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ABSTRACT BOOK

Oral Abstracts

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OP-01 Toxic Encephalopathy after Dichlorvos Poisoning.

Abhishek Dhir, PG JR, Dept. of Medicine, GMC & H, Sector 32, Chandigarh.

Dichlorvos is an organophosphate pesticide commonly used as aerosol and soluble concentrate formulation in household and agriculture. Acute Dichlorvos poisoning has wide spectrum of complications depending upon the amount and mode of poisoning. Toxic encephalopathy is one of the fatal complication with this poison. The pathophysiology is complex and includes inhibition and phosphorylation of acetyl cholinesterase enzyme & depolarisation block at the muscarinic, nicotinic and central nervous system receptor sites. The clinical spectrum of toxicity is also wide t with acute muscarinic (type I syndrome), Intermediate nicotinic (type II syndrome) and delayed neurotoxicity with neuropathy and delayed encephalopathy that is type III syndrome. The pathophysiology, clinical spectrum of toxicity and radiological study of this unusual entity have been discussed here.

OP-02 Effect of Iron Deficiency Anemia on HbA1c Levels in Non Diabetic Adults.

Ajith Thomas P, MMIMSR, Mullana, Haryana.

Background and Objective: HbA1c used in the diagnosis of diabetics mellitus. Indian reports on effects of IDA on HbA1c levels are very sparse. Study was to analyse and asses affects of IDA and treatments on HbA1c levels.

Methods: Comparative study was conducted on, non diabetic people, with and without IDA (50 from each group). HbA1c and iron profile was done and compared for both cases and controls at baseline. IDA patients was treated with iron supplements and affects of HbA1c levels after 3 months of treatment was noted and analysed.

Results: At baseline mean Hb, MCV, MCH, MCHC, HCT, ferritin was low in individuals with IDA. Mean baseline HbA1c levels in anemic patients was significantly higher than non anemic. After 3 months treatment a significant increase in mean Hb, MCV, MCH, MCHC, HCT, ferittin was seen with significant decrease in HbA1c levels.

Conclusion: It is concluded that iron deficiency anemia has an inversed correlation with HbA1c levels. This signifies that as the level of Hb drops with increase in severity of iron deficiency in anemic subjects at the same time HbA1c levels increases correspondingly. After correction of iron deficiency anemia HbA1c levels may decline to normal. So both iron status and diabetic status must be kept in mind while making diagnostic or therapeutic decisions for treating diabetics/prediabetics.

OP-03 Study of Structural and Functional Cardiac Abnormalities in Liver Cirrhosis.

Amit Agarwal, DM Resident, Dept of Gastroenterology, MMIMSR, Mullana, Haryana.

Cirrhotic cardiomyopathy is a form of chronic cardiac dysfunction in patients with cirrhosis, characterized by blunted contractile responsiveness to stress, and/or altered diastolic relaxation with electrophysiological abnormalities in the absence of other known cardiac disease. The main clinical features of cirrhotic cardiomyopathy include baseline increased cardiac output, attenuated systolic contraction or diastolic relaxation and electrical conductance abnormalities (prolonged QT interval). We conducted a study to evaluate cardiac dysfunction in cirrhotic patient with total 50 patients and ECG and echocardiography of each patient were done and results showed that increase in CTP score is directly proportional to the increase in risk of cardiac abnormalities. There was significant statistical correlation between CTP score and QTc interval and LV mass. In conclusion all patients with cirrhosis of liver should be screened for structural and functional cardiac abnormalities, irrespective of age, sex or cause of cirrhosis. The presence of the cardiomyopathy should be suspected in patients with worsening hemodynamic and such patients may benefit from more aggressive monitoring and treatment of the underlying pathology.

OP-04 Presence of Diastolic Dysfunction in Newly Diagnosed Type 2 Diabetes Mellitus and its Correlation with Glycosylated Haemoglobin (HbA1c)

Ankit Grover, PG Resident, Dept of Medicine, Shri Ram Murti Institute Of Medical Sciences

Introduction: Diabetes mellitus is a heterogeneous group of metabolic disorders characterized by hyperglycemia with disturbances of carbohydrate, fat and protein metabolism caused by either lack of insulin secretion or decreased sensitivity of the tissues to insulin. Diabetes mellitus is a common endocrine disorder affecting around 387 million people worldwide. Diabetic cardiomyopathy is an independent cardiovascular disease and many underlying mechanisms such as microvascular disease, autonomic dysfunction, metabolic disorders and interstitial fibrosis serve as etiological factors.

Aims and Objectives: To study the presence of diastolic dysfunction in newly diagnosed type 2 diabetes mellitus and its correlation with glycosylated haemoglobin (HbA1C)

Materials and Methods: It was a case control study with 50 patients. Inclusion Criteria- Newly diagnosed T2DM between age 30-60 yrs including both males and females who had no other cardiovascular involvement and BP<130/80 mm of HG and with normal ECG. Diagnosis of diabetes was made on basis of clinical evaluation, biochemical tests like fasting plasma glucose, post prandial plasma glucose and HBA1C according to ADA guidelines.

Exclusion Criteria: Already diagnosed T2DM, Patients having cardiovascular diseases like valvular heart disease, ischemic heart disease, hypertensive heart disease, congestive heart failure and cardiomyopathy, COPD, severe anemia, haemoglobinopathies & Renal Failure.

Conclusion: This study shows that higher HbA1C level (more than 8.6±0.6) is strongly associated with presence of LVDD, considered as precursor of diabetic cardiomyopathy. HbA1C emerges as an important indicator of diastolic dysfunction in early onset diabetic population in our study. Age at the time of diagnosis of type 2 DM was predicted as most important risk factor for LVDD in these newly diagnosed patients.

OP-05 Temporary Pacemaker Induced Ventricular Fibrillation: An Interesting Case Report.

Anshaj Mujral, MMIMSR, Mullana, Haryana.

Temporary cardiac pacing involves electrical cardiac stimulation to treat a bradyarrhythmia or tachyarrhythmia until it resolves or until long-term therapy can be initiated. The purpose of temporary pacing is to re-establish circulatory integrity and normal hemodynamics that are acutely compromised by a slow or fast heart rate. In some situations, temporary pacing can be lifesaving. However, under sensing of QRS complex from ischemic area of ventricular cavity leads to inappropriate pacing spike on ST segment or on T wave of intrinsic complex, fall of pacing spike on this vulnerable period leads to induction of life threatening ventricular fibrillations. This phenomenon is known as “R on T phenomenon”. We report a case of 41 year old male, presented to us with ST segment elevated inferior wall myocardial infarction. On coronary angiography there is DVD with proximal RCA 100% cut off and LAD 60% stenosis. After coronary angiography and prior to angioplasty, temporary pacemaker inserted as patient was having bradycardia with heart rate of 36/min and after pacemaker insertion, he developed ventricular fibrillations. DC shock was given and it was reverted to normal sinus rhythm, these VF episodes were reoccurring at frequent intervals. On analyzing electrocardiogram on monitor, it was thought that temporary pacemaker was the culprit for this life threatening arrhythmia because of R on T phenomenon and pacemaker was turned off. After that he didn’t get any further episode of VF and successful PTCA of right coronary artery with XIENCE Xpedition [2.75mm x 48mm] was performed.

OP-06 Intracranial Chondrosarcoma: A Rare Case.

Arzoo, Dept of Surgery, GGSMCH, Faridkot.

Primary intracranial chondrosarcoma is an extremely rare malignant tumour of the central nervous system, this tumour most commonly arises from the skull base, however, cases originating from the choroid plexus, dura matter and brain parenchyma have also been reported.

Case Report: A 22 year old male presented in surgical emergency with a/h/o road side accident. History and examination revealed slight weakness of right side of body. NCCT head was done which showed radiological suspicion of SAH, EDH or SOL in left frontotemporoparietal lobes. Contrast enhanced MRI was performed which revealed equivocal results. A left frontotemporoparietal craniotomy was performed which revealed intraoperatively left

frontotemporoparietal convex lesion that was eroding dura mater. Complete excision of tumour was done and specimen was sent for histopathological examination. Patient is under follow up and doing well with no signs of recurrence on MRI after six months. Histopathology suggestive of low grade chondrosarcoma. Primary intracranial chondrosarcoma is rare and especially when dural based, it is rarest.

Our case demonstrates that imaging findings can be confusing especially the diagnosis of a meningioma should be ruled out because meningioma is also dural based. The correct diagnosis is important due to treatment/management implications. Complete surgical resection of tumour is the best modality of treatment with less chances of recurrence.

OP-07 Thoraces-Lumbar Kyphoscoliosis with Restrictive Lung Disease – Anaesthetic Implications.

Panda Bhabesh , GGSMCH, Faridkot

Introduction: Kyphoscoliosis is a disorder characterized by progressive deformity of spine consisting of lateral and posterior curvature of spine. Thoracic deformity poses cardiovascular and pulmonary abnormalities leading to restrictive pulmonary disease. In addition lateral curvature and rotation of spine leads to tracheal deviation and difficult airway thus presents unique challenge to anesthetic management.

