ORAL PRESENTATIONS SCHEDULE

No		Time	Name	Topic
			21st September 2023 (Thursday)	
1	OP 6	09:30am to 09:40am	Gurvinder Pal Singh AIIMS Bathinda	Research on three waves of psychotherapy in India.
2	OP 8	09:40am to 09:50am	Kavin Khatri AIIMS Bathinda	Pain relief after operative treatment of multiple extremity fractures with nefopam: randomized controlled trial.
3	OP 1	09:50am to 10:00am	Aashita Mahajan DMC & H, Ludhiana	Evaluation of depression and its association with CD4 count in HIV/AIDS patients undergoing anti-retroviral therapy.
4	OP 2	10:00am to 10:10am	Ajay T Raj MOH, Ludhiana	Clinical profile of newly diagnosed DVT in cancer patients of tertiary care center.
5	OP 13	10:10am to 10:20am	Riya Gautam MOH, Ludhiana	Bacteriological profile and antibiotic sensitivity pattern among cancer patients in a tertiary care hospital.
			22nd September 2023 (Friday)	
1	OP 4	09:30am to 09:40am	Anurodh Dadarwal IVY Hospital, BTI.	Randomized comparison of proximal and distal radial access for coronary angiography and interventions.
2	OP 7	09:40am to 09:50am	Kashish Chaudhary GGSMC&H, Faridkot	Assessment of interleukin-6 level in patients with liver cirrhosis and its correlation with mortality and severity of liver disease.
3	OP 9	09:50am to 10:00am	Mandeep Singh GGSMC&H, Faridkot	Association of iron deficiency anemia with hba1c levels in non diabetics and effect of iron therapy on HbA1C levels.
4	OP 11	10:00 am to 10:10am	Naveen Kumar GGSMC&H, Faridkot	Study of spectrum of neurological manifestations among people living with HIV/ AIDS and its association with CD4 count.
5	OP 15	10:10am to 10:20am	Shruti Jain GGSMC&H, Faridkot	Association of clinical and biochemical factors among patients of non-alcoholic fatty liver disease.
6	OP 17	04:00pm to 04:10pm	Srishti GGSMC&H, Faridkot.	Clinical comparison of clinico-etiological profile of urinary tract infections among diabetics & non-diabetics in tertiary care hospital.
7	OP 19	04:10pm to 04:20pm	Sushama Bhardwaj GGSMC&H, Faridkot	Assessment of cardiovascular parameters on submaximal treadmill exercise in obese vs non obese adults.
8	OP 20	04:20pm to 04:30pm	Swarnjeet Singh GGSMC&H, Faridkot	Assessment of obstructive sleep apnea (OSA) among patients undergoing ambulatory blood pressure monitoring (ABPM).
9	OP 21	04:30pm to 04:40pm	Tushar Akare GGSMC&H, Faridkot	To study serum magnesium levels in type 2 diabetes mellitus with nephropathy.
10	OP 10	04:40pm to 04:50pm	Manpreet Kaur GMC, Patiala	Prevalence of chronic obstructive pulmonary disease and respiratory symptoms in rural non-smoking women with biomass exposure: a cross-sectional study.
11	OP 12	04:50pm to 05:00pm	Puneet Kaur GMC, Patiala	Long-haulers unveiled: a deep dive into post-COVID-19 symptoms among hospitalized and non-hospitalized patients over two years in Punjab.
12	OP 23	05:00pm to 05:10pm	Ayush Garg GGSMC&H, Faridkot	Study of visual evoked potentials in posterior circulation ischemic stroke.
			23rd September 2023 (Saturday)	
1	OP 14	09:30am to 09:40am	Shaminder Singh GMC, Patiala	Navigating the nexus: weight, radiology and BMI in tuberculosis therapy outcomes.
2	OP 18	09:40am to 09:50am	Staphy Garg GMC, Patiala	Beyond the cure: the hidden pulmonary aftermath of tuberculosis.

3	OP 22	09:50am to 10:00am	Vijendra Patle GMC, Chandigarh	To study the electrocardiographic and echocardiographic abnormalities in chronic alcoholic patients.
4	OP 16	10:00am to 10:10am	Sreehari S MOH, Ludhiana.	Association of hypomagnesemia with type 2 diabetes mellitus and its complications.
5	OP 3	10:10am to 10:20am	Anurag Dahra GMCH, Chandigarh	Procalcitonin guided antibiotic therapy in community acquired pneumonia.
6	OP 5	04:20pm to 04:30pm	Aunkar Noor Kaur SGRDUHS Amritsar	Prevalence of substance abuse among adolescents and young adults in rural Punjab : a cross sectional study.

POSTER PRESENTATIONS SCHEDULE

		21st September 2023 (Thursday)		
1	PP 4	01:00pm to 01:10pm	Jatin AIIMS Bathinda	Morphometric study of occipital condyles and its surgical implications.
2	PP 2	01:10pm to 01:20pm	Bikram Pal S. Longia DMC, Ludhiana.	Hepatic artery aneurysm : a rare cause for upper GI bleed.
3	PP 8	01:20pm to 01:30pm	Riya Gautam MOH, Ludhiana	Posterior reversible encephalopathy syndrome (PRES) in eclampsia – a case not to miss … twice!
4	PP 1	01:30pm to 01:40pm	Abhinav Manchanda MOH, Ludhiana	To study and compare the clinical profile, etiology, risk factors and complications of urinary tract infection amongst diabetic and non diabetic patients.
5	PP 16	01:40pm to 01:50pm	Yuvika Saini DMC&H, Ludhiana	A rare presentation of hodgkin lymphoma with obstructed lymphatics.
		22nd September 2023 (Friday)		
1	PP 5	01:00pm to 01:10pm	Kashish Chaudhary GGSMC&H, Faridkot	Cerebral venous thrombosis complicated with tubercular meningitis: a rare presentation.
2	PP 7	01:10pm to 01:20pm	Mandeep Singh GGSMC&H, Faridkot	Coarctation of aorta: cause of secondary hypertension in young.
3	PP 11	01:20pm to 01:30pm	Srishti Mukhi GGSMC&H, Faridkot	An unusual case of stent thrombosis leading to acute left main coronary artery occlusion.
4	PP 13	01:30pm to 01:40pm	Swarnjeet Singh GGSMC&H, Faridkot	Percutaneous retrieval of lost guide wire during central venous catheterisation using a handmade snare.
5	PP 14	01:40pm to 01:50pm	Tushar Akare GGSMC&H, Faridkot	Bilateral renal artery stenting in a young patient with renal artery stenosis.
6	PP 12	01:50pm to 02:00pm	Staphy Garg GMC, Patiala	Unmasking the enigma: lupus pneumonitis - an intricate diagnostic challenge.
7	PP 10	02:00pm to 02:10pm	Shaminder Singh GMC, Patiala	Face to face with cutaneous TB: decoding lupus vulgaris.
8	PP 17	02:10pm to 02:20pm	Ayush Garg GGSMC&H, Faridkot	An unusual case report of adult onset hereditary cerebellar ataxia.
		23rd September 2023 (Saturday)		
1	PP 6	01:00pm to 01:10pm	Lovish Batheja GGSMC&H, Faridkot	An unusual presentation of toxoplasma in immunocompromised patient.
2	PP 18	01:10pm to 01:20pm	Onam Singh AIIMS, Bathinda	Identification of genes expressed differentially in response to anti inflammatory drugs in rheumatoid arthritis and ulcerative colitis
3	PP 15	01:20pm to 01:30pm	Vijendra Patle GMC, Chandigarh	Myriad of clinical findings in an infective endocarditis patient.
4	PP 9	01:30pm to 01:40pm	Sayantan Mukherjee GMC, Chandigarh	Hydatid cystic disease: masquerading as a space occupying lesion in a cirrhotic liver.
5	PP 3	01:40pm to 01:50pm	Inderjot Kaur Jaipur, Rajasthan	Breaking the mold: spasticity-lacking presentation of autosomal recessive spastic ataxia of charlevoix-saguenay.

ABSTRACTS
ORAL PRESENTATIONS

OP-01 Evaluation of depression and its association with CD4 count in HIV/AIDS patients undergoing anti-retroviral therapy.

Aashita Mahajan, Dayanand Medical College & Hospital, Ludhiana.

Materials and Methods: Data collection was conducted at a tertiary care hospital in a developing country using a questionnaire-based study design. A structured questionnaire gathered socio-demographic characteristics and the Hamilton Depression Rating Scale (HAM-D) was employed to assess depression. The CD4 count at the time of recruitment was also recorded.

