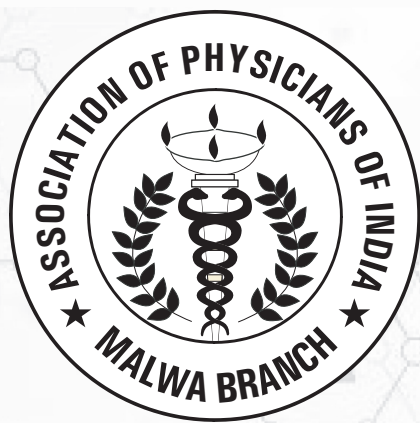


**Abstract Book**  
**8<sup>th</sup> Annual Conference of**  
**the Association of Physicians of India**  
**(MALWA BRANCH)**



**MAPICON**  
**BATHINDA 2021**

**(Awarded 16 Credit Hours by Punjab Medical Council)**

**(Letter No. PMC/CME/2021/5935 Dated: 11-02-2021)**

**16<sup>th</sup>-19<sup>th</sup> September, 2021**

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# 8<sup>th</sup> Annual Conference of the Association of Physicians of India (Malwa Branch)

## MAPICON Bathinda 2021, 16<sup>th</sup>-19<sup>th</sup> September 2021

### Oral Paper Presentation Schedule (Conference Hall) 17.9.2021 Friday

Time	Abstract No. & Name	Topic
10:00am to 10:08am	1. Akshay Chugh	Management of celphos poisoning with a novel intervention.
10:08am to 10:16am	2. Anubhav Lalit	To study the relationship of measuring neck circumference as a marker for obesity and to assess the association of neck circumference and metabolic syndrome in western UP region.
10:16am to 10:24am	3. Atul Kaushik	Prevalence of abnormal liver function tests in COVID-19 patients at a tertiary care centre.
10:24am to 10:32am	4. Durgesh Thakur	Nasal carriage of methicillin-resistant staphylococcus aureus (MRSA) in patients undergoing haemodialysis.
10:32am to 10:40am	5. Harsimran Kaur	A study to correlate the levels of high sensitivity C-reactive protein and size of infarct in ischemic stroke.
10:40am to 10:48am	6. Jaskaranvir S. Sarao	To evaluate cognitive impairment in diabetic adults with and without hypertension.
10:48am to 10:56am	7. Jasleen Kaur	Invasive vs. non-invasive technique for labour pain management.
10:56am to 11:04am	8. Kajal	Role of ambulatory blood pressure recording over office blood pressure measurement in clinical practice.
11:04am to 11:12am	9. Kanupriya Bector	To estimate the prevalence of microalbuminuria in patients of hypertension and to determine the correlation with left ventricular mass index.
11:12am to 11:20am	10. Pulkit	Correlation between vascular loops and otologic symptoms: Our experience.
11:20am to 11:28am	22. Aakrati Bansal	To study the risk predictors in young patients presenting with acute coronary syndrome.

### Oral Paper Presentation Schedule (Conference Hall) 18.9.2021 Saturday

Time	Abstract No. & Name	Topic
10:00am to 10:08am	11. Rinkal Kansal	To study the efficacy of GENEXPERT MTB/RIF assay in the diagnosis of tubercular meningitis (TBM).
10:08am to 10:16am	12. Rishu	Urinary tract infections among patients of bladder outlet obstruction.
10:16am to 10:24am	13. Rupali Sethi Arora	Bacterial pathogens causing community acquired urinary tract infections & their antimicrobial susceptibility in malwa region of Punjab.
10:24am to 10:32am	14. Satyam Leekha	Association of serum uric acid level and severity of coronary artery disease using GENSINI SCORE in patients undergoing coronary angiography in western UP region.
10:32am to 10:40am	15. Sharandeep Kaur	To study the spectrum of thyroid dysfunction in patients with metabolic syndrome.
10:40am to 10:48am	16. Sourya Kanti Das	Demographic profile and outcomes of pregnant patients admitted with COVID-19 infection in M.M. Medical College and Hospital, Solan during the 1st wave.
10:48am to 10:56am	17. Sukriti Azad	To compare APACHE II and SOFA scores as prognostic tools for mortality in sepsis patients.
10:56am to 11:04am	18. Gourav Talwar	Disturbed eating behaviours in subjects with T2DM in the Indian state of Punjab.
11:04am to 11:12am	19. Gourav Talwar	Obstructive sleep apnoea in subjects with type 2 diabetes.
11:12am to 11:20am	20. Meghna Gupta	To study the prevalence of anxiety and its severity among different specialties of health care professionals during COVID-19 pandemic in India.
11:20am to 11:28am	21. Meghna Gupta	Prevalence of anxiety and depression in India among medicos and non-medicos during COVID 19: A survey.



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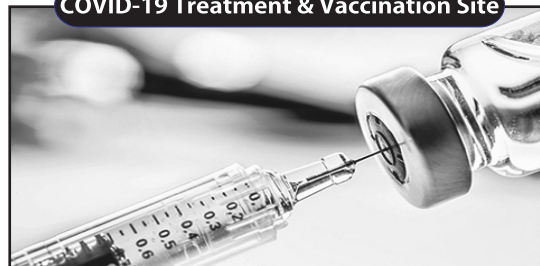


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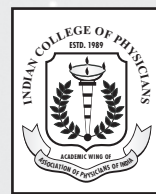


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# **MAPICON BATHINDA 2022**

**(Applied for 16 Credit Hours to Punjab Medical Council)**

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# 8<sup>th</sup> Annual Conference of the Association of Physicians of India (Allahabad Branch)

## MAPICON Bathinda 2021, 16<sup>th</sup>-19<sup>th</sup> September 2021

### ORAL PRESENTATION

OP-01

#### Management of celphos poisoning with a novel intervention.

Akshay Chugh, PG Final Year Resident, Dept of Medicine, SIMS, HAPUR.

**Introduction:** Celphos poisoning is one the most common and lethal poisonings with no antidote available till now.

**Aims:** To evaluate the effectiveness of new treatment regimens and interventions in reduction of mortality from the fatal effects of celphos poisoning.

**Materials and Methods:** A profile of 33 patients, who got admitted in Intensive Care Unit (ICU) of our institute with alleged intake of celphos pellets, was studied. In all the 33 patients with alleged celphos poisoning, extensive gastric lavage was done with a mixture of coconut oil and sodium bicarbonate solution. Strict monitoring, both invasive and non-invasive, was done and symptomatic/supportive treatment was carried out on a patient to patient basis.

**Statistical Analysis:** At the end of the study, all the data were compiled systematically and statistical analysis was carried out using the non-parametric tests and value of  $P < 0.05$  was considered significant.

**Results:** Majority of the patients out of the total 33 were young with mean age of  $21.86 \pm 4.92$ . Most of the patients presented clinically with cardiovascular signs and symptoms (58%), followed by respiratory distress (15%) and little higher incidence of multi-organ symptomatology (18%). The mean stay of the patients in ICU was  $5.84 \pm 1.86$  days and the survival rate was 42%.

**Conclusions:** With the treatment regimen we have formulated, we were able to save 42% of our patients and recommend the use of this regimen by all the intensivists and physicians.

OP-02

#### To study the relationship of measuring neck circumference as a marker for obesity and to assess the association of neck circumference and metabolic syndrome in western UP region.

Anubhav Lalit, Soubhagya Mishra. Department of Medicine, TMMC & RC, Moradabad, U.P, India.

**Aim:** To study the relationship of measuring neck circumference as a marker for obesity and to assess the association of neck circumference and metabolic syndrome in western UP region.

**Material and Methods:** The present study was conducted among 100 patients with metabolic syndrome in the department of medicine at Teerthanker Mahaveer Medical College & Research Centre from December 2019 to December 2020. The neck circumference (cm: normal value: In males  $< 37$  cms and in females  $< 34$  cms) was taken to the nearest 1 mm, using plastic tape measure. It was taken in a plane as horizontal as possible, at a point just below the larynx (thyroid cartilage) and perpendicular to the long axis of the neck. Care must be taken not to involve the shoulder/neck muscles (trapezius) in the measurement. A cut off value of neck circumference is calculated and correlation is done on whether there is an association between increased neck circumference and different parameters of metabolic syndrome.

**Results:** Our study revealed that more than 75% of our study participants had NC greater than or equal to the optimal cut-off values. Additionally, we found a significant positive association between NC and VLDL and TG.

**Conclusion:** NC was found to be a simple, yet reliable enough tools that may supplement anthropometric indices used to diagnose abdominal obesity and MS. Due to its ease of measurement, it can be considered as a first step towards screening for metabolic disorders related to obesity.

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OP-03

### Prevalence of abnormal liver function tests in COVID-19 patients at a tertiary care centre.

Atul Kaushik, PG Resident, Dept. of Medicine, Sharda Hospital, SMS&R, Greater Noida.

**Background & Aim:** Coronavirus disease 2019 (COVID 2019) outbreak caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is observed to cause liver dysfunction. We aimed to observe abnormal liver function tests (LFTs) in COVID-19 patients admitted in our hospital.

**Methods:** It was a cross-sectional study involving 105 COVID-19 patients who were admitted in Sharda Hospital from 3rd May to 2nd May. The COVID-19 positivity was defined on basis of real-time PCR. Thorough clinical examination and laboratory investigations including Complete Blood Count, Renal function Tests, Liver Function Tests, Chest X-ray, ECG, etc. was done.

**Results:** The total number of male and female patients was 64 and 41. Out of total 105 patients, 62 i.e., 59.04% had abnormal LFTs at time of admission. Out of these 62 patients, 44(70.9%) were male and 18(29.03%) were female. Only 5(4.76%) patients had abnormal LFTs on repeat testing. Median age of patients was 33 years. Average stay of patients with abnormal LFTs was 15 days (10-16 days) as compared to 10 days (7-11 days) for patients with normal LFTs.

**Conclusion:** The prevalence of abnormal liver function tests in patients of COVID-19 is 59.04%. Abnormal liver functions were more in males. The average stay in hospital for COVID-19 patients with abnormal LFTs was longer than those with normal LFTs.

OP-04

### Nasal carriage of methicillin-resistant staphylococcus aureus (MRSA) in patients undergoing haemodialysis.

Durgesh Thakur, Prabhjot Singh, Vishal Sharma, Shilpa Arora, Nitika Dhuria, GGSMC&H, Firdkot.

**Background:** Infection is one of the major problems encountered in hemodialysis patients. The mortality rate among patients undergoing hemodialysis remains unsatisfactorily high. Haemodialysis patients have higher nasal carriage rate of methicillin resistant staphylococcus aureus (MRSA) than the healthy population. The antimicrobial resistance to this pathogen is increasing rapidly, and the consequences of MRSA infections are dangerous. Timely recognition and isolation of hemodialysis patients colonized with MRSA along with strict infection control practices should be followed to minimize MRSA transmission rates.

**Methods: Collection of specimens:** Two swabs were collected from anterior nares of patients undergoing hemodialysis. Isolated strains were subjected to antimicrobial susceptibility testing using Kirby-Bauer Disc Diffusion method. Methicillin resistance was detected by using cefoxitin disc. Inhibition zone diameters were measured as per CLSI criteria.

**Results:** Out of 100 nasal swabs of hemodialysis patients, 38 isolates of S. aureus were found followed by CoNS and aerobic spore bearers. all the S. Aureus isolates (100%, 38/38) were MRSA.

**Conclusions:** Staphylococcal nasal carrier status in hemodialysis patients along with antibiotic susceptibility testing should be done in routine. To prevent the transmission of MRSA, infection control practices should be followed.

OP-05

### A study to correlate the levels of high sensitivity C-reactive protein and size of infarct in ischemic stroke

Harsimran Kaur, Junior Resident, Department of Medicine, SGRDIMS, Amritsar.

**Background:** Recent evidence gathered in seemingly well individuals using hs-CRP indicates that it is a strong independent risk factor for subsequent development of stroke. Previous studies have shown that the concentration of peripheral inflammatory markers, particularly hs-CRP, strongly correlates with stroke severity and independently predicts mortality and recurrent vascular events in patients with acute ischemic stroke. The aim of this study was to clarify the relationship between inflammatory markers and stroke severity by means of volumetric measurement of infarct size.