Case Report: A 36 years old male, height 5'3", weight 60 kg, with thoraco-lumbar kyphoscoliosis was posted for deformity correction of spine. Patient was k/c/o hypertension, had h/o dyspnea NYHA II Patient was a known smoker for 10 years. Routine blood investigations, ECG & ECHO were normal. X-ray chest AP view showed tracheal deviation to left side. X-ray spine lateral view showed significant kyphosis at thoraco-lumbar area. PFT showed mild restrictive pattern with FVC 50.77 %, FEV1 50.8%. BHT <12 sec.

Discussion: Kyphoscoliosis results in decrease in total lung capacity, vital capacity and a functional residual capacity. Pulmonary complications (ARDS, pneumonia, atelectasis, pulmonary embolism) are the most common post -operative complications, and vigilant monitoring, incentive spirometry and aggressive pulmonary toilet are essential for reducing morbidity. Post -operative adequate analgesia should be given by multimodal approach including NSAIDs, opioids, patient controlled analgesia, epidural analgesia, paravertebral blocks and extra pleural catheters.

Conclusion: A detailed preanaesthetic assessment and optimization of the respiratory and cardiovascular systems is imperative. Patient may have difficult airway .Difficult airway cart should be kept ready. Important intraoperative considerations are vitals monitoring, temperature and fluid balance maintenance, positioning, spinal cord integrity monitoring and blood conservation. Postoperative intensive care, respiratory care and pain therapy deserve special mention.

OP-08 Unusual Presentation of Ruptured Endometriomas with Striking Levels of CA-125 and Pleural Effusion, Mimicking Ovarian Malignancy.

Deeksha Sharma, PG JR 3rd yr, Dept of OBG & Gynae, GGSMCH, Faridkot.

Background: Endometriosis is a common benign disease of female reproductive tract which very rarely presents unusually with ascites, pleural effusion, striking levels of CA-125 and bilateral adnexal masses such that mimicking an ovarian malignancy.

Case Presentation: We present extremely rare cases of a 40 years old and a 22 years old patients who had no evidence of acute abdomen, presenting as outpatient with complain of pain lower abdomen and no preceding amenorrhea with ascites and bilateral ovarian masses having striking levels of CA-125 of 3000-5000. Both were provisionally diagnosed as ovarian malignancy but intra-operatively, endometriosis was found.

Conclusion: Keeping in mind the reproductive age group such clinical presentations with striking levels of CA-125, alternative tumor markers should be done and a diagnostic laparoscopy should be performed so as to avoid laparotomy and treat with minimal invasive surgery.

OP-09

A Rare Presentation of Bilateral Pyopneumothorax in Retropositive and HCV Positive patients.

Diksha Attri, GGSMCH, Faridkot, Punjab.

Case Report: A 30 yr old male presented to pulmonary medicine department, Guru Gobind Singh Medical College and Hospital with complaints of breathlessness and Cough for 15 days. Patient is a known case of HCV and retropositive and is on medication for the same.

Investigations: Chest x-ray: It revealed bilateral air fluid level with right side more than 2/3rd of lung involved and left side 1/4th of the lung involved. Lab investigations: TLC raised around 15310/mm3 and SGOT and SGPT being deranged. Rest all were within normal limit. Diagnostic aspiration: on aspiration greenish yellow pus was aspirated. Pleural fluid for Culture: Staphylococcus aureus. Pleural fluid for Cytology: 80% Neutrophils with 20% Lymphocytes. Pleural fluid for CBNAAT: Mzz These effects include hepatotoxicity, teratogenicity, and acute pancreatitis. A patient presented to emergency with the signs and symptoms of acute pancreatitis. He had been on sodium valproate from outside since 12 days. All the cause for acute pancreatitis were ruled out as there was no history of jaundice, trauma, alcoholism, recent surgical intervention, diabetes mellitus, vasculitis, inflammatory bowel disease or any similar episodes of abdominal pain in past and finally valproate induced pancreatitis was considered. One may argue that the incrimination of valproate as an etiological cause of pancreatitis is not justifiable without reintroducing the drug to see the recurrence of pancreatitis. This was not done as we considered it to be unethical.

OP-10

Use of IDRS in Screening Asymptomatic First Degree Relatives of Type 2 DM Patients.

Gourav Talwar, Dept of Endocrinology, Golden Hospital, Jalandhar.

Objective: To access the risk of developing diabetes among first degree adult relatives of patients with TYPE 2 DM using Indian diabetes risk score (IDRS).

Methods: Participants were 522 adults (male and female) asymptomatic first degree relatives of Type 2 DM patients. Indian Diabetes Risk Score, (IDRS) a simple, cost effective tool compromising of two modifiable and two non modifiable factors was administered. The subjects were categorized as high (IDRS :> 60), moderate (IDRS: 30-50) and low risk (IDRS : <30) based on IDRS score. Data was analyzed using SPSS.

Results: The mean age of 522 participants, (male-56.7% and 46.3%) was 41.92+6.12 years. 38.4% and 27.3% were at moderate and high risk of developing diabetes respectively ($p<0.05$) . The mean IDRS was significantly higher among female than male subjects. IRDS had significant correlation with age, BMI, waist circumference and level of exercise (all $p<0.001$)

Discussion: Diabetes mellitus is one of the major health problems and literature advocates the utilization of simple scoring systems in quantifying individual's risk for developing diabetes. IDRS is a simple and validated risk scoring system for early screening of T2DM. In Our study about 65.7% of first degree relatives were at medium to high risk of diabetes in future.

Conclusion: Simple clinical tools like IDRS should be used to screen high risk persons so as to subject them to early non pharmacological interventions to prevent or delay the onset of T2DM.

OP-11

Eating Disorders in Type 1 DM Subjects-An overlooked entity.

Gourav Talwar, Dept of Endocrinology, Golden Hospital, Jalandhar.

Objective: To study the prevalence of disturbed eating behavior in young TYPE 1 DM subjects, using a Punjabi version of simple clinical tool "Diabetes Eating Problem Survey- Revised" or DEPS-R to determine its relationship with glycemic control.

Methods: This cross sectional study was conducted in 148 Type 1 DM subjects (81 males and 67 females). Clinical and lab data were recorded and Punjabi version of DEPS-R questionnaire was given to all subjects. Statistical analysis was with excel data software.

Results: Age of study population was 15.3+/- 3.2 years. 27.7% of the subjects scored above the DEPS-R cutoff of 20, indicating that they are at risk for eating disorder. Mean HbA1c was higher among those at risk of developing eating disorder (10.4+/-2.4) than those without the risk (8.3+/-1.7) (p = 0. 002). Risk of developing eating disorder was not affected by Age, Sex, BMI, insulin dose and duration of diabetes.

Discussion: The Diabetes Eating Problem Survey-Revised (DEPS-R) developed by Markowitz is a 16-item diabetes-specific self-report instrument to screen DEB. Consistent with the literature, in our series of young subjects of Type 1 DM there is high prevalence of DEB (27.7%) and it is associated with higher HbA1c levels (p=0. 002) in both genders.

Conclusion: There is higher risk of DEB in Type 1 DM and it is associated with poor glycemic control. Punjabi version of DEPS-R is a simple, valid screening tool for use in clinical practice.

OP-12 Seronegative Autoimmune Hepatitis: Case Report.

Harleen Sood, PG Resident, Dept of Medicine, GGSMCH, Faridkot.

Autoimmune hepatitis is a chronic, inflammatory disease of the liver that is characterized by circulating autoantibodies and elevated serum globulin levels. The disease can have variable clinical manifestations. Seronegative AIH presents similarly to autoantibody positive disease and diagnosis can be very difficult. Seronegative AIH can be diagnosed on liver biopsy. Treatment is similar to antibody positive AIH. Delay in appropriate treatment may lead to progression of the liver disease and liver failure. In this case report, we present a female patient who presented with decompensated chronic liver disease. Serology for autoimmune hepatitis was negative. Liver biopsy was done which was suggestive of AIH. Patient was diagnosed as seronegative AIH and was managed with corticosteroids to which she responded very well.

OP-13 Lead Poisoning-A Case Report.

Harpreet Kaur, Dept of Medicine, GGSMCH, Faridkot.

Introduction: Lead poisoning is a common environmental health hazard in developing countries. Lead is regarded as the potent occupational toxin and its toxicological manifestations are well known. Signs and symptoms of lead poisoning vary from mild symptoms like malaise, arthralgias, anorexia to moderate like anaemia, headache, abdominal cramps, peripheral neuropathy to severe like convulsions and coma.

Case Report: A 25 year old male presented with complaints of abdominal pain, malaise and arthralgias since 3 months and 1 episode of seizure. He started working at the age of 12 years in a battery making factory. He admitted to routinely handling lead without wearing any mask or other precautions. On examination – pallor was present, Burtonian line was present over the gums, abdominal tenderness present. Rest of the examination was unremarkable. Blood investigations showed anemia and elevated serum lead levels. MRI brain showed features suggestive of toxic/metabolic encephalopathy. Patient was treated with chelation therapy and with antiepileptics and advised to change work.

