Cancer: Role of HPV Vaccine and Screening</p> <div>  <p>Lajya Devi Goyal Professor and Head Dept. of Obs. & Gynae. AIIMS, Bathinda.</p> </div>	<p>12:05pm to 12:50pm</p> <p>INAUGURATION</p>
<p>12:50pm to 1:15pm</p> <p>Interesting Cases in Paediatric Surgery</p> <div>  <p>Navdeep S. Dhoat Gastrosurgery, Robotic & Minimal Invasive Paediatric Surgery, Associate Prof. & Head Paediatric Gastrosurgery, AIIMS, Bathinda.</p> </div>	<p>1:15pm to 1:40pm</p> <p>UTI: How to Manage?</p> <div>  <p>Saurabh Nayak Assistant Professor, Dept of Nephrology, AIIMS Bathinda</p> </div>	<p>1:40pm to 2:05pm</p> <p>Ambulatory BP Monitoring</p> <div>  <p>Suraj Kumar DM Cardiology Assistant Professor, Dept. of Cardiology, AIIMS, Bathinda.</p> </div>
<p>2:05pm to 2:30pm (Recorded)</p> <p>Cardiovascular Diseases and Thyroid Disorders: Any Connection?</p> <div>  <p>Arvind Gupta Senior Consultant Physician, Dept. of Diabetes, Obesity & Metabolic Disorders, Rajasthan Hospital, Jaipur.</p> </div>	<p>2:30pm to 2:55pm (Recorded)</p> <p>Structural Heart Interventions: An Overview</p> <div>  <p>Natesh BH Associate Professor, SJIC Secretary, CSI Bangalore. EB South Zone, CSI HQ 2022</p> </div>	<p>2:55pm to 3:20pm (Recorded)</p> <p>Management of Congenital Heart Diseases: What is New?</p> <div>  <p>I.B. Vijayalakshmi Prof. Emeritus MD, DM (Card.), Prof. of Pediatric Cardiology, Super Specialty Hospital, Bengaluru Medical College & Research Institute, Bengaluru.</p> </div>
<p>3:20pm to 3:45pm (Recorded)</p> <p>Pain All Over: What to Do?</p> <div>  <p>Dharmanand B. G President, Indian Rheumatology Association, Manipal Hospital, Bangalore.</p> </div>	<p>3:45pm to 4:10pm (Recorded)</p> <p>Management of Enteric Fever</p> <div>  <p>Shyam Sunder President, Association of Physician of India. Professor, Institute of Medical Sciences Varanasi.</p> </div>	<p>4:10pm to 4:35pm (Recorded)</p> <p>Obesity DilemmaFat To Fit... Role of Medical Nutrition Therapy</p> <div>  <p>Sonika Lamba Professor, Dept of Medicine, GMCH, Sonapat.</p> </div>
<p>4:35pm to 5:00pm (Recorded)</p> <p>Digital Age: Impact on Ocular Health</p> <div>  <p>Ginni Aggarwal Nohria MD Ophthalmology, Civil Hospital, Jalandhar.</p> </div>	<p>5:00pm to 5:25pm (Recorded)</p> <p>Gastro-Esophageal Reflux Disease: An Overview</p> <div>  <p>Sahil Nohria DM Gastroenterology, Shrimann Superspeciality Hospital, Jalandhar.</p> </div>	<p>Registration: 9:00am onwards</p> <p>Breakfast: 9:00am to 10:00am</p> <p>Lunch: 2:00pm to 4:00pm</p>

Scientific Programme MAPICON Bathinda 2022 (16-09-2022)

<p>09:00am to 10:50am</p> <p>ORAL PAPER PRESENTATIONS</p> <p>10:30am to 11:30am</p> <p>POSTER PRESENTATIONS</p>	<p>10:50am to 11:15am (Recorded)</p> <p>When to Start and Stop Statins</p> <div>  <p>Mukulesh Gupta Udyaan Health Care, Lucknow.</p> </div>	<p>11:15am to 11:40am</p> <p>Noise Pollution & CV Risk: The Noise Stress Concept</p> <div>  <p>Ashish K Saxena Consultant, Diabetes & Heart Center, Dr. Saxena's Medicentre, Ludhiana.</p> </div>
<p>11:40am to 12:05pm</p> <p>Recent Updates in Intervention Cardiology</p> <div>  <p>Sonu Sharma DM (Cardiology), Consultant Cardiologist, Delhi Heart Institute and Multispecialty Hospital, Bathinda.</p> </div>	<p>12:05pm to 12:30pm</p> <p>Immunity & COVID</p> <div>  <p>J S Bahia MD Medicine, Professor, Dept of Medicine, MMMC & H, Kumarhatti, Solon.</p> </div>	<p>12:30pm to 12:55pm</p> <p>Imaging in Small Bowel Obstruction</p> <div>  <p>Srishti Arora MD Radiology (DMCH Ludhiana) Consultant Radiologist, Star Imaging and diagnostics, Ludhiana.</p> </div>
<p>12:55pm to 1:20pm</p> <p>Pubertal Problems in Office Practice</p> <div>  <p>Anjali Bansal MD Pediatrics, PGDHM, Senior Consultant, Women & Children Hospital, District Hospital, Bathinda.</p> </div>	<p>1:20pm to 1:45pm</p> <p>Sample Collection and Techniques</p> <div>  <p>Mohit Madhukar Pathologist, Civil Hospital, Bathinda.</p> </div>	<p>1:45pm to 2:10pm</p> <p>Recent advances in Advanced Cardiovascular Life Support (ACLS)</p> <div>  <p>Rohit Bansal DNB Anesthesia, Consultant Critical Care, Delhi Heart Institute and Multispecialty Hospital, Bathinda.</p> </div>
<p>2:10pm to 2:35pm</p> <p>Sleep Disorders, Causes and Management</p> <div>  <p>Arun Thapar M.D. Medicine Consultant Physician, 1, Gombi House, Mall Road Ludhiana.</p> </div>	<p>2:35pm to 3:00pm (Recorded)</p> <p>Expanding Role of Combination Therapy in Hypertension</p> <div>  <p>Girish Mathur President Elect Association of Physicians of India. Senior Consultant, Medicine, Kota.</p> </div>	<p>3:00pm to 3:25pm (Recorded)</p> <p>Journey of Rheumatic Fever 1944 to 2021</p> <div>  <p>Shashi Shekhar Chatterjee Sr. Consultant Cardiologist, Cardiology Clinic & Heart Hosp. Ex-Director, Indira Gandhi Institute of Card., Patna Past President, CSI, Bihar</p> </div>
<p>3:25pm to 3:50pm (Recorded)</p> <p>Non-Surgical Treatment of Severe Aortic Stenosis: A Revolutionary Therapy</p> <div>  <p>T. P. Singh DM Cardiology (PGI, CHD), TAVI fellowship Liverpool, UK Locum Consultant Cardiologist, Walsall Manor Hospital, UK.</p> </div>	<p>3:50pm to 4:15pm (Recorded)</p> <p>Hyperuricemia Management and Dispelling the Myths</p> <div>  <p>Sandeep Suri MD Medicine, FIDM, Regional Faculty, CCTDM, CCRDM, CCEBDM (PHFI), Holy Help Hospital, Hisar.</p> </div>	<p>4:15pm to 4:40pm (Recorded)</p> <p>Microvascular Angina: A Diagnostic Dilemma: What to Do?</p> <div>  <p>Sajid Ansari Org. Secretary, BPCON 2022, Chairman, MAA Charitable Trust, Lucknow.</p> </div>
<p>4:40pm to 5:05pm (Recorded)</p> <p>Frailty in Older People</p> <div>  <p>Bimal K Agrawal Principal & Prof. Medicine MMIMS&R Maharishi Markandeshwar Deemed University, Mullana, Ambala.</p> </div>	<p>5:05pm to 5:30pm</p> <p>Clinical Interpretation of CBC</p> <div>  <p>Navdeep Singh DM Medical Oncology, Sr. Consultant, Medical & Hematology Oncology, AGI Gastro City, Orison Hospital, Ludhiana.</p> </div>	<p>Registration: 9:00am onwards</p> <p>Breakfast: 9:00am to 10:00am</p> <p>Lunch: 2:00pm to 4:00pm</p>

Scientific Programme MAPICON Bathinda 2022 (17-09-2022)

09:00am to 10:25am ORAL PAPER PRESENTATIONS 10:30am to 11:30am POSTER PRESENTATIONS	10:25am to 10:50am CABG V/s PCI  Jagmohan Singh Mch, CTVS, Cardiothoracic Surgeon, Delhi Heart Institute and Multispecialty Hospital, Bathinda.	10:50am to 11:15am Management of Uncomplicated Hypertension  Meghna Aggarwal MD Medicine Barnala.
11:15am to 11:40am Management of STEMI in 2020: Thrombolysis is not Dead  Vinod Sharma D.M. (Cardiology), Interventional Cardiologist & Head of Cardiology Services, National Heart Institute, New Delhi.	11:40am to 12:05pm Surgical Oncology - AIIMS Bathinda experience  Nikhil Garg Assistant Professor, Surgical Oncology, AIIMS, Bathinda.	12:05pm to 12:30pm ECG Yesterday, Today and Tomorrow  S. B. Gupta Ex-HOD Medicine & Cardiology, Central Railway HQ Hospital & Asian Heart Institute, Cardiologist, Care Clinic, Mumbai.
12:30pm to 12:55pm Hypertension in Young Adults: an Overlooked Problem  Geevar Zachariah MD, DM Cardiology Chairman, Mother Heart Care, Thrissur, Kerala. Former President: CSI Kerala Chapter.	12:55pm to 1:20pm Neurocysticercosis: An Overview.  Amandeep Kaur Assistant Professor, Dept of Medicine, AIIMS Bathinda	1:20pm to 1:45pm COVID: Past, Present and Future  Aman Bharti Assistant Professor, Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot, Punjab
1:45pm to 2:10pm Diabetes and Exercise  Shivani Assistant Professor, Dept of Endocrinology, AIIMS Bathinda	2:10pm to 2:35pm Ventilator Associated Pneumonia: Diagnosis and Prevention  Jyoti Sharma MD Anesthesia & Critical Care, Associate Professor Dept of Anesthesia & Critical Care, AIIMS, Bathinda.	2:35pm to 3:00pm (Recorded) Why 130/80 Should Be the Cut Off for Hypertension Diagnosis?  Anuj Maheshwari Governor, American College of Physicians (India Chapter), Vice President, RSSDI. Prof. & Head, Dept. of Medicine BBD, University, Lucknow.
3:00pm to 3:25pm (Recorded) Pitfalls in Measurement of BP  Narsingh Verma Professor, Dept. of Physiology, KGMU, Lucknow. President, Asia Pacific Society of Hypertension.	3:25pm to 3:50pm (Recorded) Goal Directed Medical Therapy of HF in 2022  Harsh Wardhan Professor and Head, Department of Cardiology, Mahatma Gandhi Medical College & Hospital, Jaipur.	3:50pm to 4:15pm (Recorded) Diabetes in Elderly - Challenges & Management  Malay Parekh Consultant Diabetologist, Rajkot, Gujarat.
4:15pm to 4:40pm (Recorded) Management of Painful Diabetic Neuropathy: Current Concepts  V Nagaraajan DM (Neuro), DSc.(Neurosci), Chairman & Head, Neurosciences Research & Translational Task Force, ICMR, Govt. Madurai Med. Col., Madurai.	4:40pm to 5:05pm (Recorded) Management of Diabetes in Primary Health Care Settings  Vasanth Kumar President, RSSDI, Hyderabad.	Registration: 9:00am onwards Breakfast: 9:00am to 10:00am Lunch: 2:00pm to 4:00pm

Scientific Programme MAPICON Bathinda 2022 (18-09-2022)