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**Methods:** A cross sectional study was conducted at SGRDIMS, Amritsar from February 2020 to August 2021 on 50 patients above 18 years of age. Diffusion weighted imaging (DWI) lesions were outlined. The relationship between highly selective CRP (hs-CRP) levels and DWI infarct volume was examined.

**Results:** The mean age of patients was 61.08 years, and 28 patients (56%) were male. There was a significant correlation between hs-CRP and DWI volumes.

**Conclusions:** Higher hs-CRP levels were associated with larger infarct volumes in patients with acute ischemic stroke. These results suggest that elevated hs-CRP levels, reflecting a large volume of infarct, may serve as a helpful serologic marker in the evaluation of severity of acute ischemic stroke.

OP-06

### To evaluate cognitive impairment in diabetic adults with and without hypertension

Jaskaranvir Singh Sarao, SGRD Medical College and Hospital, Amritsar.

**Background:** Diabetes is a heterogeneous disease that is associated with hypertension, dyslipidemia, chronic hyperglycemia leading to microvascular and macrovascular complications. Mild cognitive impairment is considered to be the stage before dementia and it has been said that when accompanied by diabetes, progression to dementia is accelerated.

**Methods:** The study included 150 participants in the age group of 18-65 years which were divided into three groups with one group having Type II DM pts, other having both T2DM and HTN pts and third group containing non diabetic non hypertensive controls. They were assessed on the basis of Montreal Cognitive Assessment Score (MoCA) with a score of more than or equal to 26 considered normal, 18-25 suggesting Mild Cognitive Impairment (MCI) and 10-17 suggests moderate cognitive impairment.

**Results:** The prevalence of MCI (Minimal cognitive impairment) among hypertensive diabetics (36 %) was significantly higher as compared to non-hypertensive diabetics (20%) and non-diabetics, non-hypertensive controls (8 %). Patients with an Hb1c>11.0 had the lowest mean MoCA score as compared to patients with Hba1c between 9-11.

**Conclusion:** Our study provides an understanding that diabetes is a significant risk factor for cognitive impairment which is often minimal and can be suspected on MoCA score. Patients having both diabetes and hypertension are at significantly higher risk of MCI compared to diabetic patients alone.

OP-07

### Invasive vs. non-invasive technique for labour pain management.

Jasleen Kaur, Sachin Kumar, Varinder Garg. Department of anesthesiology, MMMCH, Kumarhatti, Solan. and Pt. B.D. Sharma University of Health Sciences. Rohtak.

**Introduction:** Normal delivery is most painful and unpleasant experience in woman's life. It is now common practice with ladies to opt for elective caesarean delivery due to the fear of labor pain. Various analgesic options are being used for a long time in the world however labor analgesia is unpopular in Indian scenario due to several misbelief and misconceptions. The aim of this study was to introduce labor analgesia technique in our setup using an invasive and non-invasive technique.

**Method:** A total of 80 parturient were taken after informed consent in active stage of labor and according to their choice analgesic technique were given. Group A received transcutaneous electrical nerve stimulator and group B received epidural ropivacaine 0.125% with fentanyl 2µg per ml. Continuous monitoring of hemodynamics, VAS, sensory dermatome achieved and motor blockade were recorded. The mean dosage of epidural drugs and mean effective settings of TENS were noted. After delivery, the obstetrician acceptance and any incidence of back pain were followed and if needed reviewed.

**Results:** From the monitored observations, it could be concluded that these techniques do not cause harm to the normal progress of labor nor any adverse maternal & fetal outcome.

**Conclusion:** Epidural labor analgesia could be introduced in fearful participants by using non-invasive TENS technique while much better pain relief could be observed with epidural usage. The obstetrician can help in removing misconceptions of parturients for widespread popularity of labor analgesia in patient's interest.



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OP-08

### Role of ambulatory blood pressure recording over office blood pressure measurement in clinical practice.

Kajal, 3rd year PG Resident, Department of Medicine, TMMC&RC, Moradabad.

**Background:** An accurate assessment of blood pressure is very important for the diagnosis and treatment of hypertension. The measurement in the office may not reflect the true BP level. They may be elevated when the true BP is normal (white coat effect), or may be normal when the true BP is elevated (masked hypertension).

**Materials and methods:** Three constitutive office reading at an interval of 30 minutes were obtained in total 50 patients including both males and females. Then 24 ABPM monitor was mounted on non-dominant arm and removed 24 hours later.

**Result:** As we can observe out of 25 office normotensive, 22 were true normotensive. Out of 25 office hypertensive patients 24 were true hypertensive.

**Conclusion:** Ambulatory BP is very helpful in both discerning the patient who may not require additional anti-hypertensive therapy and those who will require up-titration of present therapy or addition of new pharmacological modalities.

OP-09

### To estimate the prevalence of microalbuminuria in patients of hypertension & to determine the correlation with left ventricular mass index.

Kanupriya Bector, Junior Resident, Department Of Medicine, SGRD Medical College & Hospital, Sri Amritsar.

**Background and objectives:** Hypertension is one of the challenging health problems in the world. It is closely related to Renal and Cardiovascular diseases. Microalbuminuria is an early manifestation of kidney damage and independently predicts cardiovascular disease. LVH is also an early marker of cardiac manifestation of target organ damage among hypertensive patients. This study has been conducted to find the correlation of microalbuminuria and LVH in hypertensive patients.

**Methods:** In this study 100 hypertensive patients of age 18-60 years were enrolled. Microalbuminuria was assessed by urine albumin creatinine ratio and Left Ventricular Mass Index was calculated with 2D echocardiography using the Devereux and Reichek "cube" formula.

**Results:** Mean age was 54.32 years in patients without LVH while it was 53.85 years in patients with LVH. Serum creatinine, albumin-creatinine ratio and microalbuminuria were independently correlated with the LVH. Multiple logistic regressions concluded that presence of microalbuminuria increases risk of LVH 2.02 times as compared to absence of microalbuminuria. Serum creatinine level was higher in patients with LVH compare to patients without LVH. Patients with microalbuminuria were higher in LVH group compare to non LVH group and this difference was statistically significant.

**Interpretations & conclusions:** This study demonstrates that microalbuminuria has an independent correlation with Left Ventricular Mass Index and hence an independent risk factor for increased cardiovascular morbidity and mortality

OP-10

### Correlation between vascular loops & otologic symptoms : Our experience.

Pulkit, PG Resident, Dept of ENT, AIMS, Bathinda.

**Objective:** To determine the relationship between vascular loops and otologic symptoms.

**Methods:** We performed a retrospective study, with a review of the literature and analyzed the magnetic resonances imaging (MRI) of 71 patients attended in the ENT department since April 2018 to June 2019, in order to correlate radiological findings with otologic symptoms.

**Results:** Vascular loops were seen in patients without clinical symptoms; however an association was found between the presence of vascular compression of the eighth nerve displayed on MRI and the presence of sensorineural hearing loss and tinnitus. No association was found between vertigo and vascular loops.

**Conclusion:** The presence of vascular loops may be an incidental finding in MRIs of patients without clinical symptoms. However, in patients with tinnitus or sensorineural hearing loss that is unexplained by other clinical pathologies, these may be correlated with the existence of vascular loops which compress the eighth cranial nerve or contact the bone wall of the internal auditory canal. Further studies involving a larger number of patients are required to accurately evaluate the association between these symptoms and vascular loops.

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OP-11

### To study the efficacy of GeneXpert MTB/RIF assay in the diagnosis of tubercular meningitis (TBM)

Rinkal Kansal, Anato K Swu, Vishal Sharma, Neerja Jindal. Guru Gobind Singh Medical College & Hospital Faridkot

**Introduction:** Tubercular meningitis (TBM) is the devastating manifestation of infections with mycobacterium tuberculosis and represents a medical emergency. It is a major cause of morbidity and mortality worldwide. TBM represents 5% of extra-pulmonary Tb (EPTB) cases.

**Aims & Objectives:** To study the proportion of microbiologically confirmed TBM in clinically suspected patients. To evaluate the accuracy of GeneXpert MTB/RIF assay in comparison to mycobacterium culture in the diagnosis of TBM and the proportion of rifampicin resistance by GeneXpert MTB/RIF assay.

**Material & Methods:** The study was conducted in Guru Gobind Singh Medical College & Hospital Faridkot in which 120 CSF samples collected from patients admitted with clinical suspicion of meningitis were subjected to smear microscopy, culture, GeneXpert MTB/RIF assay, biochemical and cytological findings.

**Results:** On evaluating the three tests together, the sensitivity and specificity of smear microscopy taking culture as gold standard was 66.67% and 99.07%. The sensitivity and specificity of GeneXpert MTB/RIF assay taking culture as gold standard was 91.67% and 91.67% respectively.

**Conclusion:** XpertMTB/RIF assay has a good potential in the rapid diagnosis of TBM and aids in prompt initiation of appropriate therapy thereby decreasing mortality and improving quality of TB care.

OP-12

### Urinary tract infections among patients of bladder outlet obstruction

Rishu, Barun, Vishal Sharma, Shilpa Arora, Nitika Dhuria, GGSMC&H, Faridkot.

**Background:** Bladder outlet obstruction (BOO) frequently produces lower urinary tract symptoms (LUTS) and becomes the main cause of lower urinary tract infections (LUTI). BOO results from a number of etiologies, which may be functional or anatomic. However, the main cause of BOO remains benign prostatic hyperplasia (BPH) and carcinoma prostate. The present study was conducted to determine the various uropathogens causing LUTI and their pattern of antimicrobial susceptibility for the empirical treatment of UTIs among BOO patients.

**Method:** A total of 100 consecutive patients of BOO were enrolled in this study. The mid-stream urine samples were collected and the bacterial isolates were identified using standard microbiological methods and tested against a wide spectrum of antimicrobial agents using the Kirby Bauer's disc diffusion method following the Clinical & Laboratory Standards Institute (CLSI) guidelines.

**Results:** Out of the 100 patients studied, 78% had BPH and urine culture was positive in 74%. Escherichia coli (62.1%) was the most common uropathogen followed by klebsiella pneumoniae (16.2%), pseudomonas aeruginosa (13.5%) and others (8.1%). isolated uropathogens shows 100% resistance to ampicillin, cephalosporins, ciprofloxacin, followed by imipenem (76.4%), amikacin (48.5%) and nitrofurantoin (30.8%).

**Conclusion:** The present study shows that BPH continues to be the most frequent cause of BOO. There is high prevalence of UTI in these patients which was caused by multi drug resistance organisms. This study has important implications in the treatment of urinary tract infections among BOO patients of our region.

OP-13

### Bacterial pathogens causing community acquired urinary tract infections and their antimicrobial susceptibility in malwa region of Punjab.

Rupali Sethi Arora, Keshav Goyal, Vishal Sharma, Shilpa Arora. Guru Gobind Singh Medical College, Faridkot.

**Background:** Community acquired urinary tract infection (CAUTI) is the second most common infection after respiratory tract infection in the community. An estimated 50% of women experience at least one episode of UTI at some point in their lifetime and between 20% and 40% of women have recurrent episodes. Approximately men accounts for about 20% of all UTIs. The introduction of antimicrobial therapy has contributed significantly to the management of UTIs. The extensive use of antimicrobial agents has invariably resulted in the development of antibiotic resistance which, in recent years, has become a major problem world-wide.

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**Materials and Methods:** A total of 400 specimens were received from clinically suspected patients of UTI attending the Outpatient department of various departments of Guru Gobind Singh Medical College, Faridkot. The specimens were collected in a sterile container & subjected to macroscopic examination, Microscopic examination, Semi-quantitative culture, Identification of bacterial growth, Antimicrobial Susceptibility Test.

**Results:** Out of 400 urine samples collected, 242 (60.5%) had significant bacterial growth and 158 (39.5%) were sterile. The prevalence of CA-UTI was therefore 60.5%.