Conclusion: Lead poisoning, acute or chronic is a serious disease that can affect humans. It is a severe condition with potential to cause multiorgan damage. The most important factor in the management of such cases is to prevent exposure to lead. There is strong need for widespread education and awareness related to lead poisoning. This case report projects a case of cumulative lead poisoning with its classic manifestations, in a nutshell.

OP-14 Management of Atypical Eclampsia with Intraventricular Hemorrhage.

Himani Garg, Resident, Dept of Anaesthesiology, GGSMCH, Faridkot, Punjab.

Introduction: Cerebrovascular accident during hypertensive disorders of pregnancy is a rare entity, but carries significant risk to life because of its unpredictable onset and late diagnosis. The incidence of stroke during pregnancy ranges from 10-34/100,000 deliveries.

Case Report: A 20 year primigravida of 35 wks gestation brought with complaints of sudden onset of severe headache and epigastric pain. Vitals were BP-170/100mmHg, HR-102/min and Spo2-96% on room air.

Pt was given Inj labetalol and magnesium sulphate in view of eclampsia. After 8 hrs pt had GTCS for which supportive care including oxygen support and drugs were given. Emergency LSCS with standard general anaesthesia with rapid sequence induction done. Post op pt was mechanically ventilated due to low GCS. After 24 hrs of surgery CT scan of

head was done in view of persisting low GCS revealing Intraventricular Hemorrhage which was managed with mannitol and levipril.

Discussion: Eclampsia is defined as presence of new onset grand mal seizures in a woman with pre eclampsia that cannot be explained by another cause. Besides the cases of eclampsia with typical clinical course, there is growing evidence of atypical forms of disease regarding the time of onset and clinical course. Anaesthetic management in eclamptic pts present several challenges in view of peri op control of high BP, difficult intubation due to laryngeal edema.

Conclusion: As an anaesthetist and intensivist, we must always keep the possibility of hemorrhagic stroke in eclamptic patients especially in absence of typical features.

OP-15 To Study the Prevalence of Frailty Using Fire-Made Score in Geriatric Population & its Association with Different Diseases in Tertiary Care Hospital.

Himanshu Garg, Dept of Medicine, MMIMSR, Mullana, Haryana.

Frailty is a reversible age-related condition characterized by decline across multiple physiologic systems and associated with an increased risk of mortality or unplanned hospitalization. The term 'frail' is intended to identify vulnerable elderly people at high risk of falls, disability, hospitalization and mortality. It is a geriatric syndrome and involves excess healthcare costs from consultations, polypharmacy, and hospitalization. FIRE- MADE: Mental status, Activities of daily living, Depression, Events. No significant difference in frailty score was found between two genders. No significant association was found with respect to severity of frailty in patient of cancer. Significant association was found between diabetes mellitus, chronic obstructive pulmonary disease, ischemic heart disease, stroke with frailty score.

OP-16 "Van Der Knaap Disease"- A Rare Cause of Epilepsy in Young Adults.

Himanshu Kaushal, PG Resident, Dept of Medicine, GGSMCH, Faridkot.

Introduction: Van Der Knaap disease also known as megalencephalic leukoencephalopathy with subcortical cysts is an autosomal recessive disorder of macrocephaly and neurological deficit. Magnetic resonance imaging (MRI) and clinical features are certainly helpful for determining the characteristic findings and distinguishing it from other diseases of similar presentation.

Case summary: A 22 year old male born out of non consanguineous marriage from Muslim community presented in emergency in status epilepticus. Patient had generalized tonic clonic seizures. Birth history of the patient was uneventful; however there was history of progressive increase in head size till 3 years of age. There was history of behavioral changes and progressive decline in the developmental milestones. Clinically the systemic examination of patient was normal. EEG was suggestive of abnormal temporo-parietal epileptiform discharges. MRI was suggestive of leukoencephalopathy with subcortical cysts in the brain parenchyma. Patient was managed conservatively with antiepileptic drugs and other supportive measures.

Conclusion: Van der knaap disease is a degenerative disorder that has features like infantile onset macrocephaly, cerebral leukoencephalopathy with mild neurological symptoms. The disease can be diagnosed prenatally and genetic counseling can be provided to parents regarding future pregnancies.

OP-17 A study of clinic-radiological profile of and its co-relation with outcome of patient infected with H1N1 influenza virus.

Jorawar Singh, Dept of Pulmonary Medicine, GGSMCH, Faridkot, Punjab.

Introduction: H1N1 virus is a subtype of influenza A virus. Swine flu is a respiratory disease that occurs in pigs is caused by Influenza A virus. It does not normally transmit to humans however if it does cause human influenza it is called zoonotic swine flu.

Material and Methods: The Study was conducted in Guru Gobind Singh Medical College, Faridkot from November 2018 to April 2019 during which an outbreak of H1N1 influenza occurred in northern India especially in state of Punjab.

Aim and Objectives: The aim of study was to correlate the clinic-radiological profile at the time of presentation to hospital and outcome of disease.

Results: It was observed that a total of 153 patients presented to Guru Gobind Singh Medical College and Hospital, Faridkot were kept under suspicion of H1N1 influenza with clinical presentation varying from mild rhinitis to severe respiratory distress and radiological presentation varying from normal chest X-ray to bilateral lung involvement. Out of 153 patients 55 came out to be H1N1 positive and out of which 26 expired.

Conclusion: H1N1 influenza is a life threatening disease which may present with mild symptoms and no radiological presentation. Suspicion of H1N1 influenza should be kept in mind as delay diagnosis and treatment may lead to fatal outcome.

OP-18 Is Dapsone Still Relevant in Immune Thrombocytopenia.

Karuna, GMCH, Sector 32, Chandigarh, India.

Background: Immune thrombocytopenic purpura (ITP) is an acquired disorder in which there is immune-mediated destruction of platelets and possibly inhibition of platelet release from the megakaryocyte. Aim: Dapsone was used in a patient diagnosed with ITP when steroids were not effective enough and led to multiple relapses.

Methods: A 36 years old male presented with complaints of gum bleeds and ecchymotic patches over his body for the last 10 days in 2016 with no history of fever, cough, and yellow discoloration of eyes. On routine investigations patient was found to have thrombocytopenia (platelet count - 17 000 × 109/L) with rest of the parameters were normal including viral serology, Hepatitis B, C, HIV serology and ANA were negative. After confirming the diagnosis of ITP on bone marrow, he was started on steroids and then he developed side-effects and was then given oral Dapsone as he was not affording for other treatment options.

Results: Complete response was achieved in 2.5 months i.e. platelet count >100 x 109/L measured on 2 occasions 7 days apart and the absence of bleeding. The patient has been followed for 2 years and he has been doing well.

Conclusions: Dapsone is an attractive second-line therapy as it's cheap, has comparable efficacy to other second-line therapies, a good safety profile and rarely needs discontinuation due to side effects.

OP-19 Role of Metformin in Management of Esophageal Squamous Cell Carcinoma (ESCC).

Kashish Malhotra, MBBS Student, DMCH, Ludhiana.

Background: Esophageal Squamous Cell Carcinoma (ESCC) is the third most common carcinoma of the gastrointestinal tract usually presenting at an advanced stage. After standard treatment the estimated mean survival is less than 30 months. There is growing evidence that diabetic patients treated with metformin have a reduced incidence of a neoplastic disease including ESCC. Hence, the role of metformin in the prognosis and treatment of ESCC is being questioned.

Methods: On the basis of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, a thorough literature search was conducted and 12 articles were selected for the final review. Among the 12 studies selected, there are 5 retrospective studies, 1 cohort study, and 6 in vitro & in vivo studies.

Results: Metformin decreases the expression of insulin-like growth factor (IGF-1) receptor. The expression of the mammalian target of rapamycin (mTOR) is suppressed by AMPK which in turn can promote tumor cell apoptosis and negatively regulate cancer growth. Also, there is inhibition of PI3K/AKT/mTOR pathway with the use of metformin, causing down regulation of PKM2 expression which negatively affects the cancer metabolism and maybe a novel mechanism in ESCC. Additionally, the anti-mitogenic mechanism of metformin has been highlighted in animal models.

Conclusions: The use of metformin in ESCC therapy may lead to suppression of PI3K/AKT/mTOR pathway and therefore inhibiting the proliferation of ESCC. Hence, metformin may become a potential anti-tumor drug in the treatment of ESCC and justify further work to look for its possible role in the care and treatment of ESCC.

OP-20 A Study to Assess the Thyroid Dysfunction in Chronic Liver Disease and Correlation with Severity of Liver Disease.

Kiran S, AP, Dept of Medical Gastroenterology, Bangalore Medical College and Research Institute (BMCRI).