09:55am to 10:25am	10:25am to 10:50am	10:50am to 11:15am
ORAL PAPER PRESENTATIONS	Stress Management	Fever with Confusion
	 P. D. Bansal Professor, Dept of Psychiatry, GMC, Faridkot.	 Jyotirmoy Pal Prof. Medicine R G Kar Medical College Kolkata, Secretary, JIMA, Dean Elect 2022 ICP.
11:15am to 11:40am	11:40am to 12:30pm	12:30pm to 12:55pm
Psychiatric Co-morbidities in Non Communicable Diseases: How Important?	FELICITATION CEREMONY	Hypertension: What is New in 2022?
 Ravi Chand Sharma Principal, MMMC&H, Solan. Former DME&R, H. P. Principal & HOD Psychiatry, IGMC, Shimla.		 G S Wander Prof and Head, Hero DMC Heart Institute, Ludhiana. Vice President, CSI, Past President, API
12:55pm to 1:20pm	1:20pm to 1:45pm	1:45pm to 2:10pm
Vertigo: What to Do?	Scope of Interventional Radiology Services	Psychosocial Aspects of Diabetes: An Overview
 Shankha Sen MD, Medicine, Senior Consultant Physician, Dr Sen's Diabetes & Thyroid Clinic Neotia Getwel Healthcare Centre & Basu 's Clinic, Siliguri.	 Akhil Monga MBBS, MD, FNVIR, EPHM Consultant, Neuro and Vascular Interventional Radiologist	 Alok Modi Consultant Diabetologist, Jupiter Hospital, Kevalya Hospital, Dr. Modi's Diabetes Center, Mumbai.
2:10pm to 2:35pm	2:35pm to 3:00pm	3:00pm to 3:25pm
Child Psychiatry in India: An Overview	New Revolutions in Lipid Management	Renovascular Hypertension
 Poonam Bharti MD Psychiatry, Professor, Dept. of Psychiatry, MMIMSR, Mullana, Ambala.	 Preeti Singh Dhoat HOD, Dept of Medicine, AIIMS Bathinda.	 Sapna Sisodia DM (Nephrology), Consultant Nephrologist, Delhi Heart Institute and Multispecialty Hospital, Bathinda.
3:25pm to 3:50pm	3:50pm to 4:15pm	4:15pm to 4:40pm (Recorded)
Scope of Prenatal Genetic Testing	Osteoarthritis: Diagnosis & Management	Pregnancy and Thyroid Disorders: When and How to Treat?
 Shreshtha Aggarwal DGO, MD Member Society of Fetal Medicine. North Zone Coordinator, Fetal Medicine Foundation, India	 Pankaj Kumar Sharma MS ORTHO (AIIMS, Delhi), FACS (USA), Fellow IOA, Fellow AOT (Germany), AP, Dept. of Orthopaedics, AIIMS Bathinda	 Swati Srivastava Senior Professor & Consultant in Charge Thyroid Clinic, SMS Medical College & Hospital, Jaipur.
4:40pm to 5:05pm (Recorded)	5:05pm to 5:30pm (Recorded)	
Hyperglycemia During Pregnancy: What to Do?	Erectile Dysfunction: What's New?	
 Kavita Mandrelle Bhatti Prof. & HOD Obs. & Gyn., CMC, Ludhiana, President Ludhiana Menopause Society Executive Council Member LOGS	 Deepak K Juman Sr. Sexual Health Physician & Counselor Sir JJ Group of Hospitals & Grant Govt Medical College, Mumbai.	
		Registration: 9:00am onwards Breakfast: 9:00am to 10:00am Lunch: 2:00pm to 4:00pm

ORAL PRESENTATIONS SCHEDULE

No	Time	Name	Topic
15th September 2022 (Thursday)			
1.	09:00am to 09:10am	Aakash Malhotra,	To Study Prevalence of Prehypertension in Diabetes Mellitus.
2.	09:10am to 09:20am	Aditi Tongar	Estimation of Vitamin D Levels in Patients with Chronic Liver Disease and its Association with Child Turcotte Pugh Score.
3.	09:20am to 09:30am	Aditya Gupta	Not Everything is as Expected: Neurosarcoidosis as First Presentation without Pulmonary Involvement.
4.	09:30am to 09:40am	Ajay Jain	Evaluation of Inflammatory Markers and Platelet Indices in Patients of Acute Coronary Syndrome and Compare with Severity of Disease.
5.	09:40am to 09:50am	Amarinder Singh Gill	To Study C-reactive Protein to Albumin Ratio in Patients of Rheumatoid Arthritis and its Association with Disease Activity.
6.	09:50am to 10:00am	AniAbhishek Sharma	A Study to Estimate the Prevalence of Sarcopenia in the Indian Geriatric Population.
7.	10:00am to 10:10am	Daksh Bansal	Role of Cytokeratin 18 in Predicting the Presence of NASH and its Correlation with Transient Elastography, FIB4 and APRI Score.
8.	10:10am to 10:20am	Gaurav R. Neve	A Prospective Study on Assessment of Clinical Profile and its Co-Relation with Severity Indices in Patients with Acute Pancreatitis.
16th September 2022 (Friday)			
9.	09:00am to 09:10am	Chavi Sharma	Clinical Spectrum and the Predictors of Early Mortality in Patients with Paraquat Intoxication.
10.	09:10am to 09:20am	Amay Makhija	Role of Serum Ferritin in Dengue and its Correlation with Disease Severity.
11.	09:20am to 09:30am	Devinder Pal Singh	Hyperbilirubinemia: A Diagnostic Tool for Acute Appendicitis and its Complication.
12.	09:30am to 09:40am	Baljinder Kumar	Prevalence of Asymptomatic Ischemic Heart Disease among Type 2 Diabetes Mellitus Patients: A Hospital Based Observational Study.
13.	09:40am to 09:50am	Hargun Singh	Acute Kidney Injury in Dengue Fever.
14.	09:50am to 10:00am	Harleen Kaur Gill	Spectrum of Fungal Isolates from Various Clinical Specimens.
15.	10:00am to 10:10am	Harmandeep Kaur Gill	Antimicrobial Susceptibility Pattern of Escherichia Coli Isolates among Various Clinical Samples.
16.	10:10am to 10:20am	Indu Gupta	Clinical and Laboratory Evaluation of Patients Presenting with Fever with Thrombocytopenia in a Tertiary Care Hospital of North India.
17.	10:20am to 10:30am	Manish Kumar	Penile Fracture: A Study of Outcome.
18.	10:30am to 10:40am	Nishant Sharma	Prevalence and Determinants of Anaemia in Patients with Rheumatoid Arthritis and its Correlation with Serum Hepcidin Levels.
19.	10:40am to 10:50am	Parmjeet Singh	To Study the Association between Microalbuminuria and Hospital Outcome in Patients of Sepsis in Tertiary Critical Care Hospital.
17th September 2022 (Saturday)			
20.	09:00am to 09:10am	Patel Ronak	Prediction of Coronary Artery Disease in Diabetes Mellitus using Ankle Brachial Pressure Index.
21.	09:10am to 09:20am	Rajat Bhatt	Role of Neutrophil Lymphocyte Ratio as a prognostic marker of Dengue.

No	Time	Name	Topic
22.	09:20am to 09:30am	Sampreet Kaur Awal	Prevalence of Chikungunya Virus Infection among Suspected Dengue Patients in a Tertiary Care Hospital in Malwa Region of Punjab, India.
23.	09:30am to 09:40am	Shivam Swarnkar	Clinico- Etiological Profile of Acute on Chronic Liver Failure.
24.	09:40am to 09:50am	Tushti	ABO Incompatibility in Patients Consuming Indigenous Medications.
25.	09:50am to 10:00am	Varinder	To Study Clinical Profile and Paraneoplastic Manifestations of Lung Cancer at Tertiary Care Hospital.
26.	10:00am to 10:10am	Simranjit Kaur	Prospective Study on Bacteriological Profile and Antimicrobial Susceptibility of Blood Culture Isolates from Chemotherapy induced Neutropenic Cancer Patients in a Tertiary Care Hospital.
27.	10:10am to 10:20am	Gourav Talwar	Prevalence of Coeliac Disease in Adult Indian Subjects with Hashimoto's Disease.
18th September 2022 (Sunday)			
28.	09:10am to 09:20am	Rishu Garg	To Look For Association Between Clinical and Biochemical Factors Among Patients of Non-alcoholic Fatty Liver Disease.
29.	09:20am to 09:30am	Shiwali Goyal	A Study of Factors Influencing Readmission in General Medicine and its Association with Mortality.
30.	09:30am to 09:40am	Shubham Aryan	Evaluation of Clinical, Endoscopic and Histopathological Profile in Patients with Persistent Dyspepsia.
31.	09:40am to 09:50 am	Vikas Kumar	Study to Determine the Diagnostic Utility of Treadmill Test in Asymptomatic Coronary Artery Disease Patients with Type II Diabetes Mellitus.

POSTER PRESENTATIONS SCHEDULE

No	Time	Name	Topic
15th September 2022 (Thursday)			
1.	10:30am to 10:40am	Aditya Gupta,	Hepato-splenomegaly in Rosai- Dorfman Disease: A Rare Presentation in a Rare Disease.
2.	10:40am to 10:50am	Ajay Jain	Transient Bell's palsy Following COVID-19 Vaccination.
3.	10:50am to 11:00am	AniAbhishek Sharma	An Interesting Case of Posterior Reversible Encephalopathy Syndrome (PRES).
4.	11:00am to 11:10am	Daksh Bansal	A Rare Case of Lepromatous Leprosy with Granulomatous Interstitial Nephritis and Granulomatous Infiltration of Bone Marrow.
5.	11:10am to 11:20 am	Gaurav R Neve	An Uncommon Case of Systemic Sclerosis.
6.	11:20am to 11:30 am	Hem Jivani	Hemichorea-Hemiballismus in Non Ketotic Hyperglycemia- A Rare Presentation.
16th September 2022 (Friday)			
7.	10:30am to 10:40am	Karamjeet Dhaliwal	Liver Tuberculosis – A Rare Presentation.
8.	10:40am to 10:50am	Karamjeet Dhaliwal	A Rare Case of Coexistence of Pulmonary Tuberculosis with Lung Carcinoma.
9.	10:50am to 11:00am	Mehul Choulera	A Rare Case Presentation of ANA Negative SLE.
10.	11:00am to 11:10am	Nishant Sharma	An Unusual Presentation of Pulseless Disease.
11.	11:10am to 11:20 am	Pranav Singhal	A Frusemide Stress Test to Determine the Progress of an Acute Kidney Injury and the Need for Dialysis.
12.	11:20am to 11:30 am	Raj Raval	Rare Presentation of Paraganglioma.
17th September 2022 (Saturday)			
13.	10:30am to 10:40am	Shagun Mittal	Cryptococcal Meningitis in an Immunocompetent Young Male.
14.	10:40am to 10:50am	Shivam Swarnkar	Encephalitis as Initial Presentation of Primary HIV Infection.
15.	10:50am to 11:00am	Sourabh Phutela	Isolated Prostatic Tuberculosis: An Incidental Finding.
16.	11:00am to 11:10am	Tushti	Anomalous Single Coronary Artery Originating from Right Coronary Sinus in a Patient Presenting with Ischemic Chest Pain.
17.	11:10am to 11:20am	Varinder	Arterial Thrombosis: Rare Paraneoplastic Manifestation of Lung Cancer.
18.	11:20am to 11:30am	Akshita Gupta	Epstein-Barr Virus-Associated Hemophagocytic Lymphohistiocytosis Presenting as Pyrexia of Unknown Origin with Fatal Outcome.
19.	11:30am to 11:40am	Aman Bansal	ANCA- Negative Pauci- Immune Rapid Progressive Glomerulonephritis Associated with Allergic Bronchopulmonary Aspergillosis.
20.	11:40am to 11:50am	Himanshu Bansal	Masked Polycythemia Vera
21.	11:50am to 12:00pm	Syed Zeeshan Zakir	Case of Pulmonary Nodules with Gangrene of Foot – Wegeners Granulomatosis.
22.	12:00pm to 12:10pm	Megha Dadu	Brucellosis- A Rare Case with Neurological and Pulmonological Involvement.

ABSTRACTS

ORAL PRESENTATIONS

OP-01

To Study Prevalence of Prehypertension in Diabetes Mellitus.