OP-14

### Association of serum uric acid level and severity of coronary artery disease using GENSINI SCORE in patients undergoing coronary angiography in western UP region.

Satyam Leekha, V. K. Singh. Department of Medicine, TMMC&RC, Moradabad, UP, India

**Aim:** To assess the association of serum uric acid level and severity of coronary artery disease using GENSINI SCORE in patients undergoing coronary angiography in western UP region.

**Material and Methods:** 100 patients presenting with symptoms related to CAD who underwent coronary angiography in CATH Lab at TMMRCH were included in the study. Blood samples were obtained after an overnight fasting and the serum uric acid (UA) and other routine investigations were done. The GENSINI SCORE was used to evaluate the severity of atherosclerotic lesions on angiogram. Patients with normal epicardial coronaries was designated as NON CAD (GENSINI SCORE=0) and those with minor, single or multi-vessel coronary artery disease was designated as CAD (GENSINI SCORE>1) and were further sub grouped into; Group B1: Gensini score 1-14, GROUP B2: Gensini score 15-32, GROUP B3: Gensini score>33.

**Results:** Hyperuricemia was reported among 57% of the subjects. Single, double and triple vessel disease was revealed among 48%, 33% and 19% of the subjects respectively. In our study significant association was found between uric acid and CAD. Pearson correlation analysis revealed significant positive correlation between uric acid and Gensini score.

**Conclusion:** In addition to the evaluation of conventional risk factors in daily clinical practice, the measurement of uric acid level might provide significant prognostic benefits in terms of global cardiovascular risk and management of patients.

OP-15

### To study the spectrum of thyroid dysfunction in patients with metabolic syndrome.

Sharandeep Kaur, PG Resident, Department of Medicine, Sri Guru Ram Das Institute of Medical Sciences & Research, Amritsar.

**Introduction:** The metabolic syndromes the concurrence of hyperglycaemia, dyslipidemia, hypertension and visceral obesity that substantially increases the risk of developing cardiovascular diseases and type 2 diabetes mellitus. Thyroid dysfunction in itself is risk factor for cardiovascular diseases mediated by effect of thyroid hormones on lipid metabolism and blood pressure hence components of metabolic syndrome. It is possible that coexistence of unrecognized thyroid dysfunction in patients with metabolic syndrome might substantially increase cardiovascular disease risk. The study evaluated the pattern of thyroid dysfunction in patients with metabolic syndrome.

**Material and Methods:** The study included 250 subjects which were divided into 2 groups. Group A included 125 patients diagnosed as metabolic syndrome and Group B included 125 subjects without metabolic syndrome. Thyroid profile was studied in both the groups.

**Results:** In group A (metabolic syndrome), thyroid dysfunction was seen in 40 subjects (32%), out of which 29 subjects had subclinical hypothyroidism (23.3%) and 7 subjects had overt hypothyroidism (5.33%). Subclinical hyperthyroidism was seen in 4 subjects (3.3%) and no subject with overt hyperthyroidism was detected. Females were affected more than males (70% and 30% respectively). In group B (non-metabolic syndrome), thyroid dysfunction was seen in 20 subjects (16%) with subclinical hypothyroidism in 12 subjects (9%) and overt hypothyroidism in 5 subjects (3.9%). Subclinical hyperthyroidism in 2 subjects (1.6%) and hyperthyroidism in 1 subject (0.8%). Females were affected more than males (65% and 35%).

**Conclusion:** Thyroid dysfunction was found to be common in patients with met syndrome as compared to non-metabolic syndrome (32% vs. 16%, CI 95), indicating possible interplay between thyroid status and metabolic syndrome. Most common thyroid dysfunction was subclinical hypothyroidism, more in females than males.



# 8<sup>th</sup> Annual Conference of the Association of Physicians of India (Malwa Branch)

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### OP-16 Demographic profile and outcomes of pregnant patients admitted with COVID-19 infection in M.M. medical college & hospital, Solan during the 1st wave.

Sourya Kanti Das, Santosh Minhas, Harharpreet Kaur. Dept. of General Medicine, M.M. Medical College & Hospital, Solan.

**Introduction:** The COVID-19 pandemic has represented a major impact on health systems. Some studies suggest that mothers and fetus are at particularly high risk. Pregnant women and neonates are often categorized as being at high risk from the COVID-19. Simultaneously, pregnancy itself can increase the risk for severe illness in COVID. The overall risk of COVID-19 to pregnant women is low but the existing data are still limited.

**Aims and Objectives:** To assess clinical and demographic profile and outcome and prognosis in pregnant women with COVID-19 infection and compare with general category patients. This study was conducted on 223 consecutive patients (185 non-pregnant and 38 pregnant) during the 1st wave of Covid-19 (Sep. 2020 - 31st Dec. 2020) at MMMCH, Solan. They were treated as per standard Indian guidelines. No patient was hospitalised for COVID indication in the pregnant series.

**Results:** Presenting symptoms in general category:- 91% patients had shortness of breath, 18% had cough, sore-throat in 11% and fever in 10% patients respectively. Whereas, most pregnant women with COVID-19 are asymptomatic and 2% of all delivered women with COVID developed severe or critical illness, which are lower than rates noted in previous case reports. In the pregnant COVID-19 patients, the rate of caesarian section was somewhat higher comparing to non-covid pregnant patients. The duration of hospital stay and mortality rate among the pregnant covid-19 group was also significantly low.

**Conclusion:** Pregnant women with COVID-19 are mostly asymptomatic or unlikely to develop severe or critical illness.

### OP-17 To compare APACHE II and SOFA scores as prognostic tools for mortality in sepsis patients.

Sukriti Azad, Krishan Gopal. Department of Medicine, TMMC&RC, Moradabad, U.P., India

**Aim:** To compare APACHE II and SOFA scores as prognostic tools for mortality in sepsis patients.

**Materials and Methods:** The present prospective study was conducted among 100 patients of sepsis, admitted to ICU of the hospital in the department of medicine at Teerthanker Mahaveer Medical College & Research Centre from Dec 2019 to Dec 2020. Inclusion criteria: Patients of sepsis aged more than 18 years, of either gender, admitted to Intensive Care Units of the hospital.

**Exclusion Criteria:** Patients having post coronary bypass artery surgery, Burn patients and patients who would be leaving against medical advice. Ethical approval was obtained for the study from the Ethics Committee of the institute and written informed consent was taken from the parent's guardian. Details about each patient's medical history, clinical examination including rectal temperature shall be recorded as per attached questionnaires. Lab parameters viz. CBC, ABG, KFT, LFT and urine output of the study patients were noted down daily. APACHE II and SOFA score were calculated within 24 hours of admission. Outcome of the patient illness was noted as died or shifted to ward. Data was entered in Microsoft Excel 2010 and statistical analysis was done using IBM SPSS V 24.00.

**Results:** Based on findings in this study predictive accuracy of SOFA was slightly better than APACHE II.

**Conclusion:** The SOFA predicting accuracy was slightly better than APACHE II, and because of simplicity to calculation, it is an advisable scoring system to predict the outcomes of patients in surgical/medical ICUs.

### OP-18 Disturbed eating behaviours in subjects with T2DM in the Indian state of Punjab.

Vipan Talwar, Gourav Talwar, Department of Endocrinology, Golden Hospital, Jalandhar.

**Objective:** There is hardly any data regarding the Disturbed eating behaviours (DEB) in subjects with T2DM in Punjab. This study evaluated the prevalence of DEB and their association with glycaemia control and metabolic parameters in adults with T2DM in Punjab.

**Methods:** The participants were 512 T2DM patients and a matched control group of 250 non-diabetic subjects. Participants underwent medical history, anthropometry and relevant investigations. Eating Attitudes Test (EAT-26)

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questionnaire was used to determine the probability of having DEB. A score of  $\geq 20$  on EAT-26 was defined as abnormal.

**Results:** Mean age of subjects with T2DM was  $47.2 \pm 18.1$  and  $46.8 \pm 19.8$  years in the control group ( $p=0.19$ ). Mean BMI of subjects with T2DM was  $28.9 \pm 8.4$  and  $23.1 \pm 9.1$  in the control group ( $p=0.21$ ). 8.2% of subjects with T2DM and 7.1 % of controls had an EAT-26 score of  $\geq 20$  indicating that they were at high risk of developing DEB. There was no statistically significant difference in the prevalence of abnormal EAT-26 score between the two groups ( $p=0.12$ ).

**Conclusion:** The prevalence rates of DEB in T2DM are inconsistent. A review by Ricardio in western countries has mentioned the prevalence of DEB in T2DM to be up to 40 %. We have found that the prevalence rate of DEB in subjects with T2DM in Indian state of Punjab is around 8.2% which is not higher than in non-diabetic subjects and is much less than what has been reported in the western literature .

OP-19

### Obstructive sleep apnoea in subjects with type 2 diabetes.

Gourav Talwar, Vipan Talwar, Department of Endocrinology, Golden Hospital, Jalandhar.

**Objective:** The association between obstructive sleep apnoea (OSA) and type 2 diabetes mellitus (T2DM) is well known and this combination imposes greater CV risk than that of each individual morbidity. Polysomnography for diagnosing OSA is not universally available, so a questionnaire-based OSA screening can help early detection of OSA in T2DM.

**Methods:** The participants were 486 adult subjects with T2DM who were administered STOP-BANG questionnaire, which is an eight items tool with four symptoms and four signs to stratify the OSA risk. The scoring scale is categorized into three risk groups; low risk (0-2), intermediate risk (3-4) and high risk (5-8) respectively.

**Results:** Mean age of participants was  $56.7 \pm 12.8$  years. STOP-BANG score  $\geq 3$  was present in 43.6% of the participants with moderate risk score (3-4) in 26.2 % and high risk score (5-8) in 17.4% of the participants. The score showed positive correlation with age, male sex, duration of diabetes, BMI, hypertension and CAD. It was not correlated with HbA1c, use of insulin.

**Discussion/Conclusion:** OSA is independently associated with an increased likelihood of hypertension, cardiovascular disease and increased mortality. In the present study by using a clinical tool STOP-BANG questionnaire we have found high prevalence (43.6%) of OSA in T2DM subjects and its significant correlation with age, duration of diabetes, BMI, H/T and CAD. STOP-BANG is a sensitive and simple screening tool which can be used in primary care setting to identify the subjects at risk of OSA who can be subjected to polysomnography for confirmation and appropriate management.

OP-20

### To study the prevalence of anxiety and its severity among different specialties of health care professionals during COVID-19 pandemic in India.

Meghna Gupta, 3rd Year Resident, Dept of Psychiatry, Maharishi Markandeshwar Medical College  
And Hospital, Kumarhatti, Solan, Himachal Pradesh

**Background:** COVID-19 pandemic has adversely affected people's physical and mental health necessitating a comprehensive public and mental health strategy focusing on vulnerable populations including HCPs. Anxiety is a common mental health problem and untreated anxiety may cause immediate and long-term adverse health effects. Currently the data on the psychological impact of COVID-19 among specialties of HCPs is sparse, so we conducted this survey to evaluate prevalence of anxiety and its severity among various specialties of HCPs using GAD-7 scale.

**Methods:** E-copies and hard copies of anonymous completely voluntary GAD-7 questionnaire were distributed physically and by social media platforms to Indian doctors and medical students of  $>20$  years of age. Valid responses were analysed according to the speciality in relation to prevalence of anxiety, its severity, age and gender after approval from Institutional Ethics Committee.

**Results:** From HCPs 2246 valid responses were received including 1624 medical, 225 surgical, 101 emergency/critical care and 296 from students/dental speciality. Prevalence of anxiety was 79.3%, 78.1% males, 81.6% females, 81.3% in 20-40 years, 81.6% in 41-60 years and 61.5% in  $>60$  years age group, showing maximum mean score in emergency/critical care speciality group and minimum mean score in medical speciality group.

**Conclusions:** High prevalence of anxiety and its severity among HCPs across specialties highlights the adverse mental health impact of the COVID-19 pandemic underscoring the need for appropriate mental health support with multidisciplinary comprehensive mental health care measures.