Introduction: The levels of thyroid hormone & thyroid binding proteins are altered in patients of chronic liver disease. Aims: 1).To assess FreeT3 & Free T4 levels, in chronic liver disease.

2).To find the correlation between thyroid hormone levels and severity of chronic liver disease.

Methods: A cross sectional study, with sample size of 50, to assess the free T3 & free T4 levels of thyroid function & correlation with prognostic factors of liver disease, i.e. MELD-Na & discriminant function with relevant investigations. statistical analysis done with - Chi-Square test, p value <0.001 was considered as statistically significant.

Results: Of the 50 patients, low free T3 levels was found with 29 patients, among them15 patients with DF<32, &14 patients with DF>32(p value <0.001). Low freeT4 levels was found with 12 patients, among them 4 patients with DF<32, 8 patients with DF>32, (p value <0.001).Low freeT3 was found with 29 patients, among them 14 patients with MELD-Na<24.50, &15patients, MELD-Na>24.50 (p value <0.006). Low free T4 was found with 12 patients, among them 8 patients with MELD <24.50& 4 patients with meld >24.50(p value <0.825).

Conclusion: Significant decrease in the free T3 levels is found in patients of cirrhosis of liver with discriminant function >32 & MELD-Na >24.50. Hence free T3 level can be used as a prognostic indicator of severity of chronic liver disease.

OP-21 Small Cell Carcinoma Mimcs Lymphoma on CECT Chest - A Case Report.

Kuldeep Singh, Dept of Pulmonary Medicine, GGSMCH, Faridkot, Punjab.

Aim and Objectives: To confirm the diagnosis of small cell carcinoma lung in a patient suspected with lymphoma on CT report.

Introduction: Small cell carcinoma and lymphoma both has varied clinco-radiological profile. Small cell carcinomas are most aggressive 15 to 20% of lung cancer mostly present in 3rd decade. At the time of diagnosis, approximately 30% of patient with small cell carcinoma lung will have tumour confined to hemithorax of origin, mediastinum or supraclavicular lymphadenopathy with 2 yr of survival rate. Lymphomas are aggressive lymphoproliferative disorder with 50% mediastinal involvement in hodgkin lymphoma and 15 to 20% in case of NHLS.

Discussion: Sometimes at age of presentation, both the tumours have same radiological picture due aggressive nature of both the tumours. When extent of disease is to both mediastinum and lungs with pulmonary complete vessels involvement, it is difficult to differentiate between two. Clinically, chest wall nodule denotes more towards small cell carcinoma lung, but even when FNAC of mediastinal mass was in conclusive and doesn't rule out. So bronchoscopic guided intra luminal biopsy was done from growth which confirmed the diagnosis of small cell carcinoma.

Conclusion: Small cell carcinoma and lymphoma both are challenging to diagnose. When there is discrepancy in clinical and radiological finding, biopsy should be done to confirm the diagnosis and immunohistochemistry will help to label the diagnosis of small cell carcinoma lung.

OP-22 Indoxacarb Induced Methemoglobinemia: A Case Report.

Kumar Shourya, PG Resident, Dept of Medicine, GGSMCH, Faridkot.

Indoxacarb is an oxadiazine insecticide used for cotton bollworm and native budworm. Our patient consumed indoxacarb in a suicide attempt. Human toxicity of indoxacarb is not well defined yet. Our patient came with hypoxia due to methemoglobinemia secondary to indoxacarb poisoning. Patient was managed with IV methylene blue and vitamin c to which response was prompt and hypoxia improved. Thus early recognition and treatment is needed in methemoglobinemia due to indoxacarb poisoning.

OP-23 Subacute Hypersensitivity Pneumonitis.

Manas Godbole, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

24 y/o Female Patient presents with history of gradually progressive SOB worsening dry cough and Chest discomfort with retrosternal stabbing pain on deep inspiration after a resolved episode of URTI. On examination Pt is tachypneic has crepitus over neck and shoulders, rest of the systemic examination is normal Chest X-ray is suggestive of pneumomediastinum and subcutaneous emphysema, with no evidence of parenchymal lung damage .CBC is normal except mild eosinophilia, liver/renal function are normal. 2D Echo is normal. CECT chest is done that suggests Serum IgE levels are significantly elevated.

Hypersensitivity pneumonitis, also defined as extrinsic allergic alveolitis is a pulmonary disease that occurs due to inhalational exposure to a wide variety of antigens. It has an acute, subacute, chronic form ranging from mild URI like symptoms of fever, productive cough and SOB in acute that spontaneously resolve over a few days to chronic that may cause dyspnea weight loss, pulmonary fibrosis, digital clubbing.

OP-24 Prevalence of Comorbidity of Depressive Disorders and Panic Disorder in Patients Diagnosed With Migraine (With and Without Aura).

Meghna Gupta, PG Resident, Dept of Psychiatry, MMMC&H, Kumarhatti, Solan.

Migraine is a common neurological disorder and that be severely disabling during attacks and has been observed to be associated with other psychiatric disorders like panic disorder and depressive disorders. The disease burden maybe magnified when psychiatric co morbidities are present.

Objective: In this study, we have tried to find out the prevalence and comorbidity of depressive disorders and panic disorder in patients diagnosed with migrainous headache, with and without aura, coming to psychiatry OPD of MMMC&H, Kumarhatti, Solan.

Material and Methods: International Society for Headache, criterion (ICHD-3) was applied to screen patients having migrainous headache (with and without aura). 220 such patients, who gave consent for the study, were selected for the study and MINI Scale was applied to these patients to find out which of these, had a diagnosable comorbidity with panic disorder and depressive disorders.

Observations: The prevalence of panic disorder was found to be 11.5% in cases of migraine without aura whereas it was 14.3% in cases of migraine with aura showing no significant association (p=0.665).Prevalence of depression was found to be 29.2% in cases of migraine without aura whereas it was 64.3% in cases of migraine with aura, thus showing statistically highly significant association (p<0.001).

Conclusion: Odds ratio of panic disorder in cases of migraine with aura as compared to migraine without aura was 1.288(95% CI : 0.409-4.059: p= 0.666), showing insignificantly more chances of panic disorder in cases of migraine with aura as compared to migraine without aura. Cases of migraine with aura had significantly higher odds of having depression as compared to cases without aura (OR: 4.371; 95% CI: 1.900-10-058: p = 0.001).

OP-25 Primary Cutaneous Histoplasmosis in an Immunocompetent Host.

Nikhil Batra, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

H. capsulatum is a dimorphic fungus that remains in a mycelial form at ambient temperatures and grows as yeast at body temperature in mammals. Histoplasmosis is frequently encountered in immunocompromised or patients on immunosuppressants. The infection is self-limiting and restricted to lungs in 99% of the individuals while the remaining 1% progress to either disseminated or chronic disease involving the lungs, liver, spleen, lymph nodes, bone marrow and sometimes the skin and mucous membranes. Cutaneous lesions occur in up to 17% of patients with disseminated histoplasmosis and can manifest as papules, pustules, plaques, ulcers, molluscum or wart-like lesions and, rarely, erythema nodosum. A patient came to OPD with chief complaint of swelling over left arm since 1-month Swelling was insidious in onset, progressive, present at left arm above elbow Anterior aspect size 10×5cms, fungating mass. Primary cutaneous histoplasmosis is a very rare condition, and we have hereby reported such a case in an immunocompetent individual.

OP-26 Atypical Cogan's Syndrome (C-ANCA Positive), Case Report.

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Introduction: Cogan's syndrome is a rare autoimmune systemic vasculitis characterized by intraocular inflammation and vestibulo-auditory dysfunction, primarily affect young adults with no gender predilection. The mean age of disease onset is 30 year. We have report one case of atypical CS in June, 2019, patient presented with chief complaints of intermittent redness and pain in both eye since 2months with no significant vision complaints, tinnitus and hearing loss since 5months discoloration of left index finger associated with pain.

Objectives: To review current knowledge on Cogan's syndrome including type, etiology, and diagnosis.

Material & Method: Relevant publications on Cogan's syndrome

Conclusion: Approximately 70% of patients of Cogan's syndrome have systemic disease, of which vasculitis is considered the pathological mechanism. Life threatening aortic insufficiency develops in 10% of reported cases. Atypical Cogan's syndrome is associated with vasculitis in 20% of cases and has a less favourable prognosis than typical Cogan's syndrome

OP-27 Bilateral Shoulder Fracture Dislocation: Case Report.

Pranav Gupta, Senior Resident, Dept of Orthopaedics, GMC & H, Sector 32, Chandigarh.

Introduction: Most commonly dislocated joint is glenohumeral joint. Acute dislocation is an emergency and should be reduced within 24hrs. >95% of dislocations are anterior and out of these 15% are associated with GT fracture. Bilateral shoulder dislocation is rare and is most commonly posterior. Position of arm in anterior dislocation is abduction and external rotation. Peripheral nerve injuries are common in anterior dislocation out of which 10% involve axillary nerve.