Aakash Malhotra, Sahil Kalia, Bimal. K. Aggarwal Deptt of General Medicine,
M. M. Institute of Medical Sciences & Research (MMIMSR), Mullana, Ambala.

Introduction: Hypertension and prehypertension are major determinants of cardiovascular outcome. In the course of time up to 70% of diabetics can become hypertensive also. Hence early detection of those at risk and prevention or utmost delay of the development of hypertension is very important.

Aims and Objectives: This study proposes to document the prevalence of prehypertension in diabetic population attending the medicine department in M. M Institute of Medical Sciences and Research.

Material and Methods: Data was collected by interviewing patients of diabetes with pretested schedule and then examining the patient clinically and by laboratory investigation including FBS, lipid profile, serum creatinine, serum uric acid and ECG.

Results: Prevalence of prehypertension detected as 33% in study diabetic subjects. The cardiovascular risk factors were significantly higher in prehypertensive and hypertensive group as compared to non-hypertensive group whereas that of prehypertensive and hypertensive group were similar.

Conclusion: Study concludes that, term 'prehypertension' found more justified than the term 'high normal' in describing this different blood pressure category. This term emphasized that Prehypertension category was not a normal state with all serious risks associated with hypertension. Prehypertension was found as a common association in diabetes, and should be considered for active management by diet, exercise, and if needed by drugs particularly of ACEI or ARB class to prevent further cardiovascular complications.



OP-02

Estimation of Vitamin D Levels in Patients with Chronic Liver Disease and its Association with Child Turcotte Pugh Score.

Aditi Tongar, B. K. Aggarwal. Deptt of General Medicine,
M. M. Institute of Medical Sciences and Research (MMIMSR), Mullana, Ambala.

Aims and Objectives: To estimate vitamin D levels in patients with chronic liver disease and its association with Child Turcotte Pugh Score.

Material and Methods: Inclusion criteria: Patients with chronic liver disease (age group 18 above). Exclusion criteria: Patients on vitamin A, calcium, vitamin D, steroids, antiepileptics and patients with chronic conditions like chronic kidney disease, malabsorption syndrome, tuberculosis and patients with hepatocellular carcinoma. Prior to the commencement of the study, ethical clearance was obtained from Institutional Human Ethical Committee. Patients were labelled as a case of CLD if they had any one or more of the following features-biochemical abnormalities suggesting CLD, like deranged LFT in the presence of risk factors leading to CLD (duration >3 months), USG findings of CLD, admissions due to hepatic encephalopathy, ascites or variceal bleed. After ethical approval was given a detailed history and complete examination of the patients was carried out. The blood samples of the patients were taken for LFT, CBC and vitamin D levels. Patients were classified according to CTP score.

Results: Out of 50 CLD patients, vitamin D deficiency was found in 41 patients. vitamin D showed negative correlation with Child Pugh Score. Out of 50 patients, 7 patients had vit D levels between 30-40ng/ml, 25 patients had vit D levels between 15-30ng/ml and remaining 18 had vitamin D levels below 10ng/ml.

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OP-03

Not Everything is as Expected: Neurosarcoidosis as First Presentation without Pulmonary Involvement.

Aditya Gupta, Sulena, Ravinder Garg. Deptt of Medicine,
Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Neurosarcoidosis is a rare condition with serious health consequences. However, little is known about clinical characteristics and outcome of neurosarcoidosis.

Case series: Series of 6 patients with neurosarcoidosis reported in neurology ward in Guru Gobind Singh Medical College with particular emphasis on clinical aspects, diagnosis and treatment. A classification system based on clinical diagnostic probability is proposed, consisting of probable and definite disease.

Case 1 presented as seizures. MRI shows features of neurosarcoidosis and hydrocephalus. VP shunt done and patient discharged on steroids.

Case 2 presented as loss of vision and loss of hearings. MRI shows features suggestive of tuberculosis/ neurosarcoidosis.

Case 3 presented with headache. MRI shows raised ICT and pt came out to be positive for neurosarcoidosis.

Case 4 patient came in altered sensorium. MRI shows hydrocephalus. VP shunt done and showed improvement after treatment on the lines of hydrocephalus and with steroids.

Case 5 young girl presented in altered sensorium. MRI shows hydrocephalus and old stroke.

Case 6 admitted with altered sensorium with frontal lobe lesion. MRI showed neurosarcoidosis.

Methods: All 6 patients admitted underwent routine investigations and imaging techniques. Out of 6 patients, 3 patients presented with hydrocephalus and most importantly these patients were evaluated for CNS tuberculosis but every test for tuberculosis came out to negative. Imaging shows features of neurosarcoidosis.

Conclusion: Neurosarcoidosis is an uncommon manifestation of sarcoidosis and neurosarcoidosis manifestations responded well with high dose glucocorticoids.



OP-04

Evaluation of Inflammatory Markers and Platelet Indices in Patients of Acute Coronary Syndrome and Compare with Severity of Disease.

Ajay Jain, PG Resident, Deptt of Medicine, VMMC and SJH, Delhi.

Introduction : Thrombotic and inflammatory mechanisms are involved in pathophysiology of ACS. This study was planned to compare inflammatory markers and platelets indices with severity of disease in patients of ACS.

Materials: We did an observational study which included 90 ACS patients, of which 30 patients each with NSTEMI, STEMI and UA divided according to clinical and biochemical criterion. Platelet indices i.e MPV and PDW along with serum CRP and Interleukin-6 levels were compared among 3 subgroups. AP value of < 0.05 was considered statistically significant.

Observations: Analysing platelet indices and inflammatory biomarkers depending on severity of ACS, statistically significant differences were found. Mean MPV, mean PDW, mean IL-6 and median CRP values were significantly higher in STEMI group as compared to NSTEMI and UA, also they were significantly higher in NSTEMI group as compared to UA.

Conclusion: Increased platelet volume indices contribute to pre thrombotic state in ACS. Atherosclerosis is an inflammatory event and rise in serum inflammatory markers is seen in patients of ACS and variation with severity of disease. Above parameters may be useful as assisting rule-out tests in conjunction with other conventional cardiac biomarkers in early prediction of risk of ACS.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-05

To Study C-reactive Protein to Albumin Ratio in Patients of Rheumatoid Arthritis and its Association with Disease Activity.

Amarinder Singh Gill, Sandeep Joshi. M. M. Institute of Medical Sciences and Research (MMIMSR), Mullana, Ambala.

Introduction: Rheumatoid arthritis disease activity is generally evaluated by using Disease Activity Score 28 (DAS 28). But this is a subjective score. So this study was done to evaluate new objective biomarker, CRP/albumin ratio in assessing disease activity in patients of RA.

Aims and Objective: To study C-reactive protein to albumin ratio in patients of rheumatoid arthritis and its association with disease activity.

Material and Methods: To deduce CRP/albumin ratio in patients of RA, to assess the disease activity in patients of RA using DAS 28 score and to correlate the CRP/albumin ratio to disease activity of RA in the same set of patients. This prospective cross-sectional study was conducted at MMIMSR, Mullana, and Ambala. Fifty patients of RA, went through detailed clinical and biochemical workup and DAS 28, CRP/albumin ratio and other demographic and haematological parameters were noted.

Results: In our study there was a significant correlation of CRP/Albumin ratio with DAS 28. It was found using Pearson correlation coefficient (correlation coefficient being 0.765, p value <0.0001). The correlation of duration of disease, tender joint count, swollen joint count, erythrocyte sedimentation rate, visual analogue scale, hemoglobin and SGPT with CRP/albumin ratio was found significant; with p value being < 0.05.

Conclusion: CRP/Albumin ratio can be used as an important biomarker in assessing disease activity in patients of rheumatoid arthritis. This should be done periodically and its value should be charted to monitor the activity of the disease.



OP-06

A Study to Estimate the Prevalence of Sarcopenia in the Indian Geriatric Population.

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Introduction: Sarcopenia has been included in the International Classification of Diseases, entailed under the code ICD-10-CM and can now be described as a primary or secondary condition. However, there's a dearth of data and research on the topic in our country. Studies to estimate the prevalence of sarcopenia among the geriatric population are needed to further quantify this relatively new disease and to study its effects on the Indian population.

Aim and Objectives: To determine the prevalence of sarcopenia and dynapenia in the geriatric age-group.

Material and Methods: Sample size was calculated according to the formula $4pq/d^2$, where p is prevalence, q is 1-p and d refers to maximum permissible error. Prevalence was set as per the Sarco-CUBES study. An observational, cross-sectional design was adopted. The study was conducted across various clinical departments of M.M. Superspeciality Hospital, Mullana among geriatric patients (≥ 65 years) visiting the hospital. The patients were evaluated according to the EWGSOP algorithm. Patients then underwent Bioelectric Impedance Analysis for estimation of Skeletal Muscle Mass for quantification and diagnosis of sarcopenia.

Results: The prevalence of sarcopenia in the study population was found to be 58.6% (n = 176) in the study population. The mean age of participants was 71.78 years. Sarcopenia was found to be positively correlated with diabetes mellitus (Odds ratio: 4.09).

Conclusion: Among the geriatric population, sarcopenia and dynapenia are quite prevalent and vastly under diagnosed and are a major roadblock in improving quality of life in the geriatric subset. Further studies to mitigate the effects of and to study associations with various age-confounding comorbidities such as hypertension and diabetes are warranted, especially in India.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-07

Role of Cytokeratin 18 in Predicting the Presence of NASH and its Correlation with Transient Elastography, FIB4 and APRI Score.

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Introduction: NAFLD is one of the most common causes of CLD worldwide with prevalence in India ranging between 9-32%. Differentiating between patients of NASH and non-NASH has many prognostic implications, and liver biopsy has been the gold standard in differentiating the two. Clinical scoring models like FIB-4 and APRI have been validated in predicting advanced fibrosis.

Aims and Objectives: We studied the role of a novel biomarker- cytokeratin 18, in predicting fibrosis and its correlation with these clinical scoring models and transient elastography (TE).

Materials and Methods: 30 cases of NAFLD and 30 matched controls were recruited. FIB-4 and APRI was calculated. USG for fatty liver grading and transient elastography for fibrosis grading was done. Cases further divided into mild/moderate and severe fibrosis group on basis of liver stiffness measurement (LSM); and levels of CK-18 measured.

Results: CK-18 levels increased with increase in fibrosis grading in a statistically significant manner. CK-18 levels were also able to predict severe fibrosis with a cut-off of 220.34 IU/ml and AUROC of 0.964. Overall CK-18 value had the best specificity, positive predictive value and diagnostic accuracy as compared to APRI and FIB-4. FIB-4 index had the best sensitivity as compared to CK-18 and APRI score in predicting advanced fibrosis (F3-F4) stage.

Conclusions: CK-18 levels increase with increasing fibrosis grade and correlate with non-invasive clinical models like FIB-4 and APRI. CK-18 values can be used in conjunction with FIB-4, APRI and TE for non-invasive evaluation and early prediction of fibrosis, and to prevent future complications associated with NAFLD and cirrhosis.



OP-08

A Prospective Study on Assessment of Clinical Profile and its Co-Relation with Severity Indices in Patients with Acute Pancreatitis.

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Aim: To assess the clinical profile and the efficacy of various severity indices in predicting the outcome of patients with acute pancreatitis.

Methods: This was a prospective study done in a tertiary medical college and hospital during the study period. Along with routine lab parameters, serum amylase, lipase, lipid profile, calcium, CRP, LDH, CT abdomen were done for all patients with acute pancreatitis

Results: A total of 150 patients were analysed. 54 (26%) patients required Intensive care, among them 9 patients (22.2 %) died. 24 patients (16%) had MODS, 18 patients (12%) had pleural effusion, 12 patients (8%) had pseudocyst, 5 patients (3.3%) had hypotension, 5 patients (3.3%) had ARDS and 5 patients (3.3%) had DKA. It is seen that morbidity & mortality was more with high CT severity index, CRP & LDH. 21 patients (14%) underwent open necrosectomy surgery, 7 patients (4.6%) underwent laparoscopic necrosectomy and 12 patients (8%) were tried step up approach but could not avoid surgery. No significant reduction in mortality was seen with surgical intervention.

