11th Annual Conference of the Association of Physicians of India
(MALWA BRANCH)

MAPICON 2024

ORGANISED BY

The Association of Physicians of India (Malwa Branch) in association with All India Institute of Medical Sciences, Bathinda.

ABSTRACT BOOK

26th - 29th September 2024, BATHINDA.

Under the aegis of Punjab Medical Council, API, ICP

(Awarded 16 credit hours by PMC Vide Letter No. PMC/CME/2024/7044 Dated: 06-09-2024)

ABSTRACTS
ORAL PRESENTATIONS

OP-01 Predictors of Mortality among Patients Admitted with Upper Gastrointestinal Bleed in a Tertiary Care Hospital in North India.

Aashish Mahajan, Vijay Kundal, Vijant Singh Chandail, Dept. of General Medicine, GMC, Jammu

Introduction: Upper gastrointestinal bleed (GIB) is a common and potentially life-threatening GI emergency ranging from insignificant bleeds to catastrophic haemorrhage and is associated with significant morbidity and mortality.

Aim and Objectives: To study the risk factors associated with mortality in patients admitted with upper gastrointestinal bleed in a tertiary care hospital.

Material and Methods: This is a prospective observational study carried on 100 patients who presented with upper GI bleeding in the department of Medicine, Government Medical College, Jammu, over a period of one year. Upper GI endoscopy of all enrolled patients was done and their clinical profile including factors associated with mortality was studied.

Results: Out of total 100 patients, 66% were male and 34% were female. Most common age group of presentation was 40-60 years (54%). Most common endoscopic lesion was oesophageal varices (44%) followed by gastric erosion (14%) and peptic ulcer disease (17%). The mortality rate in our study was 9%. In multivariate analysis, age >60 years, presence of comorbidities, SBP <90 mmHg, pulse rate >100 and serum creatinine >1.5mg/dl were independent risk factors significantly associated with in-hospital mortality.

Conclusion: Age>60 years, hemodynamic instability, presence of comorbidities and raised creatinine were independent predictors of mortality. These factors should be considered when triaging patients for immediate resuscitation, close monitoring and early treatment.

OP-02 To Evaluate the Efficacy and Safety of Daily Dosing Versus Alternate Day Dosing of Rosuvastatin In Dyslipidemic Patients.

Aishwarya Dafda (PG Resident), Navyug Raj Singh, Ajay Chhabra.
Dept. of Pharmacology, Government Medical College, Amritsar, Punjab

Introduction: Dyslipidemia is a significant risk factor for atherosclerotic cardiovascular disease and statins, like rosuvastatin, are effective lipid-lowering agents. This study compared efficacy and safety of daily versus alternate-day rosuvastatin dosing regimens in patients with dyslipidemia.

Objectives: The primary objective was to assess normalization of lipid levels and safety profiles, while secondary objective was to evaluate HbA1c levels in patients on daily vs. alternate day rosuvastatin.

Methods: It was a prospective, parallel-group, randomized, open-label study conducted over 12 weeks. 90 patients with dyslipidemia, aged 18-65 years, were randomly assigned to one of three groups, daily rosuvastatin 10mg, alternate-day rosuvastatin 10mg, or alternate-day rosuvastatin 20mg.

Results: Results showed significant decrease ($p<0.001$) in TC, LDL-C, and TG in all groups. HDL-C levels increased non-significantly ($p>0.05$). HbA1c levels increased significantly ($p<0.001$), while FBS levels increased non-significantly ($p>0.05$). These changes were statistically non-significant ($p>0.05$) on intergroup comparison. Adverse events were more common in daily dosing group.

Conclusion: Alternate-day rosuvastatin dosing achieved comparable lipid reduction to daily dosing, with fewer adverse effects and no significant impact on glycemic status. This regimen offers a cost-effective and safer alternative for managing dyslipidemia.

OP-03 Evaluation of Anemia in Newly Diagnosed Cancer Patients.

Gurjot Singh, DNB Medicine -1st year, Mohandai oswal cancer hospital Ludhiana.

Introduction: Cancer induced anemia and anemia of chronic disease results from multiple causes and fine interplay of pro and antiapoptotic factors inducing a fine tuned selective differentiation of the trilineage committed hematopoietic stem cells. A slight disruption of this equilibrium will present as one of the many facets of blood count changes from anemia to thrombocytosis.

Aims and Objectives: This study aims at detailed evaluation of anemia through base line investigations in newly diagnosed cancer patients.

Material and Methodologies: A retrospective analysis conducted on newly diagnosed cancer patients in our hospital. Patients evaluated for CBC, reticulocyte count, peripheral blood smear, iron studies (serum iron, TIBC, serum ferritin, transferrin saturation, serum vitamin B12, folate levels, inflammatory markers, liver and kidney function test to rule out anemia secondary to chronic disease if indicated. Inclusion Criteria: Confirmed cancer diagnosis: Patient with histologically and cytological confirmed malignancy. Patient's age 18 years and above. Presence of anemia, Hb< 13gm/dl in men and Hb< 12gm/dl in women.

Exclusion Criteria: Previous cancer treatment: Patients with recurrent or relapsed cancer. Concurrent haematological disorders, Pre-existing haematologic conditions unrelated to cancer (e.g. aplastic anemia & sickle cell anemia). Other causes of anemia, non cancer causes (e.g. chronic kidney disease, chronic liver disease, autoimmune haemolytic anemia).

Results: Out of 26 patients analysed retrospectively 14 patients had iron deficiency anemia (transferrin saturation <20%), 4 patients had B12 deficiency anemia and 5 had anemia of chronic disease. PBF revealed dimorphic anemia in 4 patients.

OP-04 Tubercular Infection Post Covid: A Sequelae or Coincidence?

Ishan Tikoo, MMU Mulana, Ambala.

Introduction: The COVID-19 pandemic has significantly disrupted tuberculosis (TB) prevention and control efforts, resulting in decreased TB detection rates and increased TB-related mortality. Lymphopenia, a common condition in COVID-19 patients, may contribute to T cell immunodeficiency, which can increase susceptibility to TB. Bridging the gap between these two health issues is crucial.

Aim: This study aims to assess the association between tuberculosis in post-COVID-19 patients and non-COVID-19 patients. Participants included those with confirmed COVID-19 via PCR and others who were retrospectively diagnosed with COVID-19 based on antibody tests.

Materials and Methods: This prospective cross-sectional study was conducted at a tertiary care center, involving 60 TB patients from August 1, 2021, to January 31, 2022. Patients were assessed for a history of COVID-19 or tested for post-infection antibody titers to identify asymptomatic episodes. Data collected included demographic information (age, gender), family history, organ involvement, co-morbidities, laboratory parameters, and COVID-19 vaccination status.

Results: The mean age of the patients was 38.55 years, with the majority (38.3%) being under 30 years old. Males represented 63.3% of the cohort, while females accounted for 36.67%. No significant associations were found between post-COVID-19 and non-COVID-19 TB patients regarding family history, organ involvement, co-morbidities or laboratory parameters.