Case Presentation: 28 year male came to emergency with pain in bilateral shoulder and restricted range of motion. Had an episode of seizure. Neurovascular status was intact. Radiographs confirmed bilateral anterior shoulder dislocation along with bilateral greater tuberosity fracture. Reduced under mild sedation using Kocher maneuver. Reduction confirmed by DUGA's test and X rays and was given shoulder immobilizer.

Discussion: History of trauma is usually the cause of anterior dislocation whereas posterior dislocations are more commonly associated with muscle contraction imbalance as seen in epileptic seizure. In our case, cause of anterior dislocation was seizure. Displaced greater tuberosity fractures must be fixed. If attempted in more than 6 weeks old case there are very high chances of iatrogenic fracture or neurovascular injury. In our case dislocation was reduced on the same day. No recurrent dislocation was found to be present at follow up.

Conclusion: Bilateral anterior fracture dislocation is a rare injury following seizure. Doctors should be vigilant and should be able to diagnose this condition and reduce it without any delay.

OP-28 A Rare Disease with the Common Symptom.

Raghav Singhal, Dept of Gastroenterology, MMIMSR, Mullana, Haryana.

Acute intermittent porphyria (AIP) is an inherited deficiency in the haem biosynthesis pathway. AIP is rare, affecting around 1 in 75 000 people. Acute attacks are characterized by abdominal pain associated with autonomic, neurological and psychiatric symptoms. We hereby present two cases of the 35 years old female with pain abdomen of short duration with seizures on follow up and 52 years old male with severe pain abdomen of short duration. All radiological and blood investigation were normal in both cases. Both patients urine turned brick red colour on exposure to sunlight and modified Ehrlisch test for Uroporphobilinogen came out to be strongly positive. Patient improved on high glucose diet. In conclusion, a diagnosis of porphyria as the cause of acute symptoms must be substantiated by finding a substantial increase in urine PBG after ruling out the other common cause. Treatment should be started promptly after the diagnosis is made.

OP-29 COVID 19 – How Anaesthesia Practice Has Changed.

Sanjeev Kumar, PG Resident, Department of Anaesthesiology and Critical Care, GGSMCH, Faridkot.

Introduction: Covid-19 is the infectious disease caused by the most recently discovered corona virus. Most corona viruses are not dangerous. In early 2020, after a December 2019 outbreak in China, the WHO identified SAARS-CoV-2 as a new type of corona virus. The outbreak quickly spread around the world.

Clinical Symptoms: It can lead to Pneumonia, respiratory failure, septic shock and death. Many Covid -19

complications may be caused by a condition known as cytokine release syndrome or a cytokine storm. Persons with associated co-morbid diseases are more vulnerable to its complications.

Changes in Anaesthesia Practice in Relation to CIVID-19: As Anesthesiologists are especially at risk because of the risk involved in aerosol-generating medical procédures (trachéal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy), a high level of vigilance is necessary to prevent contracting the infection when such procedures are performed. Keeping in view of minimizing contact with patient's airways the use of appropriate personal protective equipment (PPE) shall be considered.

Components of PPE: A particulate respirator (US National Institute for Occupational Safety and Health-certified N95, EU standard FFP2,); Eye protection, through the use of goggles or a disposable face shield; Gown with fluid resistance; Gloves; and Shoe covers. Apart from this many new devices came into force, like, special intubation box, face shield, videolaryngoscope, ETCO2 monitoring devices etc.

Conclusion: COVID-19 has changed the original practice of anaesthesia a lot. There is still a long way ahead in understanding the anaesthetic implication involved in Covid -19 disease.

OP-30 Anaesthetic Management in a Case of Xeroderma Pigmentosum.

Shashank Gupta, 2nd year PG Resident, GGSMCH, Faridkot, Punjab.

Xeroderma pigmentosum is a rare autosomal recessive disease, which is caused due to a molecular defect in nucleotide excision repair genes. This leads to sensitivity to sunlight and UV radiation and characterized by skin lesions, mucocutaneous tumours and progressive neurological complications. It has been reported that certain volatile anaesthetics, opioids may cause genotoxic side effects or aggravation of neurological signs. These patients may have a potential difficult airway and venous access. We report a 14 years old male child who was a known case of Xeroderma Pigmentosum with CA lip undergoing wide local excision under general anaesthesia. We chose Induction with propofol and succinylcholine with endotracheal intubation and controlled mechanical ventilation. Maintenance of anaesthesia was done with sevoflorane and cis-atracurium. The surgery was completed uneventfully and patient left the hospital after surgery without any complication. We suggest use of sevoflorane (not all volatiles) in xeroderma pigmentosum

OP-31 Aphasia in Young Female.

Shaveena Bansal, PG Resident, Dept of Medicine, GGSMCH, Faridkot, Punjab.

A 23 year old right handed female presented to outpatient department of neurology with complaints of not able to speak since one month and involuntary movements of right side of body since one month. General physical and systemic exam was normal except speech. Speech is not fluent (patient is having right handedness) comprehension, reading and writing intact naming and repetition is not intact. On the basis of history and examination possibility of CNS tuberculosis with vasculitic infarct, neurocysticercosis, multiple sclerosis, space occupying lesion was kept. All routine investigations in view of above possibilities was done but all came out with in normal limits, but MRI Brain with contrast done which was suggestive of low grade astrocytoma in left frontal lobe. Patient was given conservative treatment in form of steroids and antiepileptics and advised to follow up with repeat MRI. On follow up Patient was able to speak with little slurring in between and did not report any episode of seizure. On follow up MRI size of tumor was also reduced. Neurosurgery consultation was also taken and patient advised to continue same treatment and follow up with MRI scan after every 3 month to see the size of tumor.

Conclusion: This is a very rare presentation of low grade astrocytoma tumors in view of age, clinical features and progression of tumor from aphasia to almost normal speech.

OP-32 Carcinoma Vulva Presenting with Hypercalcemia: A Rare Case Report!

Shipra Garg, 3rd year PG Resident, Dept of Radiation Oncology, GGSMCH, Faridkot.

Introduction: Vulvar cancer is a rare gynecological malignancy and approximately 90% of them are squamous cell type. Hypercalcemia is a frequent paraneoplastic syndrome. It complicates 10–20% of all solid cancers and malignant hypercalcemia is responsible from 40% of all hypercalcemia cases. HHM is rarely seen with gynecological cancers, especially with vulvar cancer and associated with a poor prognosis.

Case Report: Carcinoma vulva with hypercalcemia as paraneoplastic syndrome is a rare presentation. A 55year female presented with complain of ulcerative growth vulva since 1 year and left groin ulceration since 1month.Complete workup of the patient was done. Biopsy suggested squamous cell carcinoma (SCC) and staged FIGO II. Patient was taken up for surgery i.e. radical vulvectomy with left Inguino-pelvic LN dissection with abdominal wall excision with ALT flap repair. After 1 year, she presented with disorientation, confusion, and decreased urinary output. Gynecological examination was unremarkable. Laboratory tests showed mild anemia and hypercalcemia. Patient was managed symptomatically for hypercalcemia focusing on fluid resuscitation and correction of the calcium levels. The mainstays of therapy were IV hydration, bisphosphonates, and calcitonin. Patient is now on regular follow up and is doing well.

Conclusion: This case report describes the rare manifestation of vulvar SCC, namely hypercalcemia developing 1 year after excision of the primary tumor. So, it is important to understand the pathogenesis, work-up, and treatment options for hypercalcemia associated with malignancy for timely intervention to occur.

OP-33

Spectrum of Upper Gastrointestinal Bleed in A Tertiary Care Hospital in North India-a Retrospective Study.

Somya Saxena, PG resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

Introduction: Upper gastrointestinal bleeding (UGIB) is a common medical emergency that results in high patient morbidity and mortality. The aim of our study was to evaluate the endoscopic findings in patients of UGIB.

Methods: This retrospective study was conducted at the department of gastroenterology MMIMSR, Mullana, Haryana from Jan 2019 to December 2019. Record of all patients undergoing Upper gastrointestinal endoscopy (UGIE) for evaluation of UGIB was reviewed and compared with the data on UGIB from other regions of the country. Data was entered and analyzed using SPSS version 20 (IBM, Armonk, NY, USA).

Results: Record of 365 (280 male and 85 females) patients undergoing EGD for UGIB was reviewed. Mean age of study population was 53.45 years with standard deviation of 22.50 years. Majority of them were males (76.72%). Commonest cause of UGIB was esophageal varices (50.6%cases). Next common cause was duodenal ulcer (15.6%). Other common causes were erosive gastritis (9.3%), gastric varices (7.9%) and portal hypertensive gastropathy (3.5%).

Conclusion: UGIB was more common in male gender. In our study, bleeding from esophageal varices was leading cause of UGI Bleed with bleeding from peptic ulcers as 2nd common cause. This may be due to higher prevalence of cirrhosis resulting from alcohol abuse and hepatitis B&C.

OP-34

KAP Study of Foot Care in Patients with Diabetes Presenting to SGT Hospital, Gurugram, India.

