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ABSTRACT BOOK

Poster Abstracts

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PP-01 A Rare Case Report of –Dissiminated Cysticercosis.

Aarish Gujjar, PG Resident, Dept. of Medicine, TMU Moradabad.

Introduction: Cysticercosis caused by Taenia solium. It is more common in northern region. One of the uncommon manifestations of cysticercosis is its disseminated form.

Case Presentation: We report an immunocompetent patient with disseminated cysticercosis, who had involvement of the brain, subcutaneous tissues, skeletal muscles, right orbit.

Treatment: Albendazole -15 mg/kg up to 1200mg/day in divided doses & Praziquantel 50 mg/kg/day in three daily doses for 14 days. In more than 2 cysts give combined therapy.

Steroid- prednisolone 1mg/kg /day or dexamethasone 0.1 mg/kg/day ,should be started one day before start of anti parasitic therapy and continued till 14 days followed by rapid taper off over few days

Conclusion: It is essential to recognize DCC clinically and to perform appropriate radiological investigations, as the condition need planned therapy. Patients who is on treatment and who have active cysts remain at risk of serious complications.

PP-02 Echocardiographic Evaluation of Right Heart in Patients of Chronic Obstructive Pulmonary Disease.

Abhishek Garg, MMIMSR, Mullana, Haryana.

Background: Cardiac involvement in Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of morbidity, mortality, and even death. We aimed to study the echocardiographic evaluation, especially of the right heart, in patients of COPD and to co-relate findings of echocardiography with the clinical profile and severity of COPD of such patients.

Methods: We performed a cross-sectional study for a period of 2 years. The patients were subjected to necessary investigations and transthoracic echocardiography for evaluating the right heart parameters. Data was entered in MS Excel spreadsheet and analysis was done using Statistical Package for Social Sciences (SPSS) version 21.0. A p value of <0.05 was considered statistically significant.

Results: Of the 50 COPD cases studied, the majority (22) fulfilled GOLD stage IV criteria followed by 14 cases in GOLD stage II. Right atrial pressure was increased in 52% study subjects. Pulmonary artery systolic pressure had values of more than 25 mmHg in 68% of patients. RV thickness was >5 mm in 56% subjects. TAPSE was measured to be <17 mm in 50% COPD cases. A significant association was seen between severity of COPD and RA pressure, RV size, RV pressure/pulmonary artery pressure, RV thickness and TAPSE.

Conclusions: Significant prevalence of right heart dysfunction is found in COPD and there was a significant association of cardiac parameters with severity of COPD. Thus it is recommended that all patients of COPD should undergo right heart evaluation by echocardiography so that treatment modalities can be changed to minimize morbidity and mortality.

PP-03 Valproate Induced Non Hepatic Hyperammonemic Encephalopathy in a Patient with Epilepsy.

Ajay Surendra Thobde, MMIMSR, Mullana, Haryana.

Valproate is an antiepileptic drug which is commonly used for the treatment of focal and/or generalized epilepsy. Valproate is one of the safest first line antiepileptic drugs, but like any other drug, it has adverse effects such as nausea, vomiting, drowsiness, tremors, alopecia, menstrual irregularities, polycystic ovarian disease, hepatotoxicity, pancreatitis, thrombocytopenia and rarely hyperammonemia etc. We have reported a case of 27-years-old male of idiopathic generalized epilepsy admitted with status epilepticus and subsequently he developed valproate induced non-hepatic hyperammonemic encephalopathy during his hospital stay. Valproate was withheld immediately, and his symptoms resolved after 72 hours.

PP-04

Coexistence of Paget Disease of Bone and Secondary Hyperparathyroidism Due to CKD.

Ajith Thomas P, MMIMSR, Mullana, Haryana.

Pagets Disease-bone remodeling disorder characterized by a marked increase in bone reabsorption mediated by osteoclasts, followed by compensatory increase in bone formation. CKD affects with a host of biochemical and clinical abnormalities, including CKD-mineral and bone disorder and renal osteodystrophy. Secondary HPT manifests as one of two types of renal osteodystrophy: osteitis fibrosa or mixed uremic osteodystrophy. The development of secondary HPT results from many factors, including deficiency of calcitriol, retention of phosphorus, a decrease in the activation of the calcium sensing receptor in the PT gland and skeletal resistance to the calcemic effect of PTH. 45/F complained about pain in bilateral hip, knee and difficulty in walking for 3 months. Pain was mild, but constant, even at night, had risen gradually, causing significant distress. No history of trauma. Associated with dypnoea grade 3, facial puffiness, decrease urine output.

Based on radiologic and laboratory findings, patient was diagnosed with PD. PTH levels were appropriate for the serum Ca levels and in presence of secondary cause of hyperparathyroidism i.e. CKD, we considered the diagnosis of normocalcemic secondary hyperparathyroidism. PD is a focal bone remodeling disorder that can affect one or more bones. It is the second most common bone disease, and its diagnosis is derived from routine biochemical analyses, when elevated alkaline phosphatase levels are observed, or during imaging Tests. Few cases have been described in the medical literature and in some of them PD was masked by secondary hyperparathyroidism, making its diagnosis quite difficult. With this in mind, presenting patient with PD and secondary hyperparathyroidism due to CKD.

PP-05

Rickettsial Fever with Vasculitis – A Case Report.

Akshith Raj Gupta, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

Introduction: Rickettsial infections, despite having a dramatic response to antibiotic therapy, are emerging as a challenge to the treating physician for its presentation being vague early in the clinical course, requiring a high index of suspicion for its diagnosis. The rash, though considered as the hallmark of rickettsial disease, is neither seen at presentation nor in all the patients.

Conclusion: Rickettsial infections show a good response to antimicrobial therapy when diagnosed and treated promptly. Vasculitis, though a documented aspect of rickettsial infections, is rare and warrants adequate understanding of the pathogenesis and treatment in order to avoid missing the diagnosis.

PP-06

Syncope as a Presenting Manifestation of MI: A Rare Case.

Anmol Monga, Dept of Medicine, GGSMCH, Faridkot

Introduction: CHB or 3rd degree AV block is a clinical entity described in case series from early years of echocardiography and its prevalence is 0.04% in general population. It is found to be increased in diabetics.

Case: 60 years diabetic female presenting with sudden T-LOC two hours prior to presentation in emergency with no other symptoms. On examination HR was 28/min, BP was90/50mmHg and extremities were cold and clammy. Auscultation was normal. Hb was 10.1 g/dl with normal platelet and RFT. Patient was taken for primary PCI, angiography showed proximal LCx thrombotic lesion; 70-75% stenosis mid LAD. RCA was small co dominant vessel with 40-50% mid stenosis. Successful primary PCI to LCx was done and sinus rhythm achieved.