Results: Our study, comprising 111 HIV patients (60 males, 51 females), undergoing antiretroviral therapy, revealed a significant association between depression severity and family type (p=0.006), income (p=0.012), CD4 count (p=0.001), and time since diagnosis (p=0.001). Notably, patients from extended families (13 of total) had higher depression severity compared to those from nuclear families (98 of total). Lower-income brackets (<5000 INR, n=31) were more prone to severe depression. Lower CD4 counts (<=200, n=9) were associated with more severe depression. Patients diagnosed less than 2 years ago (n=38) had higher depression severity. No significant correlation was found between depression severity and age (p=0.926), gender (p=0.226), occupation (p=0.175), disease duration (p=0.08), treatment duration (p=0.163), history of abuse (p=0.921), or presence of comorbidities (p=0.824).

Discussion & Conclusion: This study provides a point prevalence assessment of depression in HIV patients. Depression was least common in patients working as drivers, while depression ranging from mild to very severe was observed among housewives. Patients from nuclear families and lower-income brackets reported higher depression rates. The CD4 count showed variable associations with depression. This study's main limitations include its small sample size and single-center design, potentially limiting the generalizability of the findings. The self-reported nature of data could also introduce response bias.

OP-02 Clinical profile of newly diagnosed DVT in cancer patients of tertiary care center.

Ajay T Raj, 2nd year DNB, Deptt. of General Medicine, Mohandai Oswal Hospital, Ludhiana.

Introduction: Cancer-associated thrombosis (CAT) is influenced by a number of cancer related risk factors including cancer site, cancer stage, histological subtype, time since diagnosis, chemotherapy.

Aims and Objectives: To study the association of DVT with type, site and stage of cancer. To study time interval between diagnosis of cancer and development of DVT.

Materials and Methods: This is a non-interventional, cross-sectional, observational study, this study was conducted in OPD, wards and ICU of Mohandai Oswal Hospital, on cancer patients newly diagnosed with DVT.

Inclusion Criteria: All cancer patients presenting to OPD or admitted in ward/ICU with suspected DVT and screened positive for DVT using screening investigations.

Exclusion Criteria: Patients who are already on anticoagulants, patients who are already diagnosed with DVT, already diagnosed case of pulmonary embolism**.** The study was done in 50 cancer patients of MOH presenting in OPD or admitted in ward newly diagnosed with DVT.

Results: In this study of 50 cases with DVT the maximum number of DVT cases are seen in adenocarcinoma (30%), the greatest number of DVTs are seen with CA Breast (29%), of cancer stage III (50%). The time interval after which DVT develops is usually after 1 year (60%).

Conclusion: The fact is that DVT is preventable especially in hypercoagulable states like malignancies. It is most important to identify symptom at the earliest and initiate treatment, also the role of prevention is equally important in IP patients.

OP-03 Procalcitonin guided antibiotic therapy in community acquired pneumonia.

Anurag Dahra, Mehak Trehan, Pritam Singh.
Deptt. of General Medicine, Government Medical College and Hospital, Sector – 32, Chandigarh.

Introduction: Efforts to reduce non indicated and unnecessarily long antibiotics treatment for community acquired pneumonia has been through the use of biomarkers, like procalcitonin. It can be used as a surrogate marker of host response to bacterial infections, which can aid in guiding antibiotic therapy.

Aim and Objectives: To evaluate procalcitonin as a guide of the duration of antibiotic use in community acquired pneumonia, and further relate with severity scores, clinical response and complication.

Material and Methods: This study was conducted on those diagnosed as community acquired pneumonia. 40 cases were included in this study. Procalcitonin level was done within 24 hours of presentation (day 0), day 3 and day 5 in both the groups and then it was correlated with the use of antibiotics in the PCT group while the treating physician will be blinded about procalcitonin values in the control group. The continuation of antibiotic was discouraged in those with procalcitonin value less than 0.2mcg/L.

Results: There was a significant difference (W = 112.000, p = 0.016) between the 2 groups in terms of days of antibiotics with the mean days of antibiotics being 6.45 for IG and 8.65 for CG, while there was no significant difference with respect to CURB65, other clinical parameters and rate of complication.

Conclusion: Use of procalcitonin substantially reduced antibiotic use without compromising outcome, resulting in a similar rate of adverse outcomes, clinical profile, re-admission and mortality, thus suggesting it could have important clinical and financial implications.

OP-04 Randomized comparison of proximal and distal radial access for coronary angiography and interventions.

Anurodh Dadarwal, Director, Deptt. of Interventional Cardiology and Cathlab, IVY Hospital, Bathinda.

Introduction: Distal radial artery (DRA) access in anatomical snuff box is novel technique of coronary angiography and angioplasty. The most important complication of proximal radial artery (PRA) access at wrist is radial artery occlusion (RAO) which may be decreased by DRA access. This study was conducted to compare safety, efficacy and feasibility between PRA and DRA approach in randomized fashion.

Material and Methods: 320 patients were randomized in PRA and DRA groups at SGPGIMS. Primary endpoint were cannulation failure and transradial failure. Secondary safety outcome includes major complications like compartment syndrome, need for vascular surgery, hand dysfunction, nerve palsy, arteriovenous fistula, hematoma requiring blood transfusion, proximal radial artery occlusion and minor complications like radial artery spasm, hematoma not requiring transfusion or causing compartment syndrome, ecchymosis, local edema, paresthesia, pseudoaneurysm, efficacy outcome were puncture attempts, cannulation time, procedure time, radiation dose, hemostasis time and quality of life endpoint was pain score .

Results: Each group was having 160 patients. Cannulation failure was more in DRA group (7.5 % vs 2.5 %, P<0.001) without difference in transradial failure (n=3 vs 4, p =0.764). There were no major complications in both groups except RAO which was significantly less in DRA group (0 % vs 5.2 %, p= 0.007). Puncture attempts, cannulation time, pain score were more in DRA (1.65 vs 1.29, P<0.001; 3.23 vs 2.62 minutes, p<0.001;25.5 vs 21.6 minutes, p=0.039 respectively). There was no significant difference for minor complications in both groups.

Conclusion: DRA approach is as safe and feasible as PRA approach and causes significantly less RAO.

OP-05

Prevalence of substance abuse among adolescents and young adults in rural Punjab : a cross sectional study.

Aunkar Noor Kaur, 2nd Prof. MBBS Student, SGRDUHS, Amritsar.

Drug abuse is a global phenomenon, spreading across many regions. India has also fallen prey to this malevolent happening. In the Global Drug Policy Index, India ranked 18, out of the 30 countries that were drawn from across regions on how humane and health-driven their drug laws and policies are.

The present cross sectional study was conducted among 200 adolescents and young adults in Talwandi Sabo, district Bathinda. A preformed, semi-structured questionnaire was used to collect information on type and frequency of drugs abused and other sociodemographic variables. A total of 200 subjects were studied between the age group of 11 and 40 years, with the mean age of 27.05 ± 7.6 years. Out of total 200 subjects, 90.1% were males and 9.9% were females. The prevalence of the substance abuse among the study group was 73.2%., and the most common substance abused was alcohol (52.2%), followed by heroin (28.7%). A high prevalence of bhukki (24.2%) and tramadol (15.9%) was also noted among the study subjects. Out of the total heroin abusers (number = 41), nearly half of them (19) were taking the drug through intravenous route, while the rest of them were taking it as a sniff or smoke. A significant association of drug abuse was observed with male gender, illiteracy and age above 25 years. 80.8% (118) subjects responded to have gone to some one (family/friends/professional) for help regarding their substance abuse problem and 57.5% (83) were involved in a treatment plan specifically for drug de-addiction.

OP-06

Research on three waves of psychotherapy in India.

Gurvinder Pal Singh, Sahildeep Kaur, Sharanjot Kaur, Meghna Gupta, Deptt. of Psychiatry, AIIMS, Bathinda.