Conclusion: The study indicates that tuberculosis (TB) in patients with or without prior COVID-19 infection does not show a significant predilection for gender, organ involvement, or association with family history, co-morbidities, or laboratory parameters.

OP-05 Correlation of Left Ventricular Ejection Fraction With Cardiac Troponin I and Serum Ferritin Levels in Acute ST Elevation Myocardial Infarction.

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

Introduction: India has the highest burden of Acute Coronary Syndrome patients globally. The measurement of left ventricular ejection fraction (LVEF) after myocardial infarction is a class I clinical practice guideline recommendation, with prognostic and therapeutic implications. Cardiac troponin I is a sensitive and specific marker for myocardial damage, and serum ferritin, an acute-phase reactant, is considered a risk factor for MI.

Aims and Objectives: The study aimed to determine cardiac troponin Iandserumferritin levels in patients with first episode of STEMI, estimate LVEF, and correlate these levels with LVEF.

Material and Methods: This cross-sectional study was conducted in a hospital setting in the medicine department at GGSMCH Faridkot. 75 participants were included based on the inclusion and exclusion criteria during an 18-month timeframe.

Results: The study demonstrated that in STEMI patients, lower LVEF is associated with higher levels of both troponin I and serum ferritin. A significant inverse relationship was found between LVEF and troponin I levels and a moderate negative correlation was observed between LVEF and serum ferritin.

Conclusion: Assessing LVEF, cardiac troponin I and ferritin levels in STEMI patients provide valuable insights into myocardial damage, cardiac function and inflammatory status. The strong inverse correlation between cardiac troponins and LVEF underscores the importance of early and aggressive reperfusion therapies to minimize myocardial damage and preserve cardiac function.

OP-06 To Study the Prevalence of Sarcopenia in Patients with Cirrhosis and its Impacts on Outcomes.

Rohit Mattoo, Vijant Singh Chandail, Rajesh Sharma, Aman Gupta
Senior Resident, MMU Mullana, Ambala.

Introduction: Liver cirrhosis is a significant chronic disease that can be further complicated by sarcopenia. This study aimed to assess the prevalence of sarcopenia in patients with cirrhosis. Methods: This prospective observational study was conducted in patients with chronic liver disease at the department of medicine, GMC, Jammu from November 2021 to October 2022. A questionnaire was given to all patients, collecting their clinical history, examination findings, body mass index (BMI), mid-upper arm circumference and skeletal muscle index (SMI) at the L3 vertebra on CT abdomen was measured.

Results: A total of 82 patients were included in the study, of which 40 patients with sarcopenia and 42 patients without sarcopenia. The mean age was comparable between patients with sarcopenia and patients without sarcopenia. The BMI (20.60 kg/m2 vs. 25.60 kg/m2; P<0.01), abdominal girth (90.50 cm vs. 98 cm; P=0.008), mid arm circumference (MAC, 20.70 cm vs. 24.50 cm; P<0.01) and SMI at L3 (28.64 cm2/m2 vs. 40.31 cm2/m2; P<0.01) were significantly lower in patients with sarcopenia compared to patients without sarcopenia. There was a significantly positive correlation observed between sarcopenia and BMI (r=0.61; P=<0.01), abdominal girth (r=0.54; P=<0.01) and MAC (r=0.57; P=<0.01).

Conclusion: A high prevalence of sarcopenia was observed in patients with chronic liver disease, but it did not show a correlation with established prognostic scores for liver cirrhosis, such as model for end stage liver disease (MELD) and Child-Turcotte-Pugh (CTP).

OP-07 Steering Against the Superbugs: Study on Bacteriological Profile and Antibiotic Sensitivity Pattern in Isolates of Patients in Medical Intensive Care Unit in a Tertiary Care Hospital.

Shubhra Shukla, JR1, Dept. of Internal Medicine, Mohandai Oswal Hospital, Ludhiana, Punjab.

The study seeks to identify the common bacterial pathogens in medical intensive care unit patients of our hospital and to determine the pattern of antibiotic resistance among these pathogens, which will aid in the development of appropriate antibiotic treatment strategies and infection control measures to improve patient outcomes and reduce the spread of antibiotic-resistant bacteria. Of total 100 patients admitted in medical ICU, a total of 38% were having bacteraemia. The most common were E. coli (32%) followed by klebsiella pneumonia (25.8%), pseudomonas aeruginosa (16.1%) and acinetobacter baumanni (6.5%). The gram-positive isolate was staphylococcus aureus. A high degree of resistance was found for fluoroquinolones (48%) and cephalosporins (up to 50%). Meropenem and doripenem were the most effective antibiotics with an overall sensitivity of 84% for the gram-negative isolates. Majority of the urine culture isolates (n = 56) were gram negative while gram positive formed only (n = 16) of the isolates. E. coli was the most common ram-negative organism isolated followed by klebsiella pneumoniae. Predominantly E. coli, was sensitive to carbapenems. Majority of the endotracheal tube culture isolates 82% were gram negative while gram positive formed only 18% of the isolates. Acinetobacter and klebsiella pneumoniae was the most common gram-negative organism isolated. Klebsiella pneumonia was74% sensitive to Polymyxin-B and Tigecycline. Of 100 patients studied, 68% patients expired, 12% patients took LAMA while 20% patients were discharged.

OP-08 Evaluating the Impact of Liver Dysfunction on Dengue Fever Severity: A Comprehensive Analysis of Liver Function Parameters.

Viresh Verma, PG2, Dept of General Medicine, Saraswathi Institute of Medical Sciences , Hapur, Uttar Pradesh.

Introduction: Dengue fever, caused by the dengue virus, often leads to varying degrees of liver dysfunction. Identifying liver function abnormalities and their correlation with disease severity can aid in better management and prognosis.
Objective: This study aims to evaluate liver function parameters in patients with dengue fever and examine their association with the severity of the disease.
Method: A retrospective cross-sectional observational study was conducted involving 150 patients diagnosed with dengue fever. Liver function tests including ALT, AST, total bilirubin, direct bilirubin, albumin and prothrombin time were analyzed. The patients were categorized into three groups based on disease severity: dengue fever, dengue with warning signs and severe dengue. Multivariate logistic regression analysis was performed to determine the relationship between liver function parameters and severe dengue.
Results: Significant elevations in ALT, AST, total bilirubin and prothrombin time were observed with increasing disease severity, while albumin levels decreased. Multivariate analysis revealed that higher ALT, AST and total bilirubin levels, along with prolonged prothrombin time and decreased albumin, were independently associated with severe dengue.
Conclusion: Liver function parameters, particularly ALT, AST, total bilirubin, and prothrombin time, are significantly correlated with dengue severity. These markers can be useful in assessing disease progression and guiding treatment strategies.

OP-09 Risk Factors of Diabetic Retinopathy in Patients with Type 2 Diabetes Mellitus.