Discussion: 3rd degree AV block presents commonly in diabetic patients which explains high cardiovascular mortality in these patients. AV nodal branch which arises as distal branch from RCA and supplies AV node and it can also receives supply from circumflex branch of LCA/LCx and its occlusion in diabetics can present as silent MI with CHB in diabetics with syncope as a rare manifestation.

PP-07

High on Toxicity!!!-An Interesting Case of Toxic Alcohol Ingestion.

Anshaj Mujral, MMIMSR, Mullana, Haryana

Ingestion of toxic alcohols occurs every year which can include ethylene glycol, diethylene glycol, isopropyl alcohol and methanol. Prompt recognition and treatment limits mortality and morbidity, the most serious of which cause irreversible

organ damage and death. My case is a 41 year old man found by his mother having a generalized tonic clonic seizure (GTCS) and his mother later found an empty bottle of brake fluid near him at the end of his seizure. Patient has a past medical history of Schizophrenia and polysubstance abuse. On presentation vitals were stable and patient was diagnosed as a case of - toxic ingestion of diethylene glycol, seizure, AGMA, lactic acidosis, ALI, AKI and rhabdomyolysis. The case illustrates the common clinical and laboratory findings of severe toxic alcohol ingestion. This include new onset seizure, AKI, ALI, lactic acidosis and severe anion-gap metabolic acidosis. Prompt recognition of diethylene glycol as the cause of the elevated osmolar gap, yielded a positive outcome and reversal of severe organ damage, as diethylene glycol is not identified routinely in a toxic alcohol panel. Patient was managed with I/V fluids, ETOH drip, NaHCO3, thiamine, haemodialysis and fomepizole. We should suspect toxic alcohol ingestion in someone who has high AGMA and lactic acidosis. Diethylene glycol ingestion is not always identified in a toxic alcohol panel.

PP-08 Anaesthetic Management for Lower Limb Fracture in a Patient of Rheumatic Heart Disease with Severe Mitral Stenosis.

Panda Bhabesh, GGSMCH, Faridkot

Introduction: Mitral stenosis (MS) is the most common acquired valvular lesion. It usually follows rheumatic heart disease (RHD) and is highly prevalent in developing countries as compared to developed world. Anaesthesia in severe aortic stenosis can result in rapid clinical deterioration and patient mortality hence they pose a significant risk and challenge for attending anaesthesiologist.

Case Report: A 70 yr old female known case of RHD and MS presented for proximal femur nailing. She was already operated for closed mitral valvutomy twice in the past. Her echocardiography showed RHD with severe MS (Mitral valve area 1cm2), severe mitral regurgitation, enlarged left atrium, ejection fraction 50%, mild tricuspid regurgitation, normal pulmonary artery and biventricular function. On general examination, her BP was 130/76 mmHg, RR 20/min, PR 68/min and missed beats were present. She was on treatment with tab torsemide 20mg OD and tab metoprolol 25mg OD. Other investigations were within normal limits. She was managed successfully under general anaesthesia combined with epidural analgesia.

Discussion: Anaesthetic management in MS includes thorough understanding and appreciation of physiological changes that occur secondary to MS. As such there is no ideal technique and careful multidisciplinary approach is mandatory for management of such patients. It usually focuses on adequate control of heart rate, ventricular preload and managing right ventricular and left ventricular contractile function and any coexisting pulmonary hypertension.

Conclusion: We conclude that successful management of patient with valvular heart disease like MS requires thorough preanaesthetic checkup, careful examination, meticulous monitoring, judicious use of fluids and drugs and adequate analgesia.

PP-09 Ruptured Sinus of Valsalva in an Asymptomatic Patient: A Case Report.

Deepak Jain, PG Resident, MMIMSR, Mullana, Haryana.

A rupture of a sinus of valsalva (RSOV) is a rare cardiac anomaly, mostly occurring in aneurysmal dilated sinuses. These lesions can be congenital or acquired. A continuous murmur may be the first and only clinical sign. In case of rupture, the prognosis is poor and therefore surgical repair is always required. TOE has become the gold standard for diagnosis of RSOV. In patients with untreated RSOV aneurysms, mean survival time of 3.9 years has been reported. We are presenting a case report of a 53-yr-old male with previously detected continuous murmur who was referred to our outpatient clinic for cardiac evaluation. His cardiovascular risk profile was favorable with no relevant past medical history or family history. Blood pressure was 110/70 mm Hg with pulse rate of 80 beats per minute. Jugular venous distention and peripheral edema were absent. Cardiac examination revealed to-and-fro murmur, grade 5/6 with maximum intensity over the left sternal border. Lab results were normal. Electrocardiogram showed sinus rhythm with left ventricular hypertrophy and chest X-ray revealed cardiac enlargement. On transthoracic echocardiography, both ventricles were dilated with normal systolic function and a significant left-to-right shunt was detected near the interventricular septum, the origin of which was difficult to determine. Transoesophageal echocardiography (TOE) showed rupture of right sinus of Valsalva to the right ventricle, resulting in a significant left-to-right shunt.

PP-10

Syndrome Lane-Hamilton – A Rare Disorder.

Deepankar Shivam, PG Resident, Dept of Medicine, TMMC & RC, Moradabad, U.P.

Idiopathic pulmonary hemosiderosis (IPH) is a rare clinical entity of unknown etiology. It is characterized by recurrent episodes of diffuse alveolar haemorrhage and often presenting with hemoptysis along with iron deficiency anaemia.

Iron deficiency anaemia may develop due to sequestration of red cell haemoglobin iron to hemosiderin iron in the alveoli. Deposition of hemosiderin iron can lead to pulmonary fibrosis. In the year 1971 Lane and Hamilton, firstly described the interrelation of IPH with Celiac Disease (CD). Since then only few cases reported.

We report a case of young adult who had typical symptoms related to the disease since his early childhood. And the important role of gluten free diet not only in celiac disease but also in IPH and don't require long term therapy.

PP-11

Rare Cause of Complete Collapse of Lung– Mucus Plugging.

Diksha Attri, GGSMCH, Faridkot, Punjab.

Introduction: Collapse of lung is a state in which there can be complete or partial lung collapse, most commonly occur after postoperatively, chest injury, respiratory weakness, foreign bodies etc. Mucus plug can also lead to complete atelectasis, however it's rarely leads to complete collapse of lung. It's a life threatening condition leading to rapid fall in Spo2.