Suffering is a central concern of psychotherapy modalities. The authors reviewed the existing work done by various stalwarts and researchers in area of various waves of psychotherapy in India in last 15 years. The non-pharmacological treatment has been available as a useful form of intervention for various psychiatric disorders in India. It remains underutilized in India due to various clinical and non-clinical factors. There has been a dearth of Indian studies on different types of psychotherapy. The reasons for small data of studies are lack of training facilities in India and inadequate trained manpower. The psychological treatment like psychoanalysis, behaviour therapy, cognitive therapy, hypnosis etc are not as popular as pharmacological treatment but this scenario is changing particularly after COVID-19 pandemic. A large number of patients are preferring methods of non-pharmacological interventions. Psychotherapy training receives only lip service in India and is yet to take off the ground and thus patient care is affected. Besides manual searches in leading Indian psychiatric journals we conducted searches in PubMed, Google scholar and scopus databases. Our finding included that cognitive behavioural model is mostly followed in Indian context. The majority of psychiatrist have learned psychotherapy on their own by trial and learning methods.

OP-07

Assessment of interleukin-6 level in patients with liver cirrhosis and its correlation with mortality and severity of liver disease.

Kashish Chaudhary, Chavi Sharma , Sumit Pal Singh Chawla.
Deptt. of Medicine, Guru Gobind Singh Medical College & Hospital, Faridkot.

Materials and Methods: This study included 50 patients of liver cirrhosis diagnosed on the basis of clinical features and ultrasound was enrolled for the study and assessment of IL-6 level and its correlation with mortality and severity of liver disease.

Results: Majority of patients were males (82%). Majority of the patients had Grade-3 ascites (40%). Majority of the patients presented with Grade-1 encephalopathy (64%). Of 50 patients, 20 patients had grade – 3 ascites with mean IL-6 value of 65.45 ± 48.89. There was a statistically significant relation between grade of ascites and IL-6 levels (p = 0.0001), as increasing

trends of IL-6 values were observed with increasing grades of Ascites. A significant relation between CTP class and IL-6 values (p= 0.0001) was observed. Increasing CTP class showed rising trends of IL-6 values. Statistically significant relation found between outcome and IL-6 values. Statistical analysis shows a positive association between IL-6 and INR value. Statistical analysis shows a negative association between IL-6 values and serum albumin values. Statistical analysis shows a strong positive association between IL-6 values and CTP score.

Conclusion: IL -6, in this study, was found to be significantly associated with severity of liver cirrhosis in terms of CTP score, class and even individual components of CTP. IL-6 can be a novel biomarker which can contribute to the above in addition to traditional CTP score, MELD score and other biomarkers.

OP-08

Pain relief After operative treatment of multiple Extremity Fractures with nefopam: randomized controlled trial.

Kavin Khatri, AIIMS Bathinda.

Introduction: Opioid medication in combination with acetaminophen is commonly given to patients after surgical treatment in periarticular and multiple extremity fractures. The aim of the study was to determine whether administration of acetaminophen with nefopam is non inferior to acetaminophen with tramadol in cases of periarticular fractures and multiple extremity fractures.

Methodology: 92 patients with periarticular or multiple extremity fractures were randomized from June 2014 to December 2019 in this trial conducted at a tertiary care in India. Patients were randomized to receive acetaminophen with nefopam and acetaminophen with tramadol in standard doses as per the need at the time of discharge. The primary outcome was measured as pain relief on 100 point VAS scale. The differences between groups were reported for intent to treat and per protocol analyses.

Results: In total 92 patients with equal baseline characteristics were analysed, the first group consisted of 46 subjects and the group consisted of 48 subjects. The mean satisfaction with pain management was for first group and for the second group. The mean difference of 0.2 (95% confidence interval, -0.78 to1.3 points) did not exceed the non inferiority margin of 2.0 points denoting that first group medication were not inferior to second group medication.

Conclusion: The study provided evidence to suggest that combination of acetaminophen with nefopam is not inferior to acetaminophen with tramadol in periarticular fractures and multiple extremity fractures patients who were treated operatively. Tramadol has addictive properties with significant side effects, nefopam is an alternative for patients who are recovering from multiple injuries.

OP-09

Association of iron deficiency anemia with HbA1C levels in non diabetics and effect of iron therapy on HbA1C Levels.

Mandeep Singh, Rishu Garg, Sumit Kumar, Ravinder Garg.
Deptt. of Medicine, Guru Gobind Singh Medical College & Hospital, Faridkot

Aims &Objectives: To study the level of HbA1c in non diabetics with iron deficiency anemia and its association with HbA1c levels in non diabetics.

Material & Methods: This study was conducted on 90 patients with iron deficiency anemia, out of which 15 was the drop out taking the final figure to 75 subjects. All patients under went investigations like HbA1c, serum ferritin, serum iron, total iron binding capacity (TIBC), haemoglobin, peripheral smear examination, mean corpuscular haemoglobin (MCH), mean corpuscular volume (MCV), mean corpuscular haemoglobin concentration (MCHC), blood urea and serum creatinine. The

diagnosis of iron deficiency anemia was confirmed when peripheral blood smear shows microcytic hypochromic anemia, serum iron<30mcg/dl, TIBC>300mcg/dl and ferritin <15mcg/dl. Iron supplementation in form of oral ferrous sulphate (325 mg in each tablet) as per the severity of anemia was given for 3 months. Investigations were repeated after 3 months of iron therapy and was compared using appropriate statistical method. For TIBC estimation, the serum is treated with excess of ferrous ions to saturate the iron binding sites on transferrin.

Conclusion: Study observed a significant correlation between IDA and elevated HbA1C level in non diabetic population. HbA1C increases with severity of anaemia and vice versa. When considering the prevalence of IDA in society and the common use of HbA1c, how anemia affects HbA1c has become an important tissue

OP-10 Prevalence of chronic obstructive pulmonary disease & respiratory symptoms in rural non-smoking women with biomass exposure: a cross-sectional study.

Manpreet Kaur, Surinderpal Singh, Kamaldeep Singh, Gurpreet Singh, Vishal Mehrolia.
Deptt. of Pulmonary Medicine, Government Medical College, Patiala.

Introduction: COPD significantly contributes to global morbidity and mortality. Rural women in developing nations are particularly vulnerable due to prolonged exposure to indoor pollutants from biomass fuel combustion during daily chores.

Aims and Objectives: To find the prevalence of COPD and respiratory symptoms in rural non-smoking women with biomass exposure.

Materials and Methods: This is a cross-sectional study done at a tertiary care medical college and hospital in Punjab. 150 non-smoking rural women aged above 40 years with history of biomass exposure were included in the study. Subjects were interviewed using a questionnaire including information about duration and hours of exposure/day, presence/absence of respiratory symptoms, indoor /outdoor kitchen, presence /absence of ventilation and passive smoking exposure. Spirometry as per the ATS 2019 guidelines, was done to record pre and post-bronchodilator FEV1/FVC values.

Results: Of the 150 participants, 74 (49.3%) had presence of respiratory symptoms. Spirometry confirmed COPD in 41 subjects (27.3%), noting a global prevalence of 9.5% in women. The highest COPD prevalence was observed in subjects with over 10 years of biomass exposure, exceeding 2 hours daily, in indoor kitchens with inadequate ventilation.

Conclusion: Prevelance of COPD and respiratory symptoms in women exposed to biomass is high. A compelling correlation exists between the duration of biomass exposure and the COPD risk.

OP-11 Study of spectrum of neurological manifestations among people living with HIV/ AIDS and its association with CD4 count.

Naveen Kumar, Baljinder Kumar, Sumit Kumar, Ravinder Garg.
Deptt. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Aims and Objectives: To study the spectrum of various neurological manifestations among PLHA and its association with CD4 count.

Material and Methods: This study was be conducted on 100 PLHA presenting in ART centre after approval from Institutional Ethics Committee, GGSMC& H Faridkot. A detailed clinical history and CNS examination, routine investigations including CD4 count, along with other relevant test if required.

Results: Mean age of study subjects was 30.2 ± 5.9yrs. Mean value of CD4 Count (cells/mm^3) of study population was 228.45 ± 167.63. Mean value of CD4 Count (cells/mm^3) of study population was 228.45 ± 167.63. Headache followed by fever. TBM was the most common CNS manifestation in 33% cases. Mean ± SD of CD4 count(cells/mm^3) in patients without cryptococcus was 279.74 ± 169 which was significantly higher as compared to patients with cryptococcus (108.77 ± 82.47). (p Value

<.0001). Mean ± SD of CD4 count (cells/mm³) in patients with cranial nerve Involvement was 300.88 ± 206.22 which was significantly higher as compared to patients without cranial nerve involvement (205.58 ± 147.78). (p value=0.014). Mean ± SD of CD4 Count(cells/mm³) in patients with CVA was 311.78 ± 233.12 which was significantly higher as compared to patients without CVA (197.63 ± 124.28).(p value=0.021).