Sonu kumar Single, PG Resident, Dept of Medicine, SGT University, Gurugram.

Background: Awareness and expertise with diabetes foot care will decrease the chance of diabetes walking, lowering the likelihood of extremity amputation.

Material and Methods: The study was performed in a cross-sectional medical review at the SGT medical college in Gurugram, Haryana, India. The diabetic foot study form chosen was intended for a total of 310 patients who visited the operating OPD (patient service) of operating department from January 2020 to June 2020. This exam composed of 20 questions regarding foot care perceptions and 14 questions regarding real foot treatment. One rating has been issued to each right reaction. The information and functional results were graded, according to the ranking, as fine, acceptable and bad. If the ranking was 70 percent for knowledge and practice, 50-69 percent was deemed strong and fewer than 50 percent were considered bad for knowledge and practice.

Results: Only 71 (23%) were knowledgeable, 155(50%) knew, and 84 (27%) had nothing to learn from diabetic foot care. The plurality of doctors, i.e. in 159 (51 percent), in 103 (33 percent) and in 48 (16 percent), had poor practices. The awareness and experience of foot care for diabetes and the incidence of foot diabetes was linked to important statistical data.

Conclusions: Among diabetic foot patients who underwent OPD medicine awareness and bad technique were noticed. It reveals that patients with diabetes require better awareness by schooling.

OP-35 Marchiafava Bignami Disease- An Alcoholic's Misfortune.

Swati Garg, PG Resident, GMC & H, Sector 32, Chandigarh.

Clinicians encounter multiple alcohol-related illnesses in practice, but Marchiafava-Bignami disease (MBD) is a rarely encountered entity. Though characterized by variable symptomatology, it often presents with psychotic and emotional symptoms, seizures and hemiparesis, reduced consciousness or coma, often culminating in death. The underlying pathogenesis of MBD is still not understood. A multitude of metabolic, toxic and vascular disturbances interact with malnutrition and chronic alcoholism in the background. It is characterized radiologically by demyelination and necrosis of the corpus callosum and adjacent subcortical white matter. Due to uncertainty in its etiology, a specific therapy is also not available. Besides cessation of alcohol, high doses of corticosteroids and vitamin B complex, including thiamine, vitamin B-12 and folate have been therapeutically utilized with variable outcomes.

OP-36 A Rare Presentation of Newly Diagnosed Chronic Myeloid Leukemia.

Taniya Pruthi, Dept of Medicine, MMIMSR, Mullana, Haryana.

Chronic myeloid leukemia is a myelo-proliferative disorder of hematopoietic stem cell. It's typical presentation is anemia, fatigue, hepatomegaly, splenomegaly but eye symptoms are less common(5-10%). A 60 year male presented with fever and abdominal heaviness and also gives history of diminution of vision. On clinical examination, hepato-splenomegaly was found. The laboratory reports were suggestive of anemia with leukocytosis and fundoscopy revealed leukemic retinopathy. Patient was managed with Imatinib and was given sessions of pan retinal photocoagulation. So, early diagnosis and early treatment can save the patient's vision.

OP-37 Sjogren's Syndrome as Polymyositis in a Diabetic Patient- A Masquerade Rising to the Limelight- An Interesting Case Report.

Vandana Senan.V.R PG Resident, Dept .of Medicine, GGSMCH, Faridkot. Punjab.

Introduction: Sjogren's syndrome is a slowly progressive auto-immune disease primarily affecting the exocrine glands. But extra-glandular manifestations are also common, mostly as an immune-mediated mechanism. Polymyositis is a very rare occurrence with Sjogren's. Also, the incidence of Sjogren's in Type 2 Diabetes Mellitus is an evolving topic.

Case Report: A 60 year old female presented with complaints of pain in both lower limbs (more in the thighs) and progressive weakness in all 4 limbs since 1 and 1/2 months. On examination, DTR reflexes were lost and pain, touch and temperature lost in lower 1/3 of leg and foot. Investigations revealed low potassium levels, elevated CPK levels, metabolic acidosis and positive anti-SSa and anti-SSb titers. Nerve conduction study revealed sensory predominant neuropathy. Muscle biopsy showed polymyositis.

Conclusion: Polymyositis with Sjogren's, should be sought for even in a patient presenting with sensory neuropathic features; owing to its more common sub-clinical nature of presentation. This case report brings out a rare amalgamation of Sjogren's syndrome in Diabetes mellitus as polymyositis, which is a very rare occurrence as per previous studies.

OP-38 Case Report: Askin's Tumor.

Yavatesh Joshi, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

Askin's tumor, a primitive neuroectodermal tumor of the thoraco pulmonary region, is a rare tumor presenting in childhood and adolescents and considered as members of Ewing's family. However here is the case of a patient who had fever and cough ,and past history of admitted to suffering a blunt trauma to left chest around 1 month back but was having left sided pleural effusion with tap showing hemorrhagic collection , he was evaluated and was found to plenty RBCs ,negative for malignant cells and ADA was not elevated. He underwent CT guided biopsy was done from the left lung mass which revealed malignant small blue round cell tumor. He received chemotherapy consisting of vincristine, actinomycin D, cyclophosphamide and he had good clinical improvement and was diagnosed as a case of Askin's tumor.

OP-39 Cerebellar Ataxia: A Rare Manifestation of Neurocysticercosis.

Zeenat Mahendru, PG Resident, Dept of Medicine, GGSMCH, Faridkot, Punjab.

Introduction: Neurocysticercosis (NCC) is the most common helminthic disease of the nervous system in humans and is caused by the larvae of the pork tapeworm taenia solium. Two main forms of the disease are known: intraparenchymal and extraparenchymal. Extraparenchymal disease can be subdivided in intraventricular, subarachnoid and spinal forms. Intraparenchymal disease is more common and usually presents with seizure. This is a case report of fourth ventricle neurocysticercosis.

Case Summary: A 58 years old male, known case of neurocysticercosis, presented with chief complaints of headache and difficulty in walking due to imbalance for 10 days. Headache was occipital in location, moderate to severe in intensity and continuous. There was no history of altered sensorium, vomiting, photophobia, involuntary body movements and weakness of any limb. Patient had history of recurrent episodes of similar complaints in past for 5 years. On examination patient had bilateral cerebellar signs present. MRI brain showed a subcentimetric focus of ballooning on GRE in the fourth ventricle abutting the vermis s/o calcified granuloma. It showed thin peripheral enhancement on post gadolinium scan. Patient got medical treatment for neurocysticercosis and improved.

Conclusion: NCC is an important cause of morbidity and mortality in humans. The clinical manifestations vary depending upon the site of lesion. It is important to recognize these various manifestations of NCC for the better management of the patients.

OP-40 Total Occlusion of Abdominal Aorta in a Chronic Smoker: A Case Report.

Gautam Jesrani, PG Resident, Dept of Medicine, GMCH - 32, Chandigarh.

Atherosclerosis is a systemic disease with the potential to involve multiple vascular beds. Progressive atherosclerotic disease is relatively common in the distal abdominal aorta. Total aortic occlusion due to atherosclerosis is a rare and potentially dangerous entity. Herein, we are presenting a case of middle aged gentleman, who was chronic active smoker from last 25 years, came with complaints of bilateral lower limb weakness and loss of sensation in lower half of body from last 2 days. There was no history of fever, trauma or recent surgical intervention. On presentation, patient was conscious, oriented and had normal vitals. On examination, patient had cold lower extremities, absent pulses and skin changes. There was no abnormality in bilateral upper limbs. Rest systemic examination was inconclusive. Routine laboratory investigations were within normal range, except for mildly raised leucocyte count. Urgent CT angiography of abdominal and lower limb vessels was performed and showed total abdominal occlusion due to atherosclerotic thrombus below the level of renal arteries. Patient had no echocardiographic abnormality or evidence of thrombus in bilateral lower limb compression doppler. Patient was immediately started on anticoagulation infusion with IV unfractionated heparin and was planned for surgical intervention. But patient refused for any surgical procedure and took discharge against medical advice.

OP-41 Perioperative Anaesthetic Management of a Patient with Myasthenia Gravis for Schwannoma Surgery.

Inderpreet Singh, PG Resident, Dept of Anesthesia, GGGSMCH, Faridkot.

Introduction: Myasthenia Gravis is a chronic autoimmune neurological disorder affecting post synaptic neuromuscular junction, featuring skeletal muscle weakness and fatigability which improve with rest. Case of myasthenia gravis is a challenge for anaesthesiologist because of possibility of ventilatory complications and unpredictable response with muscle relaxant and analgesics.

Case Report: 52 year old female, known case of Myasthenia Gravis with MRI diagnosed L3 Schwannoma and on treatment with tablet pyridostigmine; tablets methotrexate; tablet folic acid and tablet aspirin posted for surgery. All routine investigations were within normal limits. Pre- operatively all the medications were continued. Epidural block performed at T12. Patient prepared for awake intubation. Anaesthesia deepened with sevoflurane and patient intubated at BIS value 35. Maintenance had done using oxygen, nitrous oxide, sevoflurane and propofol infusion. At end of this uneventful surgery, propofol and sevoflurane turned off and patient extubated at BIS value 85.