Conclusion: In acute pancreatitis, initial assessment of serum lipase level, CRP & LDH could be reliable indicators of outcome of patients.



OP-09

Clinical Spectrum and the Predictors of Early Mortality in Patients with Paraquat Intoxication

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Introduction: Paraquat, most commonly used herbicide, is a widely used suicide agent in developing countries due to its widespread availability. PQ intoxication is a serious public health problem, with an estimated annual incidence of 2000 and mortality rate of 60%-70%, in some Asian countries.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Aims and Objectives: This study aims to study early and effective predictor of adverse outcome in paraquat intoxication and more focused management of patients with paraquat intoxication.

Materials and Methods: A hospital based descriptive study conducted on patients with paraquat intoxication presenting in department of medicine, Guru Gobind Singh Medical College and Hospital, Faridkot. Study design was both retrospective and prospective. The present study constituted the series of 18 cases of acute paraquat intoxication.

Results: The majority of patients were male, with most common presenting symptoms breathlessness, then jaundice and decreased urine output. The dose of paraquat ingested is directly proportional to the mortality, and the average amount taken was 80mL. The mortality is 94.4% in less than 7 days after the ingestion.

Conclusion: SOFA and eGFR are based on the extent of multiple organ failure, and can help to predicting early mortality in paraquat poisoning.



OP-10 Role of Serum Ferritin in Dengue and its Correlation with Disease Severity.

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Introduction: Dengue is a self-limiting, systemic viral infection transmitted to humans by mosquitoes. The rapidly expanding global footprint of dengue is a public health challenge with an economic burden that is currently unmet by licensed vaccines, specific therapeutic agents or efficient vector control strategies. The present study is aimed at observing role of raised serum ferritin levels of dengue patients with the disease severity.

Aims and Objectives: The present study was conducted to observe role of raised serum ferritin levels of dengue patients with the disease severity.

Material and Methods: The present cross sectional study was conducted among 50 dengue patients in MMIMS, Mullana. Laboratory investigations included serum ferritin, packed cell volume, and platelet count. Serum ferritin was done by kit based Chemiluminescent Micro particle Immunoassay, packed cell volume and platelet count was done on fully automated hematology analyzer Horiba ABX Pentra 80. Data statistically analyzed by IBM SPSS Statistics v.25 on basis of p value.

Results: Raised serum ferritin levels were observed in 56% of patients with dengue. Significant association was observed between raised serum ferritin with packed cell volume and platelets.

Conclusion: Present study showed 56% prevalence of raised serum ferritin in dengue patients. High level showed strong correlation with increased packed cell volume and low platelet levels, clinically reported with hematological symptoms.



OP-11 Hyperbilirubinemia: A Diagnostic Tool for Acute Appendicitis and its Complication.

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Deptt of General Surgery, Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Acute appendicitis is the most common general surgical emergency. Various blood investigations, radiological investigation, scoring system are used for diagnosis of appendicitis with different sensitivity and specificity but still diagnosis is difficult clinically.

Aims: To evaluate role of hyperbilirubinemia as a potential marker for diagnosis of appendicitis and to evaluate its role in complications.

Material and Methods: Prospective study involving 50 cases over period of 18 months including 15 year of age and above patients but excluding liver disease, immunocompromised patient.

Results: In our study 83.7% and 85.8% patient presented with acute appendicitis and gangrenous and appendicular perforation with total serum bilirubin >1 mg/dl respectively. Hyperbilirubinemia has high positive predictive value (85.7%) with high sensitivity (83.7%) and specificity (84.2%).

Conclusion: Levels of total serum bilirubin is having high significance in aiding the diagnosis of acute appendicitis. Higher total serum bilirubin levels also have a predictive potential for the diagnosis of gangrenous/ appendicular perforation.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-12

Prevalence of Asymptomatic Ischemic Heart Disease among Type 2 Diabetes Mellitus Patients: A Hospital Based Observational Study.

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Introduction: Type 2 diabetes is an important independent and modifiable risk factor for developing coronary artery disease.

Aim: To evaluate asymptomatic ischemic heart disease in type 2 diabetes mellitus patients by exercise treadmill test and to correlate various risk factors of coronary vascular disease with asymptomatic ischemic heart disease identified by exercise treadmill test.

Methods: This study was carried out at Guru Gobind Singh Medical College and Hospital, Faridkot over duration of one year. It was conducted on 180 subjects with type 2 diabetes mellitus aged between 35-65 years with consecutive sampling techniques. The study subjects were then evaluated for the presence of silent ischemia by exercise treadmill testing using RMS TMT Mark II machine.

Results: Exercise treadmill test was positive in 43 (23.89%) out of 180 subjects. Proportion of positive exercise treadmill test was significantly higher in subjects with age >60 years, subjects with BMI ≥ 30 Kg/m² (obese) and those with longer duration of diabetes mellitus (11-15 years group). Presence of positive exercise treadmill test showed positive correlation with HbA1c, hypertension, alcohol use and family history of ischemic heart disease.

Conclusion: Diabetic subjects with age >60 years, higher BMI, raised HbA1c, longer duration of diabetes mellitus and dyslipidemia had significantly higher proportion of positive exercise TMT. Hence, determining silent myocardial ischemia in diabetic patients is important due to high mortality and morbidity of IHD in these patients.



OP-13

Acute Kidney Injury in Dengue Fever.

Hargun Singh, Karun Bhatti. M. M. Institute of Medical Sciences & Research (MMIMSR), Mullana, Ambala.

Introduction: Dengue fever is amongst the most cardinal arthropod-borne infection among humans. Acute kidney injury is so far not a well-studied dengue complication. The renal abnormalities, though not common, are acute kidney injury, proteinuria, glomerulonephritis, and haemolytic uraemic syndrome, which are considered complications of the disease

Aim: This study was designed to evaluate the prevalence of acute kidney injury in dengue fever and find out the predictors of the development of acute kidney injury in patients with dengue.

Methods: Hospital-based cross prospective study was performed, total of 120 eligible patients with dengue were enrolled. Basic biochemical investigations were performed. These patients were evaluated for acute kidney injury based on acute kidney injury network criteria.

Result: The majority of the patients were males 57.5% and the male to female ratio was 1.35:1. Most of the patients were aged between 31 to 50 years 40.8% and mean age was 42.23 ± 16.28 years. Majority of the patients 72.5% had dengue fever, 13.3% of the patients had dengue fever with warning signs and 14.2% of the patients had severe dengue. The prevalence of acute kidney injury was 27.5% in patients with dengue fever.

Conclusion: Based on the findings of this study it may be concluded that, there is a high prevalence of acute kidney injury (27.5%) in patients presenting with dengue fever in the study area hence it cannot be neglected.



OP-14

Spectrum of Fungal Isolates from Various Clinical Specimens.

Harleen Kaur Gill, Deptt of Microbiology, Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: In the recent years, the pathogenic mycoses and fungi have emerged as important infectious agents. The fungus infections can be mild and only superficial or cutaneous or may cause life-threatening systemic illnesses. They have an ever increasing global disease burden and regional estimates for specific fungal diseases are often unavailable or dispersed. This study was carried out to study the spectrum of fungal isolates from various clinical specimens in a tertiary care hospital.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Material and Methods: The study was conducted at department of Microbiology, Guru Gobind Singh Medical College and Hospital, Faridkot. Total 610 clinical specimens suspected of fungal infection were processed by KOH direct microscopy and culture.

Results: Total positivity for fungal infection was 17.87% (109/610). On KOH direct microscopy, 92 were positive while on culture, 86 were positive. On culture, various isolates obtained were non albicans candida (35%), Candida albicans(28%), Cryptococcus spp.(2%), A. fumigatus(12%), A. Flavus (5%), Rhizopus spp. (7%), Mucor spp. (3%), Trichophyton spp. (8%). In this study, younger male population was found to be more susceptible to fungal infection.

Conclusion: This study brings to light the spectrum of common fungal isolates from a tertiary care hospital. Early detection of fungus by microscopic examination can be used as an important screening test for presumptive diagnosis of fungal infection and it would help the clinician in stoppage of antibiotic therapy and in initiating empirical antifungal therapy earlier, which will help better clinical outcome in such category of patient.

OP-15

Antimicrobial Susceptibility Pattern of Escherichia Coli Isolates among Various Clinical Samples.

Harmandeep Kaur Gill, Junior Resident, Dept of Microbiology,
Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: E. coli typically resides in the lower intestinal tract of humans and is one of the most frequent causes of urinary tract infection and is among the most important pathogens causing bloodstream infections, otitis media, wound infections, neonatal meningitis, and nosocomial pneumonia. Antimicrobial resistance is one of the main causes of failure in the treatment of infectious diseases, resulting in increased morbidity, mortality, and cost of healthcare services.

Material and Methods: For this study, a total of 500 specimens like urine, blood, pus, stool, sputum and different body fluids received were processed and inoculated on culture plates and incubated at 37°C for 18-24 hours. After identification, E. coli was processed for antibiotic susceptibility testing on Muller Hinton Agar using Kirby Baeur disk diffusion method. E. coli ATCC 25922 was used as reference strain.

Results: Out of 500 specimens, 180 were culture positive, of which 88 were E. coli isolates. 48(54.5%) E. coli isolates were obtained from female patients while 40(45.5%) were from male patients. Isolation of E. coli was highest in urine (80.68%) followed by pus and other samples. E. Coli were 100% resistant to ampicillin followed by ceftriaxone (85.2%) and ciprofloxacin (63.6%) whereas least resistance was observed in imipenem (21.6%), piperacillin-tazobactam (29.5%).

Discussion: E. coli isolates exhibited high resistance to ampicillin & ceftriaxone. Routine surveillance of antimicrobial susceptibility pattern should be conducted so that rational antibiotic policy could be adopted and reviewed at regular intervals.

OP-16

Clinical and Laboratory Evaluation of Patients Presenting with Fever with Thrombocytopenia in a Tertiary Care Hospital of North India.

Indu Gupta , Divya Soin , Himanshu Khutan. Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Fever with thrombocytopenia is a common condition that is associated with an increased risk of morbidity and mortality.

Aims & Objectives: The study was designed to assess the etiology, clinical features and laboratory profile of fever with thrombocytopenic patients which is of great value in determining the outcome and prognosis in these patients.

Material & Methods: A total number of 50 patients who were admitted with the history of fever with thrombocytopenia were studied. Detailed examination of various systems was done. Routine investigations were done, Specific and Special investigations (Blood & Urine culture, Widal, Antigen test for malaria, IgM ELISA Dengue, Bone marrow examination etc.,) were done as and when indicated.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Results: From this study it was observed that infections (98%) were the most common cause and among infections malaria (36%) was the commonest cause followed by viral illness (34%). Definitive increase in platelet counts was noted after treating the underlying cause.

Conclusion: Thrombocytopenia was the commonest laboratory finding in many fever cases. It is better to do platelet count in all fever cases whether they have bleeding manifestations or not.

OP-17

Penile Fracture: A Study of Outcome.

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Introduction: Penile fracture is defined as rupture of corpus cavernosa. It can involve corpora spongiosa and urethra and is a rare surgical emergency. Various causes of penile fracture are masturbation, vigorous sexual activity or falling or rolling on erect penis. Early surgical intervention reduces morbidity.

Material and Methods: Retrospective Study involving all cases of penile fracture over last 5 years presenting in our unit. Patients were contacted telephonically and physically examined in hospital OPD. A total of 7 cases are reported here.

Result: Mean age of the patients was 33 years, mean time of presentation was 14 hours and mean time to surgery was 2.5 hours. All patients had normal erectile function by day 30.

Conclusion: Penile fracture a rare surgical emergency that challenges patient both socially and mentally. The feeling of embarrassment delays treatment. Appropriate clinical examination is definitive for diagnosis. Early surgical intervention is key to better outcome and reduces the morbidity.

OP-18

Prevalence and Determinants of Anaemia in Patients with Rheumatoid Arthritis and its Correlation with Serum Hepcidin Levels.

Nishant Sharma, PK Gupta, LK Sharma. ABVIMS and Dr. RML Hospital.