Conclusion: In our study majority of the patients of PLHA were the younger age group (21- 30 yr) with male predominance. The proportion of opportunistic infection increases with a relative decrease in CD4 count. The most common infection was cryptococcal meningitis in PLHA with CD4 count below 200 cells/mm3. It was also observed that peripheral manifestations were more common when the CD4 count dropped below 200/mm3.

OP-12 Long-haulers unveiled: a deep dive into post-COVID-19 symptoms Among hospitalized and non-hospitalized patients over two years in Punjab.

Puneet Kaur, Surinder Pal Singh, Kamaldeep, Vishal Mehrolia.
Deptt. of Pulmonary Medicine, Government Medical College, Patiala.

Introduction: The COVID-19 pandemic caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), has impacted millions globally. While initial efforts concentrated on acute in-hospital care, emerging data suggests a significant prevalence of prolonged post-acute sequelae of SARS-CoV-2 infection, commonly termed "long-COVID."

Aims and Objectives: To compare the long term post-COVID-19 symptoms after acute SARS-CoV-2 infection among hospitalized and nonhospitalized patients.

Materials and Methods: A prospective cohort study was conducted in 226 hospitalized and 245 non-hospitalized patients infected with SARS-CoV-2, confirmed via RTPCR assay. A two-year follow-up was conducted post-infection.

Results: Of the participants, 64.2% of hospitalized and 58.4% of non-hospitalized patients reported at least one post-COVID-19 symptom after two years. The most prevalent symptoms were fatigue (44.7% vs. 41.6%) and memory loss (16.8% vs. 12.2%), followed by headaches (13.7% vs 8.1%) and gastrointestinal symptoms (11.5%vs8.57%). During the acute phase, dyspnea was notably higher in hospitalized patients (42%), potentially influencing their need for hospitalization. Fever prevalence was comparable in both groups (69.9% vs. 64.9%).

Conclusion: The result of study shows that presence of post-COVID-19 symptoms were 64.2% among hospitalized and 58.4% among non hospitalized patients that may affect quality of life or work capabilities. This evidence supports long term follow up of COVID-19 effected patients with specific attention and rehabilitation independent of hospitalisation status.

OP-13 Bacteriological profile and antibiotic sensitivity pattern among cancer patients in a tertiary care hospital.

Riya Gautam, 2nd year, DNB Resident, Mohandai Oswal Hospital, Ludhiana.

Introduction: Keeping in mind the ever-changing microbiological profile of infections in cancer patients, it is imperative that data about the locally prevalent pathogens and their antimicrobial sensitivity patterns should be generated and analyzed to decide appropriate empirical therapy.

Objective: This study aims to determine the microbial profile of infections in patients with hematologic and solid malignancies and to determine the antimicrobial sensitivity pattern for these pathogens.

Methodology: This cross sectional study over 1 year included admitted patients with biopsy proven malignancy with fever with age 18 years or above whose relevant cultures had sent before starting antibiotics and was conducted in medicine department in Mohan Dai Oswal Hospital, Ludhiana.

Results: Out of 150 patients examined, 54% were female and 46% was proven hematological malignancy. Most common organism in blood was staph aureus, in urine was klebsiella, in stool was E. coli, in wound was staph aureus and in sputum,

pseudomonas and staph aureus were equally prevalent. The median duration of stay in hospital was 7 days. 42% of the total positive sample were growing MDR organism. In 70% of the cases, the treatment was modified after the sensitivity pattern and 94% of the patient improved and discharged after recovery.

Conclusion: There is, in general, a high level of antibiotic resistance among gram negative bacilli, particularly E. coli and klebsiella pneumoniae.

OP-14

Navigating the nexus: weight, radiology and bmi in tuberculosis therapy outcomes.

Shaminder Singh, Surinderpal Singh, Kamaldeep Singh, Kailash Meena.
Deptt. of Pulmonary Medicine, Government Medical College, Patiala.

Introduction: Globally, tuberculosis stands as a leading lethal communicable disease. Malnutrition, a recognized precursor to active tuberculosis, impedes T lymphocyte proliferation, weakening cell-mediated immunity and increasing infection susceptibility. Notably, weight loss at TB diagnosis is a risk factor, while weight gain during treatment serves as a potent treatment efficacy marker.

Aim: To meticulously investigate and elucidate the intricate relationships between radiological outcomes, body mass index (BMI), and weight variations in patients diagnosed with pulmonary tuberculosis. This study seeks to provide a comprehensive understanding of how these parameters interact and influence each other during the course of anti-tubercular therapy, potentially offering insights into treatment efficacy and patient prognosis.

Materials and Methods: Included were pulmonary tuberculosis patients aged >18, based on microbiological confirmation and clinico radiological criteria, excluding pregnant individuals. BMI, chest X-ray PA-view were procured at anti-tubercular-therapy initiation and subsequently at 3 and 6 months.

Results: At the end of 6-months, 96.36% of participants had weight gain, 0.91% experienced weight loss and 2.73% maintained a stable weight. In comparison from initiation of ATT, gain in mean weight, parenchymal clearance in CXR were observed 6.74%, 25% at 3 months while 8.01%, 70.50% at 6 months respectively. Post-treatment initiation, a notable increase in average weight and BMI was observed, paralleled by enhanced chest x-ray outcomes, predominantly concerning parenchymal involvement.

Conclusion: Monitoring baseline weight, height and chest X-ray during the initial 6 months of anti-tubercular therapy can potentially pinpoint patients with a propensity for either favourable or adverse outcomes.

OP-15

Association of clinical and biochemical factors among patients of non-alcoholic fatty liver disease.

Shruti Jain, Deptt. of Medicine, Guru Gobind Singh Medical College & Hospital, Faridkot.

Materials and Methods: The present study was conducted on the 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. Total of 330 patients were included in the present study.

Overview of literature: Non-alcoholic fatty liver disease (NAFLD) is a clinicopathological condition characterized by abnormal lipid deposition in the hepatocytes (steatosis) in the absence of excess alcohol intake . It is strongly associated with obesity, insulin resistance (IR), hypertriglyceridemia, and metabolic syndrome (MetS) in adults.

Aims & Objectives: To study the various clinical parameters in patients of NAFLD. To study the biochemical profile in patients of NAFLD. To Study the association of clinical parameters and biochemical factors in patients of NAFLD.

Results: Majority of the patients who had deranged clinical parameters were found to have deranged biochemical parameters also. A significant positive correlation was observed between clinical parameters especially WC, W/H ratio, BMI and biochemical parameters including HOMA IR, LDL, TG, AST and ALT. So, these parameters can serve as effective noninvasive markers of NAFLD.

OP-16

Association of hypomagnesemia with type 2 diabetes mellitus and its complications.

Sreehari S, DNB Resident, Deptt. of General Medicine, Mohandai Oswal Hospital, Ludhiana.

Introduction: Type 2 diabetes accounts for 90% of diabetes cases. Micronutrients have been investigated as potential preventive and treatment agents for both type 1 and type 2 diabetes mellitus and for common complications of diabetes mellitus. Various studies have given contradictory results about the level of magnesium in type 2 diabetes mellitus and its complications.

Objective: To determine the prevalence of hypomagnesemia in type 2 diabetes mellitus. To assess the correlation between hypomagnesemia and diabetic microvascular complications and macrovascular complications .

Methodology: This cross sectional study which spanned over 1 year included 150 patients with type 2 diabetes mellitus with age 18yrs or above and was conducted in department of general medicine in Mohandai Oswal Hospital, Ludhiana.

Results: Normal magnesium levels were observed in 92 patients (61.3%), followed by hypomagnesemia in 40 patients (26.7%) and 18 patients having hypermagnesemia (12%). In total 53(35.3%) patients had diabetic retinopathy in which 13 had hypomagnesemia (p value:- 0.662).103(68.7%) patient had diabetic nephropathy in which 27 had hypomagnesemia (p value 0.853).31 (20.7%) patients had diabetic neuropathy in which 10 had hypomagnesemia(p value 0.429). In patients with CAD 22.5% had hypomagnesemia (p value 0.644). In patients with CVD 10% had hypomagnesemia (p value 0.554). In patients with PAD 5% had hypomagnesemia (p value 0.756).

Conclusion: There was no statistical correlation between magnesium levels and future development of micro and macrovascular complications in type 2 diabetes mellitus.

OP-17

Clinical comparison of clinico-etiological profile of urinary tract infections among diabetics and non-diabetics in tertiary care hospital.

