



3RD



Annual conference of research society

Organized by Dept. of surgery
SMT Kashibai Navale Medical College &
General Hospital, Narhe, Pune



**30th September &
1st October 2022**

Theme : Changing Trends in Medical Field

3RD

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MESSAGE FROM PATRON

Prof. M. N. Navale

Medical research & its implications in patient care will definitely take us to the goal of Health Care for all. After going through the COVID -19 Pandemic, the whole world realized the importance of medical research and we at SKNMC should also walk on the same path.

It gives me immense pleasure to know that the Research Society of SKNMC is organizing their 3rd Annual Conference on 30th September & 1st October 2022.

'Changing trends in the Medical field' will definitely widen our horizons and help us explore newer possibilities.

I wish the organizers the very best and good luck to all the delegates.

I am thankful to those who have contributed by the way of research papers for this great event.

Prof. M. N. Navale (Patron)

President, STES

Research Society of SKNMC, Pune



MESSAGE FROM FOUNDER SECRETARY

Dr. (Mrs.) Sunanda Navale

I welcome all the delegates and faculty for the third annual virtual conference of Research Society of Smt. Kashibai Navale Medical College and General Hospital. We have been actively involved in organizing research conferences and workshops since the inception of the institution.

Research is an integral part of medical education and an important facet of increasing clinical expertise. We live in a constantly evolving world and this year's theme 'Changing trends in the Medical field' will help us explore new ideas and recent advances in the field of medicine.

This conference will provide information to stimulate new ideas and thought provoking discoveries. I extend my best wishes to the organizers of the 3rd annual conference of the Research Society of SKNMC&GH.

Dr. (Mrs.) Sunanda Navale
Founder Secretary STES



MESSAGE FROM DIRECTOR

Dr. Arvind Bhole

It is very heartening to know that the Dept of Surgery is organising the 3rd Annual Conference of the research society of Smt Kashibai Navale Medical College and General Hospital, Pune.

The theme of the conference “Changing trends in Medical Field” is in line with the emergence of various trends like Artificial Intelligence in Health Care, Telemedicine and evolution of remote care, Internet Of Things and wearables, Health care privacy and security, Organ care technology and Bioprinting etc. As 2022 rolls forward, health care technology will continue to improve in every area.

The untiring efforts of the organising team of Dept of Surgery are going to culminate into the successful outcome of this conference.

I am sure this conference will be a feast of knowledge for all the delegates and needless to say, will surpass all your expectations

Dr. Arvind Bhole
Director, SKNMC&GH

MESSAGE FROM PRESIDENT



Dr. Raman Gangakhedkar

Research is nothing but thinking out of the box. Community based research is the need of the day. Especially post-pandemic we have realised we cannot overlook communicable diseases. Need of simple long term epidemiological studies are essential, rather than spending precious resources on laboratory studies. Good and innovative research in the long run will sensitize the Government enabling them to formulate better policy decisions for the upliftment of society.

Research society of SKNMC&GH, Pune is lucky to have young and enthusiastic faculty inclined towards research.

I wish you all success in your future endeavors.

Dr. Raman Gangakhedkar

President Research Society, SKNMC&GH



MESSAGE FROM DEAN

Dr. Krishnakant B. Patil

SKNMC has a flourishing research culture. Giving vision to the budding & seasoned scientific eyes is a key function of our organization.

We ensure carrying forward the legacy of quality research by providing timely support systems. To inspire and align young students minds and to shape and foster in our society an environment facilitating ethical and responsible clinical research for better patient outcomes is our goal.

The multidimensional research conference offers huge scope for the inquisitive minds of scientists. With this, I would like to welcome you all to the 3rd Annual Research Society Conference of SKNMC&GH

Dr. Krishnakant B. Patil
Dean SKNMC&GH



MESSAGE FROM SECRETARY

Dr. Snehal Purandare

Scientific research is critical to help us to navigate our ever changing world. Number of technology enabled innovations are having a transformative impact in many areas, especially medicine.

The global Covid-19 pandemic has shown us a new way of overcoming difficult situations with help of technology, in health care management as well as medical teaching.

In view of such rapidly emerging scientific advances we have decided Changing Trends In Medical Field as our theme for the third annual conference of research society. This is a great opportunity for our young doctors to interact and gain inspiration in the field of medicine & research.

On this note, I would like to welcome one and all!

Dr. Snehal Purandare

Secretary Research Society, SKNMC&GH



MESSAGE FROM ORGANIZING SECRETARY

Dr. Ajay Naik

Clinical research shapes and changes treatment directions and cures. The Department of Surgery of SKNMC&GH is proud to put together an extensive two day programme filled with knowledge and inspiration.

Modern medicine relies on the insights and practical applications provided by clinical and translational research. We are proud to highlight the recent trends in the medical field through our conference.

We are looking forward to establishing a forum for exchange of learning and imparting training to new entrants in the field.

So, we hope you are enlightened by this thought provoking experience and have a great time.

Dr. Ajay Naik

Organising Secretary (3rd Annual Conference)

Prof & HOD Department of Surgery SKNMC&GH



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ORGANIZING COMMITTEE

Prof. M. N. Navale
Patron

Dr. (Mrs) Sunanda M. Navale
Patron

Dr. A. V. Bhore
Patron

Dr. D. B. Kadam
Patron

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President, Research Society SKNMC

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Dr. Yogita Karandikar
Jt. Secretary

Dr. Bageshri Gogate
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RESEARCH SOCIETY GOVERNING COUNCIL MEMBERS

Dr. Leena Phadke
Dr. Sanjay Natu

Dr. Shreepad Bhat
Dr. Arundhati Pande

CONFERENCE ORGANIZING TEAM

Dr. Ajay Naik & Team surgery

CORE COMMITTEE MEMBERS

Dept. of surgery.
SMT Kashibai Navale Medical College & General Hospital, Narhe, Pune



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ORGANISING TEAM SURGERY

Dr. Ajay Naik
Dr. S.N. Purandare
Dr. Bahar Kulkarni
Dr. Sandip Jadhav
Dr. Jeevan Shinde
Dr. Brijesh Patil
Dr. Viraj Shinde

Dr. Rahul Shelke,
Dr. Harshal Tambe
Dr. Rajesh Sonsale
Dr. Samruddhi Vaidya,
Dr. Gauri Kelkar
Dr. Nikhil Talathi
Dr. Sushrut Tated

GOVERNING COUNCIL OF RESEARCH SOCIETY

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Dr. Snehal Purandare
Dr. Leena Phadake,
Dr. Sanjay Natu

Dr. Bageshri Gogate
Dr. Krishnakant Patil
Dr. Shreepad Bhat
Dr. Arundhati Pande

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Dr. Viraj Shinde
Dr. Shilpa Caudhari
Dr. Mrunal Shenwai

Dr. Trupti Gholap
Dr. Pallavi Kulkarni
Dr. Madhavi Godbole

SCIENTIFIC COMMITTEE

Dr. Rahul Shelke
Dr. Harshal Tambe
Dr. Swapna Khatu
Dr. Jitendra Ingole

Dr. Prashant Bhanadri
Dr. Hemant Damale
Dr. Swapnagandha Halikar
Dr. Sddhi Khandeparkar



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FINANCE COMMITTEE

Dr. Bahar Kulkarni
Dr. Sarang Deshmukh
Dr. Nikhil Talathi
Dr. Shreepad Bhat

Dr. Bageshri Gogate
Dr. Nitin Chaudhari
Dr. Ketaki Junnare
Dr. Atul Patil

SOUVENIER COMMITTEE

Dr. Brijesh Patil
Dr. Rajesh Sonsale
Dr. Ruth Joshi
Dr. Rajesh Karekar

Dr. Bhushan Mhetre
Dr. Sameer Kulkarni
Dr. Yogesh Gaikwad

CATERING COMMITTEE

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Dr. Gajanan Kurandkar
Dr. Nilesh Darawade
Dr. Veerendra Godbole

Dr. Samruddhi Vaidya
Dr. Kavita Adate
Dr. Abhijit Pawar

TRANSPORT & ACCO COMMITTEE

Dr. Brijesh Patil
Dr. Harshal Tambe
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GOVERNING COUNCIL OF RESEARCH SOCIETY



ORGANISING TEAM SURGERY





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REGISTRATION & INAUGURATION COMMITTEE



SCIENTIFIC COMMITTEE





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FINANCE COMMITTEE



SOUVENIER COMMITTEE





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CATERING COMMITTEE



TRANSPORT & ACCO COMMITTEE





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DAY-I
30th SEPTEMBER 2022

TIME	EVENT	Lectures	VENUE
8:00 - 9:00 am	Registration + Breakfast		Dining Hall - College Building : Ground Floor
9:00 - 09:45 am	Lecture by Dr.Ratta	AI & Telemedicine	Auditorium - College Building : 5th Floor
9:45 - 10:30 am	Lecture by Dr. Sanjay Oak	Simulation New Era of Medical Teaching	Auditorium - College Building : 5th Floor
10:30 - 12:30 pm	Inauguration & key note address- Lt.Gen. Dr. Madhuri Kanitkar (Retd) PVSM,AVSM,VSM Vice Chancellor, Maharashtra University of Health Sciences		Auditorium - College Building : 5th Floor
12:30 - 01:30 pm	Lunch		Dining Hall - College Building : Ground Floor
1:30 - 02:15 pm	Lecture by Dr. Jyotsna Kulkarni	Surgery-Looking Back –Looking Forward	Auditorium - College Building : 5th Floor
2:30 - 04:00 pm	Symposium on organ Transplant		Auditorium - College Building : 5th Floor
	Dr. Sheetal Dadhpale	Organ Transplant in INDIA Past, Present & Future	
	Dr. Ambekar	Renal Transplant	
	Dr. S.Jadhav	Heart Transplant	
	Dr. Manoj Dongre	Liver Transplant	



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SCIENTIFIC SESSION I

PAPER PRESENTATION

Judges : Dr. Jyoti Kale, Dr. Samruddhi Vaidya

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr.Nishith Patel	Role of laparoscopic technique in surgical management of acute adhesive small intestinal obstruction
2	Dr. Rashika Nigania	Comparative study of resection anastomosis v/s sigmoidopexy in a patient of sigmoid volvulus
3	Dr. Burhanuddin K. Bhindarwala	Oral contraceptive use and acute intestinal ischemia due to mesenteric venous thrombosis in females of reproductive age group
4	Dr. Yaswanth	Management of trachea-oesophageal fistula in adults
5	Dr Kadambari Borade	Effectiveness of intraperitoneal nebulization of ropivacaine for pain management after laparoscopic appendicectomy
6	Dr. Viral sutariya	Comparative Study on Management of Incisional Hernias: Meshplasty Vs Anatomical Repair at Rural Setup
7	Dr Alapati Yaswanth Roy Chowdary	Management of trachea-oesophageal fistula in adults
8	Dr. Abhishek Dhanawade	A comparative study of single layered and double layered intestinal anastomosis: single center experience
9	Dr. Kalyani Dandge	Managing challenges of airway difficulty and anesthesia in patients posted for post burn contracture release: a case series.
10	Dr Saurabh Shivaji Badgujar	SARS-COV-2 and its implication in the presentations and outcomes of acute appendicitis: a surgical emergency.
11	Dr Paras Salunkhe	Single layer versus double layer intestinal anastomosis
12	Dr.Sanjana Nitin Nashine.	Efficacy of magnesium's dexamethasone as an adjuvant to ropivacaine in ultrasound guided femoral and sciatic nerve block for postoperative analgesia: a prospective, double-blinded randomized controlled study"
13	Dr Pratik Dattatraya Bamane	A comparative study of ligation of intersphincteric fistula tract (LIFT) VS conventional fistulotomy in treatment of low trans sphincteric fistula-in-ano
14	Dr. Choudhari Sagar	A comparison of use of eusol and silver sulfadiazine in management of burns wound



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SCIENTIFIC SESSION II

PAPER PRESENTATION

Judges : Dr. Noopur Singh, Dr. Virendra Godbole
Venue- Lecture hall no 5, 5th floor college building. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr Pratik Gond	Mysterious secondary vesical calculi caused due to an electric coiled wire: Unusual cause of secondary vesical calculi
2	Dr Shravan Dabhade	Prospective cohort study of benign breast diseases
3	Dr Ishita Wadhwa	Study on technique of graft fishing with full cuff technique in type 1 tympanoplasty and its hearing outcome.
4	Dr. Atreyee Sarkar	Meckel's diverticulum disease's conferral
5	Dr Valay Prekh	Pterygium management and comparison of different surgical approaches with supportive treatment in Rural Maharashtra.
6	Dr Kiran Thengal	TOPIC-Amputation rate of diabetic foot ulcer and associated factors in diabetic mellitus patient at tertiary care center.
7	Dr.Abhijeet Kothari	Surgical outcome following medial recuts plication
8	Dr. Dishant Oswal	Functional outcome of Endoscopic Interlaminar decompression for Lumbar canal stenosis: A prospective study
9	Dr Kalyani Sisode	Reverse Shock Index and Glasgow Coma Scale: Early Predictors Of Mortality In Traumatic Brain Injury In A Rural Setup
10	Dr Abhijeet Mahajan	We studied the functional outcome of Anterior Cruciate Ligament Reconstruction using 4 strand Semitendinosus graft and fixed with cortical suspensory fixation on femoral and tibial side.
11	Dr.Piyush Shah	Analysis of nephrectomies in tertiary care center: Retrospective study
12	Dr.Advait Bhatmule	Examination of various modalities for managing fissure in ano
13	Dr.Esha Bhangui	Comparative study of USG guided pigtail catheterisation versus open surgical drainage inpatients with liver abscess.
14	Dr.Harish Mudashi	Diagnostic modalities for patient with thyroid nodule in a rural setup
15	Dr.Aditya Dorkar	Clinical profile of patients suffering from Carcinoma of breast.



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SCIENTIFIC SESSION III

PAPER PRESENTATION

Judges : Dr. Siddhi Khandeparkar, Dr. Jitendra Ingole
Venue- Lecture hall no 4, 5th floor college building. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr.Komal Godbole	Rare presentation of GHS
2	Dr.Suruchi Shukla	The risk factors for Nosocomial sepsis in Neonatal Intensive Care Unit
3	Dr.Ameya Patil	Study of pattern of self-medication practices in relatives of patients admitted in a tertiary care hospital.
4	Dr Shantanu Shembadkar	Laparoscopic vascular injuries during trocar entry.
5	Dr Anshul Shrivatsav	Placenta accrete spectrum disorders and multidisciplinary approach in its management in modern obstetrics; A retrospective study in tertiary care center.
6	Dr. Bahekar Samadhan Dattatraraya	The effects of body mass index and gender on chronic obstructive pulmonary diseases on pulmonary function test in adults.
7	Dr Kaushiki Varshney	Study of hematological profile in patients with dengue fever
8	Dr.Sagar Vasatkar	Encephalitis: a rare neurological manifestation of neurotoxic snake bite.
9	Dr Shilpi Raj	Carcinoma breast: Correlation of Immunohistochemical Expression of Cyclin D1 and Its Correlation with Clinicopathological Parameters in Indian Patients at Tertiary Care Hospital
10	Dr Shreya Tuli	Platelet and its indices as an early indicator of neonatal sepsis
11	Dr. Saumitra Praveen Kulkarni	Study of special stains in the histopathological assessment and diagnosis of acute appendicitis- A cross sectional study.
12	Dr Shivangi Mittal	To compare utility of spot urine protein to creatinine ratio with 24-hour urine protein in type two Diabetic patients with nephropathy.
13	Dr. Rasika Raut	Maternal and perinatal outcomes in twin pregnancy in a tertiary care center – a study



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SCIENTIFIC SESSION IV

PAPER PRESENTATION

Judges : Dr Shilpa Chaudhari, Dr. Vaishali Aaphale

Venue- Lecture hall no 4, 5th floor college building. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr Tanya Jha	A comparative study between total laparoscopic hysterectomy and non descent vaginal hysterectomy for treatment of benign diseases of uterus"
2	Dr. Arushi Raina,	Nifedipine and Magnesium Sulfate: A Comparative Study for acutetocolysis Of Preterm Labor
3	Dr. Poorva Patil	Comparison between various methods of management of uterine polyp and to find out the most effective and safe method.
4	Dr Nishi Mehta	HLA-DR expression on flow-cytometry in peripheral blood monocytes in sepsis patients.
5	Dr.Monika Kashid	Analysis of Worst Pattern of Invasion as emerging factor in determining Lymph node metastasis in oral squamous cell carcinoma.
6	Dr Rushit Shah	Clinico-haematological study of thrombocytopenia on the basis of bone marrow examination in a tertiary care hospital.
7	Dr Deepashree Deepak Arbune	Effect of Weight Gain and its association with Insulin Resistance and Dyslipidemia in Rural Adolescents in Polycystic Ovarian Syndrome - Prospective Cross Sectional Study
8	Dr. Priyadarshini P Adsul	Umbilical Coiling Index and Its Relationship with Perinatal Outcomes
9	Dr Aishwarya Shrivasta	Placenta accrete spectrum disorders and multidisciplinary approach in its management in modern obstetrics; A retrospective study in tertiary care center.
10	Dr.Ashish Kalburgi	Profile of renal abnormalities in pre-eclampsia and eclampsia.
11	Dr.Shweta Ghogare	The review of uses of hysteroscopy for diagnostic and therapeutic purposes in modern gynecology in a tertiary health care center, Pune .



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SCIENTIFIC SESSION I

POSTER PRESENTATION

Judges : Dr. Archana Shekokar, Dr. Priya Mardikar
Venue-5th floor Corridor, College. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr Mahesh Zaware	Linitis plastica of terminal ileum (signet ring carcinoma)
2	Dr Disha Sheth	Amniotic band syndrome- a rare clinical scenario
3	Dr. Rudrappa Kuligod	Large liposarcoma of thigh
4	Dr Pranav Havle	Lobular capillary hemangioma of palate - a case report
5	Dr. Advait Bhatmule	Bill roth II surgery in a case of adenocarcinoma stomach
6	Dr.Atharva Datar	A rare case of Fistula-in-Ano in the right thigh.
7	Dr.Dhruv Biswas	Role of dexmedetomidine to attenuate the emergence agitation in a 6month old child undergoing soft tissue release in congenital talipes equinovarus
8	Dr.Shubhada Vaidya	A rare case of malignant phyllodes in a young female
9	Dr.Devanand Kannapiran	Nasal septal angiofibroma, rare case of Extra-nasopharyngeal angiofibroma (ENA): Case Report and Literature review
10	Dr.Rishabh Gandhi	Dual primary malignancy: a rare case report
11	Dr.Ajinkya Patil	Tuberculous Mastitis: A rare case report
12	Dr.Manaswi Ganvir	Resection of retroperitoneal mass
13	Dr Heena Patil	World Anaesthesia Day
14	Dr Datta Mulay	Subarachnoid haemorrhage: a rare and lethal complication of Scorpion Sting.
15	Dr Sushant Desale	Isolated Crohn's Disease of the Appendix Presenting as Acute Appendicitis in an Indian Female: A Case Report, Review of Literature, and Follow-Up Recommendations



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SCIENTIFIC SESSION I

POSTER PRESENTATION

Judges : Dr. Archana Shekokar, Dr. Priya Mardikar
Venue-5th floor Corridor, College. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
16	Abhijeet Bhosikar	Kartagener syndrome is an autosomal recessive genetic disorder, a subset of primary ciliary dyskinesia Bronchiectasis, Paranasal sinusitis, Situs inversus totalis.
17	Dr Kaustubh Tare	Diabetic ketoacidosis an initial presentation of undiagnosed acromegaly
18	Dr Chandresh Choudhari	Covid -19 disease - rare important cause for massive pulmonary embolism.
19	Dr.Kavya JS	Double trouble!!! Understanding twin to twin transfusion syndrome
20	Dr Namrata Ratnakar	A rare case report of Sertoli Ledig cell tumor of ovary in postmenopausal women in tertiary care Centre.
21	Dr.Shivani Lasure.	Hysteroscopic cut removal- An innovative approach.
22	Dr Divya Menghrajani	Maternal Near Miss Case of Amniotic fluid embolism with peripartum cardiomyopathy
23	Dr Shruti Thacker	Previous lower segment caesarian section resulting in uterine scar dehiscence complicating the pregnancy: a case report
24	Dr Yogesh Mawale	"A Rare Case of Primary Giant Myxoid Liposarcoma of the Pericardium".
25	Dr. Chinmayee S. Dhavan	Isolated Hydatid cyst of the Pancreas masquerading as Pancreatic Pseudocyst.
26	Dr. Alefiya Kanpurwala	Primary Adenosquamous Carcinoma of the Liver Diagnosed on Liver Biopsy
27	Dr Barkha Yadav	Branchial Cleft Cyst-A rare presentation
28	Dr. Rahul Rathod	Hyperbaric oxygen therapy: applications in surgical field
29	Dr Sherren D'souza	Anesthesia challenges in managing large multi nodular goiter
30	Dr Ishita Wadhwa	Study on technique of graft fishing with full cuff technique in type 1 tympanoplasty and its Hearing outcome.



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DAY-II
1st OCTOBER 2022

TIME	EVENT	Lectures	VENUE
8:00 - 9:00 am	Registration + Breakfast		Dining Hall - College Building : Ground Floor
9:00 - 09:45 am	Lecture by Dr. Anantbhushan Ranade	Newer Horizons in Cancer Chemotherapy	Auditorium - College Building : 5th Floor
9:45 - 10:30 am	Lecture by Lieutenant Colonel Dr. Kashif	Changing Trends in Medical Education	Auditorium - College Building : 5th Floor
10:30 - 12:00 noon	Moderator Dr. Jitendra Ingole	Panel discussion on Changing Paradigms in management of Obesity & Metabolic disorder	Auditorium - College Building : 5th Floor
	Dr. Jayashree Todkar	Obesity Surgeon	
	Dr. Vaishali Deshmukh	Endocrinologist	
	Dr. Poonam Vichare	Dietician	
	Dr. Sanjay Gandhi	Diabetologist	
12:00 - 12:45 pm	Dr. Prashant Pachore	FinancialMetamorphosis of doctors	Auditorium - College Building : 5th Floor
12:45 - 1:30 pm	Lunch		Dining Hall - College Building : Ground Floor
1:30 - 2:15 pm	Dr. Anup Rawool	Precision Medicine in Molecular & Reproductive Genetics.	Auditorium - College Building : 5th Floor
2:15 - 3:00 pm	Dr. Dilip Kamat	Day today challenges in Clinical practices	Auditorium - College Building : 5th Floor
3:00 - 4:00 pm	Pradnya trophy Award Papers		Auditorium - College Building : 5th Floor
4:00 - 4:30 pm	Valediction function		Auditorium - College Building : 5th Floor



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SCIENTIFIC SESSION I

PAPER PRESENTATION

Judges : Dr. Girish Saundattikar, Dr. Vidya Rokade
Venue- Lecture hall no 4, 5th floor college building. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr Sameer Darawade	DAVYDOV'S Procedure modified With SKN Technique AN INNOVATIVE APPROACH FOR NEO VAGINA
2	Dr Sangeeta M Gawali	Atherosclerotic markers & Insulin resistance.
3	Dr Shriya Thacker	Study to assess knowledge, attitude and practices regarding covid-19 among general population
4	Dr.Ajinkya Kulkarni	A study regarding awareness about good samaritan law among auto-rickshaw drivers
5	Miss Shreya Sonawane	Novel inflammatory Score: C-Reactive Protein/Albumin ratio in Pancreatitis
6	Dr.Vishal Jadhav	"Comparison of addition of nebulized dexmedetomidine as an adjuvant to lignocaine nebulization for awake fibreoptic intubation"
7	Dr.Rachana Kasture	Effectiveness of Methylene blue on pain reduction after Fistulectomy
8	Dr.Diksha Katare	Study profile of open fundoplication in endoscopic grade iii and iv hiatus hernia
9	Dr Prajakta Kamat	Study of Below knee amputations in a Tertiary Health Care Centre in India
10	Akshay Chaudhari	Our Experience of Laparoscopic Intraperitoneal Onlay Mesh (IPOM) plus repair for Umbilical and Para-umbilical Hernias at Tertiary Care Centre
11	Dr Ojas Dagade	Bacteriological Profile and their drug sensitivity profile in Diabetic Foot Ulcer in a Tertiary Care Center
12	Dr Indrajit Yadav	NA
13	Dr. Urvashi Saksena	Role of Quilting Technique of Mastectomy flap in prevention and reduction of seroma complication in Breast Cancer patients
14	Dr Nikhil Shinde	Study on different modalities of management of ventral hernias



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SCIENTIFIC SESSION I

POSTER PRESENTATION

Judges : Dr. S.V.Wankhede, Dr. P.S.Chawla
Venue-5th floor Corridor, College. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
1	Dr. Rashika Nigania	Delayed presentation of congenital diaphragmatic hernia-bochdalek hernia
2	Dr. Burhanuddin K. Bhindarwala	Perforated Jejunal diverticulum: a rare cause of acute abdominal pain
3	Dr. Esha Bhangui	A rare case of vagus nerve schwannoma - presenting as neck mass
4	Dr Paras Salunkhe	A rare case of primary lymphoma of appendix
5	Dr Shravan Dabhade	A rare case of malignant phyllodes in a young female
6	Dr Kalyani Sisode	Pigmented carcinoma: a tardy show
7	Dr. Atreyee Sarkar	Mesodiverticular band of Meckel's diverticulum causing internal herniation and intestinal obstruction in a geriatric male.
8	Dr.Harish Mudashi	A rare case of congenital trans mesenteric internal herniation leading to small bowel incarceration.
9	Dr Pratik Gond	Mysterious secondary vesical calculi caused due to an electric coiled wire: Unusual cause of secondary vesical calculi
10	Dr Alapati Yaswanth Roy Chowdary	A rare case of superior mesenteric artery syndrome
11	Dr.Abhishek Dhanawade	Rare Presentation of Appendicular mucocele
12	Dr.Nishith Patel	Basal cell carcinoma treated with excision and skin grafting
13	Dr. Rasika Raut	Uterine rupture in a case of placenta accreta syndrome (pas) with previous 2 ISCS
14	Dr.Suruchi Shukla	Congenital Anomalies of Kidney & Urinary Tract & Hearing loss
15	Dr Anshul Shrivatsav	Peritonitis with B/L Thigh Abscessin Nephrotic Syndrome an unusual Infection



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SCIENTIFIC SESSION II

POSTER PRESENTATION

Judges : Dr. S.V.Wankhede, Dr. P.S.Chawla
Venue-5th floor Corridor, College. Time- 9 am onwards

Sr.No.	Name of the candidate	Topic of Presentation
16	Dr Prekshaa Jain	Angiodysplasia with small bowel obstruction in a case of Situs Inversus
17	Dr Kanishka Panalal	A rare case of a duplication cyst of the caecum"
18	Dr Harshad Galande	Glomus tympanicum - "saved by the bell"
19	Dr Ayesha Shaikh	Chronic rhinitis: a diagnosis conundrum
20	Dr.Sanish Zadbuke	Rare sequelae of nephrotic syndrome.
21	Dr.Sanika Shinde	Anesthesia consideration in pediatric patients, with cleft palate.
22	Dr Ketan Warholkar	Surgical Outcome of Non-bridging cross pin fixator in a treatment of distal end radius fractures.
23	Dr Parth Gore	Outcome of Two Staged Reconstruction of Defect after Chronic Osteomyelitis of Ulnar Diaphysis using Non-Vascular Fibular Inlay graft.
24	Dr Pooja Nirvan	Positioning in anesthesia
25	Dr Smit Shah	Changing trends implant and instrument design in Orthopedics.
26	Dr. Madhulika H. Katey	A rare case of Pulmonary Inflammatory pseudotumor in an Adult
27	Dr.Sameera Mehta	Oncolytic Variant of Adrenocortical Carcinoma: A rare entity
28	Dr Kirti Pawar	Difficult airway assessment: poster presentation.
29	Dr Govind Biyani	A case of stapler circumcision in balanoposthitis patient
30	Dr Kiran Valake	American Society of Anaesthesiologists Physical Status Classification.



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SESSION I

PAPER PRESENTATION

Role of laparoscopic technique in surgical management of acute adhesivesmall intestinal obstruction

Author: Nishith Patel, Co-Authors: Dr.Nitin Nangare, Dr.UrviWader

Background: Post abdominal surgery adhesions form a total of 65% of the total acute small bowel obstruction cases. Open technique is equivalent to the previously established techniques for adhesiolysis, the laparoscopic techniques have become better-known.

Methods: A retrospective study was performed from previously established records from reports of sufferers who were managed operatively for adhesive small bowel obstruction from January 2018 to May 2021. After surgery effects comparing open against laparoscopic technique were looked into. An intention-to-treat with evaluation changed into performed. The motive of this have a look at changed into to definitively infer if laparoscopic technique of bowel adhesiolysis trumped open technique.

Results: 250 patients operated on for adhesive small intestinal obstruction have been included. 175 (70%) and 75 (30%) sufferers, respectively, were operated by open and laparoscopic techniques. The rate of conversion was found to be 38.5%. Patients who underwent laparoscopy were more youthful $p < 0.001$, and had not many bowel surgery $p = 0.001$, A smaller ASA grade $p < 0.001$ and uncomplicated adhesions were noted $p = 0.001$. Open technique took longer to operate $p = 0.0045$. Laparoscopic adhesiolysis was cheaper (42% vs. 68%, $p < 0.001$, lessened death rate $p = 0.027$, early breaking of nil per oral $p < 0.001$ and shorter indoor stay $p < 0.001$. Specific evaluation of patients with a single band and / or internal hernia who did, now no longer required bowel resection, additionally were found with few problems, in early breaking of nil per oral and extrahospitalization. The open technique was found to have more complications as against the laparoscopic variant (odds ratio = 2.9; 95% CI 1.1-7.3; $p = 0.03$).

Conclusions: Laparoscopic method of bowel adhesiolysis has superior final results over open technique Laparoscopic control of adhesiolysis in small bowel obstruction is viable and effective. The laparoscopy technique improves effects and recovery.



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SESSION I

PAPER PRESENTATION

Comparative study of resection anastomosis v/s sigmoidopexy in a patient of sigmoidvolvulus

Author: Dr. Rashika nigania (Surgery resident), Co-Authors: Dr. H.b. janugade (Professor and hod, generalsurgery), dr. Aakash katkar (Assistant professor, general surgery) Department of general surgery, krishna institute of medical sciences deemed to be university, karad, maharashtra (india)

Introduction: Sigmoid volvulus is an acute surgical emergency and one of the leading cause of large bowel obstruction. Acute sigmoid volvulus is typically caused by an excessively mobile and redundant segment of colon with a stretched mesenteric pedicle. When this segment twists on its pedicle, the result can be obstruction, ischemia and perforation. Sigmoid volvulus usually presents with colicky pain, absolute constipation, distension and vomiting. Diagnosis usually confirmed on x-ray abdomen in most of the cases which shows coffee bean sign. Numerous surgical and non-surgical treatments have been described to relieve this condition. The primary objective of the study is to demonstrate the most suitable surgical procedure for management of patients with sigmoid volvulus presented in emergency

Duration of study: February 2021 – June 2022

Objective: To compare and contrast the two surgical procedures namely detorsion and sigmoidopexy vs resection and anastomosis for surgical management of sigmoid volvulus in terms of recurrences, mortality, duration of hospital stay and post operative complication.

Methodology: It is a prospective study of 16 cases of sigmoid volvulus which presented to emergency department of Krishna institute of medical sciences, karad in a period of 1.5 years.

Observations: Sigmoid volvulus is one of the leading cause of large bowel obstruction. We observed that the recurrence rate was higher in sigmoidopexy

Discussions: Non-operative de-torsion with sigmoidoscopy or rectal tube insertion followed by early elective sigmoidectomy is preferred in the emergency conditions to prevent recurrence. Sigmoidopexy is an emergency surgery where gut is viable to avoid the high risk of anastomotic leak associated with resection and anastomosis in the emergency setting. But the recurrence rate is high after this procedures. Sigmoidectomy with or without anastomosis has gained agreement as definitive treatment of sigmoid volvulus by most of the authors. The average days of presentation are 4 days after onset of obstructive symptoms in our study. Thus, the chances of patients having advanced disease and increased incidence of ischemic and gangrenous bowel is more. Also, most patients were elderly and with comorbidities thus increasing the risk of complications and morbidity/mortality following surgical intervention.

Results: In our study of 16 patients, 9 were male, 6 were female. The age group ranged from 16 - 70 years. 3 undergoing sigmoidopexy showed recurrence whereas 1 of those undergoing resection and anastomosis showed recurrence

Conclusion: On fixation of sigmoid colon in the form of sigmoidopexy is associated with high recurrence rate. Unless general condition precludes, fixation of sigmoid colon should not be done as it is associated with high recurrence rate. Sigmoidopexy should be definitely followed by elective sigmoidresection.



SESSION I

PAPER PRESENTATION

Oral contraceptive use and acute intestinal ischemia due to mesenteric venous thrombosis in females of reproductive age group

Author: Dr. Burhanuddin K. Bhindarwala, Co-Authors: Dr. Ashok Y. Kshirsagar, Dr. Akash Katkar

Introduction: Virchow's triad. Thrombosis associated with the consumption of Oral contraceptive pills has been studied since 1960s. Contraceptives affect various components of hemostasis: ethinyl-estradiol causes rise in factor VII, prothrombin, and resistance to protein C. Venous thromboembolism is one of the serious complications of OCP consumption. An unusually high number of thrombotic events secondary to oral contraceptive use result in deep vein thrombosis and/or pulmonary embolism.

Objective: To evaluate the incidence, nature, and how early diagnosis and treatment can be made available for patients with acute intestinal ischemia due to mesenteric venous thrombosis.

Methods: This study was conducted in the surgery department of KIMSDU, Karad from 12th July 2021 to 12th July 2022. All patients who were referred to the department with a suspected diagnosis of Acute abdominal pain were identified and included in the study

Results: Total 4 female patients had acute intestinal ischemia due to Mesenteric venous thrombosis. All 5 were in reproductive age group. All 4 were started on anticoagulant therapy after diagnosis with the help of CECT. 3 out of 4 patients underwent immediate laparotomy. 2 required resection and anastomosis of non-viable (gangrenous) bowel with subsequent anti-coagulation therapy, the remaining 1 also had non-viable (gangrenous) bowel with insufficient bowel length viable to be resected, the patient did not survive. 1 patient was managed conservatively with anti-coagulant therapy which survived.



Fig. 1: Intra-op finding of gangrenous bowel extending from 2nd part of duodenum to distal ileum

Conclusion: Intestinal ischemia caused by superior mesenteric venous thrombosis is an overlooked and dangerous complication of Oral hormonal contraceptive pills due to their increased and unsupervised use. Clinicians should include in their differential - intestinal ischemia in women of reproductive age who develop sudden abdominal pain without any obvious cause, and attain proper drug history for use of OCPs.



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SESSION I

PAPER PRESENTATION

Management of trachea-oesophageal fistula in adults

Author: Dr. Yaswanth Roy Chowdary (Surgery Resident), CO-AUTHOR: Dr. H. B. Janugade (Professor, HOD), Dr. Aakash Katkar (Assistant Professor)
Department of general surgery, Krishna institute of medical sciences, Karad.

Introduction: Tracheo-oesophageal fistula (TOF) is a pathological connection between the trachea and the oesophagus that is associated with various underlying conditions including malignancies, infections, inhalation injuries and traumatic damage. As the condition spans multiple organ systems with varying etiologies and acuities, TOF poses unique diagnostic and management challenges to pulmonologists, gastroenterologists and thoracic surgeons alike. Stents have been a cornerstone in the management of TOF. TOFs relating to underlying oesophageal or tracheal malignancies require advanced understanding of the airway and digestive tract anatomy, dimensions of the fistula, stent characteristics and types, and the interplay between the oesophageal stent and the airway stent if dual stenting procedure is elected.

STUDY DURATION: January 2021-April 2022

OBJECTIVES: In this review article, we review the most up-to-date data on risk factors, clinical manifestations, diagnostic approaches, management methods and prognosis. Consequently, this article serves to evaluate current therapeutic strategies and the future directions in the areas of 3D-printed stents, over-the-scope clipping systems.

METHODOLOGY: Prospective study of 20 cases of tracheo-oesophageal fistula who were categorized into malignant and benign, these cases were managed with multidisciplinary approach.

OBSERVATIONS: TOF is a condition that is found in many different conditions: benign, as well as malignant. Thus, it is very difficult to establish concrete outcomes in TOF due to its heterogeneity in affected population. Benign TOFs have more favorable clinical outcomes due to several factors including better nutritional status, fewer comorbidities and feasibility of definitive surgical intervention. For malignant TOFs, the available data suggest drastically worse outcomes. The patients who underwent oesophageal stenting had mean survival of 3.4 months in this study, suggesting potential survival benefits. The clinical efficacy of dual stenting was seen in a retrospective study found increased survival time compared to single tracheal stenting. Overall, patients who underwent stenting reported a significant improvement in dyspnoea and dysphagia scores, and quality of life.

DISCUSSION: Discussion on TOF presentation, clinical features, diagnosis and various treatment modalities in benign and malignant cases.

RESULTS: Perioperative mortality ranged from 0% to 2.8% and morbidity ranged from 32% to 56% (pneumonias, respiratory failures and fistula recurrences), who underwent surgical intervention for benign TOF survived a median 11 months follow-up. For malignant TOFs, the available data suggest drastically worse outcomes. Although there was <0.5% procedure-related mortality, the mean survival of patients with malignant TOF was only 2.8 months from the time of TOF diagnosis. The patients who underwent oesophageal stenting had mean survival of 3.4 months in this study, suggesting potential survival benefits.

CONCLUSION: Due to its heterogeneity in inciting factors and underlying conditions, the diagnosis of TOF is often significantly delayed or undiagnosed. The first step in prompt diagnosis is understanding the pathophysiology of fistula formation between the airways and the oesophagus, and being cognisant of associated conditions. Currently, stenting is the most viable and well-studied intervention for patients with malignant TOF requiring palliative intervention or patients with benign TOF who require stenting to bridge to a definitive surgery.



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SESSION I

PAPER PRESENTATION

Effectiveness of intraperitoneal nebulization of ropivacaine for pain management after laparoscopic appendicectomy

Author: Dr.Rohan Patil, Co- author: Dr Kadambari Borade, Guide: Dr Sandesh Gawade, Dr. Sachin Naik,
Presenter: Dr Kadambari Borade
Mimer Medical College, Talegaon

Introduction: Acute appendicitis is one of the most common clinical presentations that requires emergent surgery & Laparoscopic appendicectomy is now considered the gold standard even in complicated appendicitis. In context of much heralded advantages of laparoscopic surgery, it is easy to overlook post operative pain as a serious problem & as many as 80% will require opioid analgesia. Pain after laparoscopy is multifactorial but is most frequently associated with post operative shoulder & visceral pain. Intraperitoneal local anesthetic nebulization is a relatively novel method for pain management after laparoscopic surgery

Aims & Objective: To study effectiveness of Intraperitoneal Nebulization with Ropivacaine for pain management after Laparoscopic Appendicectomy

Materials & Methods: A Single Center Prospective Cohort Study was conducted from January 2015 to October 2016 in Department of General Surgery at tertiary care hospital. 100 consecutive patients who underwent Laparoscopic Appendicectomy fulfilling the eligibility criteria were included in the study. Patients undergoing laparoscopic appendicectomy were randomly allocated to receive intraperitoneal nebulization of 4ml of 0.75% Ropivacaine (group A) & control group who did not receive intraperitoneal nebulization (group B). In the post-operative period, pain was assessed by visual analogue scale at interval of 6,24 & 48 hours. Analgesia requirement was noted up to 48 hours

Results: Intraperitoneal nebulization with ropivacaine significantly reduced postoperative pain and referred shoulder pain after laparoscopic Appendicectomy. Furthermore, ropivacaine nebulization reduced post-operative analgesic requirement, allowed earlier mobility of patients & even hospital stay was reduced.

Conclusion: Intraperitoneal local anesthetic nebulization should be considered for pain management after laparoscopic surgery which will allow us for early mobilization & early discharge.

Key Words: Intraperitoneal nebulization, Ropivacaine, Laparoscopic Appendicectomy



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SESSION I

PAPER PRESENTATION

Comparative Study on Management of Incisional Hernias: Meshplasty Vs Anatomical Repair at Rural Setup

Author: Dr. Viral Sutariya [Surgery Resident], Co- author: 1.Dr D.K Apturkar , Dr V.Y Hadke ,Dr Ajinkya Pangavhane , Dr Nishita Maheshwari
1.Department of General Surgery, DBVP Rural Medical College.

Introduction: : Incisional hernia is a protrusion of abdominal viscera through the site of previous operation or traumatic wound of the abdominal wall except hernia site. The management is a problem in most of incisional hernia presented with large defects following post operative wound infections and comparing the repair with prolene mesh and anatomical repair.

Duration of Study: 2year 2 Years (Aug 2020 – Aug 2022)

Objective: 1.To compare the outcomes of anatomical repair versus mesh repair in cases of incisional hernias at rural tertiary care setup in terms of:- 1. Duration of surgery 2. Duration of post-operative pain. 3. Length of hospital stay and 4. Post-operative local surgical site infections if any

Methodology: Prospective, Observational, Comparative study, Hospital Based study

Observations: In present study 30 consecutive cases of incisional hernia were treated by both anatomical and mesh repair. gender distribution of M: F ratio 0.87:1.Both groups shows postop wound infection and seroma.

Discussions: In present study 96.67 % cases were seen having anatomical surgery and 3.33% cases were operated with mesh repair having. mean duration more for mesh repair comparative to anatomic repair and no significance was seen in postop complications and hospital stay for both groups. Use of drain has considerably reduced the post-operative morbidity by reducing the incidence of seroma formation and also incidence of wound infection in both the groups. In our study all patients were followed up for a minimum period of 3 months. No factor of recurrence was studied.

Results: Mesh repair group requires more surgical time and post op pain with less hospital stay and no significance of postop complications in both groups.

Conclusion: The present study concludes that meshplasty is superior to anatomical repair.



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SESSION I

PAPER PRESENTATION

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Dr. Aakash Katkar (Assistant Professor)
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Study Duration: January 2021-April 2022

Objectives:

- In this review article, we review the most up-to-date data on risk factors, clinical manifestations, diagnostic approaches, management methods and prognosis.
- Consequently, this article serves to evaluate current therapeutic strategies and the future directions in the areas of 3D-printed stents, over-the-scope clipping systems.

Methodology: Prospective study of 20 cases of tracheo-oesophageal fistula who were categorized into malignant and benign, these cases were managed with multidisciplinary approach.

Observations: TOF is a condition that is found in many different conditions: benign, as well as malignant. Thus, it is very difficult to establish concrete outcomes in TOF due to its heterogeneity in affected population. Benign TOFs have more favorable clinical outcomes due to several factors including better nutritional status, fewer comorbidities and feasibility of definitive surgical intervention. For malignant TOFs, the available data suggest drastically worse outcomes. The patients who underwent oesophageal stenting had mean survival of 3.4 months in this study, suggesting potential survival benefits. The clinical efficacy of dual stenting was seen in a retrospective study found increased survival time compared to single tracheal stenting. Overall, patients who underwent stenting reported a significant improvement in dyspnoea and dysphagia scores, and quality of life.

Discussion: Discussion on TOF presentation, clinical features, diagnosis and various treatment modalities in benign and malignant cases.

Results: Perioperative mortality ranged from 0% to 2.8% and morbidity ranged from 32% to 56% (pneumonias, respiratory failures and fistula recurrences), who underwent surgical intervention for benign TOF survived a median 11 months follow-up. For malignant TOFs, the available data suggest drastically worse outcomes. Although there was <0.5% procedure-related mortality, the mean survival of patients with malignant TOF was only 2.8 months from the time of TOF diagnosis. The patients who underwent oesophageal stenting had mean survival of 3.4 months in this study, suggesting potential survival benefits.

Conclusion: Due to its heterogeneity in inciting factors and underlying conditions, the diagnosis of TOF is often significantly delayed or undiagnosed. The first step in prompt diagnosis is understanding the pathophysiology of fistula formation between the airways and the oesophagus and being cognisant of associated conditions. Currently, stenting is the most viable and well-studied intervention for patients with malignant TOF requiring palliative intervention or patients with benign TOF who require stenting to bridge to a definitive surgery.



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SESSION I

PAPER PRESENTATION

A comparative study of single layered and double layered intestinal anastomosis: single center experience

Author: Dr.Abhishek Sunil Dhanawade (JR-3 surgery dept.) Dr.VVPF Hospital and medical college, Ahmednagar, Co-Author – Dr.Jayant M. Gadekar (HOD and Professor) Dr.VVPF .
Dr.Vithalrao Vikhe Patil Hospital and Medical College, Ahmednagar (Vilad Ghat)

Introduction: The decision on single layer or double layer to opt in intestinal anastomosis is matter of concern since each method has its own advantages and disadvantages. This comparative study endeavors to compare the outcome of a single layer Vs. Double layer anastomosis in small and large bowel in terms of the duration required to perform intestinal anastomosis, various morbidity and mortality parameters.

Duration: A comparative observational study was conducted on the patients undergoing resection anastomosis of bowel in the department of surgery of a tertiary care hospital in Maharashtra. A pretested proforma was used to collect relevant information (patient data, clinical findings, lab investigations, follow-up events, complications) from all the selected patients for one year [June 2021 to June 2022].

Materials and methods: The diagnosis was made based on a detailed history, thorough clinical examinations, radiological examinations, and abdomen ultrasound. In addition, these patients were subjected to the required pre-operative investigations; ensuring elective fitness surgery was done after bowel preparation. All the patients included in the study received written informed consent. We sought ethical committee clearance before the start of the study. Those patients with ages less than 18 years, co-morbid diseases like sepsis, known cardiovascular event history, deranged liver function, and renal function were excluded from the study. Considering a difference of at least 5 minutes in the duration of anastomosis in single and double-layered suturing techniques, with 95% power and 95% confidence interval, the minimum sample size was calculated to be 20 in each group. Considering an attrition rate of 25%, we found the final sample size to be 25 in each group. So we have included a total of 50 cases in the present study. We used random number tables generated by computer for allotment of the cases into groups.

Group 1: Single layer suture
Group 2: Double layer suture

Results: The mean duration of anastomosis among group 1 was 20.55 minutes and among group 2 was 31.32 minutes. There was a significant difference between the two means. ($p < 0.05$) The average length of stay was 8.13 days and 8.22 days among group 1 and group 2 respectively and this difference was statistically not significant. ($p > 0.05$) There was no significant difference between the complications among the two groups.

Discussions: The present study assessed the efficacy and safety of single layered anastomosis in comparison with double layer anastomosis after intestinal resection and anastomosis. The study included two groups' single layer and double layer; each group had 25 cases altogether 50 cases. Anastomosis was done at different levels of intestine and depending up on the position of the viscera. There was a significant difference between the mean duration of anastomosis in the present study. Double layer suturing took almost 10 minutes extra when compared to single layer suturing technique. A study conducted by Singh R et al 10 described their average duration of anastomosis to be 18 minutes and 30 minutes respectively in single layer and double layer groups. A randomized controlled trial by Kar S et al 11, there was a significant difference of 9 minutes between the single layer and double layer techniques. Their secondary outcome measures like duration of nasogastric tube kept in situ, return of bowel sounds post operatively and day of first post operative bowel movement were significantly higher among double layered suturing group when compared to single layer group.

Conclusions: Single layer technique had an advantage of lesser duration when compared with double layered technique in intestinal anastomosis. Although the complications rate of obstruction, wound infection and longer stay of hospital was higher in double layered group but did not yield any significant difference in the present study. Single layered technique can be used in the routine practice with the above advantages.



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SESSION I

PAPER PRESENTATION

Managing challenges of airway difficulty and anesthesia in patients posted for post burn contracture release: a case series.

Author: Dr Kalyani Dandge, Junior Resident, Co-Author: Dr Maroti Gaikwad, HOD Dept. of Anaesthesia, PCMC's PGI YCMH Pimpri Pune

Introduction: Obtaining a secure airway is very crucial in reconstructive surgeries involving patients with burn contracture of the neck. It is challenging for the anesthesiologists due to anticipation of difficult intubation with likelihood of profound anatomical variation that may not readily be appreciated even during preoperative assessment. The post burn sequelae have various representations such as restricted mouth opening, decreased oropharyngeal space, distortion in anatomic alignment of Oro-pharynx, pharynx and trachea, cervical spine distortion and fixed flexion neck deformity.

Duration of Study: 8 month (October 2021 – May2022)

Objective: The objective of the study is to analyse the risk of difficult airway in post burn contracture patient through proper preoperative assessment. Managing the difficult airway by using standard technique.

Methodology: A prospective consecutive series of 11 cases were performed. All patients between age 20-55 yrs. included in study those were posted for post burn contracture release in our Tertiary Care Institute.

Observations: All patients were having decreased mouth opening with fibrosis and neck contractures. Inadequate range of neck movements.

Discussion: Difficulty in maintaining a patent airway may lead to serious complications like hypoxia and hypercarbia, leading to increased chances of mortality and morbidity. Chronic facial and neck burns are often responsible for reduced mouth opening, that cause difficulty in introducing airway devices via oral route. These patients have restricted neck movements with fixed flexion deformity, which leads to improper positioning, causing non-alignment of the oral, pharyngeal and laryngeal axes during intubation. The submandibular space becomes stiff and non-compliant and does not allow the tongue to get compressed during laryngoscopy, resulting in an anterior appearance of the larynx. These problems combined together lead to limited options for airway management in these patients. Awake fiberoptic intubation is considered to be the gold standard in patients of difficult airway.

Result: All patients were evaluated preoperatively and airway difficulty anticipated. Patients intubated successfully with fiberoptic bronchoscope, anesthesia and analgesia maintained during the procedure. Patients extubated successfully with least airway compromise, post op analgesia was taken care of.

Conclusion: Successful anesthetic management when the airway is inaccessible and disfigured by fibrosis mandates planned approach for securing airway with awake fiberoptic bronchoscope and standard techniques.



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SESSION I

PAPER PRESENTATION

SARS-COV-2 and its implication in the presentations and outcomes of acute appendicitis: a surgical emergency.

Author: Dr Kalyani Dandge, Junior Resident, Co-Author: Dr Maroti Gaikwad, HOD Dept. of Anaesthesia, PCMC's PGI YCMH Pimpri Pune

Background: The most frequent abdominal surgical emergency is acute appendicitis. During the acute SARS-COV-2 pandemic, confinement and stay-at-home orders were enforced internationally to stop the spread of the disease, prevent the overload of the healthcare system, and reduce fatalities. Nevertheless, there are worries that because of these regulations, patients did not seek critical medical attention.

Methods: There were 40 patients total, 20 in the COVID-19 pre-group and 20 in the COVID-19 post-group. The time between the onset of symptoms and admission in the COVID-19 group was 65.0 hours, which is significantly longer than the 17.3 hours observed in the pre-COVID-19 group ($p < 0.001$). After the pandemic outbreak, there were considerably more cases of complex appendicitis than there were previously (50% versus 20%, $p < 0.001$). In the post-COVID-19 group, the average hospital stay was longer (3 versus 4.5 days; $p = 0.041$).

Conclusions: The COVID-19 pandemic had an impact on the timing of appendicitis diagnoses as well as the disease's course and average hospital stay. After the COVID-19 pandemic epidemic, patients with acute appendicitis were more likely to develop complicated appendicitis.



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SESSION I

PAPER PRESENTATION

Single layer versus double layer intestinal anastomosis

Author: Dr.Salunkhe Paras Vijaykumar (Junior Resident Dept. of GS Co-Author: Dr.Bagwan(Associate Professor), Mb,Dr.Ajagekar Pratik(Senior Resident),
Krishna Institute of Medical Sciences Deemed to Be University, Karad, Maharashtra, India

Introduction: One of the common procedures performed all over world among major abdominal surgeries is intestinal resection and anastomosis. The techniques used are single layer and double layer anastomosis. Which is superior over other is still matter of debate.

Duration of study: From November 2020 to May 2021

Objective: To evaluate efficacy of single layer intestinal anastomosis vs double layer in terms of anastomotic leak

Methodology: Our study is randomized prospective study which was conducted at Krishna Hospital from November 2020 to May 2021. 30 patients each were selected for single and double layer technique.

Inclusion criteria:

1. Patient's age > 14yrs,
2. Patients who require bowel RA
3. Patients with both elective and emergency RA.

Exclusion criteria:

1. Patients with cardiac conditions, renal failure, DM
2. Patients requiring anastomosis of esophagus, rectum, Biliary

Observations: Common indication for surgery in most patients was ischaemia of bowel due to trauma, infection or carcinoma

Discussions: A similar study comparing single layer versus double layer intestinal anastomosis conducted by Samiullah et al. included 52 patients in single layer group and 61 patients double layer group, 2 patients (3.8%) in single layer while in double layer intestinal anastomosis 8 patients had leak.

Results: One patient developed leak in double layer technique, while there was no incidence of leak in single layer technique

Conclusion: Single layer interrupted intestinal anastomosis is less time consuming and relatively simple technique to carry out. Decreased incidence of post-operative anastomotic leakage than traditional double layer intestinal anastomosis and it can be safely carried out in our surgical practice.



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SESSION I

PAPER PRESENTATION

A comparative study of ligation of intersphincteric fistula tract (LIFT) VS conventional fistulotomy in treatment of low transsphincteric fistula-in-ano

Author -Gopi Krishna Mishra Co-Author- Pratik Dattatraya Bamane

Guide- Sachin Prabhakar Naik, Ajit Genuji Jadhav, Presenter - Dr.Pratik Bamane

Mimer Medical College, Talegaon Dabhade

Introduction: Fistula-in-ano is relatively common condition, having high recurrence rate after seemingly adequate surgery. The search is always on for ideal method to surgically treat fistula-in-ano while preventing recurrence and incontinence. Fistulotomy is the procedure of choice for simple low transsphincteric fistula-in-ano . Although it has an acceptable healing rate it may result in a large open wound and or incontinence. Rojanasakul A et al. developed the technique of LIFT as a method for treatment of fistula-in-ano through intersphincteric approach. Studies comparing LIFT and fistulotomy have shown that LIFT may be used effectively for low anal fistula however, the anal fistulae in those studies were not exclusively trans-sphincteric. This study was planned with the aim to assess if LIFT offers any advantage over standard fistulotomy when treating low transsphincteric fistula-in-ano.

Aims & Objective: To compare outcomes between Ligation of Intersphincteric Fistula Tract (LIFT) and conventional fistulotomy for treatment of low trans-sphincteric fistula in ano.

Materials & Methods: A Single Center Comparative prospective cohort study was conducted from January 2018 to July 2019 for patients in Department of General Surgery at a tertiary care centre. 50 consecutive patients who had low trans-sphincteric fistula in ano fulfilling the eligibility criteria were included in the study. Patients were randomly allocated to receive LIFT (group A) & Conventional Fistulotomy (group B). In both the groups Operative time, Postoperative hospital stay, Healing time, postoperative pain , Post-operative anal incontinence, Recurrence were assessed and followed up till 6 months.

Results: LIFT has certain advantages over standard fistulotomy like shorter operative time, less postoperative pain, shorter hospital stay, no postoperative anal incontinence, faster wound healing, and early resumption of duties but has slightly higher recurrence rates.

Conclusion: Ligation of Intersphincteric Fistula Tract (LIFT) is a better alternative to fistulotomy for low transsphincteric fistula-in-ano but with slightly higher recurrence rates.

Key words: Fistula in Ano, Fistulotomy, LIFT, Transsphincteric.



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SESSION I

PAPER PRESENTATION

Efficacy of magnesium vs dexamethasone as an adjuvant to ropivacaine in ultrasound guided femoral and sciatic nerve block for postoperative analgesia : a prospective , double - blinded randomized controlled study"

Author: Dr.Sanjana Nitin Nashine.

Introduction: In patients undergoing lower limb orthopedic surgery, unrelieved post-operative pain not only results in discomfort to the patients but also predispose to the development of chronic pain syndromes. The dawn of ultrasonographic-guided techniques has led to increased interest in femora-sciatic nerve block (FSNB) for lower limb orthopedic surgeries. Efficacy of various adjuvants have been studied to prolong the block and analgesia. In recent years, there is growing interest in magnesium sulphate (MgSO₄) and dexamethasone as adjuvants to local anesthetics in nerve blocks. We aimed to compare MgSO₄ and dexamethasone as an adjuvant to Ropivacaine in FSNB for post-operative analgesia.

Methods: Sixty-patients scheduled to undergo below knee orthopedic surgeries under subarachnoid block were divided into 2 groups: Group RM(n=30) patients received 38 mL of 0.375% Ropivacaine with MgSO₄ 150 mg in 2 mL NS and Group RD(n=30) patients received 38 mL of 0.375% Ropivacaine with Dexamethasone 8 mg(2mL) to make total drug volume of 40 mL. In all patients, 20 mL of LA solution was injected around femoral nerve and 20 mL around sciatic nerve. The primary outcome was duration of post-op analgesia and secondary being requirement of rescue analgesia and time for toe movement. Mean variables were analysed and compared with unpaired t-test. Proportions were compared with Chi-square test and Fischer-exact test.

Results: Duration of analgesia was prolonged with Dexamethasone (18.8 ± 7.8) as compared to MgSO₄(8.8 ± 4.2). In regards to early ambulation, MgSO₄(6.78 ± 2.25) was a cut above Dexamethasone (16.43 ± 4.56).

Conclusions: Both MgSO₄ or Dexamethasone added to Ropivacaine prolonged the duration of analgesia, decreased requirement of rescue analgesia. Dexamethasone delays requirement of rescue analgesics with better pain scores as compared to MgSO₄.

Keywords: Post-operative pain, orthopedic surgeries, dexamethasone, MgSO₄, FSNB, adjuvants, Ropivacaine, anesthesia-analgesia, rescue analgesia,



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SESSION I

PAPER PRESENTATION

A comparison of use of eusol and silver sulfadiazine in management of burns wound

Author: Dr. Choudhari Sagar Dashrathrao, Co-Authors: Dr. H.B Janugade (Professor & HOD), Dr. Aakash Katkar (Assistant professor)
Krishna Institute of Medical Sciences, Karad

Introduction: Maharashtra's rural outskirts show's major cases of burns resulting in significant morbidity and mortality. this study is done to evaluate use of EUSOL compared against use of silver sulfadiazine for local application in dressings of burns and its outcome with efficiency. EUSOL in this study is diluted with normal saline in ratio EUSOL: NS=1:4 to reduce pain and irritation caused due to EUSOL

Duration of Study: 1 Year

Aim and objective: To evaluate use of EUSOL compared against use of silver sulfadiazine for local application in dressings of burns and its outcome with efficiency.

Methods: Total of 200 patients of burn injury caused due to various etiology are participated in this study. These patients having total burn surface area 10% to 40%. The patients who were treated with EUSOL kept in group A (n=100). The patients who were treated with silver sulfadiazine kept in group B (n=100). Dressings of patients in both groups done on alternate days by using above mentioned agents respectively for 6 weeks from date of admission. At interval 2 weeks; wound healing has been assessed and swabs taken from wound for culture and sensitivity. At completion of 6 weeks, A thorough assessment of patient's burns wound done in view of wound healing, secondary infection, episodes of leukocytosis and outcome noted.

Result: In group A; which were treated with Local Application of EUSOL, 66/100 patients achieved complete healing. In group B; which were treated with Local Application of silver sulfadiazine, 28/100 patients achieved complete healing. Incidence of secondary infection was significantly less in group A (EUSOL) than in group B (Silver sulfadiazine) (Provided dressings were done using All Aseptic Precautions)

Conclusion: The EUSOL which is used in dressings for Local application has better shows outcome in terms of

- 1) Achieving complete healing of burns wound
- 2) has less incidence of secondary infection (Provided dressings were done using All Aseptic Precautions)
- 3) has relatively low cost and easily available Compared to Local application of Silver sulfadiazine



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SESSION II

PAPER PRESENTATION

Mysterious secondary vesical calculi caused due to an electric coiled wire: Unusual cause of secondary vesical calculi

Dr Pratik V Gond
Surgery Junior Resident ,Rural Medical College Loni.

Introduction: Foreign bodies are commonly reported in the bladder. The presence of urinary bladder foreign body has been interesting topic representing a challenge of diagnosis and management. We here by bring to you one such interesting case.

Case report

History: A 45-year-old male patient came to our hospital with chief complain of pain in abdomen and burning micturition, dysuria. There was no history of hematuria. on examination patient had tenderness in suprapubic region. There was no guarding or rigidity.

Investigation: Outside usg suggestive of vesical calculi measuring 5*4 cm and xray kub was done at our institute as on the right side.

Intra-op: The calculi was more than 4cm in size. Patient underwent open cystolithotomy. Thus, an open bladder wall incision was necessary to remove it only to To our surprise, intraoperatively, vesical calculi was actually a electric wire more than 100cm in length which was coiled and calcified, foreign body had become severely calcified and was misdiagnosed as vesical calculi. We here in report a case of a foreign body that was mimicked vesical calculi. Possibility of secondary vesical calculi due to foreign bodies should always be kept in mind.

Conclusion: Foreign bodies in the urinary bladder pose a great challenge to the surgeons, removal of the foreign body from the urinary bladder has a Good outcome. Also Psychiatric evaluation is Recommended in patients with self-inflicted foreign body doing so may reduce the risk of recurrence.



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SESSION II

PAPER PRESENTATION

Prospective cohort study of benign breast diseases

Author: Dr Dabade S.V. (Jr Resident Gen. Surgery), Co-Author: Dr Niranjan Dash (Professor Gen. Surgery),
Dr Mrs Junagade T.P. (Asso. Prof. Sr Resident Gen. Surgery), Dr Naik A.V. (Sr Resident Gen. Surgery)
Department of General Surgery Vikhe Patil Medical College and Hospital Ahmednagar

Introduction: All non-malignant breast disorders, such as benign tumours, trauma, mastalgia, mastitis, and nipple discharge, are included in BBD. The purpose of this study was to ascertain the prevalence of different BBD among our hospital's female patients.

Duration Of Study: from August 2020 to August 2022.

Objective: To determine the frequencies of various benign breast diseases (BBD) in female patients in Dr Vikhe Patil Medical College and Hospital Ahmednagar.

Methodology: This prospective cohort research includes all female patients with breast issues who visit the surgery clinic. The research covered all female patients with breast issues who visited the surgery clinic. Patients with clear clinical signs of malignancy or those who were shown to have carcinoma after a workup were not included in the research.

Observation: Fibroadenoma was most frequently observed (57%) in individuals in their third decade of life (21-30 years) and (32%) in those in their second decade of life (11-20 years).

Discussion: The breast is a dynamic structure that experiences several physiological stages, including 7 pregnancy, breastfeeding, involution, cyclic changes, and development. These physiological changes give rise to the idea of an aberration of normal development and involution (ANDI). The age range of BBD patients in our research ranged from 11 to 40, with the largest prevalence (43.5%) occurring in the 21 to 30 age group.

Results: The research involved 193 patients in total. Between the ages of 21 and 30 years, almost 44% (90/193) of the patients were in their third decade of life, and 33% were in their fourth (age between: 31 - 40 years). The most frequent benign breast illness was fibroadenoma, which affected 27% (35/193) of patients. Fibrocystic disease affected roughly 21% (27/193) of patients.

Conclusion: Females of reproductive age frequently experience benign breast diseases (BBD). The most prevalent benign breast illness in our system is fibroadenoma, which is often diagnosed in the second and third decades of life. The next prevalent BBD, whose prevalence rises with age, is fibrocystic breast disease.



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SESSION II

PAPER PRESENTATION

Study on technique of graft fishing with full cuff technique in type 1 tympanoplasty and its hearing outcome

Author: Dr. Ishita Wadhwa (ENT Resident Jr3), Co-author: Dr. Madhusudan Malpani, Dr. Ravi Sasank Sai
Dr BVP RMC, LONI

Introduction: Chronic otitis media (COM) is a common health problem and has a major impact on patient in the form of hearing loss. Temporalis fascia is commonest graft material used for tympanoplasty. The study was conducted with an aim to find out the effectiveness of fish mouth graft technique and full cuff technique in terms of graft stability, graft uptake, hearing improvement and complications. Full cuff technique has less chance of post operative tympanosclerosis and granulations and residual perforation. Full cuff technique has more chances of gain in hearing postoperatively.

Duration of study: 2 YEARS This is a prospective, observational study conducted over a duration of 2 years at tertiary health center. Total 150 patients who were operated out of which 75 operated for FULL CUFF technique and graft fishing and 75 with conventional underlay technique.

Objective: The study was conducted with an aim to find out the effectiveness of Full cuff technique with fish mouth grafting in terms of graft stability, graft uptake, hearing improvement and complications.

Methodology: Patients falling between the age group of 15 to 50 years.

The inclusion criteria:

Inactive mucosal type of COM with central perforation pure conductive hearing loss

The exclusion criteria:

cholesteatoma ossicular pathology, trauma, mixed or sensory neural hearing loss

Observations: In our study total 150 patients were analyzed for the follow up period of 1 month and 3 months and 6 months and it was observed that graft was well accepted in 82 patients while in 68 patients residual perforation was found. There was a statistically significant improvement in hearing gain.

Discussion: The success rate is acceptable for full cuff. Blunting of angle, external auditory canal narrowing is more in full cuff technique. But residual perforation, tympanosclerosis, and granulations are less in full cuff technique as compared to without full cuff technique. Also, gain in hearing was more in full cuff technique.

Results: In our study, with technique of fishing with full cuff, the overall graft uptake rate was 74 (98.67). The mean pre-operative air bone gap from reduced significantly postoperatively. The difference in mean air bone gap preoperatively and post-operatively was statistically significant ($p < 0.05$)

Conclusions: Tympanoplasty with temporalis fascia graft using fishing with full cuff technique gave good dimensional stability to graft, preventing lateralization / medialization of graft.



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SESSION II

PAPER PRESENTATION

Meckel's diverticulum disease's conferral

Author: Dr. Atreyee Sarkar [Surgery Resident], Co-Author – Proff. Dr. Padmakar Kashinath Baviskar, Dr Ruchita Talreja, Dr Harish Mudashi, Dr Aishani Sadre.
Department Of General Surgery, DBVP Rural Medical College.

Introduction: Meckel's Diverticulum is a true diverticulum which contains all layer of small bowel wall, congenital remnant of omphalomesenteric duct, caused by a failure of normal regression of the Vitelline duct that occurs during weeks of 5 to 7 of gestation. Using the figure of 2 per cent incidence of Meckel's diverticulum, we calculated that a Meckel's diverticulum has a 4.2 per cent likelihood of causing disease during a lifetime, decreasing to zero with old age.

Duration of study: 2 YEARS

Objective: To study the clinical picture, investigations and outcome of Meckel's diverticulum.

Methodology: In our series we retrospectively studied about the seven cases of Meckel's diverticulum with varied presentations during a span of 2 years in our institution using the medical records of the patients.

Observations: Three cases presented as intestinal obstruction, one with perforation, one case of incidental Meckel's diverticulum, one case of diverticulitis and one ruptured hemorrhagic Meckel's diverticulum.

Discussions: This report highlights the fact that the differential diagnosis of Meckel's should always be kept in mind in cases suspected of acute appendicitis, and particularly in adults with symptoms of intestinal obstruction.

Results: Meckel's Diverticulum is usually asymptomatic throughout life but may result in life threatening conditions like perforation, obstruction, haemorrhage, acute diverticulitis.

Conclusion: We consider this case series to be of interest to gain insight into the evaluation and management of Meckel's diverticulum disease presenting beyond pediatric age group.



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SESSION II

PAPER PRESENTATION

Pterygium management and comparison of different surgical approaches with supportive treatment in Rural Maharashtra.

Author: Dr valay prekh

Background: Numerous surgical procedures and changes have been ineffective in preventing the recurrence of pterygium. A prospective clinical observational analysis of 205 individuals with primary pterygium was conducted where patients were treated with various surgical procedures. The patients were observed for two to five years in order to examine the frequency of recurrences and consequences.

Result: Patients were divided into four groups and treated using a variety of surgical methods. Straightforward excision of pterygium was the treatment of choice in group 1. Excision with conjunctival rotation pedicle graft was used on patients in Group 2. Excision and conjunctival autograft were used to treat Group 3 patients. Patients in Group 4 received excision and a 0.02 percent solution of mitomycin c drops as a postoperative treatment. Age varied from 22 to 58, with a median of 34. All four groups had an equal number of men and women. Hemorrhage, astigmatism, symblepheron, foreign body feeling, and a corneo-scleral ulcer were among complications that were reported. There were 12 percent complications in group 1, 16 percent complications in group 2, 6 percent complications in group 3, and 8 percent complications in group 4. Criteria for recurrence was defined as the regrowth of fibrovascular tissue or the appearance of an aesthetic flaw. It's 30 percent for group 1; 14 percent for group 2, 9 per cent for group 3, and 8 per cent for group 4.

Conclusion: The least rate of recurrence was noted in patients of Group 4 who had pterygium excision with postoperative mitomycin c instillation, and complications were least common in patients in Group 3 who had pterygium resection with conjunctival autograft..

Aim of study: To investigate the recurrence rate of pterygium and the incidence of complications associated with surgery for pterygium in individuals who were treated for pterygium using various methods.



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SESSION II

PAPER PRESENTATION

Amputation rate of diabetic foot ulcer and associated factors in diabetic mellitus patient at tertiary care centre.

Author: Dr.Kiran Thengal, Junior Resident, Co-Author: Dr.Sandip Jadhav, Professor at Dept. of GS. Smt.Kashibaio Navale Medical College and General Hospital, Narhe pune.

Introduction: Diabetes foot ulcer is a serious and much feared complication of diabetes. Ulcerations of diabetes foot which developed gangrene can take weeks or months to heal and can sometimes not heal at all so that amputation for non-traumatic causes is a frequent outcome in the diabetic foot. Notwithstanding this, apparently, there is no systematic research has so far been conducted to assess associated factors for lower extremity amputation in patients admitted with DFU in tertiary care centre.

Aim of Study: To determine associated factors for lower extremity amputation in patients who were admitted with diabetic foot ulcer in tertiary care centre.

Patients and Methods: Between November 2021 and July 2022, a retrospective observational study of patients was conducted at tertiary care centre. We included patients above 20 years with a confirmed diagnosis of either type 1 or type 2 diabetes and coexisting DFU. Participants under the age of 20 years, pregnant women, patients who receiving immunosuppressive therapy or radiotherapy and those with non-diabetic foot ulcers were excluded from analysis. All related data about the clinical characteristics and health status of patients were collected from medical records. The main outcome factor in our study was amputation.

Results: A total of 53 diabetic patients were enrolled in this study. All participants had type 2 diabetes mellitus. The period prevalence of amputation within the study sample was 54.7%. Almost half (47.2%) of the participants were in the age group 51-60 years. Males were predominant (73.6 %). When compared with DFU patients without amputation, patients with amputation had increased rates of hypertension (HTN), history of peripheral artery diseases (PAD), osteomyelitis, Wagner Grade 4, foot necrosis or gangrene as well as increased levels of glycosylated hemoglobin (HbA1c) and fasting plasma glucose (FPG) post admission.

Conclusion: Foot ulcer is one of the major health problems among diabetic patients. Our study has shown that independent risk factors for diabetic foot-related amputations in tertiary care centre included HTN, history of PAD, osteomyelitis, Wagner Grade 4, foot necrosis or gangrene as well as increased levels of HbA1c and FPG. Every effort should be made to avoid it particularly with limited resources for rehabilitation in developing countries.



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SESSION II

PAPER PRESENTATION

Surgical outcome following medial recuts plication

Author: Dr. Abhijeet Rajesh Kothari, Co-author: Dr Reshma Mehta, participants: Dr Monika Kashid, Junior resident in Department of Ophthalmology, Dr Reshma Mehta, Assistant Professor in Department of Ophthalmology.
Ashwini Rural Medical College, Hospital and Research Centre, Kumbhari ,Solapur, Maharashtra.

Introduction: Plication has a similar effect to resection, but has the advantage that it is less traumatic, does not sacrifice the anterior ciliary vessels and can be easily reversed if needed. It can be used to enhance the action of medial recuts muscle in children with esotropia or the superior oblique muscle in congenital fourth nerve palsy

Duration of Study: 6 months (Jan 2022 to June 2022)

Objective: To evaluate the surgical outcome following medial rectus plication

Methodology: After receiving approval of institutional ethical committee the study was conducted in ophthalmology department. Total 3 cases were operated by medial rectus plication and efficiency was evaluated post operatively.

Discussion: Plication has a similar effect to resection, but has the advantage that it is less traumatic, does not sacrifice the anterior ciliary vessels and can be easily reversed if needed. It can be used to enhance the action of medial recuts muscle in children with esotropia or the superior oblique muscle in congenital fourth nerve palsy (KANSKI's CLINICAL OPHTHALMOLOGY A SYSTEMATIC APPROACH NINTH EDITION)

Results: The efficiency of rectus plication is same that of rectus resection in treatment of squint.

Conclusion: Rectus muscle plication may serve as an alternative to rectus muscle resection. It is less invasive, easily reversible, impinge less on anterior segment circulation, and does not require muscle disinsertion. It minimizes the risk of lost muscles. No post-operative complications and unexpected shifts in ocular alignment.



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SESSION II

PAPER PRESENTATION

Functional outcome of Endoscopic Interlaminar decompression for Lumbar canal stenosis: A prospective study

Author: Dr. Dishant Oswal (Resident Dept of Orthopedics)Co-author: Dr. Pramod Lokhande (Professor
Dept of Orthopedics)

Aim: To study and determine the functional outcome in patients operated for lumbar canal stenosis by endoscopic interlaminar decompression using various scales like Visual analogue scale (VAS), Oswestry disability index (ODI), modified Macnab with a minimum follow up of 1 year

Methodology: Study is conducted on the patients visiting hospital and treated with Endoscopic Interlaminar decompression for lumbar canal stenosis during the 2 year period from July 2020 to July 2022

Observation:

- The functional outcome of the disability due to backache and leg pain for patients with lumbar canal stenosis treated by MIS for spine were assessed using Oswestry disability index (ODI), VAS scale
- At the end of the one year follow up there was significant improvement noted in the functional outcome of all patients with ability to carry out their daily activities and travel long distances
- VAS and ODI significantly decrease by the end of 1 year
- McNAB showed functionality improvement from being poor in pre operative to excellent at 1 year follow period

Conclusion: MIS for spine provides major advantages like

- Lesser operative time
- Lesser damage to paraspinal muscles
- Less retraction of intracanal nerve elements
- Less blood loss
- Small post operative scar and thus better cosmesis
- Less post operative pain
- Earlier functional recovery and return to work

Thus Minimal invasive surgery like endoscopic decompression can be considered as a better and viable alternative to open decompression procedures



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SESSION II

PAPER PRESENTATION

Reverse Shock Index and Glasgow Coma Scale: Early Predictors of Mortality in Traumatic Brain Injury in A Rural Setup

Author: Dr Kalyani Sisode (Junior Resident 3 General Surgery), Dr Padmakar Baviskar, Dr Pratik Gond
Dr BVP RMC, Loni

Introduction: It is estimated that nearly 1.5 to 2 million persons are injured and 1 million succumb to death every year in India due to traumatic brain injury (TBI). Road traffic injuries are the leading cause (60%) of traumatic brain injuries followed by falls (20%-25%) and violence (10%). 1 Half of those who die from TBI do so within the first two hours of injury. It is now known that only a portion of neurological damage occurs at the moment of impact (primary injury); damage progresses during the ensuing minutes, hours and days. The secondary brain injury can result in increased mortality and disability. Consequently, the early and appropriate management of TBI is critical to the survival of these patients. This while being a critical factor in the overall prospects of a patient is yet to be fully appreciated.² Therefore, it is important to identify trauma patients with high mortality risk and commence aggressive resuscitation and proper medical intervention.

Aims and objective: The goal of this study was to create a simplified prediction model that might detect high death risk in severely head-injured patients early, leading to the development of an effective and efficient treatment strategy to decrease the mortality associated with traumatic brain injury.

Material and methods: This was a retrospective observational study at a tertiary care centre in a rural setup. Consecutive patients from 17 years to 80 years of age who presented to our institute's emergency department between January 2021 to December 2021 were included. A total of 178 patients were studied and detailed data collected which included age, sex, mode of head trauma, systolic blood pressure, heart rate and glass go coma scale.

Results: The ability to predict mortality risk using rSI, GCS, and rSIG among the examined variables is 93%, 96.5%, and 99.3%, respectively. The best cut off level rSI, GCS and rSIG to predict mortality in adult severe trauma patients with head injury is 0.921, 7.50 and 6.07, respectively.

Conclusion: Our analysis of the data on trauma patients revealed that rSIG, GCS, rSI, and SI are readily measurable indicators with equivalent ability to predict mortality, with rSIG being the most accurate among them. These are feasible methods for categorizing traumatised patients according to risk in overcrowded emergency rooms, and they may be especially valuable in low-resource regions like low and middle income countries (LMICs).

Keywords: Traumatic brain injury, Reverse shock index, Shock index, Glasgow coma scale, Trauma and Injury Severity Score, Injury severity score.



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SESSION II

PAPER PRESENTATION

We studied the functional outcome of Anterior Cruciate Ligament Reconstruction using 4 strand Semitendinosus graft and fixed with cortical suspensory fixation on femoral and tibial side.

Author: Dr Abhijeet Mahajan

Introduction: We studied the functional outcome of Anterior Cruciate Ligament Reconstruction using 4 strand Semitendinosus graft and fixed with cortical suspensory fixation on femoral and tibial side.

Duration of study: 18 months.

Objectives: The association between the method of cortical suspensory fixation and postoperative outcomes was evaluated.

Methodology: After approval from ethics committee, prospective observational study was carried out in patients of age group 18 to 55 years with complete ACL Injury with or without meniscus injuries. Anterior Drawer test, Anterior Lachman test, Pivot shift test, Tegner Lysholm Score and IKDC Score used to evaluate the functional outcome (Arthrometric Stability). Follow-up assessments were performed at 1, 3, 6 and 12 months postoperatively.

Observation: We selected 30 patients into this study. Statistical analysis was done $p < 0.05$ was considered statistically significant.

Discussion: The ACL is a key structure in the knee joint, as it resists anterior tibial translation and rotational loads. ACL reconstruction remains the preferred treatment for ACL Injuries using either Aperture fixation or cortical suspensory fixation. Hamstring tendons are one of the most common used autografts for ACL reconstruction. Femoral cortical suspension devices have gained popularity because of the simplicity, reliability, excellent tensile strength. We presented follow-up study of Functional outcome of Anterior Cruciate Ligament Reconstruction using 4 strand Semitendinosus graft and fixed with cortical suspensory fixation on femoral and tibial side.

Results: In quadruple ST graft tension is equally distributed among the 4 strands, resulting in less incidences of rerupture. No differences were found for mean postoperative subjective IKDC, quadriceps strength, return to work, pain during physical activities, side-to-side differential laxity, balance, loss of flexion/extension, or surgical complications.

Conclusion: Performing Anterior Cruciate Ligament Reconstruction using 4 strand Semitendinosus graft and fixed with cortical suspensory fixation on femoral and tibial side results in better functional outcome. The technique spares the gracilis tendon, which thus preserves the medial sided muscle and thereby could improve function and limit donor-side morbidity



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SESSION II

PAPER PRESENTATION

Analysis of nephrectomies in tertiary care center: Retrospective study

Author: Dr Piyush shah, Junior resident, GS Dept, Co-author: Dr Sandip Jadhav Professor Dept. of GS Smt Kashibai navale medical college and general hospital, pune

Introduction: Simple nephrectomy is indicated in patients with an irreversibly damaged kidney owing to symptomatic chronic infection, obstruction, calculus disease or severe traumatic injury. Nephrectomy may also be indicated to treat renovascular hypertension owing to uncorrectable renal artery disease or severe unilateral parenchymal damage from nephrocalcinosis, pyelonephritis, reflux or congenital dysplasia. radical nephrectomy is indicated to treat different malignant conditions of the kidney.

Duration of study: Jun 2019 to Jun 2022

Objectives: To gain information about the indications of conventional nephrectomy as practiced in a tertiary care centre.

Methodology: It is retrospective study, we have gone through the medical case records of all the patient undergoing simple or radical nephrectomy between mentioned period. During the chosen study period, a total of 20 patients underwent elective simple or radical nephrectomy in our department, excluding the cases performed for renal trauma. The clinical data of the patients retrieved included age, sex, clinical features, all pathological and biochemical investigation records, all imaging studies and histopathologic examination reports of the nephrectomy specimen.

Discussion: The reported rates of nephrectomy for malignant conditions from Nigeria and Norway were 67.3 and 68%, respectively. Philips et al¹⁴ also reported that in a series of 121 cases, 52 (75.3%) cases of laparoscopic nephrectomy were done for malignant diseases and 69 (24.7%) cases for benign causes. In a report of 85 adult nephrectomies performed at al Bashir Hospital, Saudi Arabia 77.6% cases of nephrectomies were done for benign conditions. Similarly, in a series of 135 nephrectomies reported from Pakistan 76.6% cases were due to benign causes.

Results: Age of the patients ranged from 9 years to 68 years (mean age 21.6 years). Among them, 14 were males and 6 were females (M:F 2.2:1) Out of 20 nephrectomies, 14(70%) cases were performed for benign conditions of the kidney while 6(30%) cases were performed or malignant conditions. Among the benign conditions, 8 (67%) kidneys removed were from the right side whereas 6 (43%) kidneys removed were of left side On the other hand,3 (50%) of the malignant kidneys removed were from left side whereas 3 (50%) were from right side.

Conclusion: Among 20 cases of this series, in 70% cases nephrectomy was done for benign conditions, whereas 30 % cases were for malignant diseases, Neglected PUJO and extensive stone disease causing loss of renal function were very common in our centre.



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SESSION II

PAPER PRESENTATION

Examination of various modalities for managing fissure in ano

Author: Dr. Advait Bhatmule (Surgery Resident), Co-Author: Dr. H. B. Janugade (Professor, HOD),
Dr. Aakash Katkar (Assistant Professor)
Department of General Surgery, Krishna Institute of Medical Sciences, Karad

Introduction: "Fissure in ano" is a vertical break in the anoderm of distal anal canal from anal verge towards dentate line, but not crossing it. It is acute or chronic. Due to its location, shy patients and females fear seeking treatment, which increases morbidity. Though anal fissure is an old phenomenon, disagreement still surrounds its care. An effort is made to investigate relationships among etiological variables, morbidity, recurrences and a comparative analysis of 4 treatment options.

Study Duration: January 2021 - April 2022

Objective:

1. To research clinical manifestations and a etiology of fissure.
2. To research treatment methods-subcutaneous lateral internal sphincterotomy, Lord's dilatation, GTN ointment, sclerotherapy
3. Research side effects of both diagnosis and therapy of anal fissure.

Methodology: 60 patients were subdivided into acute and chronic groups. They were given predetermined treatment. Effectiveness and side effects were investigated

Observations: The commonest painful condition of anal canal is fissure. Third decade sees maximum instances. Ratio of men to women was virtually equal. Pain during faeces was the commonest presenting complaint in acute fissures; sentinel skin tag was the commonest in chronic fissures; bleeding per rectum was the second most frequent complaint in both. Commonest location was along posterior midline in both sexes. Anterior fissures were uncommon and largely observed in females.

Discussion: This study demonstrated anal fissure is one of commonest painful conditions of anal canal and can be effectively treated. Morbidity from this condition can be avoided with timely management.

Results: Sclerotherapy, GTN ointment, Lord's dilatation were used for 10 patients each out of 30 in acute group. Sclerotherapy provided instant pain relief but had negligible impact on healing. Lord's dilatation has significant post-treatment complications and anal incontinence though good pain relief and healing percentage. GTN had a decent rate of fissure healing, pain reduction; post-treatment problems were minimal.

10 patients from chronic group of 30 received Lord's dilatation, lateral internal sphincterotomy, GTN. GTN had 1 side effect- headache; it was found to treat pain and increase healing. Lord's dilatation had significant post-operative bleeding and incontinence. The procedure with the least problems, best pain relief, and fastest healing was lateral sphincterotomy.

Conclusion: GTN was the best treatment for acute fissures; lateral sphincterotomy was the best for chronic fissures. GTN is the next best treatment for chronic fissure patients who declined surgery or were unfit for it.



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SESSION II

PAPER PRESENTATION

Comparative study of USG guided pigtail catheterisation versus open surgical drainage in patients with liver abscess.

Author: Dr. Sinai Bhangui Esha Hemkant (Surgery Resident), Co-Author: Dr. H.B. Janugade, (Professor, HOD), Dr. Aakash Katkar (Assistant Professor)
Krishna Institute of Medical Sciences, Karad

Introduction: Liver abscess could be pyogenic liver abscess or amoebic liver abscess. Pyogenic liver abscess could be due to different etiologies such as biliary sepsis portal vein sepsis , trauma etc. Patients present with complaints of pain in right hypochondrium, fever, chills, occasionally jaundice. Currently patients are treated with antibiotics along with percutaneous pigtail catheter drainage and open surgical drainage.

Study Duration: 1 Year

Objective: To study prevalence of gender , age in liver abscess patients.

To study outcome and complication of patients with liver abscess treated with percutaneous drainage versus open surgical drainage

Methodology: A prospective study was conducted in 30 patients with liver abscess over a span of one year. Patients were randomly divided into 2 groups. Group A- undergoing percutaneous drainage , Group B -undergoing open surgical drainage

Observations: Most common age group was between 35-45 years . It was also observed that liver abscess was more common in males than in females. Most common site of liver abscess was right side. On an average the hospital stay in these patients were between 6-8 days.

Discussion: Percutaneous catheter drainage of liver abscess is now standard treatment. The advantage of catheter drainage is that it provides a continuous outlet to the pus. There was no mortality in this study. All patients were cured and discharged. Surgical drainage can be done for multiloculated or ruptured abscess.

Results: Open surgical drainage has more success rate than percutaneous pigtail drainage. Percutaneous drainage is less invasive, hence better patient acceptance.

Conclusion: Percutaneous drainage is safe method for treatment of liver abscess. It has low morbidity with good success rate. Open surgical drainage is better treatment option for patients with multiloculated abscess , ruptured abscess, with other associated intraabdominal pathology and failure of pigtail catheter.



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SESSION II

PAPER PRESENTATION

Diagnostic Modalities For Patient With Thyroid Nodule In A Rural Setup

Author: Dr. Harish Mudashi (Surgery Resident), Co-Author: Proff. Dr. D.K.Apturkar, Dr Atreyee Sarkar, Dr Aishani Sadre.

Department of General Surgery, DBVP Rural Medical College.

Introduction: Thyroid nodules are a common endocrine disease whose prevalence in India is approximately 12.2%. Thyroid nodules are typically found on physical examination or incidentally when other imaging studies are performed. Malignant or symptomatic nodules that compress nearby structures warrant surgical excision. Yet, the majority of thyroid nodules are asymptomatic and benign, so the thyroid surgeon must rely on diagnostic studies to determine when surgery is indicated. Ultrasound is currently the preferred imaging modality for thyroid nodules.

Study Duration: 2 Year

Objective: To help assess preoperatively the nature of a thyroid nodule before patients are scheduled for surgery

Methodology: It was an observational study carried out on 48 patients of thyroid swellings admitted and were willing for intervention at a rural medical setup during October 2019 to September 2021. All patients were examined clinically after taking detailed history, age, sex, thorough clinical examination and the data was recorded. They were investigated with clinical, radiological (USG) and pathological (FNAC) parameters. Intra operative surgical notes were recorded post-operative histopathology reports of the specimen were noted.

Observations: The triple test demonstrated higher sensitivity, specificity, and accuracy in differentiating thyroid nodules

Discussion: To determine a precise diagnosis and a therapeutic strategy in accordance to a thorough physical examination in addition to investigations like fine-needle aspiration cytology (FNAC) and ultrasonography (USG) are most beneficial.

Results: Thyroid disorders are more common in females rather than males with a male: female ratio of 1:11. The commonest presenting complaint is neck swelling (100%) followed by dysphagia (4.17%). Lymph nodes were seen in 6.25%. Most common diagnosis on ultrasonography was multinodular goiter (31.25%). Sensitivity of USG in diagnosing malignant thyroid lesion is 92.11% and specificity of USG is 50%.

Conclusion: A careful physical examination along with relevant investigations like fine-needle aspiration cytology (FNAC) and ultrasonography (USG) are most helpful to reach an exact diagnosis and plan of management accordingly.



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SESSION II

PAPER PRESENTATION

Clinical Profile of Patients Suffering from Carcinoma of Breast

Author: Dr. Aditya Dorkar, Junior resident (GS), Co-Author: Dr. Namrata A Abhyankar, Junior resident (GS), Dr. Pranav B Jadhao, Junior resident (GS), Dr. Atharva Datar, Junior resident (GS),

Details of authors

Ashwini rural medical college, hospital and research centre, kumbhari, Solapur

Introduction: The cancer of breast with its uncertain cause has captured the attention of physicians throughout the ages. It's one of the most common carcinoma occurring in female and it is a devastating illness both physical and mentally. As carcinoma of breast is a quite common clinical problem encountered in clinical practice, this study is an attempt to study clinical presentation, common risk factors and various treatment options for carcinoma breast.

Study Duration: 2020-2022

Aims and Objectives:

1. To study clinical presentation of carcinoma of breast.
2. To find out common risk factors for carcinoma of breast.
3. To study various treatment options for carcinoma of breast.

Observations & Results: In present study out of 42 cases only 2 patients (5%) had stage 1 at diagnosis, 7 patients (16%) had stage 2A disease and 12 patients (28%) had stage 2B disease. 17 patients (43%) had stage 3 disease at diagnosis, 17 patients (40%) had Stage 3A, 1 patient (2%) had Stage 3B and no patient had stage 3C disease. 3 Patients (7%) had metastatic breast cancer (stage 4) at diagnosis

Out of 42 patients in our study 8 patients (19%) had small operable breast cancer, 27 patients (64%) had large operable breast cancer, 4 patients (10%) had locally advanced breast cancer, and 3 patients (7%) had metastatic breast cancer

Conclusion:

- In our study, maximum number of patients (62%) presented in age group of 51-60 years of age.
- Majority of patients (66%) presented after 3-6 months of onset of symptoms.
 - Carcinoma of breast was more common in left side (57% of patients), upper outer quadrant being most common (50% of patients).
 - In majority of patients, size of tumour was more than 5 cm (76% of patients) at time of presentation and majority presented in stage 3A (40% of patients).
 - Early menarche was risk factor in 9% of patients.
 - Nulliparity was risk factor in 7% of patients.
 - Carcinoma breast was found in 9% of non lactating females.



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SESSION II

PAPER PRESENTATION

RARE PRESENTATION OF GBS

Author – Dr.Komal Godbole (Medicine), Co – Author – Dr.Neelam Pandey(Sr) Dr.Niranjan Pathak (Ap),
Dr.Pravin Soni (Hod), Dr.Komal Godbole (Medicine Junior Resident
PCMC PGI YCM Hospital Pimpri Pune

Introduction: Guillain Barré syndrome (GBS) is an acute onset fulminant polyradiculoneuropathy, autoimmune in nature which manifests as a rapidly evolving areflexic motor paralysis with or without sensory disturbance. It occurs year-round at a rate of 10 - 20 cases per 100,000 annually. Males are at slightly higher risk for GBS than females. During the acute phase, the disorder can be life-threatening, with about 15% of people developing weakness of the respiratory muscles and therefore, requiring mechanical ventilation.

Objectives: Rule out GBS even if patient have no typical history of weakness, preceding fever or infection.

Case Report: 40-year-old female came in casualty with co tingling and numbness in both the lower limbs since 15 days. Pt had complained of in ability to close both eyes since 5 days With complain of difficulty in chewing Inability to smile Patient have no complain weakness in any of the limbs No bladder bowel involvement. Patient have no prior comorbidities. CSF tapping was done. Nerve conduction study was done suggestive of GBS.

Conclusion:

- Guillain -Barre syndrome is a neurological disorder resulting primarily in muscle paralysis that in most cases is symmetrical.
- Patient may present with paraesthesia and cranial nerve involvement (7th).
- It is extremely important to identify to identify and urgently refer, potential severe cases in order to have the appropriate investigations like electrodiagnostic studies.
- Differential diagnosis is of utmost importance.



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SESSION III

PAPER PRESENTATION

Study of Pattern of Self Medication Practices in Relatives of Patients Admitted in A Tertiary Care Hospital.

Author – DR. AMEYA PATIL, Co – Author –DR. CHANDRAKANT KOKATANUR
Krishna Institute of Medical Sciences, Karad

Introduction: Who has defined self-medication as the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms. Some of the reasons for increase in prevalence of self-medication practice are rising socioeconomic status, increased literacy rates, easy access to information, shortage of time, easy availability of over the counter drugs (OTC) etc. Inappropriate self-medication can have some associated risks such as adverse drug reactions, disease masking, inaccurate diagnosis of disease, increased morbidity, drug interactions, wastage of healthcare resources and antibiotic resistance.

Duration of Study: 6 Months

Objectives: To assess various reasons for self-medication
To assess factors associated with self-medication like age, education, gender
To know common adverse drug effects related to self-medication.

Materials and Method: A Cross-sectional study was conducted among relatives of patients admitted in Krishna Hospital. Considering prevalence of self-medication in 81.5% of population in a study conducted by V D Phalke, sample size was calculated using 4 pq/L2. The calculated sample size is 241. Data collection was done by using a pre-tested questionnaire after obtaining Institutional Ethical Clearance.

Observations:

The most common illness for which self medication was used is common cold (14.9%). Subjects whose education was between 10th-12th Std (9.03%) and graduates (15.66%) got the information from Pharmacist. Subjects (24.1%) opted for self medication because they thought that the illness was less severe. Medical shops (89.2%) was the most preferred option for the purchase of allopathic drugs (45.6%). 64.8% of the subjects thought that minor injuries can be treated without visiting the doctor.

Discussion: In a study conducted at Puducherry, the type of illness for which self medication was practiced was fever, followed by headache. In a study conducted in Western India, main reason for self medication was patient's old prescription, which was followed by saving of time.

Conclusion: In spite of availability of numerous health care facilities, self medication is prevalent. Self medication can lead to antibiotic resistance, harmful drug interactions, adverse drug reactions and side effects. So there is need to implement strict monitoring, supervision and inspection of over the counter drugs.



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SESSION III

PAPER PRESENTATION

Relation of Obesity with The Maternal and Foetal Outcome in Pregnancy in India

Author - Dr Shantanu Shembalkar (PG 3rd Year Smt. Kashibai Navale Hospital Pune),
Co- Author - Dr Hemant Damle (Professor and HOU Smt. Kashibai Navale Hospital Pune)
Smt Kashibai Navale Hospital Narhe Pune

India has always been a country stricken with malnutrition. The Indian Population is very diverse causing the health system to deal with both severe malnutrition and obesity. Malnutrition is associated not only with reduced body mass index but also with obesity (1).

The Indian health system has had to face both severe malnutrition and obesity too.

Obesity has become a global epidemic affecting 12% of the world's population. 6.2% of women in India are obese with 17.2% of them being overweight (3)

In the United States, the estimated annual medical cost of illness related to obesity approaches \$150 billion, excluding the cost of maternal morbidity and adverse perinatal outcomes (4)

At the beginning of the last century, obesity was not terribly problematic, and with few exceptions, Williams did not refer to its adverse obstetrical effects.

Adipocytes are not just a passive store of fat but an active endocrine organ secreting various adipokines which have a serious impact on reproduction, affecting menstruation, ovulatory function leading to obstetric and also neonatal complications.

The increased flux of fat fertile females who enter their ANC period with dysmetabolism in recent times has led to this being an area that needs the attention of the medical community more than ever.

Excess body fat causes obesity and this predisposes a person to a number of common conditions like Diabetes, hypertension, coronary heart disease, cholelithiasis, stroke, osteoporosis and breast and endometrial cancers.

Body fat is difficult to estimate directly. Body Mass Index(BMI) is a method developed in the 19th century. While it has its limitations, it can be used to identify individuals at risk. A BMI of more than 30kg/m² has been used to classify people as obese. Region specific BMIs have been used recently to gauge the prevalence of adiposity related disease and their association with certain conditions in local populations

This paper aims to highlight the relation between obesity and maternal or foetal outcomes in the Indian scenario.



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SESSION III

PAPER PRESENTATION

A prospective cohort study on the impact of phototherapy on the serum magnesium levels of infants with indirect hyperbilirubinemia

Author- Dr Anshul Vikram Shrivastava(Resident , Dept of Paediatrics VIMS, Ahmednagar)

Co Author- Dr Abhijeet Shinde (Assistant Professor, Dept of Paediatrics, DVVPF, Ahmednagar), Dr Suresh Waydande(Professor & Head Of Dept of Paediatrics, DVVPF Ahmednagar), Dr Sunil Natha Mhaske (Professor Dept of Paediatrics & Dean DVVPF Ahmednagar).

Introduction- Magnesium ion is one of the most complex antagonist regulators of human bilirubin molecule, ionic channel, and NMDA receptors. The aim of this study was to investigate the effects of phototherapy on serum magnesium levels in babies with hyperbilirubinemia.

Duration Of Study- March 2021-September 2021

Objective- This study's aim and objective was to examine newborns with hyperbilirubinemia who had undergone phototherapy to see how that treatment affected their serum magnesium levels.

Methodology: In the Department of Paediatrics and Neonatology at a tertiary care medical facility, this prospective cohort study was conducted from March 2021-September 2021. Before starting the study, all of the children's parents or guardians provided written informed consent and the study was approved by the ethical committee.

Observations- Infants with hyperbilirubinemia had considerably lower total magnesium levels when compared to controls, and there was no rise in serum magnesium levels proportional to the rise in serum bilirubin levels. Serum bilirubin levels significantly decreased after phototherapy compared to levels before phototherapy, and blood magnesium levels, both total and ionized, significantly decreased after phototherapy compared to levels before phototherapy.

Discussions- A sample of 160 newborns were studied to compare the total serum magnesium levels before and after treatment. Patients receiving double therapy experienced a significant drop in serum magnesium levels after phototherapy, however patients receiving single or intensive phototherapy did not experience these differences. It is most likely the outcome that the magnesium levels are lowered after double phototherapy along with a decrease in bilirubin.

Results- After phototherapy, serum magnesium levels decreased in patients receiving double therapy; but, these differences were not present in patients receiving single or intensive phototherapy. After double phototherapy, the magnesium levels are reduced in association with a decrease in bilirubin, which is most likely the result of elevated magnesium levels in association with hyperbilirubinemia.

Conclusion: Only the twofold phototherapy approach in the current investigation demonstrated a considerable reduction in serum magnesium levels; the levels in the other two groups remained within the normal range. In all three treatment groups, the level of serum magnesium was normal before to treatment and did not significantly rise



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SESSION III

PAPER PRESENTATION

The Effects of Body Mass Index and Gender on Chronic Obstructive Pulmonary Diseases on Pulmonary Function Test in Adults.

Author: Dr. Bahekar Samadhan Dattatraya (Jr In Dept Of Respiratory Medicine), Co-Author: Dr. Bharat Toshniwal (Associate Prof. Department of Respiratory Medicine), Dr. Paraji Bachewar (Associate Prof. Department of Medicine), Dr. Sanjay Mahajan (Prof. Department of Respiratory Medicine)
Dr. Ulhas Patil Medical College and Hospital, Jalgaon.

Introduction: We have collected data of PFT in 4011 individuals and diagnosed them with COPD, tried to find the relationship between BMI and gender with COPD.

Duration of Study: 8 Months from 2021 to March 2022

Objectives: We aimed to determine the effects of BMI and Gender on the development of COPD.

Methodology: We collected data of 4011 pulmonary function tests in Respiratory Medicine department in Maharashtra from 2021 to 2022. And we defined COPD diagnosis based on the ICD-10 code and prescribed medication . BMI Classified them to five groups (Asian population) and six groups (standard classification WHO 1998).

Discussion: Several studies have assessed the factors associated with nutritional status in selected COPD populations. Some of these have suggested a relationship between malnutrition ,impaired pulmonary status and female gender individuals with low weight have hyperinflation ,lower diffusing capacity and lower exercise capacity.The study of Vestbo et al indicated that BMI decreased with increasing COPD severity.

Results: Among 1827 females there were 505 subjects with post bronchodilator FEV1 over FVC ratio below 0.7 (COPD) and 1322 female subjects with post bronchodilator FEV1 over FCV ratio above 0.7(non COPD). Among 2184 males there were 799 subjects with post bronchodilator FEV1 over FVC ratio below 0.7 (COPD) and 1375 male subjects with post bronchodilator FEV1 over FCV ratio above 0.7(non COPD).So in given population prevalence of COPD in male was around 36.75 % and female 27.61%. In the COPD population about 18.47 % had underweight 34.14% normal weight 15.95% overweight, at risk 23.69% obese1 and 7.75% obese 2 according to BMI classification in adult Asians. and according to BMI classification in adult Europoids WHO (1998) 18.47 % underweight , 50.09 % normal weight , 23.69 % pre obese ,5.84 % obese1,1.5 % obese 2 and 0.4 % obese 3.

Conclusion: The results of this study indicate that the proportion of persons with COPD progressively increased as BMI decreased . In addition compared with the non COPD group, the proportion of COPD subjects in underweight and normal weight categories were higher while in the obese categories were lower. Also the prevalence of COPD in male is more than in females .



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SESSION III

PAPER PRESENTATION

Study of hematological profile in patients with dengue fever

Author: Kaushiki Varshney, Co-Author: Supriya Karmakar, Nanda. J. Patil
Krishna Institute of Medical Sciences Deemed to be University, Karad.

Introduction: Dengue fever and dengue hemorrhagic fever has emerged as a global public health problem in recent decades. The most prominent hematological change is thrombocytopenia and leukopenia with reactive lymphocytes and increase in hematocrit concentration. In Biochemical variables, commonest changes occur in liver function tests and increased serum ferritin levels. The present study includes evaluation of hematological and biochemistry profile of the seropositive (IgM, IgG and NS1 antigen) dengue patients on IPD basis in our institute.

Duration of Study: The present study is a two-year hospital based prospective study of all the hematological parameters in patients diagnosed serologically as dengue fever in tertiary care center from June 2019 to May 2021, which includes 210 cases.

Objectives: To correlate hematological parameters with clinical details.
To correlate hematological parameters with biochemical parameters.

Methodology: Blood sample from all dengue patients admitted in the hospital were collected in EDTA (CBC), Plain (Liver function test, serum ferritin and rapid dengue test) and Citrate (Coagulation profile) vacutainers.

Observations and Results: Total 210 dengue positive cases were obtained within period of a 2 years. Age group ranged from 18 years to 78 years and with male preponderance. Clinical presentation was fever, bodyache and rash. Hematological parameters revealed reactive lymphocytosis, thrombocytopenia, increased platelet parameters and deranged liver function tests.

Discussion: Findings of Age distribution, Clinical presentation and Clinical spectrum are correlating to Shamsunder Khatroth, Kailash C. Meena et al and Yashaswini LS et al. Male preponderance observed is similar to Shamsunder Khatroth, Kailash C. Meena et al and Joshi AA et al. Serology pattern is similar to Kunal Tewari et al and Joshi AA et al. Results of Leucopenia, Lymphocytosis and Thrombocytopenia are similar to Ferede et al and Shamsunder Khatroth.

Conclusion: Haematocrit (HCT) monitoring is useful to evaluate the degree of plasma leakage and to determine therapeutic intervention.

Platelet count and platelet indices plays significant role in predicting severity of outcome of dengue fever.

It is concluded that a higher prevalence of hyperferritinemia was found in the dengue patients along with thrombocytopenia and raised PCV.



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SESSION III

PAPER PRESENTATION

Encephalitis: A Rare Neurological Manifestation Of Neurotoxic Snake Bite.

Author- Dr Sagar Vasatkar (Jr3 Medicine). Co-Author- Dr. Dattarao Nirgude(Sr), Dr. Narendra Kale (Ap),
Dr. Pravin Soni(Hod). Dr. Sagar Sadashiv Vasatkar (Medicine Junior Resident 3)
PCMC PGI YCM Hospital Pimpri Pune.

Abstract: we report the 3 cases of neurotoxic snake bite who presented with ptosis, breathlessness, difficulty in swallowing and altered sensorium 3-4 hour after the bite. Toxic effect of the venom can be possible cause for this rare presentation. Antisnake venom was given and other typical symptoms of neurotoxic snake bite like ptosis and respiratory muscle weakness improved, but altered sensorium was persistent and hence MRI brain with contrast was advised which showed altered signal intensity areas noted in the cortex, subcortical white matter in the bilateral high fronto-periatal-occipital regions and bilateral basal ganglia region. this appears t2/flair hyperintense and shows diffusion restriction. Finding are suggestive of encephalitis which is neurotoxin induced.so imaging studies should be done in all cases of altered sensorium following snake bite, so that more and more cases of diffused encephalopathy can be diagnosed early before development of irreversible brain injury.



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SESSION III

PAPER PRESENTATION

Carcinoma breast: Correlation of Immunohistochemical Expression of Cyclin D1 and Its Correlation with Clinicopathological Parameters in Indian Patients at Tertiary Care Hospital

Author-Dr Shilpi Raj (Resident Pathology), Co Author: Dr Ritu Mehta (Professor Dept of pathology, AFMC) Armed Forces Medical College, Pune

Introduction: Breast cancer is the most common cancer in women worldwide and is composed of heterogeneous molecular groups with different prognosis. Cyclin D1 is the product of the CCND1 gene located in chromosome 11q13 and is an important regulator of the cell cycle. It is a rate-limiting step in the cell cycle progression. It binds with cyclin-dependent kinase (cdk4/6) and by the inactivation Rb gene, it thus helps in the progression of the cell cycle.

Duration of study: One Year

Objective: To study the prevalence of Cyclin D1 expression and its correlation with clinicopathological parameters like age, tumor size, lymph node status, MBR grade, and expression of other immunohistochemical markers like ER, PR, Her 2 - neu, and Ki67.

Methodology: Thirty cases diagnosed were included in the study. All the cases were subjected to routine histopathology along with IHC for ER PR, Her2-neu, Ki67, and Cyclin D1.

Observations: Cyclin D1 positivity was found in 70% of cases. Our study presented the following distribution of cases Luminal A, N = 6(20%), Luminal B, N = 5(16.7%), Triple-negative, N = 10(33.3%), Normal Like = 7(23.3%), Her2/neu enriched = 2(6.7%). N = 4(40%) of triple-negative molecular subtype were positive for the cyclin D1. Cyclin D1 positivity showed a strong correlation with ER, PR, Her2-neu, and Ki67 status. However, no other significant correlation was found with other factors.

Discussion: CCND1 is the oncogene which is amplified in various cancers like breast, colon, lymphoma, melanoma, and parathyroid carcinoma. Cyclin D1 protein expression occurs even in the relative absence of the respective gene expression. Cyclin D1 is necessary for the normal development of the mammary glands. Besides its role in the cell cycle, it also modulates various regulatory molecules. It has a role in the repression of the STAT3 molecule which in turn causes loss of its anti-apoptotic activities and hence causes cellular proliferation. Cyclin D1 is also an intermediate in NFkB related pathway. Cyclin D1 has a complex relationship with ER. It can directly activate the ER and thus inducing its proliferating effects. Our study shows a strong correlation of Cyclin D1 with ER and PR. The same has been depicted in other studies. 53.3% of tumors were positive with both cyclin D1 and ER and PR. Studies on breast carcinoma showed that immunohistochemical positivity of Cyclin D1 is associated with increased breast cancer-related deaths in ER-positive patients even when adjusted to size and grade. There was a strong correlation with Her2/neu with (p = 0.035), however many other studies showed no correlation with this marker. While others presented with significant correlation. Further studies are required to solve this discrepancy. Our study presented with the strong association of Cyclin D1 and Ki67 with (p = 0.020). As the cyclin D1 is a regulator of cell growth and promotes cellular proliferation. This association is expected. The same has been demonstrated in many other studies.

Results: Cyclin D1 positivity was found in 70% of cases. Our study presented the following distribution of cases Luminal A, N = 6(20%), Luminal B, N = 5(16.7%), Triple-negative, N = 10(33.3%), Normal Like = 7(23.3%), Her2/neu enriched = 2(6.7%). N = 4(40%) of triple-negative molecular subtype were positive for the cyclin D1. Cyclin D1 positivity showed a strong correlation with ER, PR, Her2-neu, and Ki67 status. However, no other significant correlation was found with other factors.

Conclusion: This study shows a positive correlation of Cyclin D1 with many other prognostic markers like molecular subtype, ER, PR, Her2/neu, and Ki67. With the advent of CD4/6 inhibitors and their potential therapeutic effects in breast carcinoma, Cyclin D1 becomes a potential prognostic IHC marker and can aid in patient management in cases of breast carcinoma. Its association with other established markers and clinicopathological parameters needs to be researched thoroughly.



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SESSION III

PAPER PRESENTATION

Platelet and its indices as an early indicator of neonatal sepsis

Author- Dr Shreya Tuli (Tutor, Department of Pathology), Co-Author- Dr Nanda J Patil (Professor, Department of Pathology)
Krishna Institute of Medical Sciences Deemed to be University , Karad

Introduction: Neonatal sepsis is one of the major factors contributing to the high perinatal and neonatal mortality in newborns and is recognized as global health challenge with risk of neurodevelopment impairment seen in survivors. Testing of newer biomarkers from readily available tests and establishing their diagnostic accuracy to improve the precision in an early diagnosis of neonatal sepsis needs to be done. A CBC is one such affordable and readily available investigation. Platelets have been recognized as a key player in inflammation and thrombosis. Mean platelet volume (MPV) is a surrogate marker of platelet activity and is easily available in automated cell counters. MPV has been reported to have diagnostic and prognostic values in perinatal infections and inflammation. In the present study, the early diagnostic accuracy of platelet parameters, i.e., total platelet count (TPC), MPV and PDW for neonatal sepsis were studied.

Duration of study: The study was conducted for 2 years during September 2020 to August 2022.

Objective: To correlate platelet count and its indices with clinical features of neonatal sepsis for early diagnosis of neonatal sepsis.

Methodology: Neonates with clinical diagnosis of sepsis were included. Hematological parameters including initial platelet count, platelet indices (PDW, and MPV) were studied in the tertiary care hospital.

Observations: The present study included blood samples of 84 neonates out of which 50 cases studied (59.52%) were males and 34(40.47%) were females. Male to female ratio was (1.41):1. Thrombocytopenia was observed in 20 male neonates and 12 female neonates with raised PDW and MPV.

Discussion: In the present study, male neonates are more prone to sepsis. Majumdar, et al found 60% male neonates with clinically proved sepsis. Panda, et al found thrombocytopenia in 39.5% clinically proven sepsis patients.

Results: The platelet and its indices observed in cases of neonates were of benefit to the patient for the recovery.

Conclusion: Neonates with clinical symptoms of sepsis have a high prevalence of Thrombocytopenia, high MPV and high PDW, so these can be used as early diagnostic biomarkers of neonatal sepsis and may be combined with other biochemical markers.



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SESSION III

PAPER PRESENTATION

Maternal and Perinatal Outcomes in Twin Pregnancy in A Tertiary Care Centre - A Study

Author: Dr. Rasika Raut Under the guidance of Dr. Manisha Laddad.

Affiliation: 3rd Year Resident, Dept. Of OBGY, Krishna Institute of Medical Sciences.

Introduction: The incidence of multiple pregnancies has increased exponentially over the last few years owing to the advanced maternal age of child bearing as well as assisted reproductive technologies. There are high rates of maternal and perinatal morbidity and death associated with multiple pregnancy and hence it is a significant component of high risk pregnancies and is of great concern. Rates of multifetal pregnancies have a direct effect on the rates of preterm birth and its comorbidities. Importantly, this increased risk applies to each fetus and is not simply the result of more fetuses. The risk of infant death rose proportionally with the number of fetuses in the pregnancy (Matthews, 2015). Specifically, the infant mortality rate for twins was more than four times the rate for single births. Twin pregnancies have increased rates of complications such as preeclampsia, antepartum and post-partum haemorrhage, anaemia, polyhydramnios, increased rate of cesarean section and preterm birth as compared to singleton pregnancies. In addition, these pregnancies are prone to complications exclusive to twinning like twin-twin transfusion syndrome, acardiac twins and conjoint twins.

Objective: The aim of this study was to study the maternal and perinatal outcomes in twin pregnancies.

Materials and methods: This prospective observational study was conducted in the department of OBGY of the hospital for a period of six months, between March and August 2022. Women with twin pregnancy with gestational age of 28 weeks or more admitted and delivered in the maternity ward of our hospital during the study period were included in the study. Patients discharged after taking conservative management were excluded from study. Obstetric complications like Pregnancy induced hypertension, anaemia, preterm labour, Intrauterine growth restriction, Premature rupture of membranes were studied. Number of patients who delivered spontaneously vaginally, those requiring instrumentation and also those who required caesarean section was recorded. Fetal outcome, gestational age at birth, weight at birth, APGAR scores and requirement for NICU admission were analyzed.

Results: The incidence of twin pregnancy was 2.6 % with maximum incidence in age group of 20-29 years and in primigravida. Mean gestational age was 34.1 weeks. Vertex - vertex fetal presentation was most common presentation. Most frequent mode of delivery was cesarean section (90%). Preterm labour was most common maternal complication (80%), followed by anaemia (56%). Complications in perinatal period were birth hypoxia (46 %), intrauterine growth restriction (22 %), hyper-bilirubinemia (38%). 86% of the newborns were LBW. Perinatal mortality in our study was 8%.

Conclusion: Multiple pregnancies are linked to worse results for both the mother and the foetus or newborn. Early identification of cases at high risk, prompt referral, and regular prenatal visits and early admission to the hospital with a solid neonatal care setup are required to enhance maternal and neonatal health outcomes.



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SESSION IV

PAPER PRESENTATION

A Comparative Study Between Total Laparoscopic Hysterectomy And Non Descent Vaginal Hysterectomy For Treatment Of Benign Diseases Of Uterus”

Authors: Dr. Tanya Jha JR3 Dept. Of OBGY, Co-authors: Dr. Gulaab Singh Shekhawat
Smt. Kashibai Navale medical college and general hospital narhe, Pune.

Aim: To compare outcomes of Non descent vaginal hysterectomy and Total laproscopic hysterectomy on basis of points like blood loss, duration of surgery, ambulation time, expenditure.

Introduction: According to NCBI data, prevalence of hysterectomy performed in married women is 17 per 1000 married women. The number of women undergoing hysterectomy ranges from 2 to 63/1000 across different states. A little more than one-third of women who had undergone hysterectomy were under the age of 40 years We aim to compare between non descent vaginal mode of hysterectomy and total laparoscopic mode of hysterectomy in treatment of Benign diseases of uterus.

Duration of the study : 2 years

Methodology: This was a Cross sectional comparative study. Patients were selected who were attending Obstetrics & Gynecology OPD of a tertiary care center and underwent Non-decent vaginal hysterectomy (NDVH) and Total laparoscopic hysterectomy (TLH) during the study period. 120 cases were randomized equally into two surgical procedure groups of NDVH and TLH with 60 cases each.

Result: Mean blood loss during surgery was compared in both groups using unpaired t test, it was found to be statistically significant. (p value=0.0006). Mean post-operative hospital stay (in days) was compared in both groups using unpaired t test, it was found to be statistically significant. (p value=0.001). Expenditure during surgery was compared in both groups using unpaired t test, it was found to be statistically significant. (p value=0.000). Expenditure was less in NDVH procedure in our study. Mean drop in hemoglobin during surgery was compared in both groups using unpaired t test, it was found to be statistically significant. (p value=0.0001). Mean ambulation time was compared in both groups using unpaired t test, it was found to be statistically significant. (p value=0.000).

Conclusion: The financial burden was less In NDVH procedure. Length of hospital stay was significantly less in NDVH. Blood loss during surgery was significantly more in NDVH. Mean drop in hemoglobin was significantly more in NDVH. Mean ambulation time was significantly less in TLH. Mean VAS score at different days was significantly less in TLH.



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SESSION IV

PAPER PRESENTATION

Nifedipine and Magnesium Sulfate: A Comparative Study for Acute Tocolysis Of Preterm Labor

Dr. Arushi Raina, Dr. Nitin Kshirsagar, Department of Obstetrics and Gynaecology, Krishna Institute of Medical Sciences deemed to be University, Karad. Corresponding author: Dr. Arushi Raina

Aim: A comparative study between Nifedipine and Magnesium Sulfate for acute tocolysis in preterm labor.

Objective:

1. To compare the efficacy of intravenous Magnesium Sulfate with oral Nifedipine in Preterm Labor
2. To compare the side effects of Magnesium Sulfate with oral Nifedipine

Introduction: Preterm delivery is a major cause of perinatal morbidity and mortality. Tocolytic (labor suppressant) are medication to suppress premature labor. Tocolytic therapy is provided when delivery would result in premature birth, postponing delivery long enough for administration of glucocorticoids, which accelerate fetal lung maturity but may require one to two days to take effect

Methods: In this study 100 preterm women between 24 - 34 week gestations were randomly selected. Patients with gestational age lower than 34 week took dexamethasone for fetal lung maturity. Patients were selected randomly to receive either oral nifedipine or intravenous magnesium sulfate. Nifedipine tocolysis was initiated with a 30 mg capsule followed by 10 mg every 8 hourly, up to 48 hours. Tocolysis with intravenous magnesium sulfate was initiated with 4g (I.V) in 100 ml normal saline over 20 minutes followed by 1g every hour for 24 hours. In all patients, fetal heart rate, blood pressure, pulse rate, and uterine contractions were recorded.

Results: 2 patients (4%) after 24 hours, 5 patients (10%) after 48 hours, 4 patients (8%) after 72 hours and 26 patients (52%) after 7 days had delivery in the nifedipine group and 6 patients (12%) after 24 hours, 6 patients (6%) after 48 hours, 3 patients (6%) after 72 hours and 29 patients (58%) after 7 days had delivery in the magnesium sulfate group. This characteristic was not statistically different between the two groups. In this study, 9 patients (18%) in nifedipine group and 6 patient (12%) in magnesium sulfate group had a failure treatment (contractions did not subside) and needed to take other tocolytic medications.

Conclusion: we concluded that the oral nifedipine is a suitable alternative for intravenous magnesium sulfate with the same efficacy and side effects in the management of preterm labor.



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SESSION IV

PAPER PRESENTATION

Comparison between various methods of management of uterine polyp and to find out the most effective and safe method.

Author : Dr. Poorva Patil Co-author : Prof. Dr Sameer Darawade, JR3 in Obstetrics and Gynaecology
Smt. Kashibai Navale Medical College, Narhe, Pune.

Introduction: Uterine polyp are soft, fleshy intrauterine growths which are composed of endometrial glands, fibrous stroma, and surface epithelium. Prevalence in the general population approximates 9 percent. Various modalities are available for the management of endometrial polyp. We conducted this retrospective study to compare between D & C, Hysteroscopic scissors and forceps, Monopolar Cautery and Glycine, Bipolar Cautery and normal saline as methods for polypectomy.

Duration of Study: Jan 2021 to Jan 2022

Methodology :

- **Procedure :**
- Diagnostic Curettage
- Hysteroscopic scissors & forceps removal
- Bipolar and NS
- Monopolar and glycine
- **Materials :**
- Sims Speculum, vulsellum, cervical dilators, Curette, Hysteroscopic scissors, Hystero-mat, Light Source, Irrigation Fluids- Glycine & NS, Monopolar Set and Bipolar set.

Results: Total 11 out of 803 cases of Infertility and 88 out of 1507 cases of AUB presented with polyp at SKNMCC & GH Pune during January 2017 to December 2019. 13 cases of D & C, 26 of scissors, 40 of monopolar with glycine and 20 of bipolar and normal saline were operated. 54 cases operated by faculty and 43 case operated by residents and it was observed that procedure is equally effective in the hands of residents and expertise.

Effectiveness of using monopolar with glycine were superior than any other methods.

Conclusions: Operative hysteroscopy was an effective and safe option in certain uterine pathologies. Specific training in operative hysteroscopy should be promoted to make this type of surgery an integral part of gynecological services .



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SESSION IV

PAPER PRESENTATION

HLA-DR expression on flow-cytometry in peripheral blood monocytes in sepsis patients

Author: Dr Nishi Mehta(Jr3 Pathology),Co-Authors: Surg Cdr Gurpreet Kaur, Brig Ajay Malik, Air Cmde Arijit Sen
Armed Forces Medical College, Pune

Introduction: Severe sepsis and septic shock affect millions of individuals around the world each year and almost a quarter of these patients succumb to disease. These patients rapidly deteriorate with loss of immune function and therefore biomarkers helping for early detection of impaired immunity would help deciding therapy for these patients. Reduced monocyte human leukocyte antigen-DR (HLA-DR) expression by flow-cytometry, is a potential biomarker for sepsis. We compare HLA DR expression on monocytes in patients with sepsis on admission and day 3 and compare it with the clinical sepsis scores and probability of death calculated from these scores and the survivability on day 28.

Duration of Study: 02 Years

Objective: To study the serial mHLA-DR expression in sepsis on day 1 of admission and day 3, and correlation with survivability over 28 days.

Methodology : 30 patients fulfilling sepsis criteria were taken along with 30 healthy controls. Hb TLC, DLC, PBS, LFT, RFT (full forms??) were taken for diagnosis and monitoring of sepsis patients in the study group. SAPIII score was calculated for these patients on day1 and day3 from which probability of death was computed. These patients were followed up for 28 days. FCM analysis was carried out on BDFACS caliber 4 laser flow-cytometer using isotype controls for each sample run on EDTA anti coagulated peripheral blood. Monocytes were identified and HLA-DR expression evaluated by proportion of positively fluorescing monocytes.

Observations: In our study, we have shown that healthy controls had monocytes with HLA-DR between 80-90% whereas values were significantly lower in sepsis patients and even lower in septic shock patients. The mHLA-DR positive monocytes value was inversely correlated with the SAPIII values and this correlation was statistically significant only on day 3.

Discussion: HLA-DR expression levels provide valuable information in predicting mortality and is inversely correlated with sepsis severity.

Results: HLA-DR expression loss on monocyte is early event in sepsis and its persistence is associated with severity score and death. mHLA-DR expression recovery represents recovery from sepsis-induced immunosuppression.

Conclusion: Monocytic HLA-DR is a parameter to guide immunology-intervention. It has advantage to provide an estimate of the 'net' biological effect of pro and anti-inflammatory stimuli.



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SESSION IV

PAPER PRESENTATION

Analysis of Worst Pattern of Invasion as emerging factor in determining Lymph node metastasis in oral squamous cell carcinoma.

Author: Dr Monika Dattatraya Kashid (Junior resident in Department of Pathology), Co-author: Dr Tahniyat Ara (Professor in Department of Pathology)
Ashwini Rural Medical College, Hospital and Research Centre, Kumbhari, Solapur, Maharashtra.

Introduction: Oral cavity cancer is sixth most common malignancy worldwide. Squamous cell carcinoma (SCC) is the most common malignant neoplasm of the oral cavity and represents about 95% of all oral carcinoma, it is an important cause of morbidity and mortality worldwide. Pattern of invasion is most important emerging influencing factor having strong association with nodal metastasis and thus high risk patients can be identified in biopsy specimen.

Duration of Study: 1 year (Oct 2021 to Aug 2022)

Objective: To evaluate the role of worst pattern of invasion to determine risk of lymph node metastasis in oral SCC.

Methodology : After receiving approval of institutional ethical committee the study was conducted in histopathology section of pathology department. Total 52 cases were evaluated and slides were stained by H and E and examined microscopically.

Discussion: Lymph node metastasis is associated with poor prognosis in oral SCC. So it's important to identify most influencing histological parameter in association with lymph node metastasis. Parth Goswami et al - Reported as WPOI is strongly associated with positive lymph node metastasis. They observed p value for WPOI has been lowest among other histopathological patterns like nuclear pleomorphism, number of mitosis, lymphoplasmacytic inflammation.

Results: We studied total 52 cases. We classified cases into two groups. Group 1 includes cases showing WPOI 1,2,&3 and group 2 includes cases showing WPOI 4& 5. Group 1 includes 37 cases, out of which 9(24.3%) cases were positive for lymph node metastasis. Group 2 includes 15 cases out of which 7(46.6%) were positive for lymph node metastasis.

Conclusion: The Worst Pattern of Invasion is most important emerging influencing factor having strong association with nodal metastasis and thus high risk patient can be identified in biopsy specimen.



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SESSION IV

PAPER PRESENTATION

Clinico-haematological study of thrombocytopenia on the basis of bone marrow examination in a tertiary care hospital.

Author: Rushit Shah (3rd year Resident) Co-Authors: Vaidehi Nagar, Nanda J. Patil, Sujata R. Kanetkar
Krishna Institute of Medical Sciences Deemed to be University, Karad

Introduction : Thrombocytopenia is defined as reduction in the peripheral blood platelet count below the lower limit of 1,50,000/mm³. If the cause is not found peripherally, sometimes; there is a need for bone marrow examination. The role of bone marrow aspiration in thrombocytopenic patients is to rule out hematological diseases and is also employed in typing of anemia. Bone marrow examination certainly helps in early management and better outcome of patient illness.

Duration of study: The present study was cross sectional which included all patients presenting with thrombocytopenia who have undergone bone marrow examination in the section of hematology over a period of two years (May 2019 to April 2021).

Objective: To correlate bone marrow findings with clinical features, hematological parameters and other investigations in cases of thrombocytopenia.

Methodology: The clinical details were obtained from the case reports of the patients which included demographic details, clinical features, blood investigations and few additional radiological investigations.

Observations: Total 103 cases with thrombocytopenia were obtained within a period of 2 years. All age groups were included which showed male preponderance. The most common symptom was pallor followed by generalized weakness, hepatosplenomegaly etc.

Discussion:

- Male predominance was concordant with studies done by Mayuri et al, Dougul Regis et al, Sanjay V. Patne et al.
- Similar clinical features were observed by Anita P. Javalgi et al, Shano Naseem et al and Tariq et al.
- Maximum number of cases were leucopenia and moderate thrombocytopenia ranging from 50,000 – 1,00,000/mm³ which were similar with Ashna et al and Talwar et al.
- Bone marrow aspiration cellularity findings were similar with studies of Mayuri Gohil et al, Chaudhary TS, Sn Wickramsinghe.

Results :

Out of 103 cases; BM Biopsy – 9 cases which showed lymphoma, aplastic anemia, myelofibrosis, multiple myeloma, AML. BM Aspiration – 32-megaloblastic anemia, 9-dimorphic anemia, 14-acute myeloid leukemia, 4-acute lymphoblastic leukemia, 6-multiple myeloma, 7- chronic myeloid leukemia in blast crisis, 6- CLL, 8-infections and 8 rare cases.

Conclusion: Study of bone marrow forms the mainstay in the diagnosis of thrombocytopenia cases and certainly helps in early management and better outcome of patient illness.



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SESSION IV

PAPER PRESENTATION

Effect of Weight Gain and its association with Insulin Resistance and Dyslipidemia in Rural Adolescents in Polycystic Ovarian Syndrome - Prospective Cross Sectional Study

Author: Dr. Deepashree Deepak Arbune OBGY 3rd year resident of Krishna Institute of Medical Co-
Author : Dr. Rajkumar Patange, Dr. Manisha Laddad

Introduction: Polycystic ovarian syndrome (PCOS) is the most complex and common endocrinological disorder involving 5-11% of women in their reproductive age group. This prevalence ranging from 2.2% to 26% in adult women from 18-45 year. In a recent study the prevalence of a confirmed diagnosis of PCOS in adolescents aged 10 to 19 years was 5-15%, which increased to 10-22% when undiagnosed cases with documented symptoms qualifying for PCOS according to NIH (National institute of Health) criteria were included. PCOS is a complex endocrine disorder which is most common in women of reproductive age. PCOS may first present in adolescence, but the incidence of PCOS in adolescence is not known, as diagnostic criteria for PCOS in their adolescent age is still not defined, PCOS symptoms tend to overlap with normal pubertal changes making the diagnosis even more challenging. The objective is to study prevalence and symptomatology of polycystic ovary syndrome (PCOS) in adolescent girls. In adolescents with PCOS Dyslipidemia, diabetes as well as obesity are all potent cardiovascular risk factors in their future reproductive life. Its a metabolic disorder may not be related with obesity only, in lean PCOS also we can see its manifestations.

Aim and Objective: To study the Effect of Weight Gain and its association with Insulin Resistance and Dyslipidemia in Rural Adolescents in Polycystic Ovarian Syndrome

Methodology: It was prospective, cross sectional study carried out from April 2018 to March 2019, 85 adolescents (10-19) with PCOS enrolled in my study. In all participants enrolled in my study we measured body mass index (BMI) & their waist / hip (W/H) ratio. Those participants who participated their Fasting glucose, as well as Fasting insulin and fasting lipid profiles were measured. In our study definition of Insulin resistance is, fasting glucose-to-insulin ratio should be < 4.5 . After blood reports, we found the relation of obesity markers with their insulin resistance status and their lipid parameters. After this Statistical analysis was done by using SPSS & Mann Whitney U tests.

Results: In my study Out of 85 PCOS adolescents 60 adolescents had insulin resistant. We found there was no correlation between BMI and W/H ratio depending on their various lipid parameters. Surprisingly we observed that those PCOS girls with insulin resistance, shows their lipid profile significantly abnormal, as compared to insulin-sensitive girls with PCOS. In two groups we found that total cholesterol ($P = 0.002$), as well as triglycerides ($P = <0.001$) and their HDL ($P = <0.001$) difference was statistically significant but it was not statistically significant for low-density lipoprotein (LDL) ($P=0.09$)

Conclusion: The adolescents with PCOS Insulin resistance is responsible for dyslipidemia, which is independent of obesity markers



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SESSION IV

PAPER PRESENTATION

Umbilical Coiling Index and Its Relationship with Perinatal Outcomes

Authors: Dr. Priyadarshini P Adsul JR3 Dept. Of OBGY

Co-authors: Dr. Kishorkumar Hol Asso. Prof Dept. Of OBGY, Dr. Shilpa Chaudhari Prof. Dept. Of OBGY
Smt. Kashibai Navale medical college and general hospital narhe, pune

Introduction: The primary objective of antenatal and intrapartum fetal surveillance both in early and late pregnancy is to prevent fetal death. One of the most important parts of the fetoplacental unit is the umbilical cord. It is now being studied in predicting the perinatal outcome.

Duration of the study : 6 months

Methodology: This prospective study was conducted in Obstetrics and gynaecology department of a tertiary care hospital in Smt. Kashibai navale medical college and general hospital narhe, pune. Three hundred and fifty (350) umbilical cords of babies delivered either by vaginally or by lower segment caesarian section were examined. The umbilical coiling index was calculated by dividing the total number of coils by the length of the cord. Subjects with umbilical coiling index below 10th percentile, between 10th and 90th percentile and above 90th percentile were defined as hypocoiled, normocoiled and hypercoiled respectively. It was then correlated with the following pregnancy outcomes: mode of delivery, preterm delivery, birth weight, meconium staining, Apgar score at 1 and 5 minutes, and neonatal intensive care unit (NICU) admissions. Hypocoiled cords were those having umbilical cord coiling index (UCI) less than 10th percentile and hypercoiled cords were those having UCI > 90th percentile. Statistical analysis was done. The results were statistically analysed by chi-square test. The p value ≤ 0.05 was considered statistically significant for all the analyses.

Result: The mean UCI was 0.61 ± 0.16 . The hypocoiled umbilical cords (UCI < 10th percentile) were significantly associated with low birth weight, meconium staining, low Apgar score at 1 minute, and increased NICU admissions with a p-value < 0.05.

Conclusion: Abnormal UCI (hypocoiling) are significantly associated with adverse perinatal outcome.



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SESSION IV

PAPER PRESENTATION

Placenta accreta spectrum disorders and multidisciplinary approach in its management in modern obstetrics; A retrospective study in tertiary care centre.

Author: Dr. Aishwarya Shrivastava, 3rd year resident (Dept of OBGY) Co-Author: Dr. Manisha Laddad
Krishna Institute of Medical Sciences, Karad, Satara, Maharashtra.

Introduction: Placenta accreta is defined as a spectrum of abnormal placentation disorders. Depending on the depth of uterine trophoblast invasion, three subtypes have been pathologically differentiated: (1) superficial placenta accreta, where there is decidual (endometrial) deficiency and the anchoring placental villi attach directly onto the myometrium without deeply invading it; (2) placenta increta, where the villi penetrate deeply into a myometrial defect with partial myometrial thinning or dehiscence; and (3) placenta percreta, where the villi reach or extend beyond the uterine serosa with complete loss of overlying myometrium and possible invasion into surrounding structures or organs. The defective decidualization can cause life-threatening haemorrhage when attempted to separate at the time of delivery thus requiring attention for a multidisciplinary approach in its management. Many risk factors are associated with PAS like multiple pregnancies, ART in rising trends along with operative interventions like myomectomy, suction curettage with highest observed prevalence among previous c sections and placenta Previa.

Duration of study: A retrospective analysis was done for 3 years from March 2019 to March 2022 at Dept of OBGY KIMS, Karad.

Aims and objectives: 1. To study the risk factors, antenatal diagnosis, different management approaches associated with placenta accreta.

2. To study the maternal and fetal outcome of placenta accreta spectral disorders.

Methods: A retrospective analysis was done for three years from March 2019 to March 2022 with clinically diagnosed cases of PAS. We examined antenatal findings favouring diagnosis, peripartum morbidity and different management approaches such as vaginal delivery and curettage, by planned or emergency hysterectomy. The maternal outcome was measured in the need for blood transfusion, and ICU admission, and fetal outcome in the form of prematurity, NICU admission, APGAR score were studied

Results: 18 cases were studied showing a proportion of 1.48 per 1000 live births. The median age for diagnosis was made around 33 weeks of gestation using ultrasonography evidence in 77% of cases. Placenta accreta was seen in 66%, placenta increta in 27% and percreta in 5%. Risk factors like placenta previa are seen in 44% of cases, the previous caesarean section in 33% of cases. 55% cases underwent emergency hysterectomy, 33% planned hysterectomy, and 11% underwent curettage after vaginal delivery. The median amount of blood loss was around 2500 ml, 83% of cases required blood transfusions, 44% required ICU admission and 27% of newborns required NICU admission

Conclusion: Women diagnosed with PAS and with risk factors should be advised for regular antenatal checkup along with regular sonography and prompt intervention should be done to avoid complications.

They should be managed with a well-coordinated team in good settings to reduce maternal morbidity and mortality preferably at the tertiary care level



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SESSION IV

PAPER PRESENTATION

Profile of renal abnormalities in pre-eclampsia and eclampsia

Author: Dr. Ashish Kalburgi, 3rd year resident (Dept of OBGY) Co-Author : Dr. N.S. Kshirsagar, Dr. Sanjay Kumar Patil
Krishna Institute of Medical Sciences, Karad, Satara, Maharashtra.

Introduction: Hypertension during pregnancy is a major health problem. Hypertensive disorder of pregnancy (Gestational Hypertension (GHT), Pre-eclampsia (PE) & Eclampsia (E) occurs in approximately 6-8 % of all pregnancies. It is strongly associated with foetal growth retardation and prematurity, contributing largely to perinatal mortality and morbidity. Risk factors for development of preeclampsia include extremes of ages, nulliparity, multifetal pregnancies, preeclampsia in previous pregnancy, chronic hypertension, chronic renal disorders, autoimmune disorders, diabetes mellitus and obesity.

Duration of study: A prospective analysis was done for 3 years from March 2019 to March 2022 at Dept of OBGY KIMS, Karad.

Aims and objectives: 1. To study the renal abnormalities in preeclampsia and eclampsia patients. 2. To determine the magnitude of preexisting renal disorders predisposing to development of preeclampsia and eclampsia in pregnant women 3. To compare the prenatal and postnatal day 3 and day 7 values of renal abnormalities in pre-eclampsia and eclampsia patients.

Methods: Present study was a prospective study on pregnant females with preeclampsia and eclampsia admitted and delivered in the study hospital, fulfilling the inclusion criteria. Detailed history and examination of the patient was done followed by detailed past history about any renal disease. Blood samples were taken for renal function tests pre delivery. When the patient is stabilized ultrasonography kidney, ureter and bladder was performed to detect any renal abnormalities.

Results: Out of the total 300 cases of pre-eclampsia and eclampsia, 51.67% were primigravida. History of renal stones was observed among 13 cases with preeclampsia and eclampsia (4.3%). Family history of hypertension was observed among 43 cases with PE/ E (14.3%) while family history of renal disorders/ surgery was given by 4.3% cases. Out of total cases in study, 49 (16.34%) cases were found to have deranged serum creatinine levels. Among 300 cases, overall prevalence of renal abnormalities on USG was 13%.

Conclusion: Present study observed that renal abnormalities are one of the major complications associated with severe pre-eclampsia and eclampsia in pregnancy. Acute kidney injury was more common in cases with severe pre-eclampsia as compared to mild pre-eclampsia, seen in every third severe pre-eclampsia case. Advancing age was the most significant risk factor observed for development of renal abnormalities in our study.



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SESSION IV

PAPER PRESENTATION

The review of uses of hysteroscopy for diagnostic and therapeutic purposes in modern gynecology in a tertiary health care centre, Pune .

Author: Dr. Shweta Ghogare Co-author : Asso. Prof Dr. Kishorkumar Hol
Smt. Kashibai Navale Medical College, Narhe, Pune.

Objective: This study was performed to investigate the prevalence, indications, effectiveness, outcomes, and complications of operative hysteroscopy in gynecological patients with an emphasis on the need for further training and equipping facilities as performed by consultant gynecologists.

Introduction: The modern development of hysteroscopy is helpful for diagnosis of uterine intracavitary pathologies , thus providing new therapeutic and prospective treatment options that should be available to every modern gynecologist

- 1 The use of an electric current to treat intrauterine pathologies such as myomas, polyps, and septa was found to be safe for patients who wished to preserve their fertility
 - 2 Resectoscopic fibroid polypectomy has several advantages over traditional laparotomy, such as reduced myometrial trauma, a shorter hospitalization period, and a decreased risk of postoperative adhesion formation.
 3. TCRE is an effective procedure in treating menorrhagia having good result
- Hysteroscopic procedures are associated with a decreased hospital stay, lower cost, and preservation of the uterus, especially in patients who desire further pregnancies.

Results: In total, 218 Hysteroscopic procedures were performed in Smt kashibai navale medical college and general hospital pune from Jan 2020 dec 2021(2 years). Out of which 189 were diagnostic Procedures and 29 were combined diagnostic and operative procedures. The patients mean age was 42.4 years (range 20-69 years). The most common operative procedure was Transcervical resection of the endometrium in 12 and endometrial polypectomy in 11 Septum resection in 5 patients Hysteroscopic guide cervical fibroid polypectomy in 1 patients

Conclusions: Operative hysteroscopy was an effective and safe option in certain uterine pathologies. Specific training in operative hysteroscopy should be promoted to make this type of surgery an integral part of gynecological services .



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SESSION V

PAPER PRESENTATION

DAVYDOV'S Procedure modified With SKN Technique AN INNOVATIVE APPROACH FOR NEO VAGINA

Authors : Dr Sameer Darawade(Prof),Dr Kishor kumar Hol (Assist Prof) Dr Poorva Patil (PG resident)

Introduction : Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome was first described by Mayer in 1829 ,Rokitansky in 1838, Küster in 1910 ,Hauser et al. in 1961. It occurs in 1 in 4500 – 5000 newborn girls. Characterized by vaginal agenesis, Rudimentary / absent uterus. Several surgical and nonsurgical methods have been described for vaginal agenesis. No standard treatment available.

Objectives : To assess anatomic results after laparoscopic davydov's procedure modified with SKN technique for creation of neovagina in MRKH and androgen insensitive syndrome.

Methods : It is a retrospective study conducted in Smt Kashibai Navale Medical College, Pune. Patients with MRKH and AIS syndrome who underwent Davydov's technique of vaginoplasty for neovagina were considered. We studied 14 patients. 13 with MRKH and 1 with AIS syndrome. Patients were followed up till date .Things that were observed was mean duration of procedure ,complications, mean vaginal length and establishment of sexual intercourse. The patients were followed every weekly for 4 weeks and then fortnightly thereafter.

Results : Mean duration of our study was 1hrs 45 min. Postoperative vaginal length in our study is 10cm. No intraoperative and postoperative complications were observed. 14 patients established sexual intercourse. Pap smear of 3 patients showed vaginal epithelization.

Conclusion: Laparoscopic Davydov's procedure modified with SKN technique is a safe and effective procedure for patients with MRKH syndrome for the creation of neo-vagina



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SESSION V

PAPER PRESENTATION

Atherosclerotic markers & Insulin resistance.

Author: Dr Sangeeta M Gawali (Professor in Physiology MD Physiology) Government medical college & General hospital, Satara, Co-author: Dr Mahesh Karandikar (Professor in Physiology MSc Ph.D. Physiology) Dr. D.Y.Patil Medical College, Hospital & Research Centre

Introduction: Insulin resistance in metabolic syndrome is a strong predictor of atherosclerotic cardiovascular disease (ASCVD). Studies have demonstrated hyperinsulinemia can accelerate the atherosclerotic process by multiple mechanisms. We assessed atherosclerotic markers Carotid intima-media thickness (CIMT), High sensitivity -C Reactive Protein (hs-CRP), triglycerides, & HDL in metabolic syndrome. (MetS)

Duration of study: December 2017 to December 2020.

Objectives: To assess the correlation of insulin resistance with atherosclerotic markers to clarify whether systematic screening for ASCVD should be proposed for individuals with dyslipidemia.

Methodology: A cross-sectional study was conducted on 200 diagnosed cases of metabolic syndrome (NCEP ATP III) of both sexes, age between 18-50 years old. Anthropomorphic measurements and demographic and clinical examinations were done.

Fasting glucose, Triglycerides, HDL, & serum Insulin, and insulin resistance by homeostasis-model-assessment (HOMA) were studied,

Atherosclerotic markers carotid intima-media thickness test (CIMT) by B mode ultrasound, hs-CRP was correlated with HOMA & compared with age & sex matched 200 healthy control.

Results: The mean age was 42.5 ± 0.49 , the components of metabolic syndrome WC (103.3 ± 14.9 vs 70.57 ± 7.6), Systolic blood pressure (135 ± 0.93 vs 114.9 ± 0.63 mmHg), Diastolic blood pressure (86.61 ± 0.69 vs 74.52 ± 0.42 mmHg) Fasting glucose (158.2 ± 2.92 vs 96.94 ± 0.97), triglycerides (160.7 ± 1.41 vs 105.1 ± 1.15), HDL (38.05 ± 0.44 vs 50.88 ± 0.45) between cases & control. ($p < 0.0001$)

Fasting insulin levels (18.24 ± 0.258 vs 5.836 ± 0.1745), HOMA-IR (6.836 ± 0.086 vs 1.36 ± 0.0412), atherosclerotic markers CIMT (0.7895 ± 0.110 vs 0.4927 ± 0.083), hs-CRP in MetS (6.5 ± 0.9881 vs 0.65 ± 0.492) was significantly higher compared to control ($p < 0.0001$)

There is no significant correlation between HOMA-IR with atherosclerotic markers, CIMT, hs-CRP, triglycerides, & HDL. ($P > 0.05$)

Discussion: Our findings of insulin resistance, dyslipidemia, and increased CIMT & hs-CRP agree with previous studies. We did not find any significant correlation between HOMA-IR & these biomarkers. Previous studies have demonstrated this correlation.

The lack of appropriate insulin signaling, especially in peripheral tissues such as adipose cells, results in abnormal lipid metabolism that consistently produces a proatherogenic phenotype. Increased triglyceride-rich VLDL particles contribute to abnormal HDL metabolism in insulin resistance. Carotid arterial thickening in insulin resistance promotes vascular hypertrophy & focal lesions stimulating the atherosclerosis process.

A potential mechanism or the link between dyslipidemia and hs-CRP is an unfavorable lipid profile that may increase the inflammatory activity, facilitating the formation of foam cells in the arterial wall responsible for atherosclerosis.

Conclusion: atherosclerosis due to insulin resistance is a potential risk factor for ASCVD, and a recommendation for universal screening of dyslipidemia, CIMT, and hs-CRP requires for predicting CAD risk in insulin resistance.



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SESSION V

PAPER PRESENTATION

Study to Assess Knowledge, Attitude and Practices Regarding Covid-19 Among General Population

Author: Thacker Shriya Himmat MBBS Intern KIMS Karad, Co-Author: Dr. Supriya Patil Associate Professor Department of Community Medicine and Dean academics KIMS Karad

Objectives:

1. To study knowledge of people regarding COVID-19.
2. To study attitude of people towards lockdown.
3. To assess practices of people in taking preventive measures for COVID-19.

Method: A cross sectional study was carried out among general population. Sample size was calculated using the formula $4pq/l^2$ where, p = proportion of people having knowledge regarding COVID-19 THAT IS 50%. Minimum calculated sample size was 205. Data was collected using pre- tested, structured questionnaire through online portal. Study was approved by Institutional Ethics committee.

Results: The present study included a total of 249 subjects in which subjects' age varies from 18-65+ years. Maximum number of subjects held a graduate degree 214 (86%). More than 80% study subjects' were aware about contagious nature of COVID-19, practice of social distancing, usage of sanitizer and vaccination. 66.7% subjects' were using N95 masks and more than 60% were vaccinated. 69% opined that strict lockdown should be enforced.

Discussion: In case of our study maximum people fall under age group 50-64 years whereas in Zhou, P., Yang, XL et al maximum are under age group of 15-25 years. In our study maximum are graduate whereas in Tang X, Wu C et al maximum are post graduate. According to Wang D, Hu B, Hu C, et al 98% consider fever as symptom of COVID-19, 87% consider cough and sore throat and 75% consider tiredness as symptom. Quadri, M., Jafer et al study conducted in Saudi Arabia more people are aware than our study.

Conclusion: Present study showed that there is some shortfall in knowledge among subjects' regarding some aspects of COVID-19. Therefore, there was an unmet need for awareness that can be addressed via health education and training programs



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SESSION V

PAPER PRESENTATION

Drivers A Study Regarding Awareness About Good Samaritan Law Among Auto-Rickshaw

Author: Dr.Ajinkya S Kulkarni (Intern) Co-Author: Dr. Chandrakant M Kokatanur (Professor, Dept. Of Fmt)
Krishna Institute of Medical Sciences, Malkapur, Karad, District Satara, Maharashtra.

Introduction: A Good Samaritan is a person who, in good faith, without expectation of payment or reward and without any duty of care or special relationship, voluntarily comes forward to administer immediate assistance or emergency care to a person injured in an accident, or crash, or emergency medical condition, or emergency situation.

Duration of study: 6 months

Objectives:

- 1) To understand the current level of awareness about Good Samaritan law among auto rickshaw drivers.
- 2) To create awareness about the law in the auto rickshaw drivers.

Methodology: A cross sectional study was conducted for a period of 6 months in Karad town. Study population were Auto rickshaw drivers. After taking informed consent, data for awareness was collected using a pretested questionnaire related to Good Samaritan Law. Awareness was created in all the study subjects by explaining their queries and distributing educational pamphlets amongst them. Sample size was calculated taking the probability of 50% and $L=7$ using the formula- $4pq/L^2 = 204$

Institutional ethical committee clearance was obtained before the study.

Data was analyzed using descriptive statistics by using software Statistical Package for the Social Science (SPSS) 20.

Observations:

32.3% of subjects were in the age group of 36-45 years & 31.4% had >20 years driving experience.

91.2% of subjects witnessed an accident out of which 77.9% helped the victim.

65.7% of subjects hesitated to help due to legal procedures.

98.5% of subjects were of the view that law will encourage more people to help injured.

Only 17.6% were aware of the law.

75.5% of subjects think rewards will promote more people to come forward to help the injured person.

Discussions: In a study conducted by Save life foundation 84% of people are unaware of Good Samaritan law which was comparable to our study.

In a study conducted by Stuti Verma, 85% hesitated to help due to the fear of legal procedures while in our study it was 65.7%.

Conclusion: India has highest number of RTAs and people are hesitant to help injured due to fear of legal repercussions. So there is a need for creating awareness about Good Samaritan law.



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SESSION V

PAPER PRESENTATION

Novel inflammatory Score: C-Reactive Protein/Albumin ratio in Pancreatitis

Author: Miss Shreya Sonawane Co-authors: Dr Gayatri Gawade Maindad, Assistant Professor, Dept of Biochemistry, BVDUMC, Pune. Dr Meghana Padwal, Professor and Head, Dept of Biochemistry, BVDUMC, Bharati Vidyapeeth Deemed To be University Medical College, Dhankawadi, Pune

Introduction: Identification of the biomarker for screening and prognosis in pancreatitis at an early stage to prevent the complications is the need of time. CRP is an easily detectable positive acute-phase protein. Albumin, an indicator of nutritional status, a negative acute-phase protein. Both independently can be used as a prognostic marker. Based on these, the novel inflammatory prognostic score CAR (CRP/albumin ratio), combining inflammation and nutritional status, can be studied in the pancreatitis patients. Thus, we planned this study to evaluate the relationship between CAR, amylase, lipase and severity of pancreatitis.

Duration of study: March 2022 to August 2022

Objectives: 1. To associate CAR score and enzymatic biomarkers. 2. To classify pancreatitis based on pain in abdomen and its association with CAR.

Methodology: The result of biochemical parameters like albumin, CRP, amylase, lipase was obtained after processing samples on auto analyzers in 75 clinically diagnosed cases of pancreatitis. The correlation between the calculated CAR ratio with biochemical parameters was done along with universal pain symptom severity score.

Observation and Results: The mean value of CAR was 2.204 mg/g. The mean age in yrs was 43.42 yrs, Pain score 0.96, CRP 64.55 mg/L, albumin 3.54 g/dl, amylase 292.468 U/L, lipase 512.36 U/L. CAR was positively correlated with age in yrs, CRP and negatively correlated with albumin, amylase, lipase. CAR was found to be highly statistically significant with CRP and albumin with p value < 0.001. No statistically significant correlation between the universal pain score and CAR, serum albumin, serum amylase and serum lipase was found.

Discussion: Similar with Kaplan M, et al. study, mean value of CAR is 2.204 mg/g. CRP was higher along with amylase and lipase. Hypoalbuminemia predominantly reflect malnutrition as well as inflammatory condition but in our study we have albumin levels as 3.54 g/dl, as in contrast to Peng Sun et al. CAR was highly statistically significant with CRP and albumin. Peng Sun et al. study has suggested the use of new prognostic system of CAR with GPS (Glasgow Prognostic Score). There was no correlation with the universal pain score which might be due to the subjectivity bias of noting score. The enzymatic biomarkers were also negatively correlated with CAR but not statistically significant.

Conclusion: CAR can be used as a novel, promising, easy, repeatable, cost effective, mathematical, inflammatory and comprehensive score as a predictive marker of pancreatitis severity and outcome before going for invasive and costly radiological investigations as it is derived from routinely done laboratory parameters.



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SESSION V

PAPER PRESENTATION

“Comparison of addition of nebulized dexmedetomidine as an adjuvant to lignocaine nebulization for awake fiberoptic intubation”

Author: Dr.Vishal D. Jadhav (Mob no.9284824168, jadhav92vishal@gmail.com)

Guide-Dr. Sameer Kulkarni (Professor, Dept. of Anaesthesia)

Smt. Kashibai Navale medical college and hospital, Narhe, Pune.

Aim and objective:

1. To study effect nebulized dexmedetomidine as an adjuvant to lignocaine nebulization for awake fiberoptic intubation.
2. To observe cough reflex, gag reflex, patient comfort, glottic status, rescue analgesia, signs of lignocaine toxicity, sedation.

Methods and material: This prospective randomized double blind study was conducted on 60 patients posted for GA with difficult intubation. Thorough preoperative evaluation of all the patients was ensured. For each patient in both groups information was acquired and tabulated eg. age, sex, associated medical problems etc. Randomization was done by a computer-generated table of random numbers. These 60 patients were divided into two groups group A and group B. Each group comprised of thirty patients.

Group-A: Patients received Lignocaine 4% 6ml+Normal saline 1ml

Group-B: Patients received Lignocaine 4% 6ml+ Dexmedetomidine 1mcg/kg.

Results: Awake fiberoptic intubation was well tolerated in Group B than Group A.

Conclusion: Addition of Dexmedetomidine in 4% lignocaine nebulization for awake fiberoptic intubation was well tolerated, with mild to moderate coughing.



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SESSION V

PAPER PRESENTATION

Effectiveness of Methylene blue on pain reduction after Fistulectomy

Author -Dr.Venkatesh Jaiswal, Guide -Dr.Sandesh Gawade, Presenter -Dr.Rachana Kasture ,
(jr3 surgery resident)
MIMER Medical College, Talegaon Dabhade

Background: Fistula in ano is an abnormal communication, lined by granulation tissue between the anal canal and the skin. Fistulectomy has been associated with considerable postoperative pain and discomfort which is not relieved by simple analgesics like paracetamol or ibuprofen. Some studies shown perianal intradermal injection of methylene blue (MB) has better efficacy in pain relief. So, our aim of study is to compare the effectiveness of MB as local analgesia after fistulectomy with those receiving conventional analgesia.

Materials and Methods : This study involves 50 patients undergoing fistulectomy of which 25 – instilled with MB , 25- injected with distilled water. Assessment of pain as done based on visual analog score 0 to 10. All the possible complications associated with MB noted down.

Results: The VAS score for MB group was significantly lower than control group. This means analgesic free period was longer in MB group as compared to controls. There was no significant difference found among different age groups, male/female in the study. Hospital stay was shorter among patients receiving MB. Incidence of edema, wound infection was seen among both groups. Pigmentation as a specific adverse reaction due to MB was seen in 2 cases. MB shown to be more effective in reducing degree of pain (VAS) as compared to conventional analgesics after fistulectomy.

Conclusion: Injection of Methylene blue can effectively alleviate pain after fistulectomy with shorter hospital stay, long acting analgesic effect with minor complications and significantly less requirement of additional analgesics.

Keywords: Methylene blue (MB), fistula in ano



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SESSION V

PAPER PRESENTATION

Study Profile of Open Fundoplication in Endoscopic Grade Iii and Iv Hiatus Hernia

Dr. Diksha Katare, Dr. Santosh Thorat

Post Graduate Instiute, Yashwantrao Chavhan Memorial Hospital Pimpri Pune

Introduction: Hiatus hernia is esophagogastric junction and some part of the fundus of stomach lie above the diaphragm and in the chest. To function appropriately, the LES must have a normal length, normal pressure, normal relaxation, and be located intra-abdominal below the diaphragmatic crura.

Hill III: Gastroesophageal flap valve hardly present any more, no closure around the endoscope

Hill IV: Gastroesophageal flap valve no longer present, permanent opening of the esophagogastric junction the gastroesophageal junction location and its relation to the crura, relationship of the fundoplication to the gastroesophageal junction (GEJ), a description of the fundoplication, and any sign of paraesophageal hernia.

Duration of Study: Nov. 2020 to April 2022

Objective: The objective of this study was to access pre and post fundoplication abnormality using a simplified and objective endoscopic criteria evaluation and to analyse if there is any correlation between endoscopic abnormalities and symptomatology

Methodology: This is a prospective observational study, conducted at YCM hospital on 10 patients with endoscopically diagnosed hiatus hernia grade III and IV

Observation: All 10 patients pre- operative where diagnosed with hiatus hernia on endoscopy and barium swallow and treated with open nissens fundoplication and post operative follow up of patients there was repeat endoscopy and barium to see wrap, luminal patency, repair and any complications.

Discussion: 8 out of 10 patients clinically had no symptoms and endoscopically hiatus hernia grade III and IV with no post of complications and 1 developed hiccups and other mild abdominal pain

Result: The entire procedure takes 2-3 hours. Average hospital stay is approximately 9-10 days and pt are generally back to normal activities within 1month. The patient are able to lie flat in bed, stop all their reflux medications and are able to enjoy meals at late hours, etc which they were not ble to do before

Conclusion: GERD is an extremely common disease that affects millions of people. Most patients can control their symptoms of heartburn with lifestyle hanges and medications. The major drawback to medical therapy is its inability to address the underlying problem of a structurally defective LES. At this time only surgery can improve the function of the LES.



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SESSION V

PAPER PRESENTATION

Study of Below knee amputations in a Tertiary Health Care Centre in India

Authors - Dr Prajakta Kamat, Dr Pradip Kasabe Dr Ravikiran Kandalgaonkar, Dr Avdhut Dange

Introduction: Amputation word is derived from 'Ambi' meaning 'around' and 'Putare' meaning to prune or cut away, Amputation surgery has dated by to Hippocrates, It was a drastic measure undertaken to save life. Amputation was undertaken as a crude procedure in which limb was rapidly severed without anesthesia, hemostasis was achieved by crushing the limb or by dipping it boiling oil. Needless to say the mortality was high due to blood loss, shock and sepsis. After the advent of asepsis, anesthesia and hemostasis in the mid nineteenth century, surgeons are focusing on tissue conservation.

Aims and Objectives:

- To determine the etiology and pattern of below knee amputation surgery in Shri Chhatrapati Shivaji Maharaj Sarvopchar Rugnalay, Solapur.
- To compare these trends with similar studies

Materials and Methods: This was a retrospective descriptive study in patients operated for Below knee amputations in Shri Chhatrapati Shivaji Maharaj Sarvopchar Rugnalay, Solapur from January 2021 to June 2022.

Results:

- 70 cases were studied in the duration of 18 months
- 2 out of 70 required bilateral below knee amputations
- The mean age group that underwent amputations was 62.8 +/- 4 years
- Female to male ratio found was 0.21/1
- Common causes for Below knee amputations are infection like necrotising fasciitis complicated by diabetes mellitus, crush injuries due to road traffic accidents, peripheral vascular diseases
- Rare causes are burns, malignancies

Conclusion: There is a high prevalence of amputations with soft tissue infections with diabetics in this study, It probably indicates public negligence to healthcare, It is of utmost importance to cultivate health seeking approach which will drastically reduce the limb loss and impairment in the population.



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SESSION V

PAPER PRESENTATION

Our Experience of Laparoscopic Intraperitoneal Onlay Mesh (IPOM) plus repair for Umbilical and Para-umbilical Hernias at Tertiary Care Centre

Author-Dr.Akshay Chaudhari, Junior resident at Department of General Surgery
Co-author-Dr.Snehal Purandare, Professor at Department of General Surgery
Smt. Kashibai Navale Medical College & General Hospital, Narhe, Pune

Introduction: A hernia is the bulging of part of the contents of abdominal cavity through weakness in the abdominal wall. Hernia occurs frequently all over the world. Umbilical is one of the types of ventral wall hernia which may occur in neonatal life as well as in adulthood. Nonetheless the only treatment considered before was open surgical repair. But over a period of time laparoscopic approach has gained more importance for umbilical hernia repair which is not complicated by other factors.

And this laparoscopic IPOM repair approach has showed reduced recurrence rate.

Duration of study: July 2020 to August 2022

Objective: To elaborate our experience in laparoscopic Intraperitoneal Onlay Mesh (IPOM) repair for umbilical and para-umbilical hernia.

Methodology: This was a retrospective study. All patients posted for laparoscopic Intraperitoneal Onlay Mesh (IPOM) repair of umbilical and para-umbilical hernia were included in this study. Patients with low socio-economic status, unfit for General anaesthesia and defect size more than 5 cm were excluded from this study. Preoperative patients data were recorded and analysed. Postoperative patients were observed for any complications.

Conclusion: Laparoscopic Intraperitoneal Onlay Mesh (IPOM) repair for umbilical and para-umbilical hernia is safe with advantages of minimal postoperative pain, less hospital stay, early return to normal activities, no need of drain at operative site, no surgical site infection and no mesh infection.



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SESSION V

PAPER PRESENTATION

Bacteriological Profile and their drug sensitivity profile in Diabetic Foot Ulcer in a Tertiary Care Center

Author: Dr Ojas Dagade (General surgery resident) Co-Author: Dr Jeevan Shinde (Professor)
Smt.Kashibai Navale Medical college, Pune

Aim: This study was carried out to determine the bacteriological profile of infected diabetic foot ulcers (DFUs) and the antibiotic resistance pattern from the isolates. An attempt was made to suggest an empiric antibiotic regimen to treat such patients.

Materials and Methods: Tissue samples were collected from 100 patients between February 2021 and January 2022 with DFUs under aseptic precautions and they were processed for culture and sensitivity as per the Clinical and Laboratory Standards Institute guidelines.

Results: A total of 120 bacterial isolates were obtained from 100 persons with diabetic and with foot ulcers. The age group of these persons ranged from 35 to 80 years and the maximum number of persons with DFUs was in the age group of 60–65 years. Among the isolates, Gram-negative bacilli were isolated in 73/120 (61%) and Gram-positive cocci in 47/120 (39%) cases. The most common isolate was *Staphylococcus* spp. 40 (25%), followed by *Escherichia coli* (20%) and *Enterococcus* spp. (15%).

The antibiotic sensitivity profile of the bacteria was also studied. Among the isolates, 38/112 (53%) of the Gram-negative bacilli were extended spectrum beta-lactamase producers, 12/30 (41%) were methicillin-resistant *Staphylococcus aureus*, and 3/17 (19%) were vancomycin-resistant *Enterococcus*.

Conclusions: This study showed a preponderance of multidrug-resistant strains among the isolates from the DFUs. Knowledge on the antibiotic sensitivity pattern of the isolates will be helpful in determining the drugs for the empirical treatment of diabetic ulcers. Thus, indiscriminate use of antibiotics and chances of subsequent development of antibiotic resistance can also be reduced.



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SESSION V

PAPER PRESENTATION

Role of Quilting Technique of Mastectomy flap in prevention and reduction of seroma complication in Breast Cancer patients.

Author: Dr. Urvashi Saksena (3rd year Resident, Dept of Gen. Surgery, SKNMC & GH, Pune.) Co-author: Dr. Viraj Shinde (Professor, Dept of Gen. Surgery, SKNMC & GH, Pune.)

Introduction: Breast cancer is the second leading cause of cancer death among women. The surgical treatment of choice for these patients is either modified radical mastectomy or breast preservation depending upon stage of the disease. Seroma formation is the most frequent postoperative complication after breast cancer surgery.

Incidence of seroma formation after breast surgery varies between 2.5% and 51%.

In the quilting technique, after mastectomy and axillary clearance completion, multiple interrupted sutures are taken between the mastectomy flap and underlying pectoralis fascia to obliterate the dead space underneath the mastectomy flap.

Aims and objective:

- 1) To evaluate effectiveness of quilting or tacking mastectomy flap in preventing or reducing seroma formation as compared to conventional closure.
- 2) Differences in drainage amount and time of removal of drain according to type of operation.

Materials and Methods: A prospective cohort study was carried out in a tertiary hospital in Pune. 60 patients with diagnosed breast cancer who were subjected to mastectomy with axillary clearance surgery between July 2020 to July 2022 were included in the study.

Result: The present study of 60 patients has shown there was a significant association between type of operation and presence of seroma, more seroma occur among patients treated with non-quilting technique (36.6%) in comparison to quilting technique (20%) and more time needed to remove drain among patients treated with Non-Quilting technique in comparison to Quilting technique.

Conclusion : Quilting or tacking mastectomy flap to the underlying muscles and fascia to obliterate the surgical dead space is effectiveness in prevention and reduction of seroma formation.



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SESSION V

PAPER PRESENTATION

Study On Different Modalities Of Management Of Ventral Hernias

Author: Dr.Nikhil Shinde. Co-Author: Dr. Snehal Purandare ,Professor Department Of Surgery
SMT. KASHIBAI NAVALE MEDICAL COLLEGE ,PUNE

Introduction : Ventral hernias are very common in Indian population .The estimated incidence of ventral hernias is 2 to 8% .Despite high frequency of surgical repair of ventral hernias ,best technique for ventral hernia repair is still under evaluation.

AIM : To compare different modalities of ventral hernia repair .

Method: Retrospective study includes 110 patients with uncomplicated ventral hernia .the patients underwent ventral hernia repair surgery ,Out of 110 ventral hernia cases ,30 were laparoscopically managed ,30 were repaired by open sublay mesh repair ,50 were repaired by open onlay mesh repair .

Type of study : Retrospective study

Duration : June 2020 to June 2022

Results : Ventral hernias is common in indian population with female preponderance in umbilical hernia ,paraumbilical ,incisional hernias, Common predisposing factors were previous surgery , multiparity , lax abdominal muscle wall .In this study ventral hernia mesh repair was done either laparoscopically or by open technique. Patients treated laparoscopically have less complications in terms of surgical site infection ,seroma formation .

Conclusions: Among the ventral hernia repair surgeries though more patients operated by onlay mesh repair while sublay mesh repair is technically difficult yet have better outcome. Considering lesser post operative complication rates laparoscopic ventral hernia repair surgery is best surgery inspite of its higher cost.



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SESSION V

PAPER PRESENTATION

Linitis Plastica Of Terminal Ileum (Signet Ring Carcinoma)

Author: Dr. Mahesh B. Zaware, (Junior Resident, Dept. of GS), Co-author -Dr Chinmay Gandhi, (Professor, Dept. Of general surgery) Dr. Vinod Prabhu (HOD, Dept. of general surgery) Bharati Vidyapeeth (Deemed to be university) Medical college And Hospital, Sangli

Introduction: Signet ring cell carcinoma (SRCC) is a rare highly aggressive malignant adenocarcinoma that generally involves the stomach, ileal involvement is very rare. We report a case of Linitis plastica of ileum (SRCC) in an elderly female, very few cases are reported in literature about Linitis plastica of ileum.

Case Report: A 55 yrs. female patient came to casualty with complaints of abdomen pain for 2-3 months, which was more severe for the last 8-10 days. It was associated with abdomen distension, constipation & bilious vomiting (postprandial). There was no history suggestive of chronic inflammatory bowel disease or crohn's disease. No history suggesting per rectal bleeding. No past surgical history. Patient was known diabetic, hypertensive and asthmatic on regular medication.

On general examination, patient was having pallor, tachycardia with low volume pulse. On per abdomen examination, abdomen was distended, tense with generalized tenderness, no lump was palpable. Hyperperistalsis was observed. Xray erect abdomen revealed air fluid levels with dilated small bowel loops. USG abdomen revealed small bowel obstruction (ileal).

On emergency exploration, distal 8cms of ileum was stricturous with rigid pipe like till ileocecal junction with multiple mesenteric lymphadenopathies. Ileo-ascending colon resection and anastomosis was done. Histopathology revealed signet ring cell carcinoma of ileum PT3pN0M0(stage II A).

Conclusion: In cases of small bowel obstruction due to rigid pipe like strictures, one should have high index of suspicion of malignancies like signet ring adenocarcinoma & do curative resection, to give better prognosis.



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SESSION I

POSTER PRESENTATION

Amniotic Band Syndrome-A Rare Clinical Scenario

Author: Dr. Disha Hemant Shet (Surgery Resident), Co-Authors: Dr. A.Y.Kshirsagar (Professor) Dr. H.B Janugade (Professor) Dr. Nitin Nangare (Professor) Dr. Aakash Katkar (Assistant Professor)

Case Description:

A 12 year old male born out of non-consanguineous marriage to primi gravida mother by vaginal delivery at home, pregnancy was un booked, unsupervised and no antenatal scans were done. He came to OPD with c/o of constricting band around his left leg since birth. There was no history of trauma before.

Physical examination of the left leg showed constriction band between upper 1/3rd and lower 2/3rd with skin intact, there was no redness, tenderness, or neurovascular disturbance, swelling was present distal to ring. Limb discrepancy was seen. No other deformities were present. He had no signs of mental or cognitive efficiency.

Routine lab investigations were normal and X-ray of left leg AP and lateral showed normal bone structure

Conclusion:

Amniotic band syndrome is a rare condition that can present with many clinical features, of which the major three components are circumferential transverse bands, acro syndactyly and terminal amputations.

Two pathogenesis theories have been put forward:

- a) The extrinsic theory, which proposes the early partial rupture of the amniotic sac leading to fibrous bands.
- b) Intrinsic theory, Streeter's dysplasia caused by germ plasma defect.

This condition can be identified by ultrasound scanning or foetal MRI early in the pregnancy. Management (before birth) - Amniotic bands are now being successfully released fetoscopically through minimally invasive surgery

Management (after birth) - A release surgery of congenital constriction bands by Z-plasty. The objective of treatment here was achieved successfully, the child could fully reintegrate into his routine activity.



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SESSION I

POSTER PRESENTATION

Billroth II surgery in a case of adenocarcinoma stomach

Author: Dr. Rudrappa Kuligod (Surgery Resident) , Co-Authors: Dr. H.B Janugade (Professor & HOD)
Dr.A.Y.Kshirsagar (Professor), Dr. Nitin Nangare (Professor and PG guide), Dr. Aakash Katkar (Assistant
Professor)

Case Presentation: 93-year-old female was brought to OPD with complaints of painless swelling in right thigh since 2 years which progressively increased in size. No history of trauma, fever, cough, pain in abdomen. L/E- size of the swelling is 15x10x8 cm present on anterior aspect of right thigh compressing the adjacent structures, firm to hard in consistency, no local rise of temperature, reduced mobility and no palpable inguinal lymph nodes

Investigations: Blood laboratory tests showed no changes from the normal range. Radiographic examination of the right thigh showed homogeneous enlargement of soft parts at this level, with linear opacities. The bone segments did not reveal pathological changes. MRI Right Thigh- Large heterogeneous intensity ill defined lesion in antero-medial aspect of lower third of thigh in intramuscular and intermuscular plane, budging out in subcutaneous tissue

Diagnosis: Liposarcoma of right thigh

Conclusion: Liposarcoma is one of the most common forms of soft tissue sarcoma, presenting a broad spectrum of clinical behavior. This is closely related to the histological type of liposarcoma and patient management, the evolution being different for each case. Liposarcomas are usually well-differentiated tumors with non-metastatic potential, especially if they are located in the extremities. Understanding and recognizing the broad spectrum of radiological aspects and pathological bases of extremities, liposarcomas allow an improved management of these patients. Despite the huge size that these tumors can reach, large excision decrease local recurrence rate to almost zero. Studies have shown that well-differentiated liposarcoma located on the extremities does not require adjuvant therapy and overall they have prolonged survival and favorable prognosis.





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SESSION I

POSTER PRESENTATION

Lobular Capillary Hemangioma of Palate - A Case Report

Author: Dr. Pranav Abhay Havle, Co-Author: Dr. Hanumant Giri, Dr. Leena Jain

Background: Lobular capillary hemangioma is a rapidly growing granulomatous lesion of the head and neck. The oral cavity gets affected more than the nose. In the literature, the term used as pyogenic granuloma which is a misnomer is now considered as lobular capillary hemangioma. We present a case of lobular capillary hemangioma associated with the dehiscence of the underlying bony hard palate.

Case Report: Elderly menopausal women presented with gradually increasing swelling over the hard palate for 2 years. She is a known diabetic, hypertensive, and with a habit of misheri (Tobacco). She had undergone a teeth extraction 2 years ago. The palatine swelling was reddish blue in colour, sessile lobulated, firm in consistency, non-tender, and of 5x4 cm size. CT scan of the upper jaw, excision, and curettage of the tissue and its histopathology was carried out.

Conclusion: Lobular capillary hemangiomas are common in females due to cyclical hormonal changes. Since this case was presented in the 5th decade, the other responsible etiological factor could be the habit of misheri application or iatrogenic trauma of teeth extraction and not mere hormones. The dehiscence of the underlying palatine process of the maxilla could be due to the acquired invasive nature of the lesion. There is no recurrence since its elimination and strict abstinence from misheri till date.



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SESSION I

POSTER PRESENTATION

Billroth II surgery in a case of adenocarcinoma stomach

Author: Dr. Advait Bhatmule (surgery resident), Co-Authors: Dr. H.B Janugade (Professor & HOD), Dr. Aakash Katkar (Assistant professor)

Case Description:

- 1) Background and Presentation: A 65-year-old female patient reported with complaints of pain in the epigastric and umbilical regions for 1 year, along with vomiting and burning sensation in the epigastrium intermittently, aggravated on food intake. Patient also complained of loss of appetite.
- 2) Differentials: Gastritis, Peptic ulcer disease, GIST, Lymphoma, transverse colon mass, pancreatic mass
- 3) Investigations: Her lab reports were within normal limits. CECT abdomen-pelvis was suggestive of heterogeneously enhancing asymmetric wall thickening involving anterior aspect of body of stomach. Her upper gastrointestinal endoscopy was suggestive of a growth on the greater curvature near the antrum with central necrosis, approximately 50 cm from the incisors. Multiple biopsies were taken. Histopathology reporting was done and was suggestive of poorly differentiated malignant tumour most likely to be adenocarcinoma with extensive necrosis.
- 4) Diagnosis: Adenocarcinoma stomach

Objective: Advancement of academics.

Results: Uneventful post-operative with total relief of presenting complaints.

Discussion and Conclusion: Billroth II surgery with partial gastrectomy, end-to-side gastrojejunostomy with side-to-side jejunojunction was done. Post-operatively suture line was healthy, patient tolerated oral diet and was referred to medical oncologist for further management.



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SESSION I

POSTER PRESENTATION

A rare case of Fistula-in-Ano in the right thigh.

Author: Dr.Atharva Datar, Co-author: Dr. Aniket Deshpande

Case description:

48-year gentleman resident of Gulbarga presented with complaints of discharge from the right thigh for 2 months, and complaints of per rectal discharge for 7 days, with no pain or swelling in the right thigh. He had past history of trauma to the right thigh 2 months ago and developed an abscess for which incision and drainage with antibiotic course was done. Clinical examination revealed a discharging opening in the distal one third of the right thigh on posterolateral aspect with no swelling, induration or palpable thickening proximally or distally. Rectal examination revealed internal opening at 8 o' clock position.

MRI fistulogram revealed a fistulous tract of 20cm involving right ischiopubic and ischiorectal space tracking through the right gluteal region and tracking down into posterolateral aspect of the right thigh. The patient was operated for fistulectomy under spinal anesthesia wherein an infant feeding tube was passed through the opening in the thigh and the tip could be felt at right ischiorectal space and pus discharge was appreciated from the anal opening after pressing the ischiorectal tip. Methylene blue dye was injected through the infant feeding tube and the tract was opened along the tube. Complete fistulectomy up to internal opening was done. All the granulation tissue was scooped out and the ischiorectal fossa was cleared off granulation tissue.

The length of the tract was around 25cm along the muscles of the right thigh. Primary closure of subcutaneous and skin was done in an interrupted manner after completing fistulectomy and the excised fistulous tract was sent for histopathological examination.

Conclusion: Patient recovered well postoperatively without any complications.



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SESSION I

POSTER PRESENTATION

Role Of Dexmedetomidine To Attenuate The Emergence Agitation In A 6 Month Old Child Undergoing Soft Tissue Release In Congenital Talipes Equinovarus

Author: Dr Dhrubajyoti Biswas, Co-Author: Dr Aradhana Devi, Guide: Dr Deepika Sathe,

Objectives: To assess the role of dexmedetomidine in reducing the emergence agitation in a 6-month-old child undergoing soft tissue release in congenital talipes equinovarus

Methodology: A detailed Pre-op assessment of the patient was done. Patient was attached with the monitors. Pre-op vitals were noted. Patient was taken in a supine position. Induction of anaesthesia was done with iv propofol, sevoflurane and muscle relaxant. Dexmedetomidine 0.5mcg/kg was diluted in 10ml normal saline was administered bolus after switching off sevoflurane before extubation

Results: it was observed post extubation there was reduced emergence agitation seen and patient was hemodynamically stable

Conclusion: A single bolus dose of dexmedetomidine before extubation significantly reduces the incidence of post sevoflurane emergence agitation in paediatric age group

Discussion: Emergence agitation is a behavioural disturbance during early phase post anaesthetic period characterized by excitement, restlessness, disorientation, crying.

Dexmedetomidine activates the α_2 -adrenergic receptor located in the presynaptic and postsynaptic membranes of spinal cord and inhibits the peripheral nerve fibres A and B thus reducing the emergence agitation



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SESSION I

POSTER PRESENTATION

A rare case of malignant phyllodes in a young female

Author: Dr. Shubhada Vaidya

Introduction: Phyllodes tumors (PTs) of the breast are rare fibroepithelial tumors that constitute 0.3%–0.5% of primary breast tumors. Incidence is maximum in women aged 45 to 49 years. Majority of PTs have been described as benign (35% to 64%). We are presenting a case of a 21-year female with bilateral breast lumps one of which turned out to be malignant PT.

Case report: We report a rare case of young female who presented with slowly progressive, minimally painful lump in the left breast along with multiple small painless lumps in right breast. On examination, there was a left-sided 4*3cm tender, globular firm lump under the nipple areolar complex with nipple retraction with no axillary lymphadenopathy. Right breast showed multiple, non-tender lumps. Ultrasonography suggested a complex fibroadenoma on left breast with multiple fibroadenomas on right. FNAC from left breast suggested a highly atypical cytology and patient underwent excision of both breast lumps. Histopathological examination suggested a left-sided Malignant PT with high-grade sarcoma with resected margins positive for malignant cells and right-sided fibroadenomas. IHC report was positive for Progesterone receptors and Vimentin tumor cells. Whole body PET scan showed no FDG avid lesions in either breast or anywhere else. Patient is now currently under follow-up and a wide local excision is being planned.

Discussion: PTs occur most commonly during the late fifth decade of life in females. Our case adds to the data pool where malignant PTs are found in a younger age group. Surgical management is the mainstay but type of surgery has always been a source of debate. The use of radiation therapy and adjuvant chemotherapy is controversial.

Conclusion: Accurate preoperative diagnosis and vigilance for Malignant PTs irrespective of the age group of the patient is vital for the appropriate treatment and a disease-free survival.



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SESSION I

POSTER PRESENTATION

Nasal septal angiofibroma, rare case of Extra-nasopharyngeal angiofibroma (ENA): Case Report and Literature review

Author: Dr. Devanand Kannapiran (PG), Co-Author: Dr. Abhay D Havle (Professor & HOD), Dr. Ganesh Vihapure (Assistant Professor)

Case Description: A 42-Year-old male presented in ENT OPD with the complaint of left sided enlarging nasal mass with 3 months history of nasal obstruction and intermittent epistaxis. On physical exam, patient had a pink, friable mass obstructing the left nasal vestibule. Nasal endoscopy showed left sided deviated nasal septum with pinkish colored polypoidal mass originating from anterior part of the nasal septum. CECT PNS identified soft tissue lesion showing heterogenous progressive post contrast enhancement in left anterior nasal cavity. Radiological and gross examination increased suspicion for possible capillary hemangioma or nasopharyngeal angiofibroma or papilloma. The mass was excised by detaching the pedicle by using bipolar cautery. Endoscopic evaluation showed no further nasal cavity or nasopharyngeal extension of the mass. Histopathological and Immunohistochemistry of the specimen revealed nasal septal angiofibroma.

Conclusion: Although rare, Angiofibroma should be considered in differential diagnosis of all patients with the anterior nasal mass, even if the mass appears similar on gross examination to common nasal cavity tumors. Existing literature regarding these rare lesions will be reviewed.



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SESSION I

POSTER PRESENTATION

Dual Primary Malignancy: A Rare Case Report

Author's: Dr. Rishabh Gandhi (Junior Resident), Dr. Sachin Naik (HOD, Department of Surgery), Dr. Ajit Jadhav(Associate professor), MIMER Medical College,Talegaon Dabhade, Pune.

Introduction: Multiple primary malignancies in a single patient was first described in 1879 by Billroth. The neoplasms may be limited to a single organ or , as in our case involve multiple and anatomically separate organs. In this case report, two primary malignancies were encountered, one in esophagus and other in Cervix with same histologic type-Squamous cell carcinoma.

Case Report: A 52-year-old lady presented with complaints of difficulty in swallowing for a duration of 1 month more to solids than liquids, with a history of significant weight loss. Patient was vitally stable with no co-morbidities. She wasevaluated for primary symptom, on Upper Gastrointestinal endoscopy an ulcero- proliferative growth was found in mid thoracic esophagus, 25cms from upper incisors. Multiple biopsies were taken which on histopathological evaluation(HPE) was suggestive of moderately differentiated squamous cell carcinoma. On further evaluation with PET-CT, anotherFDG avid lesion was noted in the cervix extending to upper vaginal canal which when subjected to biopsy unfolded with moderately differentiated squamous cell carcinoma of cervix. No FDG avid lesions were found in liver, spleen, or adrenals.

Conclusion: The patient was started on NACTRT for esophagus with Inj. Paclitaxel + Cisplatin + 5 FU weekly planned for 18 cycles and definitive CTRT for cervix and has been on follow-up ever since.



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SESSION I

POSTER PRESENTATION

Tuberculous Mastitis: A rare case report

Author's name: Dr Patil Ajinkya Vishwanath, Dr Sachin Naik (Head of dept., Dept. Of General Surgery),
Dr Ajit Jadhav (Asso. Professor, Dept. General Surgery)
Dept. Of General Surgery MIMER Medical college, Talegaon D.

Introduction: Tuberculosis is a wide spread infection in the world but tuberculous mastitis is a rare entity, let to an increase rate of misdiagnosis as breast cancer or pyogenic abscess.

Case Discussion: A 31-year-old female presented with left breast lump since 4 months. On examination single globular lump in left breast lower quadrant with multiple discharging sinuses over lump involving nipple areolar complex, True cut biopsy s/o Tubercular mastitis underwent simple mastectomy followed by anti-tubercular therapy.

Discussion: Tuberculosis of mammary gland is a rare disorder with incidence of 1%. Bilateral disease seen in 3% . Initially believed as 60% as a primary, now accepted as almost inevitably secondary. Histological evaluation mandatory to rule out carcinoma. Anti-tubercular therapy is a mainstay of treatment. In extensive diseases simple mastectomy advised.

Conclusion: Diagnosis of TB mastitis based on high suspicion, prompt diagnosis and adequate treatment avoid unnecessary operations.



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SESSION I

POSTER PRESENTATION

Post-operative complication of right-sided inguinal hernioplasty with bladder injury

Author:Dr Manaswi Ganvir, Co-author:Dr Kailash Jawade

Background: Although the effect of tension-free repair in inguinal hernia recurrence appears unduly hopeful, tension-free hernia repair with prosthetic mesh has become the standard procedure for hernia repair and has greatly reduced the recurrence rate of inguinal hernia. Long-term follow-up of inguinal hernia repair has demonstrated that the advantage of decreased recurrence rate was outweighed by severe mesh-related problems over a 5-year follow-up, and the majority of the difficulties needed surgical intervention. As long-term follow-up data after laparoscopic inguinal hernia repair accumulates, the whole spectrum of difficulties associated with mesh installation becomes clear, with mesh migration or erosion into the hollow viscera being one of the pertinent issues.

Case Description: A 67 year old male was referred from another hospital after complaining of urine leaking from the post-operative site for the previous two days. Five years ago, the patient had undergone a laparoscopic right inguinal hernioplasty. He underwent an open right sided inguinal hernioplasty two years ago after a hernia recurrence at the same site. In February 2022, a swelling at the post-operative site was observed, and an incision and drainage was performed for the same. A week earlier, the patient had circumcision and catheterization for urinary tract infection (UTI). It was discovered that he had a narrow meatus. On March 9, 2022, the patient was admitted to an outside hospital for urine leakage at the operative site, which required open bladder repair and partial removal of the infected mesh. On March 12, 2022, the patient was referred to DY Patil Hospital. Exploration of right inguinal hernioplasty wound with removal of infected mesh with intravesical catheter insertion was done under SA on 15 March 2022. Pus culture from the operative site revealed candidal and klebsiella colonization and urine culture showed presence of pseudomonas aeruginosa and proteus mirabilis. After prolonged administration of amoxicillin and clavulanic acid, bladder wash and surgical site dressing combined with nutritional support and periodic change of penile foley's catheter, the intravesical catheter and surgical site sutures were removed on day 37 post operatively after ensuring absence of any discharge and healthy wound at the surgical site.

Conclusion: Mesh erosion into the urinary bladder can occur following both open and laparoscopic inguinal hernia surgeries for a variety of reasons and for varying lengths of time. This problem occurs more commonly after laparoscopic inguinal hernia repair. It is often treated by partial or total mesh removal and a partial cystectomy. However, in this case the entire bladder was conserved and patient recovery was ensured.



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SESSION I

POSTER PRESENTATION

World Anaesthesia Day

Author: Dr. Dipti Pophale, Corresponding Author: Dr Heena .P Co-authors: Dr.Bansari S, Dr. Sachin .J.,
Dr. Riddhi. P, Dr. Heena P.

Objective:

To provide a brief overview of the importance Anaesthesia Day.
To provide an insight into the history of anaesthesia.

Discussion:

World Anesthesia Day also known in some countries as National Anaesthesia Day or Ether Day, is an annual event celebrated around the world on 16 October to commemorate the first successful demonstration of diethyl ether anesthesia on 16th October 1846 .William Thomas Green Morton, a local dentist, used the ether to anaesthetise Edward Gilbert Abbott. John Collins Warren, the first dean of Harvard Medical School, then painlessly removed part of a tumor from Abbott's neck. This demonstration was done at Massachusetts general hospital (MGH).

. The MGH theatre came to be known as the Ether Dome .Throughout the procedure, Abbott inhaled vapors from a sponge soaked in sulfuric ether, which were administered by a local dentist named William Morton. Under the influence of Morton's gas, Abbott sat motionless as Warren made a three-inch long incision beneath his lower jaw.

Anaesthesiology has come a long way from that day in 1846 when the first significant step was taken.. We owe the pain-free and safe surgery to these early pioneers who took the initial daring steps often at immense personal cost.

Modern medicine will remain ever grateful to Morton and other unsung heroes who gave us the boon of anaesthesia.



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SESSION I

POSTER PRESENTATION

Isolated Crohn's Disease of the Appendix Presenting as Acute Appendicitis in an Indian Female: A Case Report, Review of Literature, and Follow-Up Recommendations

Author-Dr Sushant Sunil Desale, Junior Resident, Dept. Of Internal Medicine, Bklw Rural Medical College Chiplun, Co Author- Dr Anand Joshi, Dept. Of Gastroenterology, Bklw Rural Medical College Chiplun

Introduction: Crohn's disease is an inflammatory bowel disorder that can affect from mouth to anus. Most common involvement is the terminal ileum near the ileocecal valve. Crohn's disease can be characterized by transmural inflammation and deep fissuring ulcers. It predisposes to fistula formation. It has "skip" lesions separated by normal bowel segments.

Appendix is not believed to be involved in the inflammatory process, there are case reports, demonstrating that the appendix could be involved in the inflammatory changes of Crohn's disease. It can be primary or sole manifestation of the disease. Isolated involvement of the appendix in Crohn's disease is reported to be 0.2-1.8%. Usually it is associated with 25% of ileal and 50% of cecal disease. Crohn's disease of appendix usually affects patients between 20 to 30 years but it can occur at any age.

Case Presentation: We present a 26-year-old female came to emergency department with complaints of high grade fever 5 to 6 episodes of vomiting. Abdominal pain was colicky located in periumbilical region radiating to back.

She had no urinary or other gastrointestinal symptoms. There was no history suggestive of inflammatory bowel disease, and no systemic manifestations of Crohn's disease prior to this illness. Family history was unremarkable.

On examination, she had tachycardia BP- 100/60 mm hg, temperature 102-degree F. Rebound tenderness noted at Macburney's point.

A provisional diagnosis of acute appendicitis was made. USG Abdomen revealed tubular, non peristaltic, non compressible, blind ended structure with maximum diameter measuring 9 mm in right iliac fossa region. Evidence of mild peri-appendicular free fluid, with no appendicolith and mesentric lymphadenopathy was noted. This was consistent with provisional diagnosis of acute appendicitis.

Patient started on antibiotics and was taken up for surgery. Under spinal anesthesia ,total appendicetomy was done. There were no adhesions. Visualised small bowel did not reveal mesenteric fat creeping or any segmental thicknin. Sample was sent to pathology.

Gross examination reveled a 5cm specimen swollen, enlarged, edematous, smooth specimen. External surface was congested with edematous tip. Cut section showed occluded lumen.

Microscopy showed complete ulceration, lumen filled with inflammatory exudate. Wall of appendix showed edema, congestion & was infiltrated by polymorphs along with lymphoid follicles & well formed non caseating granulomas & giant cells reacting upto serosa & peri appendiceal fat. ZN staining for acid fast bacilli was negative with negative Gene expert reports.

Following surgery, there was complete relief of symptoms, and therefore, pharmacological treatment was not initiated. There were no other manifestations related to Crohn's disease. She remained symptom-free at the 6-month follow-up with no evidence of disease recurrence.



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SESSION I

POSTER PRESENTATION

Kartagener syndrome is an autosomal recessive genetic disorder, a subset of primary ciliary dyskinesia Bronchiectasis, Paranasal sinusitis, Situs inversus totalis.

Author-Abhijeet Bhosikar

Case of Kartagener Syndrome.

Kartagener syndrome is an autosomal recessive genetic disorder, a subset of primary ciliary dyskinesia Bronchiectasis, Paranasal sinusitis, Situs inversus totalis.

Incidence is 1 in 30,000 live births.

While Males: Females ratio is 1:1. Here we present a case of Kartagener Syndrome presenting in adulthood in clinicoradiological perspective.



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SESSION I

POSTER PRESENTATION

DIABETIC KETOACIDOSIS AN INITIAL PRESENTATION OF UNDIAGNOSED ACROMEGALY

Dr Kaustubh Hemant Tare; Dr Sachin Surnar; Dr Shreyansh Deosale

Case Description: A 20 years old female with no prior medical history presented with complaints of multiple episode of vomiting, pain in abdomen since 2 days and decreased level of consciousness since 1 days. She was remarkably taller than her peers, with features like large hands, large feet's and protruding jaw .Laboratory finding showed:

RBSL - 530 mg/dl ,Urine ketone - 2+ , HbA1C-10.9 , S.TSH - 0.17 microIU/ml , S.FSH - 1.43 mIU/ml ,S.Prolactin- 152 microIU/ml ,S.Triglyceride - 1030mg/dl , S. Growth Hormones - 100ng/dl .MRI Brain showed well defined heterogenous lesion involving pituitary gland measuring 34mm*34mm*34mm extending into suprasellar region s/o pituitary macro adenoma

She was diagnosed as case of acromegaly secondary to macro adenoma in diabetic ketoacidosis and dyslipidaemia .During hospital stay , patient responded avidly to therapy and blood sugar level were controlled with insulin , fluids and electrolyte balance and patient was weaned off ventilator support.

Patient was vitally stable and Blood sugar levels were controlled at time of discharge and follow up. Patient was advised neurosurgery consultation for need of surgery.

Conclusion : This case report suggest importance of insulin resistance due to growth hormones excess as a cause of diabetic ketoacidosis and Diabetic ketoacidosis as a possible presentation of acromegaly and that it should be recognized as on



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SESSION I

POSTER PRESENTATION

COVID -19 DISEASE - RARE IMPORTANT CAUSE FOR MASSIVE PULMONARY EMBOLISM.

Author: Dr. Chandreshkumar Chaudhary (Mbbs, Resident General Medicine) Co-Author: Dr. Pranav Shamraj (Dnb Cardiologist), Dr. Sachin Surnar, Dr. Kaustubh Tare (Mbbs, Medicine Resident)

Introduction: Pulmonary embolism, a medical emergency contributes to substantial cardiovascular morbidity and mortality. Risk factors are malignancy, immobility, obesity, hypertension, hyperhomocysteinemia. In the era of covid -19 disease, it is an important rare cause of PE.

Case Description: A 46 y/o male, chronic tobacco chewer & alcoholic complaining of sudden onset breathlessness on minimal exertion & chest pain on 13/01/2022, referred for CAG, presents with tachycardia, mild hypoxia SPO2-90%, early ECG shows sinus tachycardia, 2D ECHO-Right ventricular dilatation with mild Pulmonary arterial hypertension, Coronary angiography shows normal coronaries. For evaluation of breathlessness D-dimer advised came raised 5530ng/ml, CT Pulmonary Angiography suggestive of massive bilateral pulmonary embolism, raised sr. homocysteine & covid SARS antibody levels. Both dose of covishield vaccination done last dose in November 2021. Treated conservatively with Injection LMWH for 5 days & discharged stably with oral anticoagulants for 3 month.

Discussion: Increased incidence of VTE & PE in Covid 19 patients. Average ICU admission for 6 days. Study of covid 19 pneumonia ICU admissions at Lille { France } hospital 21% had PE. Known risk factors & inflammatory response causing endothelial dysfunction and cytokine storm, is common in covid 19, hence considered new rare but important risk factor for PE.

Conclusion: Incidence of PE is 2.6-8.9% in COVID-19
Thromboprophylaxis is recommended in all patients with hospitalized COVID-19

Keywords- Pulmonary embolism, Covid 19, hyperhomocysteinemia.



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SESSION I

POSTER PRESENTATION

Double Trouble!!! Understanding Twin To Twin Transfusion Syndrome

Dr Kavya J S (Junior Resident), Under The Guidance Of Dr Vidyadhar Bangal (Professor And Hod)
Dept Of Obstetrics And Gynaecology, Rural Medical College, PIMS LONI.

Background: Twin to twin transfusion syndrome is a rare but serious complication of monochorionic twin pregnancy. It is characterized by the development of abnormal placental vascular communication from donor twin to the recipient twin

Case description: A 24 year old lady with G3P1L1E1 with previous Caesarean and previous ectopic pregnancy came with 7 months of Amenorrhea. She came with 28 weeks of gestation with c/o abdominal pain. She had history of previous one lscs done for 3 loops of cord followed by which she had undergone laproscopic Salphingectomy with ectopic removal 2 years back. This pregnancy was spontaneously conceived. Per abdomen examination revealed abdomen overdistended. Per vaginal examination suggested patient was 3 cm dilated. USG with colour doppler showed changed changes of twin to twin transfusion syndrome with twin A having polyhydramnios and twin B having anhydramnios. Patient delivered both fetuses by preterm vaginal delivery, both still born showing changes of growth restriction and anemia in donor twin and polycythemia and hypervolemia in recipient twin.

Conclusion: Approximately 1 in every 250 cases of monochorionic twins acquire TTTS. The progression of TTTS is unpredictable; nontreatment and early onset have been associated with more than 90 percent mortality of both twins. Thus earlier identification of chorionicity on USG, diagnosis of TTTS, and improvement of treatment and management have the potential to improve the mortality and morbidity outcomes associated with TTTS.



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SESSION I

POSTER PRESENTATION

A rare case report of Sertoli Leydig cell tumor of ovary in postmenopausal women in tertiary care Centre

Author Dr Namrata Ratnakar Jr3 of obstetrics and gynaecology. Co Author Dr Shraddha Shastri Asso Professor in obstetrics and gynaecology.
Smt Kashibai Navale Medical College and Hospital Narhe, Pune

Case history: A 73 year-old woman presented with postmenopausal bleeding on and off since 1 year, heavy bleed 1 month. She also complained of lump in abdominal and pain. She gave an uneventful obstetric hist last child birth 50 years back. She attained menopause 24 years back. history of loss of appetite. Shanti hypertensive anti diabetic medications. She has history of spine surgery 11 yrs back Tubal ligat 40 yrs back. MRI finding: A well defined Lobulated solid cystic lesion in right adnexa No involvement no ascites. Possibility of neoplastic etiology. Ca125 33.

Hpe report suggestive of, :- Right ovarian cyst – Poorly differentiated Sertoli Leydig cell tumor. fallopian tube – Unremarkable.

External group of Right sided iliac nodes – One lymph node reactive lymphoid hyperplasia.

2:- omentum – unremarkable

3. Endometrium – Proliferative

4. Myometrium – Deep Adenomyosis, Leiomyomata

5. Cervix – Chronic non-specific ecto-endoc

6. Left Sided ovarian cyst – Follicular cyst 'Attached fallopian tube – Unremarkable .

Conclusion: Sex stromal tumors account for about 10% of ovarian neoplasms. They can be Pure stroma like ovarian thecoma, fibroma, steroid cell tumors or Leydig cell tumors, pure sex cord tumors like G cell tumor, or a Mixed sex cord-stromal tumor like Sertoli Leydig cell tumor. Leydig cell tumors account for 0.1% of all the ovarian tumors. Leydig cell tumor is a rare benign tumor which belongs to the category of sex cord stromal tumors of ovary. Leydig cell tumor usually presents with androgenizing features like deepening of voice, or clitoromegaly and are often suspected only if such symptoms are present. Functional tumors that present usually with androgenizing features. Very rarely they may present with estrogenizing symptoms or can even be non functional.



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SESSION I

POSTER PRESENTATION

Hysteroscopic CuT removal- An innovative approach.

Author: Dr.Shivani Lasure. Co-author: Dr.Ketaki Junnare.
Smt Kashibai Navale Medical College, Pune.

Case Description:

- 28y/o/ F, PILIA1 with previous LSCS with CuT in situ was referred to SKNMC in view of an impacted intrauterine contraceptive device with a failed attempt of hysteroscopic CuT removal.
- Patient had complaints of heavy menstrual bleeding since 2 months, associated with passage of clots.
- LMP: 6/2/22.
- Obstetric history: A1- MTP at 1.5MOA/ surgical evacuation done.PIL1- MCH/6y/FT.LSCS ivo fetal distress/ CuT inserted as history given by patient.
- X ray pelvis was done at an outside hospital, suggestive of CuT in uterine cavity.
- Patient underwent hysteroscopic CuT removal 15 days at a private hospital. Findings-CuT was seen impacted deeply in right uterine wall, held with an atraumatic grasper but only half CuT could be retrieved after which bleeding started therefore procedure was abandoned.
- Patient had no complaints when she was referred, was vitally stable.
- P/A- soft, no G/R/T, scar healthy.
- P/S- cervix/vagina healthy, CuT thread could not be visualized.
- P/V- uterus normal size, AV, B/L FFNT, CuT thread could not be felt.
- All laboratory investigations were done and after pre anesthetic check up patient was posted for Hysteroscopic CuT removal under GA.
- 0 degree hysteroscope was inserted and broken CuT was seen embedded in uterine wall with an attempt to remove it using atraumatic hysteroscopic grasper, unfortunately grasper broke with device still left in situ.
- After serial dilatation of cervix, Maryland Laparoscopic grasper was inserted alongside hysteroscope. Vertical limb of IUCD held under vision and pulled. CuT was removed and procedure was uneventful.

Conclusion:

Hysteroscopic removal of a deeply impacted IUCD can safely be done using atraumatic Maryland laparoscopic grasper.



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SESSION I

POSTER PRESENTATION

Maternal Near Miss Case of Amniotic fluid embolism with peripartum cardiomyopathy

Dr Divya Menghrajani (PG 2021 Batch Dept of OBGY SKNMCGH) Dr Gulab Singh Shekhawat (HOD Dept of OBGY SKNMCGH)

DEFINITION OF NEAR MISS: A woman who nearly survived a severe life-threatening condition (either after receiving emergency medical or surgical intervention) that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy.

Maternal death is a huge problem for developing countries like India and those in sub-Saharan Africa. Patients are triaged into normal pregnancy, septic cases and high-risk cases and sent to respective labour rooms or wards to receive appropriate care. Taking up a multi-disciplinary approach to maternal wellbeing utilising the full resources and infrastructure that are available like High-Dependency Unit (HDU), Intensive Care Unit (ICU) and fully stocked blood bank. This is a small scale study to analyse maternal near-miss morbidity in a local setting taking up the example of one such case admitted in our Intensive Care Unit.

Brief history and diagnosis: An Amniotic fluid embolism is a life threatening and sudden obstetric emergency. It is a condition associated with high maternal mortality. Prompt diagnosis and management are key to a good prognosis. This case report is about a case of AFE + peripartum cardiomyopathy treated successfully by a multidisciplinary approach in our ICU.

Management and Follow up

The patient, a G3P2D1L1 34w Gestational age went into precipitated labour lasting less than 3 hours and delivered shortly after Artificial rupture of membranes. The patient experienced shortness of breath, frothing and sudden O₂ desaturation. She was intubated and shifted to the SICU. 2D echo showed an LVEF of 20%. She recovered and was discharged 10 days later.

Salient features of the study

- Based on our findings, we recommend a number of actions to avert future maternal deaths:
- Improving antenatal care to help early identification of high risk pregnancies
- Prompt diagnosis and treatment of near miss case
- Developing protocols to prevent/manage post-partum haemorrhage
- Rarity of amniotic fluid embolism along with peripartum cardiomyopathy
- Training obstetric health professionals on managing infrequent but fatal conditions
- Urgently reviewing the referral system and emergency



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SESSION I

POSTER PRESENTATION

PREVIOUS LOWER SEGMENT CAESERIAN SECTION RESULTING IN UTERINE SCAR DEHISCENCE COMPLICATING THE PREGNANCY : A CASE REPORT

Author: Thacker Shriya Himmat MBBS intern KIMS Karad

Co-author: Dr. Kaware Obstetrics and gynaecologist at District Hospital Satara

Case description: A 23 year old Rh negative G2P1L1 with 7 months of amenorrhea with previous lower section caesarian section (LSCS) one year back came with chief complaints of pain in abdomen since morning and giddiness since 1 hour. On per abdominal examination uterine height was 32-34 weeks with longitudinal lie and cephalic presentation, fetal movements were present and fetal heart rate 136 beats per minute. On ultrasonography, severe oligohydroamnios was diagnosed. Hence, the patient was taken for emergency LSCS due to severe oligohydroamnios risking lives of both mother and foetus. Otherwise the mother was vitally stable.