Introduction: RA is a multisystem articular disease with haematological abnormalities, anaemia being the most common. Hepcidin is a peptide hormone that reduces intestinal iron absorption. Differentiating iron deficiency anaemia (IDA) with anaemia of inflammation (AI) is difficult. Bone marrow biopsy is done to differentiate the type of anaemia as the treatment is different. Serum Hepcidin has been projected as a new marker for this.

Material and Methods: It was a cross-sectional observational study done in 100 patients with RA. Complete blood count, RBC indices, iron studies, serum ferritin, serum erythropoietin (S. EPO), soluble transferrin receptors (sTfR) and serum hepcidin were evaluated as determinants of prevalence and type of anaemia.

Results: 52.4% cases had anaemia out of which 81.1% had Mixed (AI +IDA) anaemia and 9.4% each had IDA and AI. S. ferritin levels were able to differentiate between AOCD vs. IDA group ($p < 0.001$) and Mixed anaemia vs. IDA group ($p = 0.003$). STfR levels showed significant difference between AOCD vs. IDA ($p = 0.002$) and AOCD vs. Mixed anaemia ($p = 0.023$). S. EPO levels were significantly higher in cases with anaemia as compared to cases without anaemia ($p = 0.015$). Contrary to the literature S. hepcidin levels showed no significant correlation with anaemia or type of anaemia in patients with RA.

Conclusion: Anaemia is very common but under diagnosed in patients with RA. CBC cannot differentiate type of anaemia. Serum Ferritin and sTfR can be used to differentiate between IDA and AI. Serum erythropoietin levels showed paradoxically lower than normal values suggestive of a blunted response to anaemia in RA patients.

OP-19

To Study the Association between Microalbuminuria and Hospital Outcome in Patients of Sepsis in Tertiary Critical Care Hospital.

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Introduction: In sepsis, there is potent activation of the inflammatory cascade that leads to endothelial dysfunction. In the kidney, there is a loss of barrier integrity and a capillary leak in the glomerulus results in increased excretion of albumin in the urine.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Aims and Objectives: This study was done to evaluate the degree of microalbuminuria (Urine ACR) in sepsis in correlation with APACHE II score and to test whether the degree of microalbuminuria could predict mortality in critically ill sepsis patients.

Material and Methods: The present study was conducted on 50 patients admitted to Medical ICU in MMIMSR Mullana Ambala. Spot urine sample was collected within 24 hours of admission. Urine albumin: creatinine ratio was calculated. APACHE II scoring was done at 24 hours of admission. Urine albumin: creatinine ratio was calculated. Patients were followed up during the hospital stay and the outcome of the patient is recorded.

Results: 50 patients included 36 males and 14 females. The mean age was 42.02 years and among non-survivors were 17.06. Urine ACR was 103.38 ± 29.45 $\mu\text{gm/mg}$ among survivors and 177.17 ± 16.06 $\mu\text{gm/mg}$ among non-survivors. Urine ACR was statistically significant with a p-value of 0.0001 for predicting mortality.

Conclusion: Our study concluded that significant microalbuminuria is predictive of mortality which is equivalent to the APACHE II score.

OP-20

Prediction of Coronary Artery Disease in Diabetes Mellitus using Ankle Brachial Pressure Index.

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Introduction: Diabetes mellitus confers a tenfold risk for cardiovascular disease due to accelerated atherosclerosis. ABPI is a non-invasive tool for identifying atherosclerosis and CAD.

Aims: To calculate ABPI in diabetic patients and to correlate ABPI with history of CAD and other vascular complications of diabetes.

Material and Methods: 100 patients of Diabetes Mellitus of more than 5 years duration were included in the study and divided into 2 groups based on presence or absence of CAD in a hospital based observational study. ABPI was calculated for each patient and correlated with CAD and microvascular complications of diabetes. Association of variables was tested using chi square test. ABPI of the two groups was compared using independent t-test.

Results: Microvascular complications were present in 35% cases. Past history of CAD in 58%, stroke in 9%, hypertension in 15% and CKD in 8%. 2D-ECHO showed RWMA in 57 cases while 18 had angiographic evidence. Mean ABPI was 0.79 and 1.17 in the CAD and non CAD group respectively which significant.

Conclusions: ABPI is a simple and non-invasive method for diagnosing PAD may be a useful in prediction of cardiovascular diseases in diabetic patient.

OP-21

Role of Neutrophil Lymphocyte Ratio as a prognostic marker of Dengue.

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Guru Gobind Singh Medical College and Hospital, Faridkot

Introduction: Dengue viral infection is a public health problem with increasing prevalence from 5 lakh cases in 2000 to over 5.2 million cases in 2019. Platelet count and hematocrit are the usual indicators used with less focus on leucocytes. Therefore the purpose of this study was to determine neutrophil lymphocyte ratio in dengue cases and assess its role in relation with various demographic, serologic parameters and platelet count.

Material and Methods: a retrospective study of 100 dengue cases admitted in a tertiary hospital in North India during the monsoon season of 2020 and 2021 was carried out. Clinical data and CBC results were reviewed and analysed. Chi square test was used to compare the variables.

Results: Ns1Ag dengue serology test was found to be more common in males indicating recent infection and Ns1Ag, IgM, IgG more common in females indicating recent and past infection. Neutrophil Lymphocyte ratio (NLR) <2 strongly correlated with low platelets indicating severity of disease and reversal of $\text{NLR} > 2$ correlated with improvement of disease. $\text{NLR} < 2$ was more common in 0-20 years age group, younger the age lesser the NLR and hence more severe the disease.

Conclusion: Decreased Neutrophil Lymphocyte ratio may predict severe thrombocytopenia and hence the severity of dengue viral disease. It may serve as a novel prognostic marker in Dengue.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-22

Prevalence of Chikungunya Virus Infection among Suspected Dengue Patients in a Tertiary Care Hospital in Malwa Region of Punjab, India.

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Introduction: Dengue virus and Chikungunya virus are arboviruses that share the same vector, aedes mosquito. Therefore, they have an overlap in the endemic areas. The diagnosis of Dengue and Chikungunya infections can pose a challenge for the clinician due to overlapping symptoms. Asymptomatic patients often tested for Dengue illness, alone, due to its high mortality rate. There is also a significant lack of awareness about Chikungunya in the community. Chikungunya infections may go undiagnosed in dengue endemic regions and consequently, the true burden may be undermined.

Aims: This study was done to evaluate the relative number of Chikungunya infections in clinically suspected Dengue cases.

Materials and Methods: The serum samples from febrile patients suspected of Dengue were sent to Department of Microbiology, Guru Gobind Singh Medical College, Faridkot and subjected to microbiological investigations, namely - IgM antibody capture ELISA, NS1 antigen capture ELISA (for dengue) and CHIK IgM Capture ELISA kit (for Chikungunya).

Results: In a total of 150 Dengue suspected samples tested for Dengue, 88 samples were found negative for Dengue IgM antibody and NS1 antigen. Out of these cases, 44 samples were found to be positive for CHIK IgM Capture ELISA.

Conclusion: The number of positive Chikungunya cases initially suspected as Dengue is alarmingly high. Hence, it is pertinent to diagnose such cases and aid in reducing the morbidity and mortality in febrile cases only screened for Dengue.



OP-23

Clinico- Etiological Profile of Acute on Chronic Liver Failure.

Shivam Swarnkar, Ulka Kamble. Deptt of Medicine, ABVIMS and Dr. RML Hospital.

Introduction: Acute or chronic liver failure defined by an acute deterioration in liver function in a patient with established chronic liver disease. APASL defined it as "acute hepatic insult manifesting as jaundice (serum bilirubin >5 mg/dl) and coagulopathy (INR >1.5), complicated within 4 weeks by ascites and/or encephalopathy in patient with previously diagnosed 'or' undiagnosed chronic liver disease/cirrhosis", and that it is associated with a high 28-day mortality.

Material: We did cross sectional observational study where 83 patients were included in study according to inclusion and exclusion criteria. They were subjected to detailed history, examination, base line investigations and special investigations.

Results: 95.2% of the patients had upper gastrointestinal bleeding on presentation, 91.7% had hepatic encephalopathy on presentation, 84.5% had visible jaundice, 79.8% had abdominal distension, 42.9% had decrease urine output, 31% had fever and 22.6% had shortness of breath on presentation. On examination 100% of the patients had pallor, 98.8% had icterus, 97.6% had pedal edema, 96.4% had ascites, 73.8% had petechiae, 51.2% had splenomegaly and 2.4% had hepatomegaly. There can various precipitation factor in our study we found 41.7% had sepsis related, 34.5% had alcohol related, 9.5% had Hepatitis B related, 8.5% had idiopathic, 2.4% had drug related and 2.4% had hepatitis c related

Conclusions: In our study we found that around 90- 96% patients presented with UGI bleed and HE, and cause for acute deterioration was sepsis followed by alcohol abuse, viral hepatitis related, idiopathic and drug induced. Maximum mortality was seen in sepsis related ACLF and more stay.



OP-24

ABO Incompatibility in Patients Consuming Indigenous Medications

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Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Most indigenous products in the market today have not been subjected to the approval of FDA. They may contain toxic substances, contaminants unidentified substances which may increase the possibility of adverse effects and causing immune damage to red blood cells.

Case Presentation: We present a series of 6 cases on ABO incompatibility most of the patients, with most common presenting symptoms breathlessness, then jaundice and history of intake of indigenous medicines.

Conclusion: Indigenous products can cause immune or non immune damage to RBCs causing ABO incompatibility which was confirmed by Coomb's test.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-25

To Study Clinical Profile and Paraneoplastic Manifestations of Lung Cancer at Tertiary Care Hospital.

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Introduction: Lung cancer is a malignant tumour of air passages and parenchyma with high mortality and main types small cell carcinoma and non-small cell carcinoma. Non-small cell carcinoma is the most common type with further subtypes such as squamous cell, adenocarcinoma or large cell carcinoma. Risk factors for lung cancer include active smoking, wood, dust, radon and asbestos exposure for prolonged duration. Early screening of high risk patients using chest x-ray or low dose CT scan can reduce mortality. Paraneoplastic syndromes such as humoral hypercalcemia of malignancy (HHM) occur commonly in squamous cell carcinoma while syndrome of inappropriate antidiuretic hormone secretion (SIADH) in small cell lung cancer is common

Material and Methods: This prospective study was conducted in the tertiary health care centre of Armed Forces Chandimandir. The study was conducted in consecutive patients of lung cancer coming over a period of 01 year. The study was an observational study. All study subjects meeting inclusion and exclusion criteria were taken over 1 year period.

Results: Major clinical presentation in study subjects was found to be cough (58%) with sputum (28%), Weight loss (28%), dyspnoea (25%), chest pain (18%), haemoptysis (13%), hoarseness (11%) and pedal edema (8%). Majority histologic type was adenocarcinoma (45%) followed by squamous cell (35%), small cell (18.3%) and carcinoid (1.7%). Majority metastasis was to lymph nodes, brain, pleura and adrenal. Cachexia (28%) was major paraneoplastic manifestation, then hypercalcemia (5%) SIADH (1.6%), cushing syndrome (1.6%) while cutaneous lesion in 3.3%.



OP-26

Prospective Study on Bacteriological Profile and Antimicrobial Susceptibility of Blood Culture Isolates from Chemotherapy induced Neutropenic Cancer Patients in a Tertiary Care Hospital.

Simranjit Kaur, Hardik Bansal, Shilpa Arora, Vishal Sharma, Pardeep Garg.
Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Bloodstream infections with or without a site of primary infection remain the frequent and serious problem in cancer patients treated with chemotherapy.

Aims and Objectives: The present study was conducted to isolate the various bacteria from blood culture in chemotherapy induced neutropenic cancer patients and to determine their antimicrobial susceptibility.

Material and Methods: 50 blood samples were cultured using conventional media and antimicrobial susceptibility testing was done by Kirby-Bauer's disc diffusion method for a period of 6 months.