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Deptt. of General Medicine, Guru Gobind Singh Medical College & Hospital, Faridkot.

Introduction: Urinary tract infection is an infection of the urinary system, involving both lower and upper urinary tracts. A symptomatic UTI requires presence of urinary tract-specific symptoms in setting of significant bacteriuria with a quantitative count of ≥ 105(CFU/ml) in one urine specimen. Asymptomatic bacteriuria is presence of bacteria in urine without clinical features suggestive of UTI.

Aim: To study clinico-etiological ,microbiological profile comparison of UTI among diabetics and non-diabetics and compare these profiles.

Materials and Methods: The first 50 diabetics and first 50 non-diabetics satisfying the inclusion criteria coming to IPD and OPD between the period of June 2021 to June 2022 were included in the study.

Results: The mean ± SD of age(years) in diabetics was 52.68 ± 14.84 and in non-diabetics was 53.08 ± 18.49 with no significant difference between them. (p value=0.905).The distribution of gender was comparable between diabetics and non-diabetics. (Female:- 50% vs 60% respectively, Male:- 50% vs 40% respectively) (p value=0.315). Mean value of duration of diabetes mellitus (years) of study subjects was 6.62 ± 4.17. Mean value of HbA1c (%) of diabetics was 7.93 ± 1.06. Fever was the most common symptom. E. coli was most common isolate among two groups. Antibiotic sensitivity patterns did not show any significant difference among them.

OP-18 Beyond the Cure: The Hidden Pulmonary Aftermath of Tuberculosis.

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Background: The inclusion of health consequences resulting from pulmonary impairment after TB therapy has been lacking in estimates of the overall burden of TB. Hence, the existing global and national estimates of TB burden fail to include the whole ramifications of TB survival. Pulmonary tuberculosis (PTB) may lead to enduring health implications, even after effective therapeutic intervention.

Aim: To examine the risk factors associated with onset of pulmonary impairment after TB.

Material and Methods: This research comprised a cohort of 100 consecutive patients who received treatment for pulmonary TB and were thereafter monitored at a tertiary healthcare facility. Following completion of their therapy, these patients underwent spirometry and six-minute walk test after clinico-radiological evaluation. The assessment of dyspnea was conducted with both the Borg scale and the Medical Research Council (MRC) scale.

Results: In a study of 100 individuals, 50% had pulmonary impairment after TB(PIAT). Obstructive lung disease seen in 35% cases was the primary functional issue. Additionally, 30% had FEV1(forced expiratory volume in 1 second)<lower limit of normal.

Conclusions: Approximately 50% of TB patients see a decline in lung function. Key PIAT risk factors include smoking, education level, body mass index(BMI),TB diagnosis delay and prior ATT courses. Dyspnoea severity increased with declining lung function. This highlights the need of doing pulmonary function tests subsequent to the completion of therapy using a comprehensive and integrated strategy. There is a need for implementation of measures to avoid and effectively manage such consequences within a national plan.

OP-19 Assessment of cardiovascular parameters on submaximal treadmill exercise in obese vs non obese adults.

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Aims & Objectives: To study and compare the cardiovascular parameters on submaximal exercise in obese adults and non obese adults.

Material & Methods: Study conducted on OPD/IPD patients after approval from institutional ethical committee of GGSMCH Faridkot. Submaximal treadmill exercise was performed according to Bruce protocol in a well equipped and ventilated room in the presence of a trained physician. Heart rate, systolic BP, diastolic BP, mean arterial pressure, corrected QT interval were measured before and after submaximal treadmill exercise.

Result: The mean age of the obese group and the non- obese group was 40.63+8.25 years and 40.90+10.19 years respectively. The mean BMI of the study subjects was 33.05+1.81 kg/m2 in the obese group and 23.09+1.28 kg/m2 in the non - obese group respectively. A significant negative association was noted between HRR and BMI. The mean SBP, DBP and MAP were found to be higher in the obese subjects than in the non-obese subjects in both pre exercise and post exercise phase with a statistically significant p value p <0.001. A statistically significant increase in QT interval p=0.001 and QTc interval p=0.001 was observed before exercise and after exercise in the obese subjects as compared to the non-obese subjects.

Conclusion: Being overweight and obese poses an increased risk of developing CVDs in the long run. Due to alteration in autonomic functions with resultant sympathetic hyperactivity, obesity can induce structural and functional abnormalities in the heart.

OP-20 Assessment of obstructive sleep apnea (OSA) among patients undergoing ambulatory blood pressure monitoring (ABPM).

Swarnjeet Singh, Sumitpal Singh Chawla, Ravinder Garg, Guru Gobind Singh Medical College and Hospital. Faridkot.

Context: The utility of ABPM monitoring in OSA is potentially relevant but not well established yet. OSA may contribute to the non-dipping patterns (attenuated and reverse dipping) and nocturnal HTN by several mechanisms.

Objectives: To classify the patients undergoing ABPM into dippers and non-dippers and to assess the prevalence and severity of OSA among these patients.

Materials and Methods: Study was conducted on 60 hypertensive subjects, aged >18 years who underwent 24-hour ABPM and polysomnography (sleep study). The relationship between OSA and nocturnal BP dipping pattern was analyzed statistically.

Results: On ABPM, most subjects were found to have a non-dipping pattern (66.7%); 35% were reduced dippers and 31.7% were reverse dippers. Rest 33.3% subjects had normal dipping pattern. Most patients (85%) had OSA; 40% had mild and 45% had moderate OSA. Among dippers, 65% had OSA while among non-dippers, 95% had OSA; the difference observed was statistically significant (P=0.002). However, no significant difference was observed in the prevalence of OSA between reduced and reverse dippers (P=0.168). The mean apnea-hypopnea index (AHI) among non-dippers (14.13±5.85) was significantly greater (P=0.000) than AHI among dippers (8.24±5.22). The severity of OSA was more among the reduced and reversed dippers in comparison to dippers (P=0.003).

Conclusions: OSA was quite common among the hypertensive patients and found to be more prevalent among the non-dippers. The severity of OSA was also more among the non-dippers as compared to the dippers. This study emphasizes the need for early detection of nocturnal non-dippers among the hypertensive patients using ABPM and further screen the non-dippers for co-morbidities like OSA.

OP-21 To study serum magnesium levels in type 2 diabetes mellitus with nephropathy.

Tushar Akare, Hargurpal S. Brar. Deptt. of Medicine. Guru Gobind Singh Medical College and Hospital. Faridkot.

Aims: To study the serum magnesium levels in type 2 diabetes mellitus patients with albumiuria.

Material and Method: Sample size of 100 was taken. All patients were divided into two groups. Group A includes 50 patients with type 2 diabetes mellitus with albuminuria with urinary albumin level >30mg/dl (study group) & group B includes 50 patients with type 2 diabetes mellitus with albuminuria with urinary albumin level <30 mg/dl (control group). Detailed history was taken and physical examination was done regarding diabetes and its complications & to rule out all the exclusion criteria. Serum magnesium was estimated by Calamagite dye method. Reference intervals for serum magnesium were 1.6- 2.5 mg/dl. Albuminuric patients were detected by calculating the urine Albumin Creatinine Ratio (ACR) as following: ACR= concentration of albumin/concentration of serum creatinine.

Conclusion: We conclude that 57.1% patients of albuminuria had hypomagnesemia. Fasting blood sugar, post prandial blood sugar & HbA1C were high in albuminuria suggestive of poor glycemic control. Retinopathy was found to be higher in albuminuria group i.e. 52 % when compared to normal albuminuria i.e. 20%. Low Mg levels (i.e. <1.6mg/dl) were significantly associated with poor glycemic control. Retinopathy was also significantly associated with hypomagnesemia (57% vs 28%). Therefore, screening for serum Mg levels in type 2 diabetes and its correction may help in achieving better glycemic control, which can prevent further diabetic complications.

OP-22

To study the electrocardiographic and echocardiographic abnormalities in chronic alcoholic patients.

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Introduction: Acute alcohol intoxication leads to cardiac arrhythmia in healthy individual and often have pathological ECG changes. Chronic heavy drinkers have a six-fold increased risk for coronary artery disease and carry an increased risk for cardiomyopathy through direct effects of alcohol on heart muscle and cause cardiac dysfunction, most notably as congestive cardiomyopathy. Cardiovascular effects of alcohol are directly proportional to the amount of alcohol consumed. Hence this study was planned to assess the systolic and diastolic function of the left ventricle in chronic alcoholics.