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OP-21

### Prevalence of anxiety & depression in india among medicos & non-medicos during COVID 19: A survey

Meghna Gupta, 3rd year resident, dept of psychiatry, maharishi markandeshwar medical college and hospital,  
Kumarhatti, Solan, Himachal Pradesh

**Background:** Emerging evidence suggests significant risk of mental health issues been associated with disease pandemics in past and during the present COVID-19 pandemic. Generalised anxiety disorders and depression are considered one of the most common mental disorders and there is paucity of studies documenting their prevalence during COVID-19 pandemic. Aims: To study the prevalence of anxiety and depression during COVID 19 pandemic in India.

**Methods:** We conducted this survey using completely voluntary anonymous Generalized Anxiety Disorder Questionnaire-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9) by distributing hard copies and e-copies after ethical approval. The anonymous survey questionnaire included socio-demographics characteristics like age, gender, medico or non-medico and residence in Punjab or outside Punjab.

**Results:** 4333 subjects completed the survey. The prevalence of anxiety in study population was 80.5% including 79.3% among medicos and 81.9% among non medicos. The prevalence of depression in study population was 73.3% including 74.7% among medicos and 71.7% among non medicos. Most of study population, medicos and non-medicos had mild anxiety and minimal depression as compared to other level of severity of anxiety and depression.

**Conclusion:** Our survey shows high prevalence of anxiety and depression as compared to other studies documented in literature, necessitating increased focus on mental health issues and its psychological impacts to contain and curb grave adverse effects of anxiety and depression along with need for early diagnosis and appropriate management of mental health disorders.

OP-22

### To study the risk predictors in young patients presenting with acute coronary syndrome.

Aakrati Bansal, 3<sup>rd</sup> year PG Resident, TMMC&RC, Moradabad, UP

**Aim:** To study the risk predictors of acute coronary syndrome (ACS) in young patients.

**Material and Methods:** This study comprised of 80 patients presenting with ACS to the Emergency/OPD/IPD of Department of Medicine, TMMC & RC, TMU, Moradabad. ACS definition included ST-segment elevation myocardial infarction (STEMI), non-ST-segment elevation myocardial infarction (NSTEMI), and unstable angina (UA). Along with demographic data, history of hypertension, diabetes mellitus, smoking, family history of premature coronary artery disease and dietary history was recorded. Patients were also asked about the history of lipid lowering drugs administration.

**Results:** Male sex (70%) and sedentary lifestyle (75%) were identified as most common risk factors. Other risk factors in order of frequency were dyslipidemia (45%), diet (37.5%), diabetes mellitus (35%), oral tobacco addiction (30%), hypertension (32.5%), smoking (30%), alcohol (16%), family history (15%), obesity (21.25%) and OC pill intake (0%). Most of the patients (77.5%) had 3 or more risk factors. In our study, 1 patient was expired.

**Conclusion:** ACS is a less common entity in young adults aged 40 years or less, recent epidemiological trend is progressing and it constitutes an important challenge both for a patient and for a treating physician. We concluded that Acute Coronary Syndrome in people younger than 40 years showed a significant male predominance with sedentary lifestyle being major modifiable risk factor in our population. The morbidity and mortality increased with a combination of risk factors.



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### Poster Presentation Schedule (Registration Hall) 17.9.2021, 1.00pm onwards

Abstract No. & Name	Topic
1. Aakash Malhotra	Soft tissue sarcoma with hyperferritinemia: A case report.
2. Aakrati Bansal	Association between Acute Ischemic Stroke and Serum Albumin: A cross sectional study.
3. Akshay Chugh	An atypical case of apical hypertrophic cardiomyopathy: Absence of giant T waves in spite of extreme apical wall hypertrophy.
4. Amolpreet Kaur	Euglycemic diabetic ketoacidosis: A rare side effect of SGLT-2 inhibitor in a patient with type 2 diabetes mellitus with left ventricular dysfunction.
5. Anubhav Lalit	Pancreatic pseudocyst extending into mediastinum: A case report.
6. Arashdeep Kaur	Spontaneous exteriorisation of ventriculo-peritoneal shunt in a patient with tubercular meningitis with cushing syndrome.
7. Arashdeep Kaur	Chorea: A rare presentation in libman sacks endocarditis.
8. Ashima Bagga	Anomalous right coronary artery: A case report.
9. Ashima Bagga	Hypokalemic paralysis as an initial presentation of sjogren syndrome: A case report.
10. Atul Kaushik	Neuropsychiatric systemic lupus erythematosus (NPSLE): A Case Report.
11. Durgesh Thakur	Antibiogram of acinetobacter SPP. isolated from various clinical specimens in a tertiary care hospital.
12. Kajal	Thyrotoxicosis induced high degree AV block – A rare case report.
13. Gurrajan	Idiopathic FSGS in remission.
14. Gurrajan	Tripple immune mediated neuromuscular syndrome- Coexistence of Polymyositis, Polyneuropathy & Myasthenia gravis.
15. Gurveer kaur	Hepatitis A and hepatitis B co-infection: A rare manifestation.
16. Gurveer Kaur	Corpus callosum tuberculoma: an uncommon CNS location.
17. Jagga Sankalp Harish	Leucocytosis & thrombocytosis as paraneoplastic manifestation in carcinoma oropharynx with pulmonary metastasis.
18. Kapeesh Khanna	A rare case of left atrial mass in a patient of inherited thrombophilia.
19. Rohit Goyal	Demographic and KAP determinants of COVID-19 vaccine hesitancy and vaccine refusal: A cross-sectional study in Indian population.

### Poster Presentation Schedule (Registration Hall) 18.9.2021, 1.00pm onwards

Abstract No. & Name	Topic
20. Mohd. Imtiyaz	Lead Poisoning.
12. Mohd. Imtiyaz	Irreversible paraplegia following prophylactic intrathecal chemotherapy in an adult patient with acute lymphoblastic leukemia.
22. Mohit Garg	Tubercular meningitis with hydrocephalus and coronavirus disease 2019: A deadly duo.
23. Mohit Garg	AIVR as a marker of successful Coronary Reperfusion.
24. Navkiran Bharti	Racemose Neurocysticercosis a rare disease with common symptoms.
25. Navkiran Bharti	Coronary artery disease with thrombocytopenia: A perplexing situation.
26. Nipun jain	Dual coronary cameral fistula: Incidental finding in ACS
27. Nipun Jain	Snake bite induced leukoencephalopathy: A rare case report.
28. Parampreet Singh	Wellens Syndrome as ominous sign of impending MI: A case report.
29. Parampreet Singh	Syncope: An atypical presentation in STEMI.
30. Parminder Singh	Refractory gastric antral vascular ectasia: Endoscopic band ligation superior to APC.
31. Rinkal Kansal	Performance of Xpert MTB/RIF on ascitic fluid samples for the diagnosis of abdominal tuberculosis: A preliminary study.
32. Rishu	Nitrofurantoin susceptibility against the urinary isolates in the current scenario of anti-microbial resistance.
33. Rupali Sethi Arora	Biological false positive rapid plasma reagin tests in pregnant females in north India.
34. Satyam Leekha	Takayasu Arteritis: Presentation with renal artery stenosis and left subclavian artery stenosis a rare clinical entity in young women.
35. Sharandeep Kaur	Sarcoidosis- A close mimic of tuberculosis.
36. Sukriti Azad	Myasthenic Crisis: A case report.
37. Yadwinder Singh	Wilson's Disease.
38. Yadwinder Singh	Acute Cerebellitis- Case Report.
39. Meghna Gupta	To study the prevalence of depression and its association with current suicidal ideation during COVID-19 Pandemic in India.

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### POSTER PRESENTATION

PP-01

#### Soft tissue sarcoma with hyperferritinemia : A case report.

Aakash Malhotra. M.M Institute of Medical Sciences and Research, Maharishi Markandeshwar University, Solan.

**Introduction:** Anemia is a common presentation of malignancy in elderly. The reason for cancer related anemia is multifactorial as it can occur due to dysfunction of iron metabolism, inadequate production of the erythropoietin, bone marrow suppression due to infiltration, peripheral red blood cell destruction. Ferritin is an iron storage protein and marker of stored iron which increases in inflammation and malignancies. We present a rare case of anemia with hyperferritinemia associated with peripheral soft tissue sarcoma.

**Material:** A 70 year old male presented with complaints of exertional dyspnea, with generalized weakness from past 6 months. An ill defined, round, reddish brown swelling of size 5cm X 5cm on right thigh and 1cm X 1 cm on right shin since 2 years. Swellings were hard in consistency, non tender, non mobile. Observation: Hb of 5.6gm%, Iron studies-serum Iron-27mcg/dl, TIBC-110mcg/dl, Transferrin saturation-24%, Serum Ferritin-1650 ng/ml. FNAC –taken from swelling over right thigh and right shin, Impression: poorly differentiated Ca/malignant melanoma/NHL. Histopathology of biopsy from the site.

**Impression:** High grade sarcoma.

**Discussion:** High ferritin levels are commonly seen in malignancies like Hodgkin's disease, breast cancer, leukemia and it is been theorized to be due to inflammation associated with malignancies. In literature only one single case of myxoid liposarcoma with hyperferritinemia been reported in the world. The author here presents a rare case of anemia and hyperferritinemia associated with peripheral soft tissue sarcoma, second in reported literature.

PP-02

#### Association between acute ischemic stroke and serum albumin:

##### A cross sectional study.

Aakrati Bansal, 3rd year PG Resident, TMMC&RC, Moradabad.

**Aim:** To find out the association between serum albumin and clinical outcome in acute ischemic stroke.

**Material and Method:** The present prospective cross-sectional study was conducted in the Emergency/OPD/IPD of Department of Medicine, TMMC & RC, TMU, Moradabad among 50 patients, aged 18 years and above with decompensated heart disease, without pre-existing renal disease. Hypoalbuminemia is defined as serum albumin level less than 3.5 gram per deciliter. Severity of stroke at admission was assessed using the NIHSS scale. All baseline investigations including FBS and serum albumin was measured. CT scan of the brain was done for all patients. Serum albumin level was analysed within 36 hours of admission. Pearson correlation analysis was used to correlate serum albumin, NIHSS score & MRS score.

**Results:** 50% (25) of study subjects had MCA infarct, 20% (10) had multi-infarct, 8% (4) had posterior circulation stroke, and 22% (11) had Lacunar stroke. NIHSS score showed statistically significant results when associated with serum albumin. Conclusion: Serum Albumin levels have significant association with the severity as well as short term functional outcome of ischemic stroke. Improving serum albumin levels may improve the functional outcome of acute ischemic stroke.

PP-03

#### An atypical case of apical hypertrophic cardiomyopathy:

##### Absence of giant T waves in spite of extreme apical wall hypertrophy.

Akshay Chugh, PG Final Year Resident, Dept of Medicine, SIMS, HAPUR.

Apical hypertrophic cardiomyopathy is an uncommon variant of hypertrophic cardiomyopathy, with hypertrophy mainly affecting the apex of the left ventricle. We hereby describe a case of an octogenarian female patient who was randomly diagnosed with AHCM due to other comorbidities.

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### **PP-04 Euglycemic diabetic ketoacidosis: A rare side effect of SGLT-2 inhibitor in a patient with type 2 diabetes mellitus with left ventricular dysfunction.**

Amolpreet Kaur, PG Resident, Dept of Medicine, SGRDIMSAR, Amritsar.

**Introduction:** SGLT2 inhibitors have proven to lower cardiovascular mortality in type 2 diabetes patients presenting with HF. During intercurrent volume-depleting illness, inhibition of SGLT-2 on the alpha cell may lead to increased glucagon secretion and liver production of glucose and ketones which may lead to euglycemic Diabetic Ketoacidosis(DKA).

**Case Report:** A 42 year old female with type 2 diabetes, presented with complaint of chest pain and dyspnea on exertion. 2D echo revealed regional wall motion abnormalities, with left ventricular dysfunction and EF=26% with type 3 diastolic dysfunction. Coronary Angiography revealed TVD. Myocardial revascularization was successfully achieved with multiple Drug Eluting Stents. Post angioplasty, patient complained of breathlessness and nausea. ABG revealed metabolic acidosis (pH=7.2) with an increased anion gap of 31 mmol/l, and bicarbonate 2.2 mmol/l and normal serum lactate level. RBS levels were 127 mg/dL. Because the patient had been using dapagliflozin in the recent perioperative period, screening for DKA was initiated. A urinalysis revealed sugar 4+ and ketones positive. Serum ketone levels were 6.9 mmol/L. A diagnosis of euglycemic DKA was made. Patient was treated with fluid resuscitation, bicarbonate replacement & insulin infusion, leading to closure of the anion gap acidosis.

**Discussion:** SGLT2 Inhibitors should be used cautiously in patients who are at risk for euglycemic DKA due to intercurrent volume-depleting illnesses.

### **PP-05 Pancreatic pseudocyst extending into mediastinum: A case report.**

Anubhav Lalit, V. K. Singh. Department of Medicine, TMMC&RC, Moradabad, UP, India.

Pancreatic pseudocysts belong to a large and heterogeneous group of cystic pancreatic lesions and represent a complication of acute or chronic pancreatitis, with incidence being higher in the latter. Due to progress in sensitivity and more widespread availability of diagnostic imaging techniques, the incidence of pancreatic pseudocysts seems to be increasing. Here we report a case of 47-year-old man who presented with complaints of abdominal pain, vomiting and breathlessness. He was a known case of chronic pancreatitis due to chronic alcoholism. Abdominal examination revealed tenderness in epigastric region and free fluid in abdomen. His chest x-ray revealed mediastinal widening with obliteration of diaphragmatic outline. CECT abdomen revealed multiple peri-pancreatic pseudocysts extending into mediastinum abutting inferior vena cava and right atrium.

### **PP-06 Spontaneous exteriorisation of ventriculo-peritoneal shunt in a patient with tubercular meningitis with cushing syndrome.**

Arashdeep Kaur, Himanshu Khutan, Dept. of Medicine, GGSMCH, Faridkot.

Tuberculosis is highly prevalent global human infection caused by Mycobacterium Tuberculosis. One third of world's population is infected with latent TB. These individuals are not clinically affected but carry a life time risk of 10% for developing active disease. Tuberculous meningitis can occur as a sole manifestation of TB or concurrent with pulmonary or other extra-pulmonary sites of infection. Tubercular meningitis is treated with anti-tubercular drugs along with steroids. Hydrocephalus is one of the most common complications of TBM. It is almost always present in patients who have had the disease for 4-6 weeks. Hydrocephalus in patient with TBM could be either of the communicating or the obstructive type, the former being more common. Ventriculo-peritoneal(VP) shunt has remained the shunt procedure of choice. This case report is the rare presentation of case of tubercular meningitis status post VP shunting on chronic corticosteroid use with cushingoid features & VP shunt exteriorisation due to skin thinning & dehiscence (corticosteroid induced).



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PP-07

### Chorea: A rare presentation in libman sacks endocarditis.

Arashdeep Kaur, Sulena, N S Sidhu, Department Of Neurology and Cardiology, GGSMCH, Faridkot.

**Introduction:** Non bacterial endocarditis is frequently associated with hypercoagulable state. Libman sacks endocarditis also known as murant or verrucous endocarditis, is a form of non bacterial thrombotic endocarditis which involves the presence of sterile vegetations on cardiac valve, is a rare disease. Libman sacks endocarditis is associated with malignancy, SLE and APLA, has common association with embolic cerebrovascular events. However Chorea is rare manifestation of Libman sacks endocarditis.

**Case Report:** A 25 year old female presented with c/o abnormal body movements of hands and twitching of lips .H/O of pregnancy loss was present.MRI BRAIN: shows areas of encephalomalacia with gliosis in left frontal and parieto-temporal region with prominence of sulcal spaces and left lateral ventricle and hyper intensities with no diffusion restriction in B/L corona radiata s/o old hypoxia /ischemic changes. MDCT intracranial angiography s/o moderate to marked luminal narrowing of M2 and M3 segment to left middle cerebral artery with paucity of distal brain s/o vasculitis. 2DECHO: shows circular hyperechoic mass in RA, thickened AML mild MR, LVEF -Normal. ANA came positive, APLA IgG positive. Blood cultures show no growth s/o non bacterial endocarditis.

**Discussion:** Libman sacks endocarditis in patients with SLE and APLA is commonly complicated with embolic cerebrovascular disease or valve dysfunction. Chorea seems to be immunological mediated and associated with later appearance of IgM aCL antibodies and in patients with lupus, may also be caused by cerebral ischemia and in some cases may be associated with IgG aCL antibodies.

PP-08

### Anomalous right coronary artery: A case report.

Ashima Bagga, Resident, Dept of Medicine, GGSMCH, Faridkot.

Coronary artery anomalies (CAAs) are a diverse group of congenital disorders whose manifestations and pathophysiological mechanisms are highly variable. Coronary artery anomalies are usually asymptomatic and diagnosed incidentally during coronary angiography (CAG). The most commonly affected anomalous vessel is the right coronary artery. the term single coronary artery anomaly is used, if the anomalous right coronary artery (RCA) arises from the left main coronary artery (LMCA) or the left anterior descending (LAD) artery. the incidence of anomalous rca originating from the left coronary system is an extremely rare variation of the single coronary artery (SCA) anomaly which ranges from 0.1% to 0.9%. patients symptomatic of anomalous origination of a coronary artery from the opposite sinus may undergo medical treatment/observation, coronary angioplasty with stent deployment, or surgical repair. we report a case of 65year old female who presented with effort angina for past 2 months. coronary angiography revealed anomalous origin of RCA from distal left circumflex artery (LCX). LCX showed ostio-proximal plaque with 85-90% stenosis and the left anterior descending artery (LAD) showed ostio-proximal 90% stenosis followed by proximal chronic total occlusion (CTO).

PP-09

### Hypokalemic paralysis as an initial presentation of sjogren syndrome: A case report.

Ashima Bagga, Resident, Dept of Medicine, GGSMCH, Faridkot.

Sjogren syndrome (SS) is a systemic autoimmune disorder with predominant exocrine gland involvement. Among extra glandular manifestations, renal disease is the most common. Mild hypokalemia associated with distal renal tubular acidosis (RTA) is common in SS, however, severe hypokalemia causing paralysis is unusual. We report a case of a 26-year-old female who presented with hypokalemic paralysis. On evaluation, distal RTA was diagnosed. Further evaluation showed positive SS-a/SS-b antibodies in high titres, which confirm the diagnosis of SS. Our report illustrates that SS is a rare but important cause of hypokalemic paralysis.

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PP-10

### Neuropsychiatric systemic lupus erythematosus (NPSLE): A Case Report.

Atul Kaushik, PG resident, Dept. of Medicine, Sharda Hospital, SMS&R, Greater Noida, U.P.

**Introduction:** Systemic lupus erythematosus (SLE) is a complex autoimmune disease with variable clinical features. Both the central and peripheral nervous systems may be involved. Neuropsychiatric symptoms affect up to 90% of patients with SLE, with cognitive impairment, headache and mood disorder being the most commonly recognised syndromes. However, findings of neuropsychiatric symptoms in male patients subsequently diagnosed to have systemic lupus erythematosus is uncommon.

**Case:** A male patient who presented with complains of fever for 10 days, two episodes of seizures and behavioural problems since morning. He had history of bilateral pleural effusion, SAIO, inguinal lymphadenopathy and weight loss, over last 8 months but S. ANA was negative at that time. On investigation, he had severe microcytic hypochromic anaemia, leukopenia, seizures, proteinuria, S. ANA positivity and S. dsDNA positivity. According to American college of rheumatology/ European league against rheumatism classification criteria for SLE, patient had a score of 25/51 and diagnosis of neuropsychiatric SLE (NPSLE) was made. The patient responded to systemic cyclophosphamide and corticosteroid treatment adequately during hospital stay and remained asymptomatic with normal CBC and urine routine during regular follow ups.

**Discussion and Conclusion:** The present case could be classified as a case of SLE rather late; it appears that it began as a case of undifferentiated connective tissue disease which later evolved to be classified as SLE as per criteria.

PP-11

### Antibiogram of acinetobacter SPP. isolated from various clinical specimens in a tertiary care hospital.

Durgesh Thakur, Sumeetpal Kaur, Vishal Sharma, Shilpa Arora, Shipra Galhotra, GGSMC&H, Faridkot.

**Background:** Acinetobacter spp. is second most common non-fermenting gram negative pathogen isolated from clinical specimens after Pseudomonas aeruginosa. Acinetobacter spp. is regarded as one of the most difficult nosocomially acquired pathogens to treat and control. Almost 60-70% of these bacteria have developed resistance to many antibiotics. The present study was undertaken to isolate Acinetobacter spp. from various specimens and to study their antibiotic susceptibility pattern.

**Methods:** A total of 3867 consecutive clinical samples were included in this study. The Acinetobacter spp. was identified from all bacterial isolates using standard microbiological methods and tested against a wide spectrum of antimicrobial agents using the Kirby Bauer's disc diffusion method following the Clinical & Laboratory Standards Institute (CLSI) guidelines.

**Results:** Acinetobacter spp. gave the prevalence rate of 5.0% (150/3867). It was isolated maximally from pus specimens (49.3%), followed by blood (20%), urine (12%), ET secretions (7.3%) and others (11.3%). Maximum number was found in ICU patients (27.3%) followed by surgery wards (26.6%), medicine wards (23.3%) and others (22.8%). Acinetobacter spp. shows 100% sensitivity to colistin and was found to be multidrug resistant organism.

**Conclusions:** The present study shows the highest rate of isolation of Acinetobacter spp. in critically ill patients admitted in ICU patients. Acinetobacter was resistant to most commonly used antibiotics which is the great challenge for physicians to treat MDR Acinetobacter spp.

PP-12

### Thyrotoxicosis induced high degree AV block – A rare case report.

Kajal, Vishvanayak, Dept. of Medicine, Teerthanker Mahaveer Medical College & Research Centre, Moradabad, U.P. India

**Introduction:** Complete heart block or AV block is described as a disease of cardiac conduction system that results in the lack of electrical conduction from atria to ventricles. It is relatively more common in older patient and it is most often hypothesized to age related degeneration and fibrosis of the conduction system. Hypothyroidism is still a known, though rather less common, cause of AV block. Furthermore, hyperthyroidism is an extremely rare cause and has been reported in only a few case reports.

**Case Report:** I present a case of a middle aged woman who presented to us with symptomatic complete heart block characterised by multiple episodes of loss of consciousness & abnormal body movement defined by muscle twitching.

**Conclusion:** I present a case of symptomatic complete heart block in the setting of newly diagnosed Thyrotoxicosis.

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PP-13

### Idiopathic FSGS in remission.

Gurrajan, PG Resident, GGSMCH Faridkot.

**Introduction:** FSGS refer to pattern of renal injury characterised by segmental glomerular scars that involve some but not all glomeruli, the clinical findings largely manifest as proteinuria. When secondary causes of FSGS are eliminated, remaining patients are considered to have primary FSGS. Treatment of primary FSGS include inhibitors of renin angiotensin system and steroids.

**Case Report:** 30 year male presented with chief complaints of-Bilateral lower limb swelling with periorbital puffiness and frothy urine, patient was also diagnosed to have hypertension, hypothyroidism and dyslipidemia. 24hr total protein was 1388 mg/d. Renal biopsy suggestive of focal and segmental glomerular tuft sclerosis (FSGS) in 3/10(30%) glomeruli. Patient put on oral steroids, ACE inhibitors, statins, thyroxin, CCBs, diuretics and dietary modifications.

**Conclusion:** Adult nephrotic syndrome found to have FSGS, started on steroids, tapered and stopped. 2 years since diagnosis patient is in complete remission.

PP-14

### Tripple immune mediated neuromuscular syndrome- coexistence of polymyositis, polyneuropathy and myasthenia gravis.

Gurrajan, PG Resident, GGSMCH, Faridkot.

**Introduction:** Immune-mediated neuromuscular disorders include pathologies of the peripheral nervous system, neuromuscular junction, and muscles. We are presenting the simultaneous occurrence of inflammatory myositis, neuropathy and myasthenia gravis.

**Case Report:** 35 year male presented with chief complaints of Insidious onset, gradually progressive B/L upper and lower limb weakness, proximal muscle>distal muscle since 5 months associated with numbness, also associated with unable to hold neck and Bilateral ptosis. On clinical examination we found drop head, ptosis and also swallowing and speech troubles. Patient has a generalized decrease of the muscular strength. CPK total, OT/PT were raised, ANA positive. NCS suggestive of polyneuropathy and EMG and muscle biopsy suggestive of polymyositis.

**Conclusion:** The patient was diagnosed to have polymyositis with associated polyneuropathy and myasthenia. Patient started on oral steroids 1mg/kg prednisolone, azathioprine and acetylcholinesterase inhibitors were also added. On follow up, patient clinically improved and ck levels decreased.

PP-15

### Hepatitis A and hepatitis B co-infection: A rare manifestation.

Gurveer Kaur, GGSMCH, Faridkot.

**Introduction:** Acute viral hepatitis is a systemic infection affecting the liver predominantly. All these are RNA viruses except for hepatitis B which is a DNA virus. Hepatitis A virus is primarily spread by feco- oral route. Hepatitis B is most commonly spread by perinatal transmission or through horizontal transmission.

**Case Report:** 22year old male presented with yellowish discoloration of eyes and urine from last 10 day. His physical examination revealed scleral icterus. USG whole abdomen shows no significant abnormality. Laboratory evaluation was obtained to evaluate for the degree of liver impairment and it shows hyperbilirubinemia with elevated level of transaminases and HBsAg positive and IgM anti HAV positive. Hep C and HIV were negative. Hep B and hep A serology was done suggestive of acute hepatitis B and acute hepatitis A. Patient was managed conservatively and after few days his clinical condition starts improving.

**Conclusion:** The case described in this study is that of a young man with no history of liver disease, no known risk factors for liver disease, but who developed a clinical picture of acute liver failure. A presumptive diagnosis of acute hepatitis A and B was made on the basis of patient's history, laboratory findings and viral serologies. Supportive care was provided which resulted in improvement of symptoms and liver function. This case illustrates the co-infection of hepatitis A and hepatitis B as a rare manifestation.

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PP-16

### Corpus callosum tuberculoma: An uncommon CNS location.

Gurveer Kaur, Department of Medicine, GGSMCH, Faridkot.

**Introduction:** Tuberculosis is the most common infection in developing countries. Tuberculosis usually presents as primary pulmonary disease. It can present as disseminated form with involvement of central nervous system being very often. Tuberculoma is a unique finding seen in patients with TB meningitis. Atypical locations of tuberculoma in CNS include basal ganglia, brainstem, and corpus callosum.

**Case Report:** 27yr old male with PLHA on ART from 1 year, now presented with generalized weakness from 20 days, fever from 15 days, altered sensorium from 3 days. On physical examination signs of meningeal irritation were present. On CSF examination: pleocytosis with low glucose and increased protein were present, it was suggestive of tubercular meningitis. CT head was suggestive of ill defined hypodense area in the bifalcine region. MRI brain was done suggestive of tuberculoma in corpus callosum. ATT started and patient starts clinically improving.

**Discussion:** Tuberculosis is a disease that can involve all systems, and unless treated, can give rise to serious consequences by damaging the involved system. Involvement of the central nervous system is the most dangerous form of TB. CNS spread results in two interrelated pathological processes, in the form of tubercular meningitis, followed by tuberculomas.

**Conclusion:** We conclude that tuberculomas are granulomatous foci in brain parenchyma. Common modes of CNS involvement include tubercular leptomeningitis, in some rare sites corpus callosum is rare site of tuberculoma formation.

PP-17

### Leucocytosis & thrombocytosis as paraneoplastic manifestation in carcinoma oropharynx with pulmonary metastasis.

Jagga Sankalp Harish, JR, Department of Medicine SGRDIMSR, Amritsar.

**Introduction:** Paraneoplastic syndromes (PNS) represent a clinical spectrum of manifestations of the indirect and remote effects produced by tumor metabolites or other products and exclude metastasis or any other normal events associated with tumor progression. It is reported that 7.4% of all cancers have PNS associated with them but are very rare with head and neck cancers. PNS can occur before, after or be concurrent with a malignancy.

**Case Presentation:** A 39 year old normotensive, non-diabetic female presented with complain of swelling in neck from 3 months in April 2020. CBC, RFT, LFT were within normal limits. CECT head showed heterogeneously enhancing soft tissue thickening in region of right pyriform sinus & right aryepiglottic fold measuring 2.1×1.4×1.2cm. USG guided FNAC from lymph node showed malignant aspirate - squamous cell carcinoma. Patient was given radiotherapy for 30 days and then 3 cycles of paclitaxel based chemotherapy (last on 25/8/2020) and then put on capecitabine from October 2020. Now she complained of fever from last 4 months. On investigations Hb 11 g/dL, TLC 25,300/mm<sup>3</sup> and Platelet 7 lakh/l. CECT chest showed heterogeneously enhancing soft tissue mass in bilateral lungs s/o metastasis & FNAC showed metastatic carcinomatous deposits from Ca oropharynx. Procalcitonin 0.1 ng/ml. CBNAAT for tuberculosis and other febrile workup was negative.

**Take Home Message:** Early recognition of these PNS gives clue for underlying conditions, permits early diagnosis, better early intervention and avoid diagnostic errors.

PP-18

### A rare case of left atrial mass in a patient of inherited thrombophilia.

Kapeesh Khanna, JR, Dept of Medicine, SGRDIMSR, Amritsar.

**Introduction:** Protein S is a vitamin K dependent glycoprotein which acts as a cofactor for protein C and phospholipids to inactivate factors Va and VIIIa and likely due to a defect in the PROS1 gene. Protein S deficiency is associated with a well documented risk of venous thromboembolism but arterial thrombotic and thromboembolic events are very rare.

**Case Presentation:** A 35yr old non-diabetic hypertensive male presented with right sided lower limb deep vein thrombosis in 2012 and was diagnosed with Protein S deficiency. Then put on warfarin since then with regular monitoring. In 2019 he presented with acute pain abdomen and was diagnosed with adrenal haemorrhage. Then he



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was shifted to dabigatran but poor compliance. In July 2021 patient presented with weakness of left lower limb. MRI brain revealed acute non haemorrhagic infarct in right parietal region. Transthoracic echocardiography showed small irregular mass on free edge of posterior mitral leaflet, left ventricle global hypokinesia and concentric left ventricular hypertrophy. Carotid doppler and CBC, LFT, RFT, thyroid function test, homocysteine levels were normal. APLA profile was false positive. The differential diagnosis of left atrial mass were thrombus formation, atrial myxoma or vegetation. Patient was managed conservatively with dual antiplatelet and referred to higher centre for cardiac intervention.

**Take Home Message:** Left atrial mass presenting with ischemic stroke is very rare especially in patient of Protein S deficiency. The management of such patient with history of adrenal haemorrhage is difficult and systemic relapsing thromboses can be fatal.

### PP-19 Demographic and KAP determinants of COVID-19 vaccine hesitancy & vaccine refusal: A cross-sectional study in Indian population.

Rohit Goyal, Goyal Hospital, Bathinda, India.

**Background:** Recent rise in vaccine non-acceptance is a threat to global health, especially with the ongoing COVID-19 pandemic. Examining the intentions of the Indian population towards the COVID-19 vaccine and the determinants of vaccine hesitancy and vaccine refusal is of utmost importance.

**Methods:** We conducted a cross-sectional web-based anonymous survey, using pre-validated questionnaires. Demographic and KAP characteristics were collected, and a binary logistic regression was applied to analyse the association between these characteristics and the participants' intention to for the COVID-19 vaccine. Reasons for vaccine non-acceptance were then determined using a pre-validated vaccine hesitancy questionnaire.

**Results:** Out of the 1172 non-vaccinated participants, 190 (16.2%) refused vaccination, and 219 (18.6%) were hesitant. Adequate knowledge about the COVID-19 disease, made people less likely to be hesitant for vaccination (OR = 0.39; 95% CI = 0.27 - 0.57), and less likely to refuse it (OR = 0.41; 95% CI = 0.27 - 0.61). Females had a higher tendency to refuse the vaccination (OR = 1.47; 95% CI = 1.02 - 2.14), or to be hesitant for it (OR = 1.80; 95% CI = 1.29 - 2.52). Social media played an important role in decreasing vaccination refusal (OR = 0.40; 95% CI = 0.22 - 0.73), when compared to evidence-based literature.

**Conclusion:** Knowledge about the COVID-19 disease can help people make a more informed decision towards vaccination, and social media can be utilised as a medium to address the gaps in knowledge of the Indian population.

PP-20

### Lead poisoning.

Mohd. Imtiyaz, GGSMCH, Faridkot.

**Introduction:** Lead poisoning a common environmental health hazard in developing countries. Incidences of lead poisoning are seen in all age groups. In adults mainly occupational exposure. Common sources of lead exposure include lead paint, lead batteries, soil contamination near factories, herbal based medicines.

Early clinical features of lead poisoning are non specific and an occupational history is particularly valuable. 25 year old male presented with complaints of abdominal pain since 3 months, malaise and arthralgias, 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. Serum lead levels-95.44 ug/dl, MRI BRAIN-symmetrical T2/FLAIR hyperintensities involving deep grey matter nuclei, brainstem and subcortical white matter-possibility of toxic/metabolic encephalopathy.

**Conclusion:** There is strong need for widespread education and awareness related to lead poisoning for the safety of workers in industrial units. Lead poisoning has a potential to cause multi-organ damage. The most important factor in the management of lead poisoning is to prevent exposure to lead.

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### PP-21 Irreversible paraplegia following prophylactic intrathecal chemotherapy in an adult patient with acute lymphoblastic leukemia.

Mohd. Imtiyaz, Ravinder Garg, GGSMC&H, Faridkot.

**Introduction:** Acute lymphoblastic leukemia most frequent neoplastic disease in children. A standard approach for central nervous system prophylaxis in patient with ALL is use of intrathecal chemotherapy with methotrexate or cytosine arabinoside. More patient are surviving ALL and the complication having accordingly increased in number due to the adverse effects of intrathecal chemotherapy. Chemical arachidonitis myelopathy and leukoencephalopathy are the most common adverse effects of intrathecal chemotherapy.

**Case Report:** A 19 year old male patient known case of T cell ALL with CNS relapse presented with complain of bilateral lower limb weakness and urinary incontinence and bowel incontinence after the intrathecal injection of methotrexate. MRI brain done grossly normal. MRI dorsal spine -Altered signal intensity with heterogenous enhancement at multiple vertebral bodies along entire spine predominantly in dorso-lumbo-sacral region. Heterogenous soft tissue thickening and enhancement in prevertebral region at D10 vertebral level and lumbar region.

**Conclusion:** Myelopathy following intrathecal chemotherapy is rare but disastrous complication and the mechanism involved is not clearly understood.

### PP-22 Tubercular meningitis with hydrocephalus & coronavirus disease 2019: A deadly duo.

Mohit Garg, Sulena, Ravinder Garg, Department of Neurology And Medicine, GGSMCH, Faridkot.

**Introduction:** Tubercular Meningitis(TBM) is an extra pulmonary manifestation of Mycobacterium Tuberculosis. India constitutes 24% of the global TB burden. With the onset of Covid-19 pandemic era, excessive use of corticosteroid, various immunomodulator drugs & SARS-CoV 2 virus itself, the host immunity decreases which predisposes to develop or reactivate the latent Tubercular infection.

**Case Report:** A 48 year old male presented to the hospital with persistent headache ,increased sleepiness and forgetfulness since 1month. There was history of hospitalisation for treatment of COVID-19 infection 1 month back. Patient was known case of diabetes mellitus. possibility of tubercular meningitis was kept and patient managed with anti-tubercular treatment, steroids, anti-oedema measures and insulin therapy. Patient had progressive deterioration in sensorium for which serial CT head were done which showed progressive hydrocephalous. External ventricular drainage was put but patient succumbed to the illness.

**Investigation:** CXR s/o B/l lower lobe pneumonia. HRCT chest-CTSS-10/25. MRI brain s/o hyper-intensities in basal cisterns with meningeal enhancement and prominent temporal horns suggestive of hydrocephalous & ependymitis. ESR-was raised, had uncontrolled hyperglycaemic status HbA1c-10.6%. C.S.F. analysis showed lymphocytic predominance with positive CSF-CBNAAT. Serial NCCT head showed increasing hydrocephalus and periventricular ooze.

**Discussion:** Multiple factors lead to decrease in the immunity like uncontrolled hyperglycaemic status , treated chronic hepatitis C, use of steroid & Remdesivir therapy for Covid-19, which possibly lead to either development of the latent TB infection to TBM or recent tubercular infection leading to TBM.

**Conclusion:** SARS-CoV-2 & its therapy and coexisting tubercular meningitis with Hydrocephalous lowers the host immunity which makes them a deadly combination.

### PP-23 AIVR as a marker of successful coronary reperfusion.

Mohit Garg, N S Sidhu, Ravinder Garg, Dept. of Cardiology & Medicine, GGSMCH, Faridkot.

AIVR (Accelerated idioventricular rhythm) aka "slow VT" with HR between 50-110 beats/min without associated sinus P waves. AIVR appears to be a benign "escape" rhythm which competes with the underlying sinus mechanism. AIVR disappears when sinus rate speeds up. Rarely AIVR can be because of premature beats rather than escape beats & this type of AIVR is associated with fast ventricular tachyarrhythmias. Occurrence of AIVR after initiation of reperfusion

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therapy especially in patients with STEMI treated with thrombolytic therapy. AIVR is usually benign & doesn't require treatment. In this case report, a 70 year old hypertensive female presented with ACS-AWMI; lysed with streptokinase developed AIVR after 1hour of initiation of thrombolytic therapy. Patient underwent CAG which shows mid LAD two tandem lesions with TIMI II flow .Patient underwent PTCA & stenting was done and patient put on DAPT & other supportive treatment & discharged in satisfactory condition.

### PP-24 Racemose neurocysticercosis a rare disease with common symptoms.

Navkiran Bharti, PG Resident, Department of Medicine, GGSMCH, Faridkot.

**Background:** Neurocysticercosis (NCC) is an invasive parasitic infection of central nervous system caused by the larval stage of the taenia solium. Clinical manifestations of NCC depend on the parasitic load and location of infection and host immune response, with symptoms ranging from subclinical headaches to seizures, cerebrovascular events and life threatening hydrocephalus. In brain it occurs in two forms: parenchymal and extraparenchymal. Racemose NCC represents a particularly severe variant of extraparenchymal NCC characterized by the presence of multiple confluent cysts and is associated with increased morbidity and mortality.

**Case Summary:** 52 years old male known case of diabetes mellitus presented to hospital with complaints of headache and vertigo since 1 month without significant past medical history of head Trauma. NCCT head was done which was suggestive of hypodense lesions in periventricular areas, B/L Basal ganglia and both cerebellar hemisphere with hydrocephalus subsequently MRI brain with contrast done suggestive of multiple cystic lesion in intraventricular region with hydrocephalus suggestive of racemose NCC. Additionally there was an acute ischemic lesions in B/L basal ganglia and cerebellar hemisphere. patient was managed with steroids and albendazole. Patient was discharged in satisfactory condition.

**Conclusion:** Racemose NCC remains a less common form of NCC and is an especially difficult disease to treat. No consensus exists on the proper treatment protocols for this particular variety of NCC. Further study is needed to define a consensus of care for patients with this entity.

### PP-25 Coronary artery disease with thrombocytopenia: A perplexing situation.

Navkiran Bharti, PG Resident, Department of Medicine, GGSMCH, Faridkot.

**Background:** Platelets play a pivotal role in pathogenesis of acute coronary syndrome and also plays important role in acute and chronic complications following percutaneous coronary intervention as well. Platelet inhibition is cornerstone treatment in management of these patients. Thrombocytopenia in patients with acute coronary syndrome is uncommon.

**Case Summary:** 45 yrs old female diabetic, non hypertensive presented to emergency with c/o dyspnea at rest. On admission, Cardiac biomarker came out to be positive (TROP I-5.70ng/ml) along with platelet count of 45,000 per cubic milliliter without any bleeding manifestation. Patient was known case of Idiopathic Thrombocytopenic Purpura on steroids. Coronary angiography was performed which was suggestive of CAD-TVD. Successful percutaneous transluminal coronary angioplasty to LAD and RCA was done with TIMI III flow achieved as end result. Patient was discharged under satisfactory condition on dual antiplatelets.

**Conclusion:** Patients with thrombocytopenia and concomitant ACS are rare; nevertheless, definite treatment guidelines for these patients have not been established, Hemostasis is a major concern in managing these patients. The risk and benefit of long-term antiplatelet agent use should be considered in each patient and should be individualized. The treatment strategy may be based on platelet function rather than on platelet count alone. Further analysis of antiplatelet therapies as mono or dual therapy is needed.

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PP-26

### Dual coronary cameral fistula: Incidental finding in ACS.

Nipun Jain, Resident, Department of Medicine, GGSMCH, Faridkot.

A coronary artery fistula (CAF) or coronary arteriovenous fistula is a congenital or acquired abnormal vascular communication of coronary arteries with cardiac chambers or any segment of the systemic or pulmonary circulation, without an intervening capillary network. CAFs are rare, and most affected patients are asymptomatic. Although most CAFs are asymptomatic in young patients, symptoms and complications become more frequent with increasing age. CAFs are characterized by variable clinical manifestations that are based on the size, origin, and drainage site of the fistula. CAFs can affect hemodynamic parameters and may lead to various complications, including myocardial ischemia, heart failure, arrhythmia, and infective endocarditis in adults. There is decreased perfusion distal to the fistula as blood bypasses the myocardium creating a coronary steal phenomenon and this may cause angina or myocardial ischemia during exercise or other activities that increase the oxygen demand. In symptomatic cases, surgical ligation or percutaneous transcatheter closure is often recommended. Our poster depicts a case of ACS with dual coronary cameral fistula.

PP-27

### Snake bite induced leukoencephalopathy: A rare case report.

Nipun Jain, Resident, Department of Medicine, GGSMCH, Faridkot.

Snake bite is an important cause of mortality and morbidity in India. In India snake bites usually occur during rainy season (June-September). Adverse neurological impact and unique symptoms following a venomous snake bite have been found to be associated with malfunctioning anticoagulant/procoagulant activity or neurotoxicity. Cerebrovascular complications presenting in the form of ischemic strokes, hemorrhagic strokes, optic neuritis, delayed cerebellar ataxia and disseminated encephalomyelitis have been reported. Neurological deficits following vasculotoxic snake bite are either due to intracranial haemorrhage or subarachnoid bleed as a result of consumption coagulopathy. Not Many cases of asymmetrical leukoencephalopathy involving the basal ganglia and thalami (deep nuclei) as well as the cortical rim following snake bite have been reported. We hereby report a case of snake bite leading to leukoencephalopathy, presenting with signs and symptoms of extra pyramidal dysfunction.

PP-28

### Wellens syndrome as ominous sign of impending MI: A case report.

Parampreet Singh, PG Resident, Department of Medicine, GGSMCH, Faridkot.

**Introduction:** Wellens' syndrome, also known as LAD (left anterior descending) coronary T wave syndrome, "widow maker" or warning sign, is a potentially unrecognized critical proximal LAD stenosis with possible fatal consequences. Wellens' syndrome or anterior descending artery syndrome, in an electrocardiographic pattern with changes in the precordial T waves, was described by Zwaan and Wellens in 1982 in 14% to 18% of admitted patients with unstable angina and associated with critical stenosis of the proximal anterior descending artery.

**Case Report:** 66 years old male non diabetic, hypertensive presented to hospital with c/o chest pain since 2-3 days. Initial ECG was having subtle T changes. Serial ECG revealed Wellens pattern showing biphasic T waves in V2 and V3. Cardiac biomarker was negative (Trop I <.10 ng/ml). Patient was taken for coronary angiography which revealed proximal to mid 90-95% stenosis of LAD. Percutaneous transluminal coronary angioplasty was done to LAD with TIMI III flow achieved as end result. Patient was discharged in satisfactory condition.

**Conclusion:** Wellens' syndrome is characterized by a state of impending myocardial infarction even with optimal medical treatment. Acute myocardial infarction, left ventricular dysfunction, and death can ensue if appropriate and prompt interventional catheterization is not performed in a timely fashion. So care must be taken to recognize Wellens' pattern on ECG and timely intervene to avoid fatal outcome. This case also highlights importance of serial ECG monitoring.



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### Syncope: An atypical presentation in STEMI.

Parampreet Singh, PG Resident, Department of Medicine, GGSMCH, Faridkot.

**Introduction:** Syncope, a sudden, transient loss of consciousness and postural tone, is a phenomenon having various causes including vasovagal, neurologic, metabolic and cardiac. While most syncopal events are innocuous, cardiac syncope is often indicative of a potentially fatal, underlying disease process. This is typically secondary to either a mechanical or structural cardiac defect or an arrhythmia that alters electrical conduction through the myocardium. Bradyarrhythmia including AV block can be one of various causes of syncope. Atrioventricular block in the setting of STEMI is not uncommon. Enhanced vagal reflexes due to parasympathetic afferent nerve activation of the infero-posterior LV wall and atrioventricular nodal ischaemia due to compromised blood are thought to be contributory factors.

**Case Summary:** 70 years old diabetic female was referred to hospital with history of one syncopal attack. Initial ECG revealed ST elevation MI (STEMI) in leads II, III, avf, V1 to V3 along with AV block. Patient was taken for coronary angiography which was suggestive of CAD-DVD with predominately RCA involvement with 90-95% stenosis. Percutaneous Transluminal Coronary Angioplasty was done to RCA with TIMI III flow achieved as end result. Post procedure ECG was showing sinus rhythm. Patient was discharged in satisfactory condition.

**Conclusion:** The evaluations of patient with syncope consist of careful history, physical examination, including orthostatic BP measurement and standard 12-lead ECG. Syncope could be the initial complaint in very few patients with acute myocardial infarction (MI) and is related to arrhythmia or pump failure.

PP-30

### Refractory gastric antral vascular ectasia: Endoscopic band ligation superior to APC.

Parminder Singh, PG Resident Medicine, SGRDIMS, Amritsar, Punjab.

**Introduction:** Gastric antral vascular ectasia (GAVE) is a disorder observed in patients with liver cirrhosis, sarcoidosis, and CKD, which causes upper GI bleeding. Refractory GAVE represents a therapeutic challenge because it may cause persistent anemia, often leading to repeated blood transfusions due to the inefficacy of pharmacological and endoscopic therapeutic approaches.

**Case Report:** 40 year old male presented in the emergency with c/o breathlessness. Lab investigations showed Hb=4.6 gm%, CPS score was Class C Points 10. Immediately after admission patient was transfused with 2 PRBC and started on Inj Terlipressin. Upper GI endoscopy was done and it was s/o GAVE. Patient was then subjected to Argon Photocoagulation. Serial Hb showed a declining trend and decreased from 7.1 gm% to 5.8gm%. One more PRBC was transfused. Next patient was taken up for Endoscopic Band ligation. Post procedure and serial evaluation saw Hb at a range of 7.5-7.7 gm%. The Hb at discharge was 7.7gm%. Also the renal function of the patient improved. The patient followed in the opd after 20 days and his Hb was 7.8 gm%.

**Discussion:** EBL appears to be safe and effective for treatment of GAVE, with improved outcomes when compared to APC.

PP-31

### Performance of Xpert MTB/RIF on ascitic fluid samples for the diagnosis of abdominal tuberculosis: A preliminary study.

Rinkal Kansal, Vishal Sharma, Neerja Jindal. GGS Medical College & Hospital, Faridkot.

**Background:** Abdominal tuberculosis (TB) is the sixth most frequent site of extra pulmonary tuberculosis (EPTB). Due to lack of explicit clinical features and its paucibacillary nature, diagnosis of abdominal TB by routine methods (ZN staining and culture) is challenging. Xpert MTB/RIF assay which was endorsed by WHO in 2011 for the detection of pulmonary TB represents a major advancement in the diagnosis of tuberculosis. WHO endorsed this technique for the diagnosis of EPTB in 2013. The present study was undertaken to assess the efficacy of Xpert MTB/RIF assay to diagnose abdominal TB from ascitic fluid specimens and to detect rifampicin resistance.

**Materials & Methods:** A total of 473 ascitic fluid specimens from clinically suspected patients of abdominal tuberculosis received in the Microbiology laboratory of GGS Medical College & Hospital, Faridkot between 1st Jan 2018 to 31st Dec 2019 were processed by ZN staining, Culture & Xpert MTB/RIF assay.

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**Results:** A total of 6516 samples were received for detection of MTB in the year 2018-19. Of these 2213 (33.96%) were EPTB; 473 (21.37%) ascitic fluid. On ZN staining only one of the 473 (0.21%) samples was found to be positive for AFB. On LJ medium 21 (44.3%) showed growth of MTB. XpertMTB/RIF was found to be positive for 18 (38.05%). Taking culture as gold standard. Sensitivity of XpertMTB/RIF-85.7% and specificity 100%. Of the 18 positive, 3 (16.67%) were rifampicin resistant.

**Conclusion:** With specificity of 100% and sensitivity of 85.7%, XpertMTB/RIF was found to have a good diagnostic potential for the rapid diagnosis of abdominal tuberculosis which could help in the timely initiation of anti-tubercular treatment, thus decreasing mortality.

PP-32

### Nitrofurantoin susceptibility against the urinary isolates in the current scenario of anti-microbial resistance.

Rishu, Navneet Garg, Vishal Sharma, Shilpa Arora, Shipra Galhotra, GGSMC&H, Faridkot, Punjab.

**Background:** Urinary tract infection (UTI) is one of the most common bacterial infections encountered in clinical practice mainly caused by Gram negative bacilli. Resistance to many of commonly prescribed antibiotics has emerged over past several years. Nitrofurantoin has a broad-spectrum activity against the main uropathogens and has also been shown to be active against extended spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae and vancomycin-resistant enterococci (VRE). The present study was undertaken to evaluate the susceptibility of nitrofurantoin among the uropathogens, especially the multidrug resistant (MDR) organisms.

**Method:** The mid-stream urine samples were collected and the bacterial isolates were identified using standard microbiological methods and tested against a wide spectrum of antimicrobial agents using the Kirby Bauer's disc diffusion method following the Clinical & Laboratory Standards Institute (CLSI) guidelines.

**Results:** In 100 samples, 65 isolates were found. Out of these, the most common was E.coli (71%), followed by K. pneumoniae (20%), and others (9%). Most of the E.coli isolates were sensitive to nitrofurantoin (76%) followed by piperacillin-tazobactam (54.3%) and amikacin (52.1%). Overall nitrofurantoin susceptibility among MDR isolates was 57.1% with highest being in MDR E. coli (69.4%).

**Conclusions:** E. coli is still the most common bacteria to cause UTI, irrespective of geographical area. The higher susceptibility of nitrofurantoin shows that it is a promising drug to be used as first line therapy in UTI, thus preventing development of resistance against other antibiotics.

PP-33

### Biological false positive rapid plasma reagin tests in pregnant females in north India.

Rupali Sethi Arora, Somanpreet Kaur, Shipra Galhotra, Nitika Dhuria, Guru Gobind Singh Medical College, Faridkot.

**Background:** Syphilis, a sexually transmitted disease seriously complicates pregnancy and produces harmful results in fetus. Screening of pregnant females in early pregnancy with non-treponemal tests such as RPR and VDRL is a cost-effective strategy for diagnosis of syphilis. However, these tests could produce BFP reaction in pregnancy. The prevalence of which may be different in different populations and at different times. The current prevalence of the biological false positive rapid plasma reagin tests in pregnant females of North India was therefore assessed and being reported.

**Methods:** A total 500 consecutive pregnant females who presented to our tertiary care centre for the first time were screened for syphilis by RPR (a non-treponemal test) and Hi-Quick (a treponemal test) after obtaining their written consent.

**Results:** Of the 500 females, 21 (4.2%) were RPR positive and only one (0.2%) was Hi-Quick positive. Thus the prevalence of biological false positive rapid plasma reagin tests in pregnant females of North India was 4% (20/500). In semi quantitative RPR, these tests were positive in  $\leq 1:4$  dilution and were not found to be related to any particular age, geographical distribution, literacy status, occupation or period of gestation (p value  $>0.05$ ) and were transient in nature.

**Conclusion:** Our study concludes that although RPR is a good, cost effective test for mass screening of pregnant females, but it produces BFP reactions in considerable percentage (4%) in pregnant females of North India.

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### Takayasu arteritis: Presentation with renal artery stenosis & left subclavian artery stenosis a rare clinical entity in young women.

Satyam Leekha, V. K. Singh, Department of Medicine, TMMC&RC, Moradabad, UP, India.

**Background:** Takayasu's arteritis is a rare, an autoimmune chronic vasculitis that primarily affects the large vessel i.e. aorta and its major branches. Patients present with clinical features related to vascular insufficiency of the upper limb, weakness, claudication and fatigue in arms. On physical examination faint or absent pulse and difference of more than 10 mm Hg of systolic blood pressure between two arms.

**Case:** We report an unusual case of takayasu arteritis with renal artery stenosis and left subclavian artery stenosis, she presented in medicine OPD with persistent abdominal pain since 2 months, with discrepancy of blood pressure in upper limbs.

**Discussion:** The 1990 ACR criterion for the classification of TA remains the gold standard for diagnosis. The significant complications included Secondary hypertension, retinopathy, aortic regurgitation and aneurysm development, which are graded as mild/ moderate or severe 5. New angiographic classification of takayasu arteritis, categorizes based on vessel involved, aids in surgical planning but doesn't offer much in prognosis.

**Conclusion:** This case report is to increase the awareness of this condition among primary physicians because early diagnosis and the timely intervention or treatment can lead to better outcomes in this poorly understood and less thought clinical enigma.

PP-35

### Sarcoidosis- A close mimic of tuberculosis.

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Sarcoidosis is a multisystem disorder characterized by non-caseating granulomatous inflammation. Although any organ can be involved, the disease most commonly affects the lungs and intrathoracic lymph nodes. Clinical features of sarcoidosis bear a similarity with tuberculosis (TB), thus differentiating between the two entities continues to be a clinical and diagnostic challenge particularly in countries endemic for TB like India. We report a case of 45 year male who presented with yellowish discoloration of eyes since 1 week for which patient was investigated and was found to have hyperbilirubinemia, hepatosplenomegaly and abdominal lymphadenopathy. Past history revealed history of fever, abdominal pain and weight loss since 4-5 months for which ATT was started 1 month prior to admission. After thorough examination and investigation patient was diagnosed as case of sarcoidosis.

PP-36

### Myasthenic crisis: A case report.

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Myasthenia gravis (MG) is a neuromuscular junction disorder characterized by weakness and fatigueability of skeletal muscle. The underlying defect is decrease in the number of available acetylcholine receptors (Ach Rs) at neuromuscular junctions due to antibody-mediated autoimmune attack. Myasthenia gravis complicated by respiratory failure is known as myasthenic crisis. Here we report a case of a 40 year old male was admitted in TMU hospital who presented to the casualty with complaints of hyperacute onset of weakness of all the muscles which was progressive along with difficulty in respiration with subsequent grouping of bilateral upper eyelids over a period of four hours with no previous history of such complaints in the past. Dyspnea developed 4 hours after hospital admission, and mechanical ventilation was needed immediately after that. There was marked response to neostigmine including prompt weaning from mechanical ventilation and subsequent extubation along with positive Acetylcholine receptor antibodies reconfirming the diagnosis of myasthenia gravis.

# 8<sup>th</sup> Annual Conference of the Association of Physicians of India (All India Branch)

## MAPICON Bathinda 2021, 16<sup>th</sup>-19<sup>th</sup> September 2021

PP-37

### Wilson's disease.

Yadwinder Singh, PG Resident, Dept. of Medicine, GGSMCH, Faridkot.

**Introduction:** Wilson's disease is an autosomal recessive disorder caused by mutation in the ATP7B gene, which encodes a membrane-bound, copper-transporting ATPase. Clinical manifestations are caused by copper toxicity and primarily involve the liver and the brain and eye.

**Case Report:** A 45 year old female, presented with the complaints of abdominal distension which was insidious in onset, progressive, associated with nausea, vomiting, black coloured stools, constipation, decreased urine output. She had history of spontaneous fetal loss in past. She was non diabetic, non hypertensive with no history tuberculosis. She was vegetarian by diet, non-alcoholic and non-smoker.

**Conclusion:** The case also serves as a reminder not to dismiss this disease as a rare theoretical possibility but to suspect it in a case of liver cirrhosis of unknown etiology or when the patient presents with an obscure isolated neurological sign such as tremor. Delayed recognition of the disease or stopping therapy can lead to a progression of the disease.

PP-38

### Acute cerebellitis-Case report.

Yadwinder Singh, PG Resident, Dept. of Medicine, GGSMCH, Faridkot

**Introduction:** Acute cerebellitis presents a process characterized by parainfectious, postinfectious, or post vaccination cerebellar inflammation. It is characterized by acute truncal and gait ataxia, nystagmus, dysarthria, tremor and hypotonia. It occurs mostly in young children, presents abruptly, and recovers over weeks. Little is known about the clinical characteristics and outcome in adults.

**Case Report:** A 32 year old male presented to GGSMCH, Faridkot with chief complaints of abrupt onset, gradually progressive nystagmus, gait ataxia, dysarthria and fever for 7 days. Associated with headache and nausea. No past medical history of diabetes mellitus, hypertension, pulmonary TB. No h/o head trauma, drug or alcohol abuse, epilepsy, immunocompromised state, vaccination.

**Conclusion:** Acute cerebellitis in adults is a rare disorder which mainly presents with headache, nausea/ vomiting and ataxia. To diagnose cerebellitis, imaging of the brain (preferably MRI) is required and CSF examination may be necessary to narrow the differential diagnosis. The treatment depends on the widely diverse etiology, and treatment with steroids is recommended in the case of cerebellar edema and hydrocephalus. Neurosurgical intervention may be necessary to prevent brain herniation.

PP-39

### To study the prevalence of depression & its association with current suicidal ideation during COVID-19 pandemic in India.

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**Introduction:** Globally, COVID-19 pandemic has become a major stressor with significant mental health problems besides catastrophic physical health morbidity, mortality. Depression is reported to be the most common psychiatric disorder and one of the most common psychiatric disorder in outpatient department (OPD). Association between suicide and mental disorders especially depression is well established and evidence suggests that depression is particularly important risk factor among the various mental disorders closely related to suicidal ideation. So we conducted this study to explore the prevalence of depression and Suicidality in common people during COVID-19 pandemic. Material and **Methods:** We conducted online survey from 1st July to 15th August, 2021 to study prevalence of depression and its association with current suicide ideation using PHQ-9 and C-SSRS questionnaire during COVID-19 pandemic. E-proforma consisted of socio-demography variables and a pretested structured and validated PHQ-9 and C-SSRS questionnaire for participants of age 20 years and above, residing in India, able to read and understand English, willing to participate in survey.

**Results:** 585 valid responses including 319 (54.5%) males, 266 (45.5%), 479 (81.9%) in age group of 20-50 years and 106 (18.1%) more than 50 years age group were received and analysed for prevalence of depression and its association with suicide ideation.

**Conclusion:** Our survey has documented increased prevalence of depression and current suicide ideation among study population, age and gender groups using PHQ-9 and C-SSRS scale and results of our study necessitates increased focus mental health issues.