Results: Clinically significant microorganisms were isolated from 20 of 50 specimens. Majority of the patients had chronic myeloid leukaemia (26%), followed by cervical cancer (14%) and breast cancer & ovarian cancer (10% each). The most frequently isolated microorganisms recovered were gram-negative bacilli (55%) followed by gram-positive cocci (45%). The antimicrobial susceptibility pattern of E. coli showed maximum sensitivity to piperacillin/tazobactam (83.3%) followed by amikacin (66.7%) and imipenem (50%). All the Gram-negative isolates were 100% sensitive to colistin. All Gram-positive cocci including methicillin-resistant staphylococcus aureus (MRSA) and methicillin-resistant coagulase-negative staphylococci (MRCoNS) were 100% sensitive to vancomycin and linezolid. The overall prevalence of MDR Gram-negative bacilli in this study was 55.6%, with highest being in E. coli (66.7%).

Conclusion: Although Gram negative bacilli dominated over Gram positive cocci in blood cultures of cancer patients, Gram positive cocci showed the rising trend. High prevalence of multidrug resistant gram-negative bacilli & methicillin resistant staphylococcus aureus is of concern and suggests the importance of restricting the use of antibiotics in all clinical practices, especially in those who are immunocompromised.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

OP-27

Prevalence of Coeliac Disease in Adult Indian Subjects with Hashimoto's Disease.

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MMU Medical College, Solan (HP) and Deptt of Endocrinology, Golden Hospital, Jalandhar.

Introduction: Association between autoimmune thyroid disease (AITD) and other autoimmune diseases is well-known. The prevalence of coeliac disease (CD) in AITD is estimated at approximately 2–5% worldwide. Objective was to assess the prevalence of CD in the adult subjects with Hashimoto's disease (HD) in Punjab as there is hardly any such data in this population.

Methods: Participants were 357 adult subjects with Hashimoto's Disease, attending the OPD of an Endocrine hospital in Punjab. Hashimoto's Disease was diagnosed by positive thyroid-peroxidase antibodies along with hypothyroidism (Low FT4 and High TSH). Screening for coeliac disease was done by assessment of anti-tissue transglutaminase antibody.

Results: Out of 357 participants 72.8 % were females. Mean age of the participants was 48.5 ± 13.7 years and mean BMI 27.7 ± 6.3 . Mean TSH was 37.6 ± 26.7 . Levels of anti tissue transglutaminase antibody above the normal range were present in 13 (3.60%) subjects.

Conclusion: Coeliac disease (CD) is an immune-mediated enteropathy which can be associated with AITD and the two share genetic connection as PTPN22, the HLA genes and CTLA-4. We have found the elevated levels of TTGA in 3.8% of subjects with HD which is consistent with previous studies from other countries. The prevalence of CD among the general population in North India is 1.04%, which means that subjects with HD have high probability of having CD, so we suggest the routine screening of all adult subjects with Hashimoto's disease for CD even in the absence of symptoms.



OP-28

To Look for Association between Clinical and Biochemical Factors among Patients of Non-Alcoholic Fatty Liver Disease.

Rishu Garg. Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: A significant association is seen between the histological severity of disease and some components of Metabolic syndrome. Waist circumference is a surrogate marker for visceral fat and visceral fat appears tightly correlated with hepatic TG content, elevated ALT, liver inflammation and fibrosis. WC may independently predict liver fibrosis on biopsy.

Methods: The study was conducted on 330 patients diagnosed as NAFLD on ultrasonography, presenting in the outpatient and in-patient department of Internal Medicine at Guru Gobind Singh Medical College and Hospital, Faridkot.

Result: Significant association present between clinical and biochemical factors among patients of NAFLD.

Conclusion: NAFLD is a consequence as well as a precursor of metabolic syndrome. Cardiovascular disease is the leading cause of death in these patients; therefore, adequate diagnosis and effective treatment are critical



OP-29

A Study of Factors Influencing Readmission in General Medicine and its Association with Mortality.

Shiwali Goyal, Ravinder Garg. Deptt of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Admission to general medicine contributes to a large population of total admissions in most hospitals, one of the major contributors being readmissions. Many factors associated with readmissions. This study aims to determine various factors associated with readmission in general medicine and association with 6 month mortality.

Material and Methods: A Hospital based observational study, a total of 100 readmitted patients were taken in the study presenting to the deptt of medicine G.G.S. Medical College and Hospital Faridkot.

Results: A significant association was observed between the number of readmissions and mortality. In the present study maximum number of patients admitted twice (62%), 23% were twice and 3% had five admissions. 18% of patients were expired while 82% of patients were alive at 6 months.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Conclusion: Several patient centric and treatment centric factors influence the rate of readmission. Important one is substance abuses, presence of health insurance, comorbidities, length of hospital stay etc. Timely and effective redressal of these factors may reduce the risk of readmission.

OP-30

Evaluation of Clinical, Endoscopic and Histopathological Profile in Patients with Persistent Dyspepsia.

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Aims and Objectives: Evaluation of clinical, endoscopic and histopathological profile in patients with persistent dyspepsia.

Material and Methods: A hospital based observational study was done in the department medicine at Guru Gobind Singh Medical College & Hospital, Faridkot in OPD or IPD. 180 patients with Non-probability consecutive sampling were included in this study. Patients presenting with clinical symptoms of dyspepsia. (epigastric pain, postprandial fullness, early satiation, epigastric pain, nausea, vomiting) were included in this study. Patients who show features of dyspepsia were subjected to upper GI endoscopy (FUJINON 530-WR video Upper Gastro-Intestinal). Endoscopically biopsy specimens were taken from lower part of oesophagus antrum and upper part of duodenum sent for histopathological examination in the department of pathology, GGSMCH, Faridkot.

Results: Slight male predominance was seen with male female ratio being 1.1:1. Maximum patients were seen in age group 31-50 years with 46.1% patients. Maximum patients (85.6%) complaint of epigastric pain. Followed by nausea or vomiting which was present in 66.7% patients. 57.8% patients had heart burn while indigestion was seen in 48.3% food intolerance and loss of weight was seen in 11.3 and 11.6% patients respectively. Most common endoscopic diagnosis was gastritis (28.1%) followed by gastric ulcer (22.8%), duodenitis (15%), duodenal ulcer (8.9%), esophagitis (7.2%) 4.4% patients had growth and was suspected of carcinoma, 12.8% had normal study. Most common histopathological diagnosis was chronic gastritis (26.1%) followed by gastric ulcer (19.4%), duodenitis (16.7%), duodenal ulcer (8.9%), esophagitis (8.9%) 3.9% patients had carcinoma, 1.1% had intestinal metaplasia while 6% patients had intestinal polyp. In 14.4% patients normal study was reported. No significant association was seen among various histopathological diagnosis and age group (P value = .75). In present study prevalence of H. pylori was 45.6% and was detected by rapid urease test. Maximum patients of gastric ulcer and gastric carcinoma showed the presence of H. pylori whereas none of the patients with normal study showed H. pylori. This association was statistically significant.

Conclusion: H. pylori infection is one of the major causes of dyspeptic symptoms in the north Indian population. Although its prevalence is declining, it is still a public health burden in a developing country like India because it causes considerable individual suffering and, consequently, loss of manpower.

OP-31

Study to Determine the Diagnostic Utility of Treadmill Test in Asymptomatic Coronary Artery Disease Patients with Type II Diabetes Mellitus.

Vikas Kumar, Anil K. Kem. SIMS, Hapur.

Introduction: Coronary artery disease is a crucial macrovascular complication of DM & accounts for high mortality due to silent myocardial ischemia. The probability of significant ischaemia while performing routine activities can be done by Treadmill Test with approx sensitivity & specificity of exercise TMT as ~68% and ~77% respectively.

Aims and Objectives: This study attempts to demonstrate the diagnostic utility of Treadmill Test in asymptomatic coronary artery disease patients with type 2 diabetes mellitus & assessment of asymptomatic CAD by Exercise TMT.

Methods: 20 Patients with type 2 DM patients without clinical evidence of CAD with normal resting 12 lead ECG were included in study. A patient suffering from confirmed IHD (stable angina, unstable angina & myocardial infarction), hypertension & CVA, abnormal resting ECG including bundle branch block, severe osteoarthritis, chronic kidney disease, thyroid disorders & patients with any other disease which may not allow him/her to undergo treadmill test was excluded. Routine investigations including treadmill test were done & result was analysed.

Results: During Treadmill test on Diabetic study participants, we found positive results in 06 (30%) of the study participants suggestive of coronary artery disease. Hence in our study we found 30% prevalence of asymptomatic coronary artery disease based on TMT results.

ABSTRACTS

POSTER PRESENTATION

PP-01

Hepato-Splenomegaly in Rosai- Dorfman Disease: A Rare Presentation in a Rare Disease.

Aditya Gupta, Durgam Vinod, Ravinder Garg. Deptt of General Medicine,
Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Rosai-Dorfman disease (RDD) is a rare, usually self limiting disease caused by a histiocytic proliferation of unknown aetiology in lymph node sinuses and extra nodal tissue. It was previously described as sinus histiocytosis with massive lymphadenopathy. The disease is derived from overproduction of monocyte, macrophages which lead to accumulation of cells in the affected tissues. RDD usually presents with massive lymphadenopathy, but can also involve extra nodal tissues such as skin, liver, spleen, and CNS that can mimic a lymphoproliferative disorder.

Case Report: An 18 years old female presented to the medicine department of GGSMCH, Faridkot with a 6 months history of fever, cough, lymphadenopathy, abdominal distension and generalised body aches with no past history of tuberculosis. Physical examination showed that the patient had prominent generalised lymphadenopathy, non tender massive splenomegaly with hepatomegaly. Fine needle aspiration cytology (FNAC) of cervical lymph node showed lymphoid cell with scattered histiocytes and focal emperipolesis suggestive of Rosai-Dorfman disease.

Conclusion: Rosai-Dorfman disease must be considered as differential diagnosis in patient who presents with bilateral or generalised lymphadenopathy with multisystem complaints, as the disease can present with various characteristics and a close mimicker of lymphoproliferative diseases.



PP-02

Transient Bell 's Palsy Following COVID-19 Vaccination.

Ajay Jain, PG Resident, Deptt of Medicine, VMCC and SJH, Delhi.

Introduction: Bell's palsy is described as an acute, unilateral mononeuropathy of facial nerve resulting in partial, or complete paralysis of face with no identifiable cause. Neurological after-effects include as simple as anosmia, headache to severe ones viz., demyelinating illnesses, especially GBS, seizures and encephalopathy have been reported after introduction of various vaccines against SARS-CoV-2.

Observations: A 62 year old female presented with complaints of sudden onset facial asymmetry and inability to close her left eyelid, having history of taking the first dose of BB-152 COVID-19 vaccine the evening before. No other medical comorbidities or similar episodes in the past. Cranial nerve examination revealed an isolated left facial paralysis involving the upper half of the face. Rest neurological examination was unremarkable. Low dose Prednisolone showed improvements by the second week of illness with complete resolution after 3 months.

Conclusion: Bell's palsy following COVID-19 vaccination is a new entity and warrants attention for active surveillance and reporting of the former. This being reversible or treatable, we recommend that pace of vaccination should continue keeping the risk-benefit ratio of vaccines in mortality prevention notably in diseases like COVID-19.



PP-03

An Interesting Case of Posterior Reversible Encephalopathy Syndrome (PRES).

Ani Abhishek Sharma, PG Resident, Deptt of General Medicine,
M. M. Institute of Medical Sciences & Research (MMIMSR), Mullana, Ambala.

A 48 year old female was brought by relatives to ER with complaints of: Fever x 1 week, Vomiting x 4 days, Abnormal Body movements x 1 day. Patient was not a previously diagnosed case of hypertension, diabetes, seizure disorder or epilepsy and was not on any regular medications. Patient had history of fever for last one week which was treated at an outside centre after which fever had resolved and patient was transfused with four units of PRBCs on a single day. Patient had then developed projectile vomiting one day later and had two episodes of GTCS on the day of presentation and a third one upon presentation

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

to ER. On presentation, patient had a blood pressure of 160/90mmHg with a pulse rate of 72/bpm and neck rigidity was present. LP was performed after ruling out papilloedema and NCCT-Head and empirical treatment for meningitis was started. Patient then developed bradycardia and mannitol was added. Fundus examination, though, showed no papilloedema. On day 2, patient showed improvement and had become conscious and oriented. CSF findings were unequivocal and disregarding of an infective etiology. CEMR-Brain was planned on day 4 of admission, which revealed bilateral vasogenic edema in parietal-occipital region and the patient was diagnosed with posterior reversible encephalopathy syndrome, probably secondary to overenthusiastic blood transfusion. Patient recovered and was discharged in stable condition.