Aims and Objectives: To determine and compare electrocardiographic and echocardiographic abnormalities in chronic alcoholic patients.

Materials and Methods: Group A-100 chronic alcoholic patients (with daily alcohol intake >80 gm /day for >5 years and age >21 years male.) were enrolled. Patient with overt cardiac disease, congestive heart failure or hypertension, T2DM ,females and immunocompromised states like HIV were excluded.

Group B (Control Group): 50 patients without history of any alcohol intake and known cardiac disease.

Results: Chronic alcoholic cases had significantly increased heart rate. ECG findings had no significant correlation but the ECHO findings had significant correlation with duration and severity of alcoholism. LVES and LVED diameter were significantly increased whereas ejection fraction was decreased in group A than that in group B and the difference was highly significant. All these ECHO variables indicate that chronic alcoholics have increased left ventricular end systolic and end diastolic diameter and reduced ejection fraction.

OP-23

Study of visual evoked potentials in posterior circulation ischemic stroke.

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Introduction: Common presenting symptoms of PC stroke include vertigo, imbalance, unilateral limb weakness, slurred speech, double vision, headache, nausea and vomiting. Infarctions of the PCA territory are usually associated with homonymous visual field defects, especially hemianopia. Visual evoked potentials (VEPs) are electrophysiological responses to visual stimuli that can be measured in terms of peak amplitudes and latencies. VEPs are a sensitive indicator of abnormal visual pathway conduction.

Aims and Objectives: To assess the visual evoked potential in patients of acute and subacute posterior circulation ischemic stroke. To describe the association between visual evoked potential and clinical profile in patients of acute and subacute posterior circulation ischemic stroke. To describe the association between visual evoked potential and radiological profile in patients with acute and subacute posterior circulation ischemic stroke.

The study was conducted on 40 patients admitted in the department of medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Methodology: It was a cross sectional observational study conducted on 40 patients presenting with PC stroke hospital. In our study the VEP was seen prolonged in more than 50% patients. VEP when correlated to duration of stroke showed that 38.09% patients with acute stroke and 68.42% patients with subacute stroke had prolonged VEP. On comparing it with subtype of stroke maximum patients with cardioembolic stroke had prolonged P100.

Results: In the present study VEP did not show any superiority over clinical examination but had high negative predictive value which can be used by clinicians to rule out any visual abnormalities which are often missed in patients of stroke.

ABSTRACTS
POSTER PRESENTATION

PP-01 To study and compare the clinical profile, etiology, risk factors and complications of urinary tract infection amongst diabetic & non diabetic patients.

Abhinav Manchanda, Mohandai Oswal Hospital, Ludhiana.

Introduction: Urinary tract infection (UTI) is a collective term that describes any infection involving any part of the urinary tract, namely the kidneys, ureters, bladder and urethra. Patients with type 2 diabetes mellitus are at increased risk of UTI. Various impairments in the immune system and poor metabolic control of diabetes are major pathognomonic factors.

Aims and Objectives: To study and compare the clinical profile, etiology, risk factors and complications of urinary tract infection amongst diabetic and non diabetic patients.

Materials and Methods: Study which was conducted in the department of internal medicine, Mohandai Oswal Hospital, Ludhiana, was a prospective observational study including patients with positive urine c/s (cfu>105), with age > 18 years. Excluded patients - recurrently catheterized diabetics on SGLT2 inhibitors, pregnant females. This study compares the 2 groups for following- gender, duration of diabetes, type of treatment and etiology, clinical features, risk factors & complications of UTI.

Results: Among the culture positive patients 60% were diabetic and 40% non diabetic. 65% patients were female and 35% were male. Most common organism in both groups was- E. coli followed by klebsiella. Most common symptom was fever followed by burning micturition. Complications like pyelonephritis, renal failure, sepsis were more common in diabetics. Diabetic UTIs had more MDR (multi drug resistant).

Conclusion: This study concludes that complicated UTIs are more in diabetics compared to non diabetics and more aggressive glycaemic control is required to reduce hospital admissions and better management in them.

PP-02 Hepatic artery aneurysm: a rare cause for upper GI bleed.

Bikram Pal Singh Longia, Deptt. of Medicine, Dayanand Medical College & Hospital, Ludhiana.

Introduction: Hepatic artery aneurysm (HAA) is a rare disease (0.002%–0.4%) but is a clinically important phenomenon. HAAs are traditionally the second most common visceral aneurysms with an incidence of 20% and have the highest (44%) reported rate of rupture. Presentation can be epigastric pain, obstruction of biliary tract, rupture and death. Imaging modalities like CT and CT-angiography have a valuable role in the early detection of HHA, its complications, and selecting appropriate treatments depending on the size and location of the aneurysms. Treatment modalities include resection and anastamosis or embolisation or stent placement.

Methodology: Here after thorough workup, history taking and relevant investigations and management of the patient we present a case of a 42 yr old male, non alcoholic, non smoker presented with pain abdomen, hematemesis, malena, fever and jaundice with no H/O chronic illness or same event in the past, trauma or any procedure done recently and was found to have right HAA on CT angiography with blood oozing out of major duodenal papilla on endoscopy and was managed with endovascular coiling embolisation and stenting done in CBD by ERCP following which patient improved.

Conclusion: Visceral aneurysms such as hepatic artery aneurysm should be considered as a rare but important differential diagnosis of acute abdominal pain. All emergency physicians and surgeons should keep this diagnosis in their mind to can prevent from its life threatening complications.

PP-03 Breaking the mold: spasticity-lacking presentation of autosomal recessive spastic ataxia of charlevoix-saguenay.

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Introduction: Autosomal Recessive Spastic Ataxia of Charlevoix-Saguenay (ARSACS) is a rare autosomal recessive inherited ataxia caused by either homozygous or compound heterozygous mutations in the SACS gene. It predominantly affects individuals from the Charlevoix-Saguenay-Lac-Saint-Jean of Quebec, Canada, but cases have been reported worldwide. The typical clinical manifestations include triad of progressive early onset ataxia, spasticity, and peripheral neuropathy.

Case Report: We describe an unusual case of ARSACS without leg spasticity, which is a core clinical feature of ARSACS. This is the first case from Jaipur, India with a spasticity-lacking phenotype. A male in his 40's with delayed motor milestones presented to tertiary care centre of India with history of insidious onset gradually progressive unsteadiness of gait since the age of 6 years. Nerve conduction study showed decreases in motor and sensory nerve conduction velocities with the disease progression. Although the leg spasticity is reported to become progressively worse during the disease and is prevalent in older patients, we first saw that the symptom had disappeared, due to the progressive peripheral nerve degeneration in the disease course. Imaging features and genetic testing were suggestive of SACS gene related ARSACS.

Discussion: We should be aware of atypical features in ARSACS for the correct diagnosis. Although spasticity was not obvious in the present patient, ARSACS should not be excluded.

PP-04 Morphometric study of occipital condyles and its surgical implications.

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Introduction: The occipital condyle connects the cranium and vertebral column. The advancement in neuroimaging techniques has amplified the attentiveness for craniovertebral surgeries. The aim of the present research was to study the morphometric details of occipital condyle (OC).The thorough information of typical and atypical OC will be of use to neurosurgeons to place screws into the OC or to drill through it.

Methodology: The study was conducted on twenty two skulls (bilateral, 44 OCs). The shape of each occipital condyle was noticed and documented. The various parameters like maximum length, width and thickness of occipital condyles were measured. The anterior and posterior intercondylar distances were also measured. The measurements were made using Digital Vernier Calliper (Milotoya, Japan, 0.02 mm). The data was analysed on SPSS 20.0 statistical program (SPSS Inc. Chicago, IL, U.S.A.).

Results: Different shapes of OC like oval, pear, diamond, kidney, leaf, eight-shape and D shape were observed. The oval shape was most common in these specimens. The average value for maximum length, width and thickness of OC was 22.73 ± 2.33mm, 13.13 ± 1.41mm and 7.88 ± 1.45mm respectively. On applying t- test for sides, width of OC was found to be significantly higher on left side (p= 0.031). The mean anterior and posterior intercondylar distance was measured as 19.25 ± 2.28mm and 39.50 ± 4.03mm respectively.

Conclusions: The shape and size of OC is highly variable. So, the deeper knowledge of this morphometric information will be of use to neurosurgeons to place screws into the OC and other invasive procedures involving the OC and may thereby enhance the outcome of surgery in this area.