Material and Methods: A case report was done on an 18yr old male patient who presented to Pulmonary Medicine Department at G.G.S MCH, Faridkot who presented with complaints of fever, progressive breathlessness and cervical lymphadenopathy for last 4 months with falling SPO2 up to 80%. Clinicoradioological examination was suggestive of complete lung collapse. Patients various investigations routine blood investigation, chest X-ray, sputum for AFB and CBNAAT, FNAC from lymph node and bronchoscopy were done.

Result: During bronchoscopy whitish growth seen in left main bronchus completely occluding it and bronchial brushing and washing sample was sent for cytological and microscopic examination which turned out to be positive for MTB. FNAC sample taken from cervical lymph node showed necrotizing granulomatous pathology thus conforming the diagnosis of pulmonary TB. After 1 day of bronchoscopy patient passed out whitish ball during violent bout of coughing. His dyspnea got relieved, spo2 rose to 97% on room air and CXR was repeated which suggestive of expansion of collapsed lung.

Conclusion: These types of cases are not seen on daily basis and delay in diagnosis can take a fatal course.

PP-12

Oromandibular Dystonia- A Bane of Levodopa in Parkinson's Disease.

Durgam Vinod, Dept of Medicine, GGSMCH, Faridkot.

Introduction: Oromandibular dystonia is focal dystonia involving mouth jaw and tongue manifested by involuntary muscle contractions producing repetitive patterned movements of involved structures. It can just occur alone symptom of complex syndrome such as atypical parkinsonism oridiopathic parkinson disease.

Case Report: One old age person presented with oromandibular dystonia while taking levodopa therapy for Parkinson's disease. Levodopa reduced and started trihexyphenidyl which showed improvement of symptoms.

Conclusion: Though a rare presentation dystonia in parkinson's disease can present with levodopa therapy. It's important to know the rare side effects of these drugs.

PP-13

The Chemical Imbalance!!! Sepsis and Seretonin- An Interesting Case Report.

Ekta Yadav, Dept of Psychiatry, MMIMSR, Mullana, Haryana.

Serotonin syndrome, also referred to as serotonin toxicity, is a potentially life-threatening condition associated with increased serotonergic activity in the central nervous system (CNS). It is seen with therapeutic medication use, inadvertent interactions between drugs, and intentional self-poisoning. Although classically described as the triad of mental status changes, autonomic hyperactivity, and neuromuscular abnormalities, serotonin syndrome is actually a spectrum of clinical findings ranging from benign to lethal. My case is a 38 year old male with a past history of major depressive disorder and chronic alcoholic presented with fever and left sided back pain. The case shows a rare but

important cause of fever in the ICU, the effects of combined serotonergic agents, and prompts management of serotonin syndrome. Despite ongoing fever, only when the patient displayed hypertonia, hyperreflexia, myoclonus, did we suspect this syndrome. Optimal management includes discontinuation of serotonergic medications, external cooling, sedation with benzodiazepines and administration of serotonin antagonists.

Conclusion: Seretonin syndrome in the ICU often occurs due to continuation of anti-depressants plus the addition of opioids (principally fentanyl) and anti-emetics. To avoid serotonin syndrome in the ICU, consider pausing anti-depressant administration in acutely ill patients and restart them once patients demonstrate recovery from critical illness.

PP-14 Hypereosinophilia as Primary Finding of Tubercular Pleural Effusion: A Case Report.

Gaurav Singh, P.G. Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

Introduction: Tuberculosis is caused by Mycobacterium Tuberculosis which mainly manifests as a respiratory illness with symptoms of cough, fever and weight loss and blood in sputum with leukocytosis, lymphocytosis, thrombocytosis or anemia. We report an unusual case where a patient of pulmonary tuberculosis had pleural effusion with hypereosinophila.

Case Presentation: 47 years old male patient, chronic smoker and alcoholic, with history of tuberculosis contact 6 months back presented with complaints of fever and cough since 2 months with weight loss. On examination, there was fullness, with decreased vocal fremitus, stony dull note on percussion and absent breath sounds in right lower zone. X-ray showed right sided pleural effusion. Blood count showed raised eosinophils (6.5%). Repeat count showed further increase in eosinophil count (18%). Differential diagnosis of tuberculosis, malignancy and hypereosinophilia were made for which pleural tapping was done which came out to be exudative. Thoracoscopy with ICD tube insertion was done. CECT chest and pleural fluid cytology was negative for malignancy. Others causes of eosinophilia like parasitic infection was ruled out. Though Zn staining and culture was negative of mycobacterium, ATT along with steroids was started. Patient improved symptomatically. On discharge, eosinophil count was 2%.

Discussion: It is an unusual case of pulmonary tuberculosis with hypereosinophilia. Hypereosinophilia is seen in malignancy, infection, trauma, occupational diseases, drug abuse etc. Though hypereosinophilia is rare in tubercular pleural effusion, it may occasionally present with eosinophilic pleural effusion, so patient must evaluated for tuberculosis before reaching to the diagnosis of hypereosinophilia syndrome.

PP-15 Acute Myocardial Infarction in Situs Inversus with Dextrocardia Treated With Percutaneous Coronary Intervention.

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

Situs inversus with dextrocardia is a rare congenital anomaly with incidence of 1 in 10000 population. The malrotation of the heart may pose important diagnostic and therapeutic challenges in the setting of acute coronary syndromes. Frequency of coronary artery disease (CAD) with dextrocardia is similar to general population. We hereby describe a 70 year old male with situs inversus and dextrocardia who presented with right sided chest pain since 2 days. ECG was suggestive of evolved anteroseptal myocardial infarction. 2D Echo revealed situs inversus with dextrocardia, moderate LV dysfunction and LVEF 36%. Coronary angiography revealed single vessel disease with 95-99% stenosis in mid LAD. Percutaneous transluminal coronary angioplasty of LAD was done successfully. Patient was discharged 2days later.

PP-16 Clinical Profile of Patients with Acute Myocardial Infarction in a Tertiary Hospital: A Case Report.

Harmanjeet Singh Dhillon, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana.