Mohit Goyal, Resident, Dept. of Medicine, GMC, Jammu.

Aim: To investigate the association of systolic and diastolic hypertension, older age, longer duration of diabetes and poorly controlled blood sugar (HbA1c) with diabetic retinopathy in patients with type 2 diabetes mellitus (DM).

Methodology: A case-control study of 1,000 patients from the ophthalmology department of the Post Graduate Institute of Medical Sciences, Rohtak. Patients with proteinuria were excluded to avoid nephropathy influence. The sample consisted of individuals aged 40–80 years, divided into Group A (with diabetic retinopathy) and Group B (without). Systolic and diastolic blood pressure, fasting blood sugar, random blood sugar, and HbA1c were assessed.

Results: Patients with diabetic retinopathy had significantly higher systolic blood pressure (138 ± 14 mmHg vs. 126 ± 15 mmHg, $P < 0.001$). No significant difference was found in diastolic blood pressure. Patients with retinopathy were older (58 ± 8 years vs. 54 ± 7 years, $P < 0.001$) and had a longer duration of diabetes (12 ± 5 years vs. 8 ± 5 years, $P < 0.001$). HbA1c levels were higher in the retinopathy group (8.16 ± 0.52% vs. 7.04 ± 0.32%).

Conclusions: Diabetic retinopathy is significantly associated with older age, longer diabetes duration, poorly controlled blood sugar (HbA1c), and systolic hypertension.

ABSTRACTS
POSTER PRESENTATION

PP-01 Budd Chiari Syndrome with Hepatic Vein Thrombosis Managed Successfully with Direct Intrahepatic Portosystemic Shunt : A Case Report.

Aashish Mahajan, Department of General Medicine, GMC Jammu

Introduction: Budd Chiari Syndrome (BCS) is a diverse disease with regard to site of obstruction. The hepatic vein ostial stenosis are common in some patients while membranous obstruction of venacava is common in some and complete thrombosis of hepatic veins in others. This heterogenicity raised several issues in evaluation and approach to management of a patient with BCS.

Case Report: This is a case of 55 years female who was admitted with history of pain abdomen and abdominal distension since 20 days. On examination she had hepatomegaly and grade 3 ascites which was high SAAG low protein. Upper GI endoscopy shows high risk oesophageal varices, EVL was done. On evaluation, she was diagnosed as a case of Subacute Budd Chiari Syndrome with block in all three hepatic veins and retrohepatic venacava. She was started on diuretics, beta blockers and dabigatrin. She was evaluated for a renalization procedure and was taken up for DIPSS, which was done successfully. Following DIPSS, patient's ascites disappeared. The patient was observed and discharged in a hemodynamically stable condition and is currently on followup and leading an asymptomatic life with patent shunt.

Conclusion: DIPSS is efficacious and safe procedure which rapidly reduces portal venous pressure, relieve liver congestion and restore the liver morphology and liver function in BCS patients. It is worthwhile ensuring that physicians should be aware of such lifesaving procedure like DIPSS and to propose them in selected patients of BCS to give them an asymptomatic life.

PP-02 A Rare cause of Colo-Colonic Intussusceptions - Colonic Schwannoma.

Arushi Goel (2nd year JR), Ramit Mahajan. Dept. of Internal Medicine, DMCH Ludhiana

Introduction: Schwannomas are spindle cell tumors, accounting for 2-6% of all mesenchymal tumors. Colorectal schwannomas are rare and require radical excision with wide margins as they can recur or become malignant, if left untreated. We report the case of a 47-year-old lady who presented with intermittent severe upper abdominal pain due to a polypoid transverse colonic schwannoma causing colo-colonic intussusception. It was successfully removed endoscopically and no recurrence of lesion was observed after a follow up of 6 months. It's a noteworthy case as it is the seventh reported case of transverse colonic schwannoma and one of the large schwannomas which could be successfully removed endoscopically.

PP-03 A Rare Case of CADASIL in 49-Year-Old Female

Isha, Dayanand Medical College and Hospital, Ludhiana

Introduction: CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is a rare genetic disorder characterized by progressive stroke, cognitive decline, and psychiatric symptoms due to small vessel disease caused by mutations in the NOTCH3 gene, leading to abnormal smooth muscle cell function in small blood vessels, particularly in the brain. The condition typically manifests in mid-adulthood and is associated with recurrent strokes, subcortical infarcts, leukoencephalopathy, and various neuropsychiatric symptoms.

Methods: 49 Year old female patient with h/o recurrent stroke along with hypertension came with presentation of right-sided weakness and aphasia since 1 day. Comprehension was intact. The patient had a strong family history of stroke in

grandparents, father and siblings. MRI brain suggestive of extensive confluent chronic ischaemic changes involving bilateral anterior temporal white mater and external capsules – findings s/o CADASIL. Genetic testing showed NOTCH 3 mutation on chromosome 19, exon 4, heterozygous, missense type of variant. Blood tests and cerebrospinal fluid analysis were normal. Management involves addressing symptomatic aspects and providing supportive care. There is no cure for CADASIL, so treatment focuses on preventing strokes and managing complications.

Discussion: The importance of considering CADASIL in patients with early-onset stroke and cognitive decline, especially with a relevant family history. A multidisciplinary approach, including genetic counseling, medical management and supportive therapies, is essential in optimizing patient care and quality of life. Early diagnosis and intervention can help mitigate some of the disease's impacts and improve patient outcomes. Antiplatelet therapy, aspirin or other antiplatelet agents to reduce stroke risk. Cognitive and psychiatric Support includes cognitive rehabilitation and psychiatric support to manage depression and cognitive impairment with regular follow-up.

PP-04 Mandibular Mucormycosis and Pulmonary Tuberculosis Co-infection in a Newly Diagnosed Diabetic: A Case Report.

Ishan Tikoo, Chandrashekhar BRV, Yogesh Garg, MMU Mulana, Ambala.

Introduction: Mucormycosis is a rare but serious fungal infection caused by mucorales species, primarily affecting individuals with diabetes or compromised immune systems. The most common form is rhinocerebral mucormycosis, while mandibular mucormycosis is an exceptionally rare presentation. The occurrence of mandibular mucormycosis in conjunction with pulmonary tuberculosis (TB) is even rarer.

Case Report: A 39-year-old male with newly diagnosed diabetes presented with acute fever, cough with expectoration and jaw pain for the past 15 days. Laboratory investigations confirmed diabetes with an HbA1c of 14.8% and the patient was started on subcutaneous insulin therapy. A contrast-enhanced CT (CECT) of the thorax revealed cavitary pneumonia with a bronchopleural fistula and TB was confirmed via CBNAAT. Mandibular imaging and biopsy subsequently confirmed mucormycosis of the mandible. The patient is currently receiving treatment with conventional Amphotericin B and anti-tubercular therapy (ATT) and is showing improvement.