PP-05 Cerebral venous thrombosis complicated with tubercular meningitis: a rare presentation.

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

Introduction: CNS TB is a major cause of morbidity and mortality in developing countries and may present as tubercular meningitis (TBM), meningoencephalitis, tuberculomas and abscesses. Cerebral venous thrombosis is due to hypercoagulable state and is rarely associated with infections like tubercular meningitis.

Case Report: A 34-year-old female 26 days post-partum presented with complaints of fever for past 1 month, episodes of abnormal body movements in past one month and altered sensorium for 3 days. On physical examination signs of meningeal irritation were present, left side leg holding was not present and left side plantar was extensor. Rest of the examination was normal.MRI Brain: suggestive of tubercular meningitis with vasculitic infarcts.CSF: Biochemistry showed low glucose, cytology had 2 lymphocytes, CBNAAT -negative, ADA increased. ATT started but the not improve clinically and MR venogram done to rule out possibility of CVT. MR venogram showed left transverse sinus thrombosis. Subsequently patient was started on injection low molecular weight heparin.

Discussion: Worsening of pre-existing symptoms and not adequate response of treatment should raise suspicion of CVT in any patient with CNS infection.

Conclusion: CVT is a rare but severe complication of TBM that require a high index of suspicion for early diagnosis. The treatment of CVT in TBM is based on anticoagulant therapy, which is known to improve the outcomes of the patients.

PP-06 An unusual presentation of toxoplasma in immunocompromised patient.

Lovish Batheja, Junior Resident. Deptt. of Medicine. Guru Gobind Singh Medical College and Hospital, Faridkot.

Toxoplasmosis is a disease caused by the intracellular parasite Toxoplasma gondii. Toxoplasmosis is considered one of the most common cerebral opportunistic infections in HIV-AIDS patients. It develops when CD4 count falls below 100 cells/cmm, either from acute exposure to the parasite or from reactivation of latent infection.

A patient presented in emergency in GGSMCH, Faridkot, with h/o IVDU with PLHA with HCV reactive, in altered sensorium and paraparesis. On further investigations, patient came out to be positive for Toxoplasma serology. Such unique presentation of the patient is rare in such cases, thus making it a case report.

PP-07 Coarctation of aorta: cause of secondary hypertension in young.

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

Introduction: Coarctation of the aorta (COA) is a constriction of the aorta located near the ligamentum arteriosum and the origins of the left subclavian artery. This condition may be associated with other congenital disease. Evidence indicates that patients with COA suffer from increased cardiovascular morbidity and mortality in later life despite successful repair of COA in childhood. Systolic arterial hypertension is common, presenting in up to one-third of patients, and is regarded as the main driver of premature cardiovascular events in this group of patients.

Case: 22 year old male present with chest pain and palpitation since 10-15 days. BP on present was 166/68 mmHg, therefore BP was checked in all limbs and disparity was noted in BP in upper limb and in lower limb with radio-femoral delay . On further examination, systolic murmur was noted which was radiating toward right scapula and further investigation was planned. ECG showing left axis deviation and chest X-ray show rib notching noted. Echo was done subsequently that arise the doubt of COA.

Conclusion: COA, a secondary cause of hypertension, requires careful attention to physical findings to make a diagnosis. Hypertension may not abate and vigilance is required because of the frequent occurrence of late complications.

PP-08 Posterior reversible encephalopathy syndrome (PRES) in eclampsia – a case not to miss … twice!

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Introduction: The term eclampsia is applied to the occurrence of seizures during or after pregnancy in patients with signs and symptoms of preeclampsia that manifests as a wide range of signs from severe hypertension, massive proteinuria and generalized edema to mild hypertension without proteinuria and edema. However, eclampsia can occur in the absence of a prodrome and is not always preventable.

Objective: To study the clinicoradiology of atypical eclampsia with an overview of literature.

Methodology: We report 2 cases of atypical eclampsia complicated with PRES/RCVS studied in Mohandai Oswal Hospital Ludhiana.

Results: Case 1: 29 year old normotensive primigravida at 35 week pregnancy came with multiple episodes of vomiting and fever with labs showing thrombocytopenia and transaminitis. Next day she developed GTCS. MRI Brain showed subarachnoid hemorrhage without any diffusion restriction ?PRES. CT Angio ruled out sinous venous thrombosis.

Case 2: 22 year old normotensive primigravida post LSCS came in a post ictal state with history of 2 episodes of GTCS with normal lab parameters. MRI brain revealed hyperintensity in bilateral occipito-parietal lobes ?PRES.

Conclusion: Posterior reversible encephalopathy syndrome (PRES) is an acute neuroradiological entity presenting with nonspecific signs and symptoms such as headache, altered mental status, seizures, visual disturbances in the form of cortical blindness and focal neurological deficits. Preeclampsia and eclampsia are the most common causes of PRES. The management of PRES involves early diagnosis, treatment of symptomatology and correction of the causative factor.

PP-09 Hydatid cystic disease: masquerading as a space occupying lesion in a cirrhotic liver.

Sayantan Mukherjee, Jaspreet Kaur, Monica Gupta. Government Medical College and Hospital, Sector 32, Chandigarh.

Hydatid disease, due to Echinococcus granulosus, is an endemic parasitic disease prevalent all over the world, especially in Mediterranean countries. Differentiating hydatid cysts from other hepatic cysts is at times clinically challenging. Here, we present an unusual case of hepatic hydatid cyst mimicking malignancy in a 50-year-old female patient with ascites and hepatitis C virus-related liver cirrhosis. We know that hepatocellular carcinoma is the most common cause of a space-occupying lesion in a cirrhotic liver. This case report is of significance as hepatic hydatid disease despite being a frequent occurrence otherwise, is unusual in cirrhosis and might get unrecognized.

PP-10 Face to face with cutaneous TB: decoding lupus vulgaris.

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Background: Cutaneous tuberculosis (CTB) is an infrequent manifestation of tuberculosis, accounting for 1.5% of extrapulmonary TB cases. Lupus vulgaris (LV) stands as its most prevalent form. Characterized by progressive plaques with central clearing and peripheral activity. LV's diagnosis is challenging due to its paucibacillary nature and non-distinctive clinical presentation.

Case: A 35 year old male presented with a reddish plaque on left malar area for four months after getting multiple consultations from private practitioners and not relieving. Systemic examination was unremarkable. Patient had no contact and past history of TB. CXR, sputum workup for TB was normal. QuantiFERON-TB-GOLD test was positive. Dermatology consultation was taken to rule out other differential diagnoses. HPE of skin biopsy showed mild hyperkeratosis, acanthosis of the epidermis, dermis shows effacement of dense lymphocyte sheets, few histiocytes with ill formed granulomas. ATT was initated and patient showed significant improvement on follow up.

Discussion: Cutaneous TB being a rare entity, is often difficult to diagnose because of its paucibacillary nature. Lesions are non-characteristic and may mimic many other skin conditions like sarcoidosis, DLE, fungal infections, BCC. Although caseous necrosis granulomas are diagnostic for tuberculosis, their absence doesn't negate the diagnosis. Our patient's biopsy lacked caseation necrosis, yet clinical diagnosis and treatment for LV were conclusive.

Conclusion: Diagnosing lupus vulgaris poses a significant challenge.In countries like India, clinicians should consider lupus vulgaris as a potential differential diagnosis when encountering skin conditions. Comprehensive examination and investigation are imperative for accurate diagnosis, ensuring timely treatment and improved outcomes.

PP-11 An unusual case of stent thrombosis leading to acute left main coronary artery occlusion.

Srishti Mukhi, Diptiman Kaul, Deptt. of General Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Acute myocardial infarction caused by total occlusion of left main coronary artery is a rare and fatal event it almost always results in mortality before the patient reaches a healthy care facility. Here we report a case of 58y old male who was admitted to GGSMCH Faridkot with complaints of chest pain and a recent history of Percutaneous transluminal coronary angioplasty to left anterior descending artery 15 days back but was defaulter to treatment, now presented to us with acute onset chest pain, and anterior wall MI with probable etiology being stent thrombosis leading to LMCA occlusion. Stent thrombosis itself is a rare and life threatening complication leading to acute MI and cardiogenic shock. Thus, making this case a unique presentation.

PP-12 Unmasking the enigma: lupus pneumonitis - an intricate diagnostic challenge.

Staphy Garg, Surinder Pal Singh, Gurpreet Singh, Kamaldeep Singh.
Deptt. of Pulmonary Medicine, Government Medical College, Patiala.