Atherosclerosis is a pathologic condition affecting medium sized and large arteries. It is characterized by chronic

vascular inflammation which is triggered by lipoproteins and affects intima ,leading to intimal thickening resulting in luminal narrowing and the potential to cause ischemia. Pathological features of atherosclerosis were recognized , long before clinical vascular syndromes – coronary artery disease (CAD),cerebrovascular disease (CVD), Peripheral arterial disease (PAD), aortic aneurysm .The word, atherosclerosis comes from Greek –athero-gruel-(corresponding to necrotic area of atherosclerotic plaque and –sclerosis –for hardening,(referring to fibrous cap of plaque luminal edge). Atherosclerosis in considered a modern disease: a consequence of contemporary life style changes –overeating-(obesity), physical inactivity, tobacco usage and stress. The atherosclerosis is a progressive disease that originates in childhood and continues during rest of life. Identification of modifiable risk factors for atherosclerosis –hypertension, diabetes mellitus, dyslipidemia, obesity and tobacco usage – at the earliest and appropriate management of these risk factors is the key for primary prevention.

PP-17 Phenytoin Induced Peripheral Neuropathy: A Rare Case Report.

Harpreet Kaur, Dept of Medicine, GGSMCH, Faridkot

Introduction: Phenytoin is a commonly used anti-epileptic, but it has a narrow therapeutic range. It acts by inhibiting the voltage-gated sodium channels on the neuronal cell membrane. CNS side effects are common; but phenytoin-induced peripheral neuropathy is a rare occurrence.

Case Report: 51 year old male, known case of seizure disorder, on tablet phenytoin 100 mg TDS for 5 years; presented with insidious onset tingling sensation over his feet and legs for 1 week (like walking on cotton wool). On examination, knee and ankle reflexes were absent bilaterally; patchy loss of pain and temperature sensation over both anterior, lateral aspects of the legs and dorsum of feet. Nerve Conduction study was done; its findings were consistent with peripheral neuropathy. In this case this peripheral neuropathy is attributable to the long term therapeutic doses of phenytoin.

Conclusion: The recognition of long term effects of therapeutic doses of phenytoin on peripheral nerves is important, because it is reversible: and should be replaced with other medications.

PP-18 Anaesthetic Implications in Acute Fatty Liver of Pregnancy (AFLP) – A Case Report.

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

Background: Acute fatty liver of pregnancy is a rare and potentially fatal complication with incidence of 1-3 cases per 10,000 pregnancies. Anaesthesiologists are an important part of multidisciplinary team involved in management of such patients during perioperative care and in intensive care unit.

Case History: A 22yrs old full term primigravida presented to emergency with altered sensorium .She had deranged liver enzymes (AST 241IU/L, ALT 171 IU/L, ALP 450 IU/L) and impaired renal function tests (BU 103 mg%, SC 4.3 mg%). Emergency LSCS was done under general anaesthesia with presumptive diagnosis of eclampsia and patient was shifted to ICU. LFTs and RFTs deteriorated further post delivery and patient had repeated episodes of hypoglycaemia. Clinical diagnosis of AFLP was made using Swansea Criteria and patient was successfully managed with supportive treatment in ICU.

Discussion: AFLP was first described in 1934 by Stadder and Cadden as acute yellow atrophy of liver. Precise pathogenesis of AFLP is not clear, proposed hypothesis is inadequate mitochondrial long chain 3-hydroxyacetyl CoA dehydrogenase activity, resulting in accumulation of free fatty acids in liver (2). AFLP usually develops in third trimester of pregnancy with prodromal symptoms of malaise, nausea, vomiting and jaundice, progressing to severe liver dysfunction, DIC, hypoglycaemia and hepatic encephalopathy. It needs to be differentiated from other hepatic disorders of pregnancy as timely diagnosis and intervention can save the patient.

Conclusion: We hereby conclude that AFLP is an under diagnosed entity and should be kept in differential diagnosis of pregnant females with deranged liver and renal function tests and episodes of hypoglycaemia as cornerstone of treatment is prompt delivery and supportive care in ICU.

PP-19

Assessment of Quality of Life of Elderly Living in Rural and Urban Area of Ambala District.

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

Quality of life as described by WHO is the state in an individual's life which results from a combination of effects with factors which determine an individual's health, comfort in the environment they live in, their happiness, educational status, attainments (both social and intellectual), freedom of justice and of action and freedom to express their thoughts. To assess quality of life among individuals from various cultures and across the world, WHO devised the WHO Quality of Life - BREF Scale (WHOQOL-BREF) having 26 questions. Study was done to assess the quality of life of elderly living in rural and urban areas and to compare the role of socio-demographic factors in influencing quality of life on elderly. No significant association was found between the age, gender and residential area with the Quality of Life scores for all the four domains. Chronic illness, illiteracy and unemployment significantly affected the quality of life amongst the geriatric age group of both rural and urban population of Ambala.

PP-20

Hemodynamically Unstable Ventricular Tachycardia: A Rare Primary Presentation of Acute Coronary Syndrome.

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

Introduction: Ventricular tachycardia refers to a wide QRS complex heart rhythm with QRS > 120MSEC originating at a rate of >100bpm. It arises distal to bifurcation of his bundle in the specialized conduction system. Enhanced automaticity and/or triggered activity and/or reentry are proposed mechanisms.

Case Report: 70/M presented to emergency with hemodynamically unstable ventricular tachycardia. Patient was cardioverted with 100J DC shock. Post cardioversion ECG showed ST-elevation in inferolateral leads. Cardiac markers were raised. Coronary angiogram revealed CAD-SVD (Proximal discrete LCx 99% stenosis).On 2D echocardiography patient had 'hypokinesia of basal mid septal inferoseptal and inferolateral walls, moderate MR, and LVEF 32%. Patient underwent PTCA and stenting to LCx was done. Patient remained in sinus rhythm after that and was discharged in hemodynamically stable condition.

Conclusion: There are very few cases in literature depicting hemodynamically unstable ventricular tachycardia as primary presentation of ACS. Ventricular tachycardia can be (although rare) only primary presentation of ACS. Care must be taken to act immediately to revert hemodynamically unstable VT and considerations should be taken regarding etiology of the same like in ACS. Correction of underlying etiology is the mainstay of treatment.

PP-21

A Mysterious Case of Jaundice.

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

Background: Worldwide prevalence of autoimmune hepatitis (AIH) is around 1-12 per million. ~10-20% is seronegative. 13% of all adults with chronic hepatitis of undetermined cause satisfy international criteria for diagnosis of AIH but lack autoantibodies. Here, we report a case in whom recurrent episodes of jaundice over 3 years led to extensive workup and was diagnosed as autoantibody negative AIH.