PP-04

A Rare Case of Lepromatous Leprosy with Granulomatous Interstitial Nephritis and Granulomatous Infiltration of Bone Marrow.

Daksh Bansal, Pratap Singh, Garima Baweja.

Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, New Delhi.

Introduction: Leprosy is a chronic infectious disease with a prevalence of 0.2/10000 globally, with South East Asia contributing >60%. The prevalence in India is 0.57/10000 population (March 2020). Lepromatous leprosy (LL) is the most severe form of leprosy, which results in systemic manifestations.

Case Report: 20-year-old female presented with complaints of fever, generalised anasarca and tingling sensation over bilateral lower limbs. On examination multiple hypopigmented lesions were present on her body with multiple nodular lesions on her face and ear lobules. CNS examination revealed small fibre sensory neuropathy of bilateral lower limbs. Investigations revealed hypo-proliferative pancytopenia and 3+ proteinuria with 24 hr quantification proteinuria of 1.5gm. Slit skin smear and biopsy confirmed the diagnosis with a positive AFB and Fite faraco stain. Bone marrow biopsy done in view of pancytopenia revealed infiltration by chronic granulomatous lesion with presence of Langerhans giant cells with positive AFB and Fite stain. Her renal biopsy revealed an epithelioid granuloma in the renal interstitium. Final diagnosis of lepromatous leprosy with pancytopenia due to granulomatous bone marrow infiltration and granulomatous interstitial nephritis was made.

Discussion: Granulomatous infiltration of the marrow led to development of pancytopenia. The presence of viable organisms in the marrow accounts for high rate of relapse; therefore, BM examination with Fite stain is indicated in all patients of LL with pancytopenia. The histological renal spectrum includes glomerulonephritis, amyloidosis and tubulointerstitial disease. Leprosy granulomas have rarely been reported. This case is reported because of rare findings of specific leprosy granulomas in renal tissue.

PP-05

An Uncommon Case of Systemic Sclerosis

Gaurav Rajendra Neve, Arun Tyagi, A.B Khare.

Dr. VVPF's Medical College and Hospital, Ahmednagar, Maharashtra.

Systemic sclerosis (SSc) is a chronic connective tissue disease which has widespread fibrosis in the skin and internal organs. Along with this it has small vessel vasculopathy, immune dysregulation with production of autoantibodies.

This disease has marked clinical heterogeneity in its presentation and severity. There is no definitive and totally effective therapy available as yet to arrest or reverse the progression of fibrosis. Incidence and prevalence are similar in Europe, USA, Australia and Argentina with a prevalence rate of 150-300 cases per million. Lower prevalence of about 120 cases per million is seen in Scandinavia, Japan, UK, India and Taiwan of the varied spectrum of SSc, diffuse cutaneous form of systemic sclerosis (dcSSc) has a severe course and worse prognosis because of internal organ involvement. We present a case of diffuse cutaneous systemic sclerosis in a 37-year-old lady who had signs of widespread dermal involvement along with distinct facial features supported by scleroderma biomarkers. The management has been as per the clinical subset only for the skin involvement. Investigations excluded any respiratory, cardiovascular or renal system involvement.

The aim of presenting this case is its rarity in general population and to highlight the relevance of mutually exclusive autoantibodies in classifying subsets of systemic sclerosis diagnosis, prognosis and management.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

PP-06 Hemichorea-Hemiballismus in Non Ketotic Hyperglycemia- A Rare Presentation.

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Introduction: Nonketotic hyperglycemia or diabetic striatopathy is a rare cause of involuntary movements as a primary manifestation of diabetes mellitus. It mainly affects elderly individual with a triad of hemichorea-hemiballismus, hyperglycemia, and a lesion in the basal nuclei showing a hyperintense signal on T1-weighted images. Clinical and imaging findings are typically unilateral, although can be bilateral in 11.4% of cases, being potentially reversible and usually resolving within 2–12 months after the treatment of hyperglycemia.

Case Report: A 50-year-old male, non-compliant to the treatment of type II DM presented with sudden onset of left upper and lower limb hemichorea 2 weeks prior. Blood tests showed a glucose level of 495 mg/dL with HBA1c of 17.1%. Urine ketones were negative. MRI Brain revealed a right-sided lesion, showing an abnormal hyperintense signal on T1-weighted images and isointense signal on T2-weighted images, located in the region of the lentiform nuclei, with no blooming on GRE images, no abnormal enhancement in post gad images, no evidence of bleeding in the magnetic susceptibility-weighted sequences, and no restricted diffusion on diffusion-weighted imaging. These clinical, biochemical and radiological parameters confirmed the diagnosis of hemichorea–hemiballismus due to nonketotic hyperglycemia. Conclusion: Although the occurrence of hemichorea-hemiballismus is uncommon, the diagnosis should be considered when the bio-clinical and MRI findings are characteristic of the disease to avoid a delay in the appropriate treatment.



PP-07

Liver Tuberculosis – A Rare Presentation.

Karamjeet Dhaliwal, Kiranjit, Kuldeep Singh, Deptt. of Pulmonary Medicine,

Guru Gobind Singh Medical College and Hospital, Faridkot.

Hepatic tuberculosis is one of the rare forms of extrapulmonary tuberculosis. Hepatic involvement has been reported in 10 to 15% of patients with pulmonary tuberculosis and it is a common finding in patients with disseminated tuberculosis. The focal or nodular form presenting as tuberculoma or abscess is uncommon. Hepatic tuberculosis without involvement of lung or another organ is even rare. The prevalence of tubercular liver abscess is 0.34% in patients with hepatic tuberculosis. We report a case of primary tubercular liver abscess without involvement of any other organ of body. Mycobacterium tuberculosis was detected in CBNAAT from pus aspirated from liver abscess. Upon diagnosis, 4-fixed drug Anti-Tubercular therapy was initiated. Patient improved and follow up. USG showed decreased size of abscess. Clinicians in tubercular-endemic regions should maintain a high index of suspicion for hepatic tuberculosis in patients presenting with hepatomegaly, fever, respiratory symptoms, and elevated liver enzymes.



PP-08

A Rare Case of Coexistence of Pulmonary Tuberculosis with Lung Carcinoma.

Karamjeet Dhaliwal, Kiranjit, Diksha Attri, Deptt. of Pulmonary Medicine,

Guru Gobind Singh Medical College and Hospital, Faridkot

Pulmonary tuberculosis and lung cancer rarely coincide together but have been proven to have a definitive link. In this case we describe pulmonary tuberculosis and lung carcinoma diagnosed together in the same lobe of the lung. A patient of age 55 years with complaints of haemoptysis, fever came mycobacterium tuberculosis bacilli detected and rifampicin sensitive on CBNAAT. On local chest examination patient had dilated chest veins. On contrast enhanced CT chest there was enhancing soft tissue mass lesion seen in apical segment of right lung seen indenting trachea and oesophagus? Neoplastic which on fine needle aspiration cytology came out to be malignant. Patient started on anti tubercular treatment and referred to radiotherapy department for further management. Diagnosis of simultaneous occurrence is difficult, given that one can mask the other, however, recognition of the diseases is important and can impact outcomes and patient treatment options.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

PP-09

A Rare Case Presentation of ANA Negative SLE.

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Introduction: SLE is complex autoimmune disease with multi system involvement with wide range of signs and symptoms generally dominant in female population. Clinical presentation of disease in adolescent males is quite uncommon.

Case: Patient 67 year old known case of Coronary artery disease (post PTCA) presented to ER with c/o fever and vomiting for 10 days. Patient had red, purpuric rash all over the body for which he was taking tab prednisolone. Patient also had c/o oral ulcers and multiple joint pains. Previous record showed deranged RFT from 2015. Lab investigation showed serially progressive leucopenia and thrombocytopenia. 24 hour urine protein revealed subnephrotic range proteinuria. Serum C4 levels were decreased. Patient also had c/o photosensitivity over face during hospital stay. ANA panel was negative (both with ELISA and IF), ANTI dsDNA also negative. A provisional diagnosis of SLE was made based on SLICC criteria (oral ulcers, multiple joint pain, leucopenia, thrombocytopenia and decreased C4). Skin biopsy was done s/o psoriasis. Renal biopsy was done i/v/o deranged RFT s/o grade 4 lupus. Patient was started on pulse therapy with inj methylprednisolone 1gm for 3 days f/b oral prednisolone 60 mg (1mg/kg) and other supportive treatment. Patient condition improved thereafter and remains asymptomatic and in regular follow up with normalising CBC, RFT and urine routine.

Discussion and Conclusion: The present case can be classified as rare manifestation of ANA negative connective tissue disorder manifesting as Psoriasis which can be later classified as SLE based on SLICC criteria.



PP-10

An Unusual Presentation of Pulseless Disease.

Nishant Sharma, D Akshay. ABVIMS and Dr. RML Hospital.

Introduction: Takayasu Arteritis (TA) is a form of vasculitis of unknown cause that chiefly affects the aorta and its major branches most commonly subclavian arteries. Although, involvement of pulmonary arteries is rare (<3% patients), affected patients can have cough, chest wall pain, dyspnoea or haemoptysis. Pulmonary manifestation as primary presentation of TA has been reported in a few cases.

Materials: Case report of a young female with acute pulmonary embolism as primary presentation who was subsequently diagnosed with TA.

Observation: A young adult female presented with sudden onset chest pain and breathlessness. Her BP at presentation was 70mmHg systolic in left upper arm and SpO₂- 92% on Room air. Initial investigations showed TLC- 34,500, 2D Echo- LVEF=20-25%, Grade 3 LVDD. Patient was initially managed as a case of myocarditis/sepsis/shock. Her TLC showed declining trend with persistently raised ESR and CRP. CTPA was suggestive of acute and chronic pulmonary thromboembolism. Her clinical condition improved but peripheral pulses remained feeble with absent radial pulse. Inotropes were tapered off as end organ hypoperfusion was not evident. USG upper limb arterial doppler showed patchy monophasic flow and CT angiography showed stenosis in Bilateral subclavian arteries.

Conclusion: Though rare, TA may mimic thromboembolic disease and over time present as Pulmonary Artery Hypertension, complicating the disease. It may even present as an acute thromboembolic event, a life-threatening manifestation. Thus, in the absence of screening/ regular health check-ups a suspicion of TA must be kept in young adults presenting primarily with respiratory symptoms and asymmetric or diminished pulses or Blood pressure.



PP-11

A Furosemide Stress Test to Determine the Progress of an Acute Kidney Injury and the Need for Dialysis.

Pranav Singhal, Anil K Kem, Yatish. SIMS, Hapur

Introduction: The furosemide stress test (FST) has been suggested as a rapid, safe, and easy test to detect tubular integrity, particularly when compared to cutting-edge plasma and urine indications. However, there is a study gap about the results of its clinical application.

Aims: To investigate the ability of furosemide stress test (FST) to predict the development and progression of AKI in critically ill patients.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Methods: Patients with stage I or II AKI [Acute Kidney Injury Network (AKIN) criteria] were administered a standardized dose of furosemide. Post furosemide administration, urine output was measured after 2 hours and outcome as progression to AKIN stage III within 14 days of FST was evaluated.

Results: 72% of patients had UOP <200 ml, and of these 75% patients progressed to AKIN Stage III. 10 out of 16 patients with UOP <200 ml required haemodialysis and 2 out of 42 with UOP >200 ml required haemodialysis (P value < 0.00001).



PP-12

Rare Presentation of Paraganglioma.