Discussion: Regional anesthesia is always preferred over general anaesthesia in patient of myasthenia gravis. If General anesthesia is required, it's best to use a neuromuscular free approach due to unpredictable response to neuromuscular drugs and post operative ventilatory complications. Inhalational and intravenous combination or only intravenous approach may be used. In present case we used sevoflurane and propofol combination. Pyridostigmine preferably should be continued. Neuromuscular blockers should be used with caution. Meticulous intraoperative monitoring is required. Extubation is always tricky and requires a good post operative care for ventilation and pain relief.

OP-42 Artery of Percheron Infarct" A Rare Variant.

Jasprabh Karanjit Kaur, PG Resident, Dept of Medicine, GMCH 32, Chandigarh.

The arterial supply to the paramedian thalamus and rostral midbrain has a rare anatomic variant called as Artery of Percheron. Infarcts of this artery result in bilateral paramedian thalamus involvement with or without mesencephalon involvement. Early diagnosis of this infarct is challenging because initial CT and MRI reports may be negative and also the clinical presentation is varied. The infarct of artery of Percheron results in a characteristic pattern of ischemia i.e. bilateral paramedian thalamus with or without midbrain involvement and accordingly, patients present with memory deficits, altered sensorium and also, motor deficits. Very few cases have been reported on Artery of Percheron infarct. A high index of suspicion should be kept for this diagnosis. A delay in diagnosis may delay the initiation of treatment which may lead to adverse outcomes, as already a narrow therapeutic window is available for timely thrombolysis, and thus minimize disability and mortality.

OP-43 To Study the Prognostic Value of Child PUGH V/S MELD in Decompensated Cirrhosis of Liver.

Mridul Arora, PG Resident, Department of Medicine, MMMC&H, Solan.

It is very big challenge for the physician to predict the prognosis and outcome of the chronic liver disease. Predictive value CTP (Child Turcotte Pugh) score has been challenged recently due to inclusion of ascites and encephalopathy being subjective variables with inter-observer variability.

Objective: To compare the prognostic accuracy of MELD v/s Child PUGH score in decompensated cirrhosis of liver within hospital stay.

Materials & Methods: 50 patients of decompensated cirrhosis of liver were assessed clinically and biochemically at the time of admission. MELD and CTP score was calculated at the time of admission. In hospital mortality and recovery of patient was made as end point of study.

Results: 40% of patients expired during the hospital stay and 60% recovered. Mean MELD of patients who expired was 29 &that of Child- Pugh score was 12. Mean MELD score was 17 and CTP was 9 in patients who recovered. 20% patients were of upper GI bleed. Out of which 50%expired during hospital stay.

Conclusion: In this study MELD score was found to be superior to Child-Pugh score as it has higher sensitivity(80%) and specificity(93.3%) as compared to CTP score sensitivity(70%) and specificity(66%) in determining the prognosis of decompensated cirrhosis of liver patients within hospital stay.

OP-44 Efficacy of NIV in Respiratory Failure.

Parth Rajdev, PG Resident, Department of Respiratory Medicine, MMMC&H, Solan.

Introduction: Respiratory failure is a life threatening condition. Non-Invasive ventilation is an artificial way to deliver ventilation to the lungs without using an invasive procedure.

Objective: To study the efficacy of early use of NIV in patients of respiratory failure in relation to clinical improvement.

Material and Methods: In the study patients with respiratory failure were evaluated clinically, urgent ABG was sent and APACHE II score was calculated at the time of admission. Patient found to be hypercapnic or hypoxic were put on NIV using Bi-PAP. Supplemental oxygen was given if saturation remained low with appropriate EPAP and IPAP. Patient's clinical condition was monitored at regular intervals by checking vital signs and ABG at regular intervals. After 4 hours if the vital signs and ABG parameters improved patient was continued on NIPPV but if no improvement was seen NIPPV

was discontinued and patient was intubated and given mechanical ventilation.

Results: In the study group, 10(20%) patients had type 1 respiratory failure and 40(80%) had type 2 failure. Among patients with type 1 respiratory failure 7(70%) were treated successfully with NIV while 3(30%) failed the trial of NIV and were intubated. Among the patients with type 2 failure 36(90%) were treated successfully with NIV while 4(10%) failed the trial of NIV and were intubated. In the study group patients having high APACHE II score at the time of admission failed the trial of NIV while patients having low APACHE II score were treated successfully.

Conclusion: The study illustrates the efficacy of NIV in management of respiratory failure. Early use of NIV leads to rapid improvement and reduces the need for invasive ventilation. APACHE II score can serve as a predictor of failure of NIV in both type 1 and type 2 respiratory failure.

OP-45 Anaesthetic Management of a Patient with Hypertrophic Cardiomyopathy for Laparoscopic Abdominoperineal Resection.

Preeti Kamboj, Department of Anesthesiology, G.G.S. Medical College, Faridkot, Punjab.

Introduction: Hypertrophic cardiomyopathy characterized by asymmetric hypertrophy of interventricular septum, is the most common genetic cardiovascular disease and therefore may present to the anesthetist more often than anticipated.

Report of The Case: A 57 year old male patient presented with diagnosis of carcinoma rectum posted for laparoscopic abdominoperineal resection. Patient had history of chest pain and breathlessness 4 years back. He was diagnosed then as case of HCM and was on regular medication.

After preloading and preoxygenation, general anesthesia was induced with inj morphine, inj propofol, inj vecuronium and maintained with halothane. Hemodynamic parameters were remained stable and at the end, patient was reversed, extubated and shifted to ICU.

OP-46 To Determine the Prevalence of Fungal Infection among Patient with Sputum Negative Old Treated Pulmonary Tuberculosis.

Puneet Aggarwl, PG JR, Dept of Respiratory Medicine, MMIMSR, Mullana, Haryana.

A descriptive study was conducted in department of pulmonary medicine in a tertiary care center of Ambala. Aim of the study was to determine the prevalence of fungal infection among patient presents with sputum negative old treated pulmonary tuberculosis. The study was carried out among 39 post treated cases of pulmonary tuberculosis, whose sputum or bronchial wash showed isolation of Aspergillus. Demographic details and clinical findings were noted. Data collected were entered into excel spreadsheet and quantitative data were expressed as number and percentage. The presentation of pulmonary aspergillosis in treated cases of pulmonary TB varies from aspergilloma (51.3%) to chronic necrotizing pulmonary aspergillosis (38.4%) to allergic bronchopulmonaryaspergillosis (10.3%). Hemoptysis (79.5%) of varying severity was the most common symptom. Most of the patients were farmers by occupation. The most common species were aspergillus fumigatus; others were aspergillus flavus, aspergillus niger and aspergillus terrus in 23.2%, 20.5%, and 12.8 %, respectively. Here we conclude that aspergillus fumigatus was the most frequently isolated species in our region and aspergilloma was the commonest pulmonary manifestation as post-TB sequel.

OP-47 To Study Demographic Profile, Risk Stratification and Response to Treatment in Chronic Myeloid Leukemia Patients.

Rajandeep Kaur, Junior Resident, Dept of Medicine, SGRD, Amritsar.

Background and Objectives: Chronic myeloid leukemia (CML) is a clonal hematopoietic stem cell disorder with characteristic cytogenic profile and tyrosine kinase inhibitors are used as therapy. Objective of the present study was to determine the demographic, haematological and cytogenic profile and to characterize them in different risk groups on presentation with European Treatment and Outcome Study score (EUTOS) in CML patients.

Methods: All diagnosed cases of CML were taken into study. Investigations like complete blood counts, blood picture, bone marrow aspiration/biopsy, molecular and cytogenetic studies were done and with EUTOS patients were stratified into risk groups on presentation and then treatment were individualized.

Results: 100 patients were enrolled in the study. The mean age of presentation of CML was 44.7 years with M: F ratio was 1:1. 20% cases were of Hindu and 80% cases were Sikh by religion. 68% cases were from Rural and 32% cases were from urban area. 92% were in CML chronic, 5% in CML accelerated and 3% were in CML blast crisis phase. 32% cases were of high-risk and 68% cases were of low-risk group on presentation.

Interpretation & Conclusions: Most CML patients are relatively young with male: female ratio is 1:1. Majority of them of Sikh religion and from rural area. Most of them presented in chronic phase and with low-risk strata according to EUTOS. Mean size of the spleen was 15.6+/-4.2 and haemoglobin level was 9.4+/-2, with leucocytosis and normal platelet counts on presentation.

OP-48 Postpartum Hemolytic Uremic Syndrome (PHUS) Complicated with Atypical Posterior Reversible Syndrome (PRES).

Samiksha Gupta, Junior Resident, Dept. of General Medicine, GMCH-32, Chandigarh.