Case Report: A 58 year old lady, known hypothyroidism on thyroxine supplements presented to us thrice over 3 years duration, each with a brief history of jaundice and tiredness. No significant past history/habits. Examination revealed icterus. AST, ALT was elevated only to return to normal with supportive care. Infectious causes of acute hepatitis were ruled out at each visit. During the second visit, panel for AIH and ANA profile was negative. USG abdomen showed diffuse liver disease. At the third visit, MRCP showed no abnormality. Extended panel for AIH was negative. Wilson's disease/hemochromatosis was ruled out. Serum protein electrophoresis was suggestive of chronic inflammatory state. Liver biopsy established interface hepatitis. Patient was diagnosed to have autoantibody negative AIH using the revised international AIH group scoring system and treated with steroids and azathioprine. Patient improved symptomatically and LFT normalized.

Conclusion: Autoantibody negative AIH must be considered before labeling a patient as having cryptogenic hepatitis/cirrhosis. Clinicians must be aware of the scoring systems for AIH and must not rely solely on autoantibodies for the diagnosis. Identifying and treating AIH significantly reduces morbidity and mortality.

PP-22

Acute Liver Injury Secondary to Remdesivir in COVID -19 Patient on P-Gylcoprotein Inhibitors.

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

Introduction: Remdesivir (RDV), a nucleotide analogue RNA polymerase inhibitor has shown in-vitro efficacy against SARS-CoV-2 (COVID -19), knowledge regarding its clinical efficacy and toxicity profile is evolving. Here we report a case of RDV induced acute liver injury (ALI).

Case Report: A lab confirmed COVID-19 positive 85 year old lady admitted to HDU for respiratory distress, known case of hypertension, IHD on medications which were permeability glycoprotein (P-gp) inhibitors – bisoprolol and atorvastation, was started on RDV and repeat liver function test (LFT) showed >20 times upper limit of normal (ULN) increase in transaminases and raised international normalized ratio (INR). All other causes for ALI were ruled out and RDV was considered the probable cause and withheld, hepatoprotective measures started. By day 5 transaminase values reduced to <2 times ULN and INR normalized. Day 10, she was discharged in stable condition.

Discussion: In our patient, drug induced liver injury (DILI) severity was 'moderate' grade according to the US DILIN severity index. Hepatocellular pattern of idiosyncratic DILI noted. Updated RUCAM for the hepatocellular injury of DILI – total score was 9 – indicating 'highly probable' event due to RDV. The combination of P-gp inhibitors administered along with RDV might have increased its intra-hepatocyte levels above the toxicity threshold thereby causing DILI.

Conclusion: This case highlights the importance of regular LFT monitoring even in patient without underlying liver disease and to avoid concomitant use of P-gp inhibitors with RDV.

PP-23

Rare Presentation of Patent Ductus Arteriosus as Heart Failure in Sixth Decade of Life.

Kumar Shourya, PG resident, Dept of Medicine, GGSMCH, Faridkot

Patent ductus arteriosus (PDA) is a rare clinical finding in adult patients. Due to increase in cases of PDA diagnosed on echocardiogram in young patients and decreased lifespan of patients with PDA, it is rare to diagnose PDA in old patients. We report a case of 55 year old female who presented with symptoms and signs of heart failure. 2D Echo revealed patent ductus arteriosus with left to right shunt and normal pulmonary artery pressure. Diagnosis was confirmed through right and left heart catheterization with aortogram and coronary angiography. Patient was medically managed and advised device closure of PDA. Patient improved after medical management.

PP-24

New Onset Diabetes after transplant (NODAT)

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

Denovo development of diabetes after transplantation is common appears to be increase in frequency and compromises patient and graphics survival. The precise incidences of new onset know that this has been difficult to determine due to lack of standard definition for the condition. This entity is currently well defined since the publication of international consensus guidelines in 2003.Over the past 50 years the concept of not that has evolved in terms of name and definition. In addition since 2009, the international expert committee recommended use of standardized HbA1C for diabetes diagnosis (A1C> 6.5%) a position that had that has been endorsed by 2010.

Incidence of NODAT was 17% among kidney transplant population. Majority (64.7%) of NODAT appeared during the first six months post transplantation when patients were on maximum immunosuppression. Main demographic risk factor in our study was positive family history of diabetes, gender was not a significant risk factor. Modifiable risk factors of NDFB included use of tacrolimus and prednisolone, overweight post transplant hypomagnesemia, Hypophosphatemia and hypertriglyceridemia .HbA1c proved to be sensitive diagnostic indicator.

PP-25

Acute Viral Hepatitis E Infection: A Presenting Manifestation of Chronic Autoimmune Hepatitis.

Manish Kumar, PG Resident, Dept. of Medicine, SGT University, Gurugram

Introduction: Hepatitis E is most common cause of acute hepatitis and jaundice in Asia. Common causes of CLD are chronic Hep C, alcoholic liver disease, NASH, Hep B, autoimmune hepatitis, PSC, PBC, haemachromatosis and Wilson's disease.

Case Summary: 35 Y/ F old case of tubercular lymphadenitis on ATT presented with yellowish discoloration of eyes and skin, insidious in onset, progressive, associated with vomiting. H/O of abdominal distention and swelling both lower limbs. In view of long duration of symptoms and altered echotexture of liver, positive total IgG, ANA and dsDNA Ab and negative Anti-LKM Ab and Anti Sm Ab. These establish diagnosis of autoimmune hepatitis type 1.

Discussion: Our case presents an interesting clinical presentation of two diseases with similar presentation, but considerably different treatment. Finding in favour of autoimmune etiology include female gender, predominant aminotransferase elevation, presence and level of globulin elevation, presence of nuclear and dsDNA Abs and raised total IgG.

Conclusion: There can be concomitant hepatitis E infection in a chronic liver disease patient who has previously compromised liver function. Non invasive test that suggest advanced fibrosis include mild elevation of bilirubin, prolonged PT, slight decrease in serum albumin and mild thrombocytopenia.

PP-26

Unusual Presentation of Autoimmune Hepatitis.

Monika Sharma, PG Resident, Dept of Medicine, MMIMSR, Mullana, Haryana

Introduction: Diagnosis of autoimmune hepatitis is based on a combination of clinical, biochemical and immunological features The presentation can be identical to many other causes of liver disease, hence they need to be excluded. We are presenting a case of 57 year old female who presented with fatigue and abdominal distension. An unusual finding of hepatomegaly with liver span of 23 cm posed a diagnostic dilemma A diagnosis of autoimmune hepatitis in background of SLE was established and confirmed by response to treatment.