Background: Systemic lupus erythematosus (SLE) is a multifaceted autoimmune disorder with potential pulmonary complications. Among these, acute lupus pneumonitis (ALP) is particularly severe, affecting 1-4% of SLE patients and carrying a short-term mortality rate between 50-90%.

Case: We report a 58-year-old male with a week-long history of dyspnea, cough, and chest discomfort. He was a known case of DM2 for three years. Initial HRCT-chest findings included ground-glass opacities, bilateral pleural effusion, and consolidation. Despite treatment for community-acquired pneumonia, his condition did not improve, leading to a referral. Negative results for Mantoux, HIV, and TB sputum tests were obtained. Thoracocentesis showed exudative fluid, devoid of malignant cells. Further assessment revealed joint pain, oral ulcers and psoriatic skin patches. Elevated ANA titers, CRP levels and a positive anti-ds DNA confirmed SLE diagnosis. Systemic corticosteroid therapy led to significant clinico-radiological amelioration over a two-month period.

Discussion: ALP, though rare, is a critical SLE manifestation. Comprehensive investigations were conducted to exclude other potential causes of lung pathology, all of which were negative. The indiscriminate use of antibiotics, particularly without fever, is cautioned against.

Conclusion: The diverse presentations of SLE necessitate a high index of suspicion for lupus pneumonitis, even when evidence suggests alternative diagnoses. Not all pleural effusions are tuberculous in nature; a meticulous diagnostic approach is imperative.

PP-13

Percutaneous retrieval of lost guide wire during central venous catheterisation using a handmade snare.

Swarnjeet Singh, Diptiman Kaul, Anmol Monga , Ashima Bagga.
Deptt. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Case Report: A 35 year old female patient came to surgery emergency with complaint of pain abdomen since 1 day. Routine investigations done and USG abdomen was suggestive of acute pancreatitis. Patient managed with IV antibiotics and fluids and PPI. Central venous catheterisation planned through right subclavian vein. However during the procedure guide wire accidentally slipped through hands of operator into the venous system. Immediate X-ray chest and abdomen done that revealed migration of guide wire with distal j end located at right femoral vein and proximal end at right atrium. Immediate cardiology consultation was sought and patient planned for retrieval of guide wire. Migrated guide wire was retrieved through left femoral vein by using handmade snare using coronary guide wire. The whole procedure went uneventful.

Conclusion: Central venous catheterisation is frequently used in critically ill patients for monitoring fluid therapy. Loss of the guide wire is a complication that can be completely prevented by holding the tip of the wire during advancement of the central venous catheter. Our aim of this case report is to raise awareness about this rare and preventable complication of central venous catheterisation.

PP-14

Bilateral renal artery stenting in a young patient with renal artery stenosis.

Tushar Akare, Diptiman Kaul. Deptt. of Medicine,
Deptt. of Cardiology, Guru Gobind Singh Medical College and Hospital, Faridkot.

Case Report: A 22 year old female patient presented with chief complaint of breathlessness on exertion (NYHA grade 2) since 1 month, poorly controlled hypertension since last 2 years, taking 2-3 anti hypertensives at maximum doses. Thorough physical examination and routine investigations were done. Serum creatinine was 2.2 mg/dl. 2D Echo was done suggestive of global hypokinesia of left ventricle, severe left ventricular systolic dysfunction, ejection fraction- 25%, moderate mitral regurgitation with mild tricuspid regurgitation, normal chambers. Renal artery doppler was done suggestive of bilateral generalised renal artery narrowing with thick wall & high velocity renal artery flow with bilateral poor renal parenchymal perfusion. When renal angiography was done it was found that patient have 100% stenosis in right renal artery & 90% stenosis in left renal artery. Bilateral renal artery stenting was done in the same setting. Patient showed good improvement in blood pressure control, renal function test and clinical symptoms when evaluated after 24 hours and after 1 month on follow up. Improvement in ejection fraction is also noted from 25% to 30- 35% after 1 month.

Conclusion: Renal artery stenosis should be suspected in young patients with uncontrolled hypertension, congestive cardiac failure and acute kidney injury. Such patients may get benefit from percutaneous or surgical revascularization. But percutaneous revascularization shows superior results in terms of clinical benefits, control of hypertension with lower requirement of antihypertensive medication.

PP-15

Myriad of clinical findings in an infective endocarditis patient.

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Case Observation: An injectable intravenous drug user (IVDU) initially presented with stroke, on evaluation was found to have left sided native valve acute IE with plethora of characteristic vascular, embolic and immunological features. General physical examination revealed multiple, irregular hemorrhagic macules over bilateral palms (Janeway lesions), palpable tender nodular lesion over left ring finger and middle finger (Osler nodes), splinter hemorrhage on right index finger nail. Cardiovascular examination suggested a 'blowing' grade 3 pansystolic murmur in mitral area. NCCT head reported an

ischemic infarct involving left middle cerebral artery territory. CECT whole abdomen was suggestive splenic and left renal infarct. On fundus examination multiple Roth spots bilaterally. Transthoracic echocardiography revealed a mobile oscillatory vegetation on anterior and posterior mitral with moderate to severe mitral regurgitation. Three blood cultures sent one hour apart came out to be sterile. In view of predisposing patient condition, cardiac murmur, mitral valve vegetation, fever, presence of vascular and immunological peripheral signs; diagnosis of Infective endocarditis was made. Considering the probable pathogens, he was managed empirically with intravenous ceftriaxone, vancomycin and gentamycin along with supportive treatment; to which patient responded with improvement in sensorium and normalization of body temperature and at 6 weeks of complete antibiotic course, he was conscious, oriented with residual neurological deficit in the form of right hemiparesis.

Conclusion: Without prompt diagnosis and treatment, IE is associated with plethora of intracardiac and extracardiac complications. Therefore, meticulous examination, including a thorough history and physical examination is useful in early diagnosis of patients and guide management, thereby decreasing mortality and morbidity.

PP-16 A Rare presentation of hodgkin lymphoma with obstructed lymphatics.

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Introduction: Hodgkin lymphoma is a malignancy of B lymphocytes. It consists of 10% of all lymphomas diagnosed each year. Majority are classical HL. They present with palpable lymphadenopathy which is non tender mostly at neck, supraclavicular area and axilla. Pel Ebstein fever is seen.

Methodology: With careful history and physical examination we present a case of a 33 year old female with shortness of breath, bluish discoloration and large swelling over the neck, chest area, she was thoroughly examined and crepitus found while palpating the swelling. PET-CT done revealed moderate fdg uptake followed by FNAC and Biopsy of the mass revealing classical HL, treatment with BEACOPP Regimen given after stabilising the patient.

Conclusion: Evaluation of the patient with HL will typically begin with careful history and physical examination. Physical examination should pay attention to accessible sites. Lab evaluation needed. CT more accurate than BMA&B. It is a highly fatal disease of you g people.

PP-17 An unusual case report of adult onset hereditary cerebellar ataxia.

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Adult onset Hereditary cerebellar ataxias are an unusual presentation. Usually most cases manifest before 10 years of age, but here in this 60 y female presents to us with Ataxia (cerebellar) in origin along with behavioral features . Patient had marked cerebellar atrophy on imaging .Also patient's sister did complain of difficulty walking to a lesser extent making these reports an unusual presentation of both the patients.

PP-18 Identification of genes expressed differentially in response to anti-inflammatory drugs in rheumatoid arthritis and ulcerative colitis

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Objectives: To identify differentially expressed genes implicated in drug response among Ulcerative colitis patients and Rheumatoid arthritis. To perform enrichment analysis to uncover different pathways affected by these genes and their interrelations.

Methods: Gene expression microarray datasets were selected from the Gene Expression Omnibus (GEO) database for analysis. GEO2R was used to compare datasets between patients after giving treatment and patients before providing treatment. Functional analysis of genomic data was performed using ENRICHER tool to assign significantly enriched DEG's to GO BP, KEGG and Reactome pathways.

Results: Top 751 Significant DEGs in patients treated with Golimumab, 492 significant DEGs in Infliximab treated, 8875 significant DEGs in Tocilizumab treated and 7683 significant DEGs in Methotrexate treated patients were retrieved by GEO2R. Identified DEGs of all four drugs were found to be involved in antibacterial humoral immune response, viral immune response, cellular responses to different metal ions and various immune response-related pathways, cell aging, cell senescence, and cell cycle regulation.