Haemolytic Uremic Syndrome (HUS) and Posterior Reversible Encephalopathy Syndrome (PRES) are two diverse conditions that may have common triggering pathways. We present a case of a 35-year-old multipara who developed postpartum HUS and atypical PRES simultaneously making it a rare combination. Postpartum HUS is a known phenomenon. In our case patient presented with acute kidney injury following missed abortion. Patient was managed with broad spectrum antibiotics and hemodialysis. However, during the hospital stay, patient developed thrombocytopenia with peripheral smear showing schistocytes raising a possibility of hemolytic uremic syndrome which was further confirmed with ADAMTS-13 levels. The patient was planned for plasmapheresis, however, deteriorated and had a cardiac arrest. Treatment in case of HUS includes supportive care and plasmapheresis. PRES, though rare may complicate pregnancy.

OP-49 Respiratory Distress in Antiphostholipid Antibody Syndrome.

Shreyansh Bardiya, PG Resident, Dept. of General Medicine, MMIMSR, Mullana, Haryana.

Antiphospholipid antibody syndrome experience many pulmonary complications as a course of disease, most commonly pulmonary embolism or pulmonary hypertension. All pulmonary complications should be kept in mind while treating a patient. Here is a case of patient presenting with dizziness, vomiting and severe dyspnea with exertion. Patient underwent radiological investigation like CT, doppler and ECHO which helped in diagnosis by showing ground multifocal glass opacity and septal thickening. Brochoalveolar lavage (BAL) showed >95% iron positive macrophages (Siderophages) which is diagnostic for diffuse alveolar hemorrhage (DAH). DAH syndrome occurs when there is damage to the bronchial or pulmonary microcirculation, leading to bleeding into the alveoli It is defined by a triad of hemoptysis, anaemia and progressive hypoxic respiratory failure. however, one third of the patients do not experience hemoptysis. Imaging findings concerning for DAH are predominantly central and basilar patchy ground glass opacities and septal thickening which broadly resembles oedema or infection. BAL with at least 20% siderophages is considered diagnostic. DAH can be deadly, particularly due to capillaries, as in our patient. The mainstay of treatment is corticosteroids, with or without additional immunosuppressive agents. Patient improved symptomatically with this treatment.

OP-50 A Case of Atypical Kawasaki Disease.

Vivek Naveen, PG Resident, General Medicine, GMC & H Sector -32, Chandigarh.

Background: Kawasaki disease (KD) is a form of acute febrile multisystem vasculitis of unknown aetiology, which most often affects children younger than 5 years of age. It is associated with various complications including coronary artery aneurysm and some complications are life-threatening, such as heart failure and encephalopathy.

Case Report: 13 years old male presented with fever for last 2 weeks, documented to be 101degree Fahrenheit associated with reddish maculopapular rash all over the body prior to the presentation. On examination desquamation of skin was present in both hands around the finger nails, back of chest and lower limb toes. There were multiple sub-centimetric lymph nodes in the left cervical region. Eye examination showed bilateral conjunctivitis. Tongue was normal with no strawberry tongue. Characteristic erythema seen in Kawasaki disease over palm and soles was absent. Routine

hemogram, biochemistry, lipid profile was normal. HIV, HBsAg, anti-HCV, tuberculin skin test, blood culture, urine culture and tropical fever workup was negative. His Ebstein barr virus IgM antibodies were border line high 8.37 (normal is less than 8), ESR was-35mm/hr, CRP -8.3mg/dl and ASO titre - 5.9IU. USG of whole abdomen was suggestive of hepatomegaly and 2D echocardiography was normal. A diagnosis of atypical KD was made and patient was given intravenous immunoglobulin infusion over 24 hours along with oral aspirin. Patient showed a good response to intravenous immunoglobulin and aspirin, his fever resolved after 1 day and was discharged subsequently.

Conclusion: Kawasaki disease is a rare disease characterized by acute febrile multisystem vasculitis of unknown aetiology, which most often affects children younger than 5 years of age. A high index of suspicion is needed. Early diagnosis and treatment can prevent the complication like coronary artery aneurysm and heart failure. The use of intravenous immunoglobulin (IVIG, a single dosage of 2 g/kg) and oral aspirin (a dosage of 30 mg/kg/day) are established as first-line therapy for KD with efficacy and safety If there is no response then possibility of IV Ig resistant KD is made and patients should be treated with plasma exchange, methylprednisolone pulse along with additional IV Ig can be given.

OP-51 A Rare Clinical Entity in Young Women: Pulseless Disease- Presentation with Left Subclavian Artery Stenosis and Renal Artery Stenosis.

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Pulseless disease also known as Takayasu Arteritis is rare form of chronic granulomatous vasculitis, it predominantly affects young adult, females in particular with the onset between second and third decade. The patient present with clinical features related to vascular insufficiency of upper limb, weakness and fatigue in arms, malaise, fever, night sweats, weight loss, joint pain and fainting .we report an unusual case of Takayasu Arteritis with left Subclavian artery stenosis and renal artery stenosis .Patient presented in medicine OPD with persistent abdominal pain since two months, with discrepancy of BP in upper limb. She was also having renal bruit on examination. The diagnosis of pulseless disease was made using physical examination, doppler upper limb, CT angiography.

OP-52 Unusual Presentation of Influenza A H1N1 Myocarditis: A Case Report.

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Introduction: Influenza is an acute respiratory illness caused by influenza viruses. Symptoms consist of fever, cough, breathlessness, headache etc. though self-limited, it may be associated with grave complications like Acute myocarditis. We report an unusual case of Influenza A H1N1infection, presenting only with fever and syncope.

Case Presentation: A 73-year old female k/c/o hypertension, diabetes mellitus presented with complaints of high grade fever and blackout since one day. On examination, patient was conscious but febrile. Vitals suggestive of bradycardia. CBC showed mild anemia but later showed lymphocytosis with low-normal TLC. Chest X-Ray showed bilateral mild peribronchial cuffing. Except low serum sodium, all other tests were normal. E.C.G. showed sinus bradycardia. Notable finding was elevated creatine phosphoKinase, so NTproBNP and hsTrop I was sent, both came high though 2D Echocardiography came normal. Nasopharyngeal swab was sent for H1N1 RT-P.C.R. which came positive. Oseltamivir 150mg BD was started on second day of admission. Her vitals remained stable. Initially hsTrop I values rose but later declined. Bradycardia got resolved and chest X-ray also improved. After 5 days of treatment, all her symptoms got resolved.

Discussion: Physicians frequently attribute blackouts to neurological reasons, one must evaluate cardiac pathology thoroughly. If bradycardia is present with fever, one should think about viral myocarditis. Though tachycardia is the most common finding in myocarditis, this case presented with bradycardia and hence syncope. Though patient didn't develop hemodynamic instability, one should be aware of complications. We stress the need for increased awareness to facilitate early diagnosis and treatment.

OP-51

Ultrasound Guided Peripheral Nerve Blocks For Lower Limb Surgery in A Severely Cardiovascular Compromised Patient : A Case Report

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The patients requiring emergency or urgent lower limb surgery due to poor circulation usually present with cellulitis, sepsis, multi-organ dysfunction, and comorbid conditions. Neuraxial blocks are precluded because of coagulopathy, systemic infection, and hemodynamic instability. General anaesthesia can be catastrophic due to profound hypotension and myocardial depression at induction. These patients almost always required mechanical ventilation postoperatively for tachypnea and respiratory compensation. Use of peripheral nerve blocks for lower limb surgeries are not very common which actually have advantage of cardiovascular stability and pain relief intraoperatively and postoperatively, especially in the very sick patients. Here we are reporting a case posted for emergent lower limb surgery that was successfully carried out under ultrasound-guided peripheral nerve blocks (US PNB).

OP-52

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

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

Case series: A 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 details: Case 1 presented as seizures. MRI shows features of neurosarsoidosis 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/ neurosarsoidosis

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

Case 4 patient came in with 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 neurosarsoidosi

Methods: All 6 patients admitted undergo 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. Neurosarcoidosis manifestations responded well with high dose glucocorticoids.

OP-53

Valproate Induced Pancreatitis – A case report

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Valproate (sodium valproate and divalproex sodium forms) is a commonly used medication that is approved by the U.S. Food and Drug Administration (FDA) for the treatment of Epilepsy, Migraine, Bipolar disorders. Adverse effects associated with valproate are typically benign, but there are more serious effects that are less frequently observed. These effects include hepatotoxicity, teratogenicity, and acute pancreatitis. A patient presented to emergency with the signs and symptoms of acute pancreatitis. He had been on sodium valproate from outside since 12 days. All the cause for acute pancreatitis were ruled out as there was no history of jaundice, trauma, alcoholism, recent surgical intervention, diabetes mellitus, vasculitis, inflammatory bowel disease or any similar episodes of abdominal pain in past. And finally valproate induced pancreatitis was considered. One may argue that the incrimination of valproate as an etiological cause of pancreatitis is not justifiable without reintroducing the drug to see the recurrence of pancreatitis. This was not done as we considered it to be unethical.