Case: The diagnosis of autoimmune hepatitis coexisting with SLE was confirmed, although other biochemical markers of autoimmune hepatitis were not detected. The episode of glomerulonephritis that occurred 10 years back was probably related to same disease and had resolved with a course of oral steroids only. This was an important component of history which prompted search for autoimmune etiology which could be missed due to absence of typical features of lupus such as rash and polyarthralgia. Polyserositis was present and the ascitic fluid had low SAAG 1 1 mg/ dl gradient which, along with normal serum albumin and coagulation profile, and the liver biopsy ruled out liver disease as the primary cause, lending further support to the diagnosis of SLE.

PP-27

An Unusual Presentation of a Lung Mass.

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Adenocarcinomas are usually slow growing tumors. Differentiating peripheral adenocarcinoma with extensive pleural involvement, metastatic pleural disease and mesothelioma is often difficult. A 40 years non-smoker, diabetic male working in automobile recycling industry for 20 years presented with chief complaints of cough with streaky haemoptysis, shortness of breath, severe left chest pain. Peritoneal metastasis of primary lung carcinoma is very rare, although it is identified in 2.7-16 % of cases in lung cancer. Adenocarcinoma can masquerade as mesothelioma in clinico, radiologic and histopathologically, IHC plays a pivotal role in differentiate both the entity. Possibility of aggressive adenocarcinoma with peritoneal, metastasis should also be considered in asbestos related malignancies.

PP-28

Evaluation of Bone Mineral Density in Patients Undergoing Total Hip Arthroplasty and Total Knee Arthroplasty.

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Introduction: Osteoarthritis and osteoporosis are common bone disorder in elderly. Advanced age and immobility, two of the important risk factors for developing osteopenia and osteoporosis. Aim of study to assess BMD of patients undergoing total hip and total knee arthroplasty.

Materials and Methods: Study included 52 patients undergoing knee arthroplasty and 19 patients who underwent total hip arthroplasty. Patients were followed up to 1 year postoperatively and DEXA scan were done at 3, 6 and 12 months after procedure. DEXA was done at femoral neck and lumbar spine. Patients were > 50 years old, no history of prolonged steroid intake, no history of metabolic bone disease and in none of the patients' arthroplasty was done secondary to fracture

Results and Discussion: 43.7% (31) patients were osteoporotic, 32.4% (23) were osteopenic and 23.9% (17) were in normal range. 9 patients in <60 years age group were in osteoporotic range, 22 patients in >60 years age group were in osteoporotic range. In females, 53.3% were osteoporotic, 33.3% osteopenic and 13.3% in normal range. In males, 26.9% patients were osteoporotic, 30.9% osteopenic and 42.3% in the normal range. No significant correlation between vitamin D levels and increasing age.

Conclusion: Study showed that osteoarthritis does not protect patients from generalized primary osteoporosis. So no significant correlation was found between vitamin D levels and BMD.

PP-29

Recurrent Hypokalemic Periodic Paralysis- A Presentation of Sjogren's Syndrome.

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Sjogren's syndrome is a chronic slowly progressive autoimmune disease characterized by lymphocytic infiltration of salivary and lacrimal glands leading to its common symptoms, dry eyes (keratoconjunctivitis sicca), dry mouth and parotid enlargement along with other possible extraglandular symptoms. One of its presentations in our patient was recurrent hypokalemia which lead to paralysis of both upper and lower limbs. Detailed investigations showed that patient had type 1 renal tubular acidosis (RTA) and after ruling out causes of distal RTA, final diagnosis of Sjogren's syndrome was reached .So a rare presentation of autoimmune disease was seen.

PP-30

Accessory Axillary Breast: Septic Foci.

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Background: Accessory breast tissue is an uncommon condition which occurs in 0.4–6% of women. It is mostly located in the axilla where it can cause diagnostic difficulty, especially if it is unilateral and large. Diagnosis of ectopic breast tissue is important as it can result in mastitis, fibrocystic disease and carcinoma

Case Report: 45yr old female presented to emergency with chief complaints of fever, altered sensorium and decrease urine output since 5 days. Patients' attendants also gave history of right accessory axillary breast tissue since one and half year and white discharge from same one month. Patient was diagnosed with sepsis with septic encephalopathy and acute kidney injury. All routine investigations were done and pus culture was sent from the accessory breast tissue. Mammography was also done and suggestive of right duct ecstasia with right axillary accessory breast with linear anechoic sinus tract in axilla. Pus culture and sensitivity came out to be positive for staphylococcus aureues. Conservative treatment with antibiotics was given and patient was hemodialysed twice. Surgery consultation was taken and no intervention was done Patient sensorium and urine output improved. Patient was discharged in satisfactory condition.

Conclusion: In this case report septic foci was right axillary accessory breast. So we concluded that never miss breast examination and mammography screening should be done in elderly females more frequently.

PP-31 Pulmonary Non-Hodgkin Lymphoma: A Rare Case!

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Introduction: Primary pulmonary lymphoma (PPL) is rare neoplasm accounting 0.5-1%of pulmonary malignancies. Less than 1% of non-Hodgkin's lymphoma (NHL) cases and 3-4% of extra nodal manifestations of NHL.

Case Report: 53yr old male known smoker (45pack-years) presented with difficulty in breathing, cough, fever. On CXR, mass was present in left lower lobe of lung along with blunting of costophrenic angles. Cytology of pleural fluid was suggestive of lymphomatous pathology? NHL biopsy of lung mass reported follicular lymphoma grade-I. Immunohistochemical staining demonstrated tumor cells positive for CD19, CD20 and CD45. CECT chest revealed homogenous nodular mass involving left thoracic and mediastinal regions with collapse consolidation of left lower lobe with effusion. FDG-PET scan showed nodular thickening of left pleura along with associated moderate pleural effusion.

Patient was diagnosed primary pulmonary NHL stage-IE and received 8 cycles of R-CHOP after which symptoms subsided. CECT chest done 24 months after initial diagnosis was suggesting metastasis for which patient was started on metronomic chemotherapy.

Results: Patient is now on tab. Etoposide 50mg OD and following us on regular basis. Repeat CXR (normal) and CECT chest done recently showed mild left pleural effusion with pleural enhancement along costal margins.

Conclusion: Nonspecific presentation and indolent course make the diagnosis of PPL very challenging and often lead to misdiagnosis or delayed diagnosis. This diagnosis should be suspected in individuals presenting lung nodules but lacking usual risk factors for primary non-small-cell and small-cell lung cancer, similar to our patient.