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Objective: To help in diagnosing and treating paragangliomas. Paragangliomas (PG) are rare neuroendocrine tumors that arise from the extra-adrenal autonomic paraganglia. PGs can be parasympathetic and thus non secretory or they can be sympathetic and have the ability to secrete catecholamines.

Case: 20 years old female patient came with c/o abdominal pain and acid reflux since 3 months along with intermittent fever since 3 months. Patient was getting treated on OPD basis since past 3 months but did not get any relief. Patient came to MMIMSR general medicine OPD with same complaints and patient was admitted for further evaluation and for taking proper brief history and all investigations and evaluation patient diagnosed as paraganglioma.

Conclusion: Each and every symptom should always be clinically evaluated and along with it proper history should to be taken. This case represents that even rare cases present with common symptoms which is seen in day-to-day life and hence no symptom should be overlooked.



PP-13

Cryptococcal Meningitis in an Immunocompetent Young Male.

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The incidence of cryptococcal infection is high in developing countries like as in India. Cryptococcal meningitis is considered rare in immunocompetent patients and is mainly a disease of immunocompromised patients. Cryptococcal meningitis in immunocompetent patients is less likely to be fatal, because of the powerful immune response. Here we present a case of cryptococcal meningitis occurring in an immunocompetent host with no definite underlying diseases and no history of taking immunosuppressive agents. We emphasis on the importance of timely diagnosis and optimal treatment of the cryptococcal infection in immunocompetent patients.

Conclusion: Cryptococcosis could not only present in immunocompromised patients but also in immunocompetent patient as a cause of meningitis. So, Cryptococcal meningitis should always be a differential diagnosis of TBM on the basis of clinical and laboratory findings as both have similar presentation in immunocompetent patients.



PP-14

Encephalitis as Initial Presentation of Primary HIV Infection.

Shivam Swarnkar. Deptt of Medicine, ABVIMS and Dr. RML Hospital.

Introduction: HIV is a blood borne virus typically transmitted via sexual intercourse, shared IV drugs and vertical transmission. Patient may present with signs and symptoms of any of the stages of HIV infection. HIV encephalitis is usually considered a late manifestation of HIV. Only 3% patients of HIV directly presents as AIDS dementia complex

Materials: All routine investigations, metabolic panel, CSF analysis, TORCH profile, HIV serology and CEMRI brain.

Observations: 40 year, old male presented with chief complaints of abnormal behaviour since 4 months difficulty in moving both UL and LL since 3 months, involuntary passage of urine and stools since 2 month. On examination patient had mild cognitive impairment, tone was increased in all 4 limbs and power was 3/5 in all 4 limbs across all joints. All DTR were exaggerated. All routine investigation, metabolic panel and CSF analysis were normal except HIV by ELISA was reactive and CD4 count was 27. CEMRI brain showed B/L hyperintensity in periventricular white matter and in corona radiata.

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

Conclusion: HIV encephalitis presents in progressive pattern and considered as late presentation of HIV, only 3% patients presents in AIDS dementia complex in initial stages. Clinical presentation may vary from asymptomatic or minor neurocognitive impairment to severe dementia. Subcortical deficits such as psychomotor retardation, decreased concentration, and decreased attention are often the hallmark of the presentation of this disease. PML disease also has similar type of presentation so to differentiate between both we have to rely of MRI findings.

PP-15

Isolated Prostatic Tuberculosis: An Incidental Finding.

Sourabh Phutela, Kiranjit, Kuldeep Singh, Deptt. of Pulmonary Medicine,
Guru Gobind Singh Medical College and Hospital, Faridkot.

Prostatic tuberculosis or tuberculous prostatitis is an uncommon extra pulmonary manifestation of Mycobacterium tuberculosis infection. This is sometimes classified a sub type of granulomatous prostatitis. Prostate localization, especially if it is isolated, is rare. Its incidence is estimated at 6.6% of the urogenital tuberculosis according Scotch Brady Urological Institute in Baltimore. The prostatic achievement is often secondary to tuberculosis of the upper urinary tract. We present a rare case of isolated prostate tuberculosis mimicking as prostate carcinoma in immune-competent patient. Patient presented with complaint of burning micturition with no symptoms of fever, cough, and weight loss. Patient had increased prostate specific antigen (PSA) and increased volume of prostate on ultrasonography whole abdomen and pelvis. On biopsy, histopathology examination showed epithelioid cell granuloma. Patient started on anti tubercular therapy and followed up with PSA which showed fall in value. Tuberculosis of the prostate may be difficult to differentiate from carcinoma of the prostate and the chronic prostatitis on digital rectal examination. Definitive diagnosis must be made by histopathological and bacteriologic studies.

PP-16

Anomalous Single Coronary Artery Originating from Right Coronary Sinus in a Patient Presenting with Ischemic Chest Pain.

Tushti, N S Sidhu, Priyasi Monga, Deptt of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

A single coronary artery is a rare anomaly, with a reported incidence of 0.024%. We describe a case of anomalous coronary arteries – A single coronary artery arising from the right coronary sinus presenting with symptoms of ischemic chest pain– NSTEMI ACS. The patient was diagnosed on coronary angiography when he presented with ischemic chest pain, when LAD AND LCX was found to be arising from right coronary cusp.

PP-17

Arterial Thrombosis: Rare Paraneoplastic Manifestation of Lung Cancer.

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Hospital - Western Command Chandimandir, PTBD University, Rohtak.

Introduction: Cancer patients have a higher incidence of venous thromboembolism (VTE), including pulmonary embolism (PE) and deep venous thrombosis (DVT), compared to the general population. Non-small cell cancer lung have a known association of venous thrombosis with higher risk with advancing disease and post chemotherapy.

Case Report: 39 yrs old married female with nil significant past history of cough, breathing difficulty presented with complaints of pain abdomen since 06 months. On initial examination patient had tachypnoea, tachycardia, epigastric and left upper quadrant tenderness. Complete haemogram, Liver function tests and renal function tests were normal limits. Chest X-ray showed right peri-hilar mass. Urine pregnancy test was positive although serial serum beta HCG showed a declining trend with no sign of intrauterine pregnancy on ultrasonography. CECT chest and abdomen showing s/o Irregular lobulated Right peri-hilar lesion with peripheral calcification and calcified nodular lesion in basal segment of Right lung. Acute SMA thrombosis sparing the origin with minimal ischemic change in small bowel loops was identified. PET found increased FDG uptake. CT guided lung biopsy from Right lung Mass on HPE showed Non small cell carcinoma favouring adenocarcinoma. CK-7 positive, TTFI- weakly focal positive, NSE- positive and pro coagulant work up including APLA, anticardiolipin antibody, Factor V Leiden mutation, homocysteine levels were normal. Echocardiography showed sign of pulmonary vein clot and left atrial clot managed by thrombosuction. Patient was managed as a case of lung Carcinoma with arterial thrombosis by chemotherapy, immunotherapy, anticoagulants and other supportive care.

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PP-18

Epstein-Barr Virus-Associated Hemophagocytic Lymphohistiocytosis Presenting as Pyrexia of Unknown Origin with Fatal Outcome.

Akshita Gupta, 3rd year PG Junior Resident, Government Medical College and Hospital, Chandigarh.

Introduction: Hemophagocytic lymphohistiocytosis (HLH) is a rare and potentially life threatening clinical syndrome which results from reactive or neoplastic mononuclear phagocytic cells and dendritic cell proliferation. Moreover, the pathophysiology of the systemic inflammatory response syndrome and/or sepsis is remarkably similar to HLH.

Materials: We present a case of HLH probably associated with Epstein-Barr virus (EBV) in a 24 yr old female patient. Viral etiology in secondary HLH is well accepted. In this case, clinical picture of HLH was assumed secondary to EBV infection because IgM serology at the time of clinical presentation was the only positive factor in the viral panel. The presence of five of eight diagnostic criteria of HLH led to the diagnosis. Eventually due to multi organ dysfunction, the patient succumbed to death despite prompt treatment initiation.

Observation: As clinical and laboratory features of HLH could overlap with sepsis in most patients, the diagnosis of HLH, especially in adults, is the most challenging aspect of the disease that results in delayed recognition and treatment of rapidly progressive multiorgan system dysfunction.

Conclusion: Clinical signs and symptoms of severe inflammation are evident in EBV-HLH, a disease of pathologic immune activation that may be fatal and can present itself as PUO



PP-19

ANCA- Negative Pauci- Immune Rapid Progressive Glomerulonephritis Associated with Allergic Bronchopulmonary Aspergillosis.

Aman Bansal, 3rd Year PG Resident, Government Medical College and Hospital, Chandigarh.

Introduction: Cresenteric glomerulonephritis is a severe form of glomerular disease for which one of the causes is pauci-immune glomerulonephritis. ANCA-negative pauci immune glomerulonephritis is reported more commonly in South Asia as compared to worldwide. Allergic Bronchopulmonary Aspergillosis (ABPA) is an immunological pulmonary disorder encountered in patients with bronchial asthma.

Materials: We present a case of 23 year old male known case of bronchial asthma, presenting with complaints of low grade fever, dyspnoea and haematuria since 1 month. His HRCT revealed varicose bronchiectasis with mucous plugging and renal biopsy showed pauci- immune cresenteric glomerulonephritis. ANCA and ANA was negative.

Observation: ANCA- negative pauci-immune glomerulonephritis might be a distinct entity from ANCA-positive glomerulonephritis in tropical countries, like India aspergillus can involve both lungs and kidney, immune reaction to aspergillus antigen can cause lead to glomerulonephritis.

Conclusion: The proportion of patients with pauci-immune crescentic glomerulonephritis who lack ANCA is not inconsiderable, and the existence of these individuals has important implications for the understanding of crescentic glomerulonephritis. Immune reaction towards aspergillus antigen can precipitate RPGN in our patient.



PP-20

Masked Polycythemia Vera.

Himanshu Bansal, Maharishi Mankadeshwar Institute of Medical Sciences Ambala, Haryana

A patient 64 year old female presented to medicine OPD with chief complaints of bony pain on/off since 1 year and exaggerated more since 8-10 days. She visited hospital multiple times for the similar complaints in past 1 year but was not relieved symptomatically. During examination conducted in OPD itself patient had hepatosplenomegaly and on sending routine investigations platelet count came out to be 13 lakh with hb of 15.5 gm/dl and with not <50 and on sending jak 2 mutation which came out to be positive, so a rare case of masked polycythemia vera was diagnosed (as Hb<16 and hit<50).

9th Annual Conference of the Association of Physicians of India (Malwa Branch)

MAPICON Bathinda 2022, 15th-18th September 2022

PP-21 Case of Pulmonary Nodules with Gangrene of Foot: Wegeners Granulomatosis .

Syed Zeeshan Zakir.

M. M. Institute of Medical Sciences & Research (MMIMSR), Mullana, Ambala.

Wegener's granulomatosis is a rare autoimmune disease involving small and medium sized blood vessels. Early diagnosis can prevent renal failure. Treatment with Immunomodulators can result in remission of disease in 90% patients.



PP-22 Brucellosis- A Rare Case with Neurological and Pulmonological Involvement.

Megha Dadu, Dayanand Medical College & Hospital, Ludhiana

Introduction: Brucellosis, caused by bacterium of genus Brucella, is one of the most important zoonotic diseases affecting livestock and humans all over the world. Acute brucellosis is a systemic illness which involves multiple organs or organ systems. Because of its wide variations of symptoms, the disease is usually not diagnosed at all or the diagnosis is made in later stages.

Methods: A 22 years old female presented to our hospital in an unconscious and intubated state. As per history, she had altered sensorium for past 7 days with fever for 1 month. On Examination, GCS was E1VtM5, B/L Pupils mid-dilated, B/L plantars were mute. There was no neck rigidity. Her blood counts, LFTs and RFTs came out to be normal. MRI Brain with contrast came out to be normal with no evidence of any acute abnormality. HRCT chest showed evidence of ARDS. Brucella agglutination test came out to be positive and she was started on anti-brucella antibiotics. She responded well.

Discussion: A wide spectrum of presentations can be associated with Brucella. The knowledge of the disease and its various presentations can help in early diagnosis and treatment.



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