Discussion: Mucormycosis is a rare infection, particularly among diabetic patients with poorly controlled hyperglycemia. Its incidence surged in India during the COVID-19 pandemic. However, mandibular mucormycosis is an unusual manifestation, especially in newly diagnosed diabetic patients. In this case, the patient's symptoms of jaw pain could have been overshadowed by the more prominent respiratory symptoms, potentially delaying the diagnosis of mucormycosis and leading to increased morbidity.

Conclusion: While pulmonary tuberculosis and rhinocerebral mucormycosis are recognized complications in diabetic patients, mandibular mucormycosis should be considered in differential diagnoses for patients presenting with jaw pain, especially when there is a background of diabetes. Early recognition and treatment are crucial to improve patient outcomes.

PP-05 Kikuchi Histiocytic Necrotising Lymphadenitis: Rare and Benign Case of Lymphadenitis.

Karan Garg, Dayanand Medical College and Hospital, Dept. of Medicine, Ludhiana.

Introduction: Kikuchi disease also known as Kikuchi-Fujimoto disease is a rare, benign condition of unknown cause usually characterized by cervical lymphadenopathy and fever usually seen in patients below age of 40 years. It is differentiated from lymphoma or other serious conditions of lymph node on the basis of histopathology.

Case Report: 27 year old male presented with complaints of continuous fever for 1.5 months, was evaluated extensively for

fever outside and was being managed on the lines of enteric fever with IV antibiotics. Patient in DMCH was evaluated and was found to have cervical lymphadenopathy with high grade fever of 102-103 degrees of fahrenheit. Routine tests like ultrasound whole abdomen, blood and urine culture were negative. CT whole abdomen and chest revealed cervical lymphadenopathy from which tru-cut biopsy was done and was suggestive of kikuchi lymphadenitis. All IHC markers suggesting lymphoma were negative. Special stains on biopsy for TB and fungal etiology were negative. No specific granuloma was seen. Patient was started on steroids and patients symptoms responded well and discharged.

Discussion: Kikuchi disease is a disease of unknown etiology with probable role of T lymphocytes and histiocytes in the pathogenesis. Mostly presented by fever and cervical lymphadenopathy along with rash, hepatosplenomegaly, night sweats. Diagnosis is made by biopsy to rule out TB, lymphoma and other serious causes. Steroids are drug of choice.

PP-06 HIV-Associated Vacuolar Myelopathy: A Comprehensive Overview.

Mehak Katna. Dayanand Medical College and Hospital, Ludhiana.

Introduction: HIV associated vacuolar myelopathy is a rare neurological presentation of HIV in patients with advanced immunosuppression, particularly in those who are not receiving HAART effectively. It is characterized by spastic paraparesis, gait disturbances and lower extremities sensory abnormalities. Most cases are subclinical with characteristic finding identified through clinical examination and imaging modalities. Magnetic resonance imaging in spinal cord are abnormal in some patients characteristically showing spinal cord atrophy. This case report supports benefit of early and effective HAART for prevention or slow progression.

Case Discussion: 62 Years old male k/c/o PLHIV since 14 years, non-compliant to treatment presented with complaints of bilateral lower limb weakness since one month. On evaluation CD4 counts were found to be low (49). NCV- EMG was done which was suggestive of normal study. MRI brain was suggestive of progressive multifocal leukoencephalopathy. MRI spinal cord was suggestive of multilevel long segment of T2 hyperintense signal involving medulla, cervical and dorsolumbar cord with cord expansion. Differentials of HIV associated vacoulating myleopathy and infectious myelitis was kept. CSF analysis was done to rule out infectious myelitis which was suggestive of no significant diagnostic abnormality. Patient was started on HAART, physical therapy and rehabilitation following which lower limb weakness started improving.

Conclusion: HIV associated vacuolar myelopathy is a significant neurological complication in patients with advanced HIV. While the advent of ART has reduced its prevalence, early recognition and treatment are essential in preventing long term disability. Ongoing research into pathogenesis eventually lead to more targeted therapies that can protect or repair thespinalcord from HIV related damage until then, timely initiation of ART and supportive care remains strategies for managing this disabling condition.

PP-07 Primary Hyperparathyroidism Presenting as Acute Pancreatitis: Case Report.

Rohit Mattoo, Savita Kumari, Kashish Narula, Amay Makhija
Senior Resident, MMU Mullana, Ambala.

Introduction: Acute pancreatitis (AP) presenting as an initial manifestation of primary hyperparathyroidism (PHPT) is uncommon and its timely diagnosis is crucial in preventing recurrent attacks of pancreatitis.

Case Report: A 26-year-old male with a history of recurrent renal calculi and hypertension presented to the emergency department with abdominal pain and melena lasting for 7 days. Initial management included intravenous fluids, proton pump inhibitors (PPIs) and terlipressin. UGI endosocpy revealed antral ulceration secondary to NSAID abuse. Abdominal ultrasound indicated a bulky pancreas and serum amylase and lipase levels were markedly elevated leading to a diagnosis of acute pancreatitis (AP). CECT of the abdomen demonstrated acute oedematous pancreatitis with a CTSI score of 3/10.

Laboratory tests revealed corrected serum calcium 12 mg/dl. These findings suggested hypercalcemia as a contributing factor to the acute pancreatitis. Further evaluation showed elevated intact parathyroid hormone (iPTH) levels (180.5 pg/mL), with urinary calcium and creatinine levels at 21.4 mg/dL and 88.6 mg/dL, respectively. This led to a diagnosis of primary hyperparathyroidism (PHPT). Initial treatment for hypercalcemia with intravenous fluids proved inadequate. Therefore, intravenous zoledronic acid and calcitonin were administered to lower the calcium levels. The patient is currently hemodynamically stable and is awaiting a sestamibi scan for localization.

Conclusion: Pancreatitis should be an anticipated complication of PHPT and may be the sole presenting complaint of PHPT. Early diagnosis and resection of parathyroid lesions will prevent recurrent attacks of AP and other PHPT-related complications.

PP-08 Unravelling the Roots of Microsatellite Instability in Colorectal Cancer: Our Experience in a Tertiary Care Cancer Hospital.

Shubhra Shukla, JR1, Dept. of Internal Medicine, Mohandai Oswal Hospital, Ludhiana, Punjab.

Colorectal cancer (CRC) is one of the most common gastrointestinal malignancies in the world. Increased rates of intragenic mutation in Microsatellite Instability (MSI) constitute about 15% of the sporadic cancers. With recent development of MSI detection technology and immunosuppressant therapy for tumor management, researchers found that MSI-H tumors respond to immunotherapy.

Here is a retrospective observational case series of 10 patients with colorectal carcinoma highlighting the clinical profile, histopathological features, IHC and MSI status in CRC patients with an aim to determine the role of MSI status as an independent prognostic factor in patients of CRC.This study further aims to understand the molecular genetics involved in genesis of CRCs to improve diagnostic abilities and choice of treatment based on the culprit genes and target site of damage.

Of the 10 patients, 6 males, 4 females, age at time of diagnosis of the disease from 37yrs to 73yrs. Risk factors were, alcohol and red meat consumption. The most common carcinoma was CA colon. Most common presentation was severe abdominal pain followed by constipation and per rectal bleed. 8 patients presented with symptoms of acute bowel obstruction and were operated, histopathology suggested advanced stage adenocarcinoma.

MSI done in 5 out of the 8 patients were pMMR/MSI- LOW found in 4 patients while dMMR/Loss of PMS-2/MLH-1/MSI-high was found in 1 patient. Post surgery chemotherapy-CAPOX regimen, 2 patients received palliative while rest of them received curative chemotherapy.

PP-09 A Case of Dyspnea Secondary to Hyperhomocysteinemia: A Rare Cause of Pulmonary Thromboembolism in a Young Male.

Uday Ohri, 2nd Year PG Resident, Dept. of Medicine, Dayanand Medical College, Ludhiana.

Introduction: Hyperhomocysteinemia is a medical condition characterised by an abnormally high level of total homocysteine (including homocystine and homocysteine-cysteine disulfide) in blood. It has a wide range attributing etiologies including genetics, deficiencies of vitamins (especially vitamin B6, B9 and B 2, 3). Rarely chronic alcoholism and smoking have also been indicated. A lot of complications have been associated with this disease, including significantly increased of risk of thrombosis and atherosclerosis giving rise to coronary artery disease, stroke, peripheral arterial disease, venous thrombosis etc. Association with neuropsychiatric illnesses like vascular dementia and Alzheimer's disease has also been indicated.

Case Discussion: We received a case of a male with complaints of left leg swelling and exertional dyspnea since 5 days. Patient has no prior comorbidities or any history of hospitalisation or immobilisation. Based upon clinical evaluation ultrasound venous doppler was performed which was s/o deep vein thrombosis of common femoral vein, superficial femoral vein and

popliteal vein. CT pulmonary angiography was then performed which was suggestive of pulmonary thromboembolism involving the segmental and subsegmental branches of left lower lobe. In view of unprovoked DVT and pulmonary embolism, serum homocysteine levels were sent which came out to be significantly elevated (115.1umol/l). Patient was then managed with systemic anticoagulation and prophylactic vitamin supplementation.

Discussion: An unprovoked pulmonary thromboembolism or any venous thromboembolism always warrants further evaluation for hidden thrombophilias. In view of high chances of recurrence and associated morbidity and mortality of these diseases, it is critical for physicians to diagnose and promptly treat them.

PP-10

Navigating The Hematological Impact of Histoplsmosis: The Pancytopenia Connection

Vansh Mahajan, Dayanand Medical College and Hospital, Ludhiana

Introduction: Histoplasmosis is a fungal infection caused by a fungus called Histoplasma capsulatum, a dimorphic fungus. The fungus lives in the environment, particularly in soil that contains large amounts of bird or bat droppings. Most people with histoplasmosis are asymptomatic or have mild symptoms and aren't aware they're infected. But for some people, mainly infants and those with weakened immune systems, histoplasmosis can be serious as it can become disseminated leading to severe systemic complication. One such rare complication is histoplasmosis induced pancytopenia where bone marrow is affected.

Case Discussion : We have a case of 64 year old male reformed alcoholic came to emergency with complaint of fever since 10-12 days which was associated with loose stools since 3-4 days. Patient is a known case of type 2 diabetes mellitus and sarcoidosis and was on oral steroids and oral hypoglycemic agent. Routine investigations were suggestive of pancytopenia (TLC – 2100, haemoglobin -7.2 GM% and platelet – 22,000) which was evaluated with bone marrow aspiration and biopsy. Bone marrow aspiration and biopsy was suggestive of yeast forms of histoplasma capsulatum which was positive for fungal stains. Patient was then started with liposomal amphotericin B for 2 weeks following which pancytopenia started improving. Patient was then discharged on follow up with itraconazole.

Discussion : The lower prevalence of H. capsulatum outside of the traditionally defined region of the Mississippi and Ohio River Valleys makes it an important, yet rarely considered, cause of systemic inflammatory disease. Given its relatively non-specific initial presentation, a diagnosis of disseminated histoplasmosis is often overlooked in non-endemic areas. With increased frequency of use of immunosuppressive agent, it is important for clinicians to diagnose this disease early and treat promptly even in non endemic areas.

PP-11

Dengue Fever Triggered Malignant Hyperthermia.

Viresh Verma, PG2, Dept of General Medicine, Saraswathi Institute of Medical Sciences , Hapur, Uttar Pradesh.

Background: Malignant hyperthermia is a rare genetic disorder denoted by hypermetabolism in skeletal muscle and is usually triggered after susceptible individuals are given volatile anaesthetics threatening non-anaesthetic-triggered malignant hyperthermia.

Objective: Aims to study the profile, clinical features and grading in non-anaesthetic triggered malignant hyperthermia.

Methods: Routine investigations were done along with clinical grading scale in the patients showing signs of malignant hyperthermia with no history of volatile anaesthetic performed to establish dengue fever as a prominent cause of malignant hyperthermia.

Case Presentation: A 32-year-old, dengue (NS1) antigen-positive fever of three days. Vitals normal . After one hour, developed a high fever with a temperature of 40.2°C which was treated with active cooling with IV cooled normal saline and ice water sponging. Developed increasing muscle tone with trismus, opisthotonos posture, hyperthermia, severe metabolic and

respiratory acidosis despite hyperventilation, refractory hyperkalaemia (8.8 meq/l) and hypocalcaemia. Emergently intubated after giving IV atracurium 60 mg He progressed to asystole cardiac arrest and treated with ALS protocol. He expired after two hours of attempted resuscitation

Results: Early recognition using a clinical grading scale (CGS) can aid in prompt diagnosis and treatment in(non-anaesthetic). Dengue fever trigger malignant hyperthermia (MH).

Conclusion: Dengue fever (non-anaesthetic) can trigger malignant hyperthermia (MH) in susceptible individuals. Early recognition using a clinical grading scale (CGS) can aid in prompt diagnosis and treatment.

PP-12 Van Wyk- Grumbach Syndrome – An Unusual Presentation of A Usual Disorder.

Barath GR, Shivani Sidana, Sameer Peer. AIIMS, Bathinda

Background: Van Wyk-Grumbach syndrome (VWGS) is a rare presentation of long-standing hypothyroidism, characterized by delayed bone age, enlarged bilateral multicystic ovaries and isosexual precocious puberty. Early recognition and management with thyroid hormone replacement leads to noticeable in terms of precocity as well as ovarian cysts.

Case History: A 6 y/f child with breast development for the past 2 months and bleeding per vaginum for the past 3 days. On clinical examination, her sexual maturation score was B3 and pubic and axillary hair were absent. There waspseudohypertrophy of calf muscles. Investigations revealed TSH: 1600 uIU/ml, fT4 - 0.97ng/dl, fT3-3.37pg/ml with anti TPO: positive. USG abdomen showed ovarian cysts and bone age was 3 years.

Management: The patient was started on thyroxine, gradually titrated to 2 mcg/kg, that resulted in marked symptomatic improvement. A follow-up ultrasound after 3 months showed complete resolution of left ovarian cysts and reduced size of right ovarian cyst.

Discussion: This case highlights a rare but reversible cause of precocious puberty and underscores the importance of doing thyroid function testin precautious puberty especially with delayed bone age. Hence, by reporting this case, we aim to sensitize the importance of early diagnosis and treatment of this rare presentation of hypothyroidism.

PP-13 Accelerated Idioventricular Rhythm (AIVR): As a Marker for Coronary Reperfusion

Garima, Arashdeep Kaur, Ravinder Garg. Deptt of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Case Report: A 70 yr morbidly obese (BMI-32.71 kg/m2) non-diabetic, non-compliant hypertensive, presented with left sided chest pain for 4-5 hrs, severe in intensity, continuous in nature, non radiating, associated with profuse sweating. 12 Lead ECG showed ST elevation in I, avL, V1-V6, Trop-I was raised (10ng/ml) and patient was diagnosed as ACS-STEMI (anterolateral) with hypertension. Patient was under continuous ECG and BP monitoring. Loading doses of DAPT and statins were given. Patient was thrombolysed with Inj. Streptokinase 1.5 MU iv over one hour. Patient remained hemodynamically stable during the thrombolysis period. But patient developed accelerated idioventricular rhythm (AIVR) 30 minutes after the thrombolysis therapy. AIVR in this lasted for 8-10 minutes.

Conclusion: It is observed that most of MI patients achieve TIMI II/III flow after thrombolytic therapy and develop AIVR within 90 minutes of thrombolytic therapy. However early AIVR is more common with successful thrombolysis. AIVR can be taken as a marker for coronary reperfusion in addition to ST segment resolution.

PP-14 Lingual Thyroid Presenting as Tongue Mass in Adult Male: A Rare Presentation

Hargun Kaur Khaira, 4th year MBBS, AIIMS, Bathinda

Background: Lingual thyroid is an ectopic thyroid mass that forms as a result of a defect in the normal embryological development of thyroid gland and is a rare entity with a reported incidence of 1 in 100,000.

Case History: A 35 year old male presented to the ENT and endocrinology OPD after he noticed a swelling at the base of his tongue while brushing his teeth. The patient was otherwise asymptomatic. Examination revealed a moderately built patient with a mass under the tongue. No other significant clinical findings. NCCT Neck revealed a midline mass in upper neck. A thyroid scintigraphy scan was done and revealed two foci of ectopic thyroid tissue in the upper neck and absence of functioning thyroid tissue in the normal thyroid bed.

Management: The patient was managed conservatively with levothyroxine 1.6 mcg/kg bodyweight. The thyroid profile of the patient on follow up at 6 weeks was normal.

Discussion: Ectopic lingual thyroid is a rare clinical entity with incidence more common in women. The mean age of presentation is 14.3 years in India. Lingual thyroid presenting at this age is rare. Moreover, despite the patient having a deranged thyroid profile, the patient was otherwise asymptomatic and had attained normal growth and development.

PP-15 CNS Tuberculosis in Cerebellum Presenting as MCP Sign

Himanshu Attri, Sumit kumar, Srishti. Dept. of Medicine,
Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: India accounts for about 25% of global TB burden. Tuberculosis may present with a vast array of manifestations in human body with pulmonary and extrapulmonary manifestations. One catastrophic manifestation of extrapulmonary tb is CNS involvement including TBM, tuberculomas or spinal arachnoiditis.

Case Report: A 31 Yr old male ,laborer by occupation, chronic alcoholic and opioid addict with no comorbidities presented to neurology GGSMCH Faridkot with complaints of difficulty in walking and speaking since one month and one episode of blood in sputum. On examination he had clubbing, cerebellar signs were positive and on respiratory examination he had coarse crept in the basal area. He was evaluated on the lines of CNS TB. His routine investigations were within normal limits. ESR was raised and mantoux was positive. HRCT chest was suggestive of Pulmonary TB. MRI Brain was suggestive of hypointense area on T1 in Medulla,Pons,B/L Middle cerebellar peduncleand left cerebellum.

Discussion: Tuberculosis therefore can present in any form of disease in country like India with high prevalence rates. High clinical suspicion with good history and proper investigations help to unmask the disease.

PP-16 Recurrent Hypokalaemia: A Rare Presentation of Sjogren Syndrome.

Kankal Rutuja, Guru Gobind Singh Medical College and Hospital, Faridkot.

Case Report: A 30years old female presented with weakness of both upper and limbs of three days duration. Weakness was progressive in nature. Patient was unable to stand even. Weakness first started in lower limbs then progressed to upper limbs. Patient also had shortness of breath. She had previous history of similar episodic paroxysms of these symptoms in last five years for which the patient was admitted multiple times in several hospitals, the record for same which was not available. On examination, patient was conscious, well oriented to time place and person. Vitals at the time of presentation were blood pressure 120/82 mmHg in right arm in lying down position, heart rate was 96/min regular, respiratory rate was 18/min and maintain a saturation of 100%. On examination of nervous system patient had hypotonia in all four limbs. Power in all limbs was 4/5. Deep tendon reflexes were normal. Cranial nerve examination revealed no abnormal findings. Lab investigations were sent. Sjogren syndrome is a chronic slowly progressive autoimmune disease characterized by lymphocytic filtration of salivary and lacrimal glands leading to its common symptoms, dry eyes (keratoconjunctivitis sicca), dry mouth and parotid enlargement along with other possible extra glandular symptoms. One of its presentations in our patient was recurrent hypokalaemia which lead to paralysis of both upper and lower limbs. Detailed investigations showed that patient had type 1 renal tubular acidosis (RTA) and after ruling out causes of distal RTA, final diagnosis of Sjogren syndrome was reached. So a rare presentation of autoimmune disease was seen.

PP-17 Impact of Educational and Training Programs on Knowledge of Healthcare Students Regarding Nosocomial Infections, Standard Precautions and Hand Hygiene: A Study at Tertiary Care Hospital.

Mohit Goyal, Resident Dept. of Medicine, GMC, Jammu, Dhruva Chaudhry,
Sr. Professor & Head, Pulmonary & Critical Care Medicine, PGIMS Rohtak.

Background and Objectives: Nosocomial infections pose a significant public health challenge in both developed and developing countries. Early sensitization of healthcare students (HCSs) is crucial to address this issue effectively. This study aimed to evaluate the current knowledge of HCSs and assess the impact of educational and training programs on nosocomial infections, standard precautions and hand hygiene.

Methods: This cross-sectional interventional study employed a questionnaire-based approach at a single center. A total of 728 MBBS, BDS and BSc nursing students participated in workshops on nosocomial infections, standard precautions and hand hygiene, following CDC and WHO guidelines. An infection control standardized questionnaire (ICSQ) was used for pre-test and post-test evaluations, with results analyzed using SPSS software.

Results: A paired-samples t-test revealed significant improvements in knowledge following the educational programs. The pre-test mean score (M = 37.30, SD = 4.81) significantly increased to the post-test mean score (M = 42.03, SD = 4.55); t (727) = 22.162, p ≤ 0.005. Statistically significant improvements were also noted in the three domains assessed: Nosocomial Infections (Pre-test: M = 6.61, SD = 1.57; Post-test: M = 7.98, SD = 4.65; t (727) = 20.589, p ≤ 0.005), Standard Precautions (Pre-test: M = 20.81, SD = 3.06; Post-test: M = 41.88, SD = 4.30; t (727) = 4.584, p ≤ 0.005) and Hand Hygiene (Pre-test: M = 9.88, SD = 2.68; Post-test: M = 12.54, SD = 2.92; t (727) = 19.527, p ≤0.005).

Conclusion: The study demonstrates that educational and training programs significantly enhance HCSs' knowledge of nosocomial infections, standard precautions, and hand hygiene. Regular training during primary education is essential for maintaining and reinforcing this knowledge.

PP-18 Paraspinal Masses as Extra Medullary Hematopoiesis: A Case Presentation.

Payal, Arashdeep Kaur, Ravinder Garg.
Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot

Introduction: Extra medullary hematopoiesis (EMH) functions as a compensatory phenomenon in cases of insufficient bone marrow function and refers to production of blood cell precursors outside the bone marrow. It is usually associated with various hematological disorders including thalassemia.

Case Report: A 30 years old male patient presented with complaints of generalised body weakness and easy fatiguability. He was diagnosed as thalassemia intermedia by Hb electrophoresis at the age of 15 years. Physical examination revealed characteristic chipmunk facies, massive splenomegaly with moderate hepatomegaly with no lymphadenopathy and no signs of spinal cord involvement. His laboratory investigations revealed Hb= 6.4 gm/dl, WBCs and platelets, LFTs and RFTS within normal limits. On chest X-RAY showed multiple lobulated, smooth marginated masses seen at paraspinal areas along the entire length of vertebral column with expanded anterior ends of ribs. CECT chest showed multiple homogenous masses at thoracic paraspinal areas with minimal contrast enhancement that was suggestive of extramedullary hematopoiesis. **Conclusion:** Though EMH is a rare disease, it must be taken into consideration when masses with characteristic radiological appearances suggestive of EMH are identified in patients with thalassemia intermedia.

PP-19 Cryptococcal Meningitis in an Immunocompetent Host: A Rare Presentation.

Chauhan Raju Suresh (Junior Resident), Himanshu Khutan.
Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot, Punjab.

Case Report: A 24- year-old, was admitted to medicine department with C/O of high grade fever, moderately severe headache associated with multiple episodes of vomiting from the past 22 days. He had altered sensorium for last 1 day. On examination, the patient was febrile (39.2°C) and unconscious with a GCS of E2V3M4 with BP 124/74 with a regular pulse of 74/min. Neck rigidity and Kernig's sign were positive. Plantars were bilaterally flexor and all DTR were sluggish. Fundus examination showed no evidence of papilloedema. CSF clear and without coagulum, revealed 30 cells mainly lymphocytes with protein of 26gm/dl and glucose 28mg/dl (corresponding blood glucose was 134mg/dl). CB-NAAT was found to be negative. Gram and ZN stains were negative. Culture was sterile. SDA yielded smooth colonies of yeast. India ink preparation from culture showed presence of round budding yeast cells. Initially ATT was started till the report of CSF culture arrived. Patient was started on Amphotericin B at 1mg/kg per day. Patient developed aspiration pneumonia and was put on ventilator support. The condition of the patient deteriorated and died.

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

PP-20 Hemodynamically Unstable Ventricular Tachycardia: A Rare Presentation of Acute Coronary Syndrome.

Ravi Pratap Singh, Ravinder Garg,
Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot, Punjab.

Introduction: Ventricular tachycardia arises distal to bifurcation of bundle of his in specialised conduction enhanced automaticity and/or triggered activity and/or re-entry are proposed mechanism.

Case Report: A 70/M non diabetic, non hypertensive, non alcoholic presented with sudden onset breathlessness cold clammy extremities (SBP 40 mmHg HR 194/min-post cardio version (100J) BP 130/90, HR 102). No h/o chest pain or discomfort. Patient conscious restless but oriented. B/L basal crepitations, orthopnea + systemic examination were normal.

Hb/TLC/Plt	Urea/S. Creat	Na/K/Cl/Ca	V/M	Trop I/ CPKMB
12.5/7600/433	38/0.9	138/4.5/105/8.8	NR	0.9/110

2D ECHO findings included normal Size LV, moderate MR LVEF 32%. Hypokinesia of basal mid septal infero-septal and inferolateral wall.

CAG: CAD-DVD. LAD- Proximal plaque mid discrete 20% stenosis, LCx: mid discrete 90% stenosis with TIMI II flow distally. PTCA + STENT to LCx was done. TIMI III Flow achieved distally. Sinus rhythm sustained. Post PTCA period uneventful. Final Diagnosis: ACS-ILWMI with CAD-DVD s/p PTCA to LCx with primary VT with cardiogenic shock (recovered) with LVEF 32%.

Discussion: There is very few cases in literature depicting hemodynamically unstable ventricular tachycardia as primary presentation of acute coronary syndrome. Arrhythmogenesis early in course of an ACS, manifested as often polymorphic ventricular tachycardia or ventricular fibrillation is observed in a minority of patients with acute ischemia.

Conclusion: Ventricular tachycardia can be (although rare) only primary presentation of ACS. Care must be taken to act immediately to revert hemodynamically unstable VT and consider should be taken regarding etiology of the same like in in ACS. Correction of underlying etiology is the mainstay of treatment.

PP-21 Idiopathic Esonophillic Syndrome: A Rare Case Presentation.

Sakshi Sharma, Junior Resident, Department of Medicine, Government Medical College, Amritsar

Introduction: A 49 year old female presented to medicine emergency in GNDH hospital with breathlessness and chest pain and history of itching and fever all over the body. No history of diabetes, hypertension was present in past.

Material and Method: On investigation AEC was raised with raised IGE levels further work up with trop I, bone marrow, 2D echo and CECT was done and after assessing the target organ damage ruling out the other parasitic infections and haematological malignancy diagnosis of idiopathic hyperesoniophllic syndrome was made and patient showed improvement with lose dose steroids .

Discussion: HES is characterised by the presence of marked unexplained blood and tissue eosinophilia with values more than 1500/ cum3 on 2 occasions and or target organ damage. Exclusion of other causes of secondary eosinophilia like parasitic or viral infection is must.

Conclusion: After exclusion of the secondary causes and evidence of eosinophilia for more than 2 visits and presence of target organ damage patient managed with steroids and showed improvement on follow up .

PP-22 Hydatid Cyst Presenting as Hydropneumothorax.

Shivakumar R, Sumit Pal Sinhg Chawla, Ravinder Garg, Chetanya Tapasvi.
Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Hydatid cyst is a zoonotic infection caused by echinococcus species in which man is dead end host. It is transmitted by animals likes dogs, fox and wild canine. Transmitted through feco-oral route by cyst ingestion. It causes tumor like lesions in liver, lungs, brain, spleen and muscle leading to significant mortality.

Case: A 24 years old female presented to medicine OPD, GGSMCH with complaints of cough with expectoration since 8 days, loss of appetite since 7 days and fever of 1030F since 3 days. On chest X-ray she had left sided hydropneumothorax. On presentation her total counts were 14,800 (neutrophil-62%, lymphocyte-30%, eosinophil-2%), ESR was 45mm/hr. Initially she was treated on lines of LRTI with possibility of tuberculosis. But her CECT Thorax suggested ruptured hydatid cyst and her Echinococcus-IGG levels were 15.3 NTU (negative<9 NTU) thus confirming hydatid cyst.

Conclusion: Thoracic hydatid cyst is uncommon cause of pleural effusion mimicking other infections mainly tuberculosis.Thus diagnosing hydatid cyst is important as it can significantly change the course of treatment and subsequent outcome, as hydatid cyst has high mortality rate if not adequately treated.

PP-23 Hyperpigmentation with Acute Delirium and Idiopathic Intracranial Hypertension Suspect: Addison'S Disease

Yashpreet Singh Sandhu, Ravinder Garg, Poonam Makhija.
Dept. of Medicine, Guru Gobind Singh Medical College and Hospital, Faridkot .

Introduction: Addison's disease (AD), or primary adrenal insufficiency, typically presents with fatigue, nausea, weight loss, hypotension, hyponatremia, hyperkalemia, hypoglycemia and hyperpigmentation. However, neuropsychiatric symptoms, while uncommon, may manifest during an addisonian crisis, complicating the diagnosis. We report a case of addisonian crisis with hyperpigmentation, acute delirium, and idiopathic intracranial hypertension (IIH), a rare combination.

Case Presentation: A 19-year-old female presented with altered sensorium and severe headache. She had experienced

vomiting and fever five days prior, followed by persistent headaches. She exhibited irritability, psychosis and had a history of skin darkening, fatigue, weight loss, salt cravings and anorexia over the past few months. Physical examination revealed blood pressure of 84/60 mmHg, normal pupil responses, mute plantar reflexes and bilateral papilloedema on fundus examination. Lab results indicated hyponatremia, low serum cortisol and elevated ACTH, confirming an addisonian crisis. The patient showed rapid improvement with steroid therapy.

Conclusion: This case highlights the diagnostic challenges of addison's disease, especially with rare presentations like IIH and neuropsychiatric symptoms. It emphasizes the need to consider AD in cases of unexplained neuropsychiatric manifestations and skin changes, ensuring timely intervention.

PP-24 Rare Case of Primary Sclerosing Cholangitis with IGG4 Positive and Hypereosinophilic Syndrome.

Sakul Kapahi, Dayanand Medical College and Hospital, Ludhiana

Introduction: Primary sclerosing cholangitis is a chronic cholestatic syndrome that is characterised by diffuse inflammation and fibrosis involving the entire biliary tree, resulting in chronic cholestatis. The obliteration of both the intra and extra hepatic biliary tree, leading to biliary cirrhosis, portal hypertension and liver failure. PSC is generallybelieved to be autoimmune disease detected in 30-40 yr old male patients which attack the immune cells of biliary ducts leading to scarring and ultimately blockage of biliary system.

Methods: A 36 yr-old male known case of IGG4+ related PSC presented with anorexia, jaundice, abdominal pain, and elevated liver function tests (LFTs). Upon presentation to clinic, his AST was 41, ALT 64, and alkaline phosphatase 334, with elevated serum bilirubin B(I)7.6 and B(D)7.1.ESR-120.Serum IGG4+ levels-28.5 (normal range-0.03-2.0). Autoimmune work-up as well as serologies for Hepatitis A, B, and C were negative. Ultrasound abdomen showed irregularly dilated intra hepatic biliary radicals with organised sludge through out extent of Common bile duct. Magnetic resonance cholangiopancreatography (MRCP) revealed intrahepatic bile duct dilation, and common bile duct calculi, loss of lobulations of pancreas showing hyperintense signal. ERCP was done which showed CBD stricture and CBD double pigtail stent was placed. CBD brushings showed no risk of malignancy. Bone marrow was done which showed hypercellular marrow with prominence of eosinophils.

Discussion: IgG4- associated cholangitis, akin to primary sclerosingcholangitis, is steroid- responsive and more prevalent in males. Presentation often includes obstructive jaundice, with elevated IgG4 levels aiding diagnosis. Differential diagnosis is crucial, distinguishing it from conditions like cholangiocarcinoma. Diagnosis requires a multidisciplinary approach, incorporating serological, histological, and imaging techniques. Treatment involves high-dose corticosteroids or immunosuppressants, both effective in inducing remission. Despite common relapses, proper management reduces the risk of liver failure and malignancies, rendering IgG4-associatedcholangitis typically benign.

PP-25 An Unusual Case Report of Adult Onset Hereditary Spinocerebellar Ataxia.

Kritika Rani, Shubham, Sumit Kumar. Guru Gobind Singh Medical College and Hospital, Faridkot.

Introduction: Spinocerebellar ataxia (SCA) is a heterogeneous group of neurodegenerative ataxic disorders with autosomal dominant inheritance. The main disease mechanisms of these SCAs include toxic RNA gain-of-function, mitochondrial dysfunction, channelopathies, autophagy and transcription dysregulation. Gait, progressive ataxia, dysarthria, and eye movement disorder are common symptoms of spinocerebellar ataxias. Other symptoms include peripheral neuropathy, cognitive impairment, psychosis, and seizures.

Case Report: 32 yr female presented to emergency with chief complaint of difficulty in walking since 6 yrs which was gradual in onset, progressive in nature. Her mother also had similar complaints. And her 7 yr old daughter has similar complaints since 1 month. At the time of examination, the vitals of the patient were recorded. BP-130/80 mm Hg, PR-75 bpm regular good in volume, SpO2 of 99% on RA. On CNS Examination, B/L tome was normal, power in right, left upper and lower limbs was 5/5, reflexes, biceps, triceps was 2+, knee and ankle was 1+, B/L plantar showed withdrawal. Cerebellar signs were positive. MRI brain showed findings s/o diffuse cerebellar atrophy and s/o spinocerebellar ataxia.

Conclusion: Currently, there is no treatment for this neurodegenerative disease. Successful therapeutic strategies must target a valid pathological mechanism; thus, understanding the underlying mechanisms of disease is crucial to finding a proper treatment.

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