PP-32 Endovascular Treatment (Stenting) of Total IVC Obstruction with Collaterals in Young Adult with Crohn's Disease? Steroid Induced.

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We present a case of clinically extensive bilateral DVTs associated with chronic total inferior vena cava thrombosis with underlying Crohn's disease and who is on steroid therapy. Young patients presenting with symptoms of DVT should be investigated not only to establish any thrombophilic pre-disposition but to ascertain the proximal extent of thrombus which may itself influence treatment.

Percutaneous mechanical thrombectomy has evolved in treating complex veno-occlusive diseases. These devices work by simple thrombo aspiration (venturi effect). Endovascular therapy offers less morbidity and mortality when compared to surgery. Endovascular stent placement in combination with angioplasty is recommended in the cases of residual stenosis and chronic IVC occlusion. Treatment options include anticoagulation, thrombolytic therapy, and mechanical thrombectomy. In a case of IVC development abnormalities, the location and type of the defect determine the surgical approach. Even with extensive therapeutic modalities, long-term or even life-long anticoagulation is often required.

PP-33 A Hospital Based Study of Anemia in Acute Malaria.

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Introduction: As we all know malaria is complicated by various haematological abnormalities but anemia is being most prominent manifestation. The etiology of anemia is multifactorial and hasn't been defined completely.

Material and Method: 112 patients who was diagnosed case of malaria on basis of positive malarial parasite smear are included. Who are known case of anemia or already on treatment were excluded. Patients were divided into two groups who were having anemia and without anemia malaria positive.

Results: Out of 112 patients, 72 had anemia. It was observed that females and young less than 40 year are more affected. Various etiologies leading to malarial anemia were haemolysis, autoimmunity, hypoproliferative factors in form of iron deficiency anemia, vit B12 and folate.

Conclusion: In our study haemolysis, autoimmunity, iron deficiency, vit B12 and folate were observed as the etiologies of malarial anemia. However none of these individual etiologies were independently associated with anemia. This concludes bone marrow suppression as the cause responsible for malarial anemia. Bone marrow suppression caused by malaria recovers on its own in two to four weeks after recovery from the illness.

PP-34 Takayasu's Arteritis Hits Heart- A Rare Presentation as Dilated Cardiomyopathy in Pregnancy.

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Introduction: Takayasu's arteritis (pulseless disease) is an idiopathic chronic granulomatous vasculitis that affects aorta and its main branches, and occasionally pulmonary arteries. It is worldwide in distribution, but the incidence is higher in Southeast Asia, Central and South America and Africa.

Case Report: A 20 year old primi with 29 weeks of amenorrhea presented with complaints of progressive dyspnea and palpitations over 2 months. History of left arm and bilateral leg claudication with headache and on and off fever for 8-9 years. On examination, left radial and brachial pulses were feeble. Blood pressure in right upper limb was 200/120 mmHg and left upper limb was 100/70 mmHg. Bilateral carotid bruit was heard. ECG showed left ventricular hypertrophic changes. 2D-ECHO revealed features of dilated cardiomyopathy with LVEF 25%. Aortography showed narrowing of bilateral internal carotid artery at the bulb, left subclavian artery from its origin and pseudocoarctation of descending aorta. Coronary angiography revealed normal coronaries. Finally the diagnosis of Takayasu's Arteritis was made based on the 1990 ACR criteria. Patient underwent spontaneous labor during the course. Patient was treated with diuretics, beta blockers, peripheral vasodilators and digoxin.

Conclusion: In Takayasu's arteritis, stenotic lesions are found in 90%, aneurysms in 25%, while cardiac involvement is found to be rare. Hence reporting a case of Takayasu's presenting as dilated cardiomyopathy in pregnancy, owing to its considerable rarity and uniqueness.

PP-35 Case Report: Primary Pulmonary Lymphoma as the Presentation of Pulmonary Tuberculosis.

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

Primary pulmonary NHL is a rare disease forming less than 1% of all lymphomas of which t cell lymphomas are even rare, which can be manifestation of a great variety of disease, however NHL is relatively are finding in pulmonary tuberculosis and pneumonia .here is a case of patient who had fever, cough and weight loss and was treated on lines of pulmonary tuberculosis and pneumonia. He was evaluated and was found to be lobulated mass like consolidation in both lower lobes. He underwent CT guided biopsy from right sided consolidation found to be neoplastic lymphoid cells with atypical mitosis LCA and CD 3 positive , AFB and CBNAAT negative and sputum for gram stain c/s negative. He was started on chemotherapy regimen cyclophosphamide, hydroxydaunorubicin, oncovin and steroids and improved further condition and was diagnosed as a case of primary pulmonary lymphoma.

PP-36 Beyond Common Causes "Bilateral Ptosis with Positive Family History- Chronic Progressive External Ophthalmoplegia"

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

Introduction: Chronic Progressive External Ophthalmoplegia (CPEO) is characterized by slowly progressive inability to move the eyes and eyebrows. Typically manifests in the young adults. Most common manifestation of mitochondrial myopathy (occurring in 2/3rdof cases). It occurs as part of Kearns- Sayre syndrome.

Clinical features: Most cases present with ptosis.

Diagnosis: Muscle biopsy.

Case 1: A 23 years old male patient presented with complaints of nasal intonation for 1.5 years associated with difficulty in swallowing. Patient also complaints of regurgitation of liquid from nose. On detailed evaluation patient had positive family history.

Case 2: A 25 years old male, cousin of case 1 presented with complaints of nasal intonation for 2 years associated with difficulty in swallowing.

Case 3: A 28 years old male patient, cousin of case 1 and case 2 presented with complaints of ptosis and nasal intonation since 8 years associated with difficulty in swallowing. Patient also complaints of regurgitation of liquid from nose. Detailed physical examination of all the patients was done. All other causes of ptosis were ruled out. Imaging of the patients were done

Conclusion: Chronic progressive external ophthalmoplegia (CPEO), a rare case entity, occurring in young adults is manifestation of mitochondrial myopathy. The importance of history taking including family history and detailed clinical examination holds an important place in this growing technological world.

PP-37 Clinical Profile of Patients with Acute Myocardial Infarction in a Tertiary Hospital.

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Low income countries have seen a rise in the prevalence of cardiovascular disease. It has been established that prevalence of CV risk factors show variation in different age groups of urban and rural populations. This study aims to study the conventional risk factors in patients presenting with Acute Myocardial Infarction. Specifically, it aims to compare risk factors between the young and elderly study population. A cross sectional prospective study was conducted, and key risk factors such as smoking, hypertension, diabetes, various psychosocial factors, and biochemical parameters were examined. The results suggest smoking and sedentary lifestyle were the most common conventional risks associated with cardio vascular disease. A large population-based case control study is required to identify which amongst the conventional modifiable risk factors is independently responsible for acute myocardial infarction.

PP-38 Rickettsial Fever with Vasculitis – A Case Report.

Tabjula Akshith Rajgupta, MMIMSR, Mullana, Haryana.

Introduction: Rickettsial infections, despite having a dramatic response to antibiotic therapy, are emerging as a challenge to the treating physician for its presentation being vague early in the clinical course, requiring a high index of suspicion for its diagnosis. The rash, though considered as the hallmark of rickettsial disease, is neither seen at presentation nor in all the patients.

Conclusion: Rickettsial infections show a good response to antimicrobial therapy when diagnosed and treated promptly. Vasculitis, though a documented aspect of rickettsial infections, is rare and warrants adequate understanding of the pathogenesis and treatment in order to avoid missing the diagnosis.

PP-39 Case Report: Iatrogenic Cushing's Syndrome.

Prikshit Mittal, PG Resident, Dept of General medicine, MMIMSR, Mullana, Haryana.

Introduction: Cushing Syndrome, a rare disorder, with incidence of 1-2/lakh population, reflects a constellation of clinical features that result from chronic exposure of excess of corticosteroids of any etiology, commonest cause being exogenous steroid abuse. Endogenous causes are much rarer, out of which 25% occur due to increased adrenocorticotropic hormone due to pituitary adenoma (Cushing Disease).

Conclusion: Cushing Syndrome is a rare condition with potentially serious complications if left untreated. Proper diagnosis is important to access the underline cause for appropriate management of this disease.

PP-40 An Unusual Case of Acute Fatty Liver in Pregnancy with Hyperglycaemia.

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Introduction: AFLP characterized by centrilobular microvesicular fatty infiltration of hepatocytes. Hepatic architecture is intact with swollen lobules and compressed sinusoids.

Methods: A 38 years old elderly pregnant (35 weeks) lady with features of AFLP associated with Gestational Diabetes Mellitus (GDM). Fatty Liver in pregnancy is usually associated with hypoglycaemia but in this study we had hyperglycemia. Routine blood samples were send and a foetal doppler study was done which were normal. Investigations showed deranged LFTs and grossly deranged coagulation profile with an INR of 2.59. She was taken up for emergency caesarean section with high risk consent (in view of the deranged coagulation profile.

Results: INR was 2.59 on day 1 which reduced post operatively. Also PT was 28.1 which also reduced post operatively. Similarly deranged LFT were became normal post operatively with time. SGOT which was 196 became 53 and SGPT on day 1 was 128 which reduced to 40 by day 10.

Conclusion: AFLP is a medical and obstetric emergency because of metabolic alteration and complications. It requires a multidisciplinary approach with initial treatment involving supportive management and prompt delivery. Close surveillance of future pregnancy is recommended as there are chances of recurrences.

PP-41 Facial Nerve Paralysis in ASOM: A Rare Case Report.

Sumati Goyal, PG Resident, Dept of ENT, AIIMSR, Bathinda.

Introduction: Facial nerve paralysis secondary to ASOM is thought to be mediated by intrafallopian inflammatory edema and consequent ischemia with neuropraxia

Case Presentation: A 25 year old male presented to our outpatient department with the history of right ear discharge since 2 days, watery in nature, blood tinged associated with pain in right ear and in the right half of the face aggravating on exposure to cold with no relief from oral analgesics. He also complained of drooling of saliva from right side of the mouth while drinking water and eating food, along with an asymmetry of the face and inability to close her right eye since 2 days. On facial examination, he was found to have right sided facial palsy of lower motor neurone type, grade 2 House Brackmann scale as seen. Local examination of the right external ear done to rule out herpes zoster. Otoscopic examination showed congested tympanic membrane with pin hole perforation in anteroinferior quadrant with active discharge of purulent material which was blood tinged.

Discussion: Acute inflammation of the middle ear is one of the most common diseases seen in childhood and in early adulthood. It is usually confined within tympanic cavity and mastoid, but when the disease is severe the inflammation spreads to the structures neighboring the middle ear cleft

PP-42 An Unusual Presentation of Leptospirosis.

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Introduction: A 30 year old female came with yellowish discolouration of eyes, abdominal distention, intermittent fever and generalized body ache for 1 month. On examination she was stable, afebrile and conscious, oriented. Icterus was present and there was no evidence of lymphadenopathy. Abdominal examination revealed uniform distension with tenderness; hepatosplenomegaly on palpation; and dullness on percussion.

Conclusion: Leptospirosis can have features ranging from mild disease with generalized features (fever, myalgia, headache, chills and nausea) to severe leptospirosis (referred to as Weil's Syndrome - triad of hemorrhage, jaundice and AKI). Typical electrolyte abnormalities include - hypokalemia and hyponatremia. It may or may not be associated with pancreatitis, cholecystitis, rhabdomyolysis and aseptic meningitis.

PP-43 Persistent Diplopia in Gradenigo's Syndrome - A Rare Case Report.

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Introduction: Gradenigo's syndrome, also called Gradenigo's – Lannois syndrome and petrous apicitis. Was first described by Giuseppe Gradenigo in 1904. Triad of periorbital unilateral pain related to trigeminal nerve involvement, persistent otorrhea, associated with bacterial otitis media and diplopia due to sixth nerve palsy.

Case Presentation: The patient presented to the OPD of Saraswathi institute of medical sciences, hospital with history 49 year old gentleman came with complaints of Pain over right side of face since 1 month, Discharge from right ear since 1 month, Double vision since 15 days. Pain over right side of face, insidious onset, continuous, moderate grade, pricking type, non radiating. Discharge from right ear, watery in consistency, intermittent, purulent, associated with pain. Double vision, binocular, on right gaze, no diurnal variation. Was diagnosed as right sided Gradenigo's syndrome and treated by antibiotic coverage along with myringototmy.

Discussion: Acute otitis media is a frequent childhood disease, with a potential for intratemporal and/or intracranial complications and rare in adult. The neurological manifestations of Gradenigo's syndrome are attributed to the involvement of the fifth and sixth cranial nerves that are only separated from the inflamed petrous apex by dura mater. CT can show inflammation and abscess formation in adjacent brain and extra-axial spaces, as well as swelling in the cavernous sinus. MRI gives information concerning inflammatory changes in apical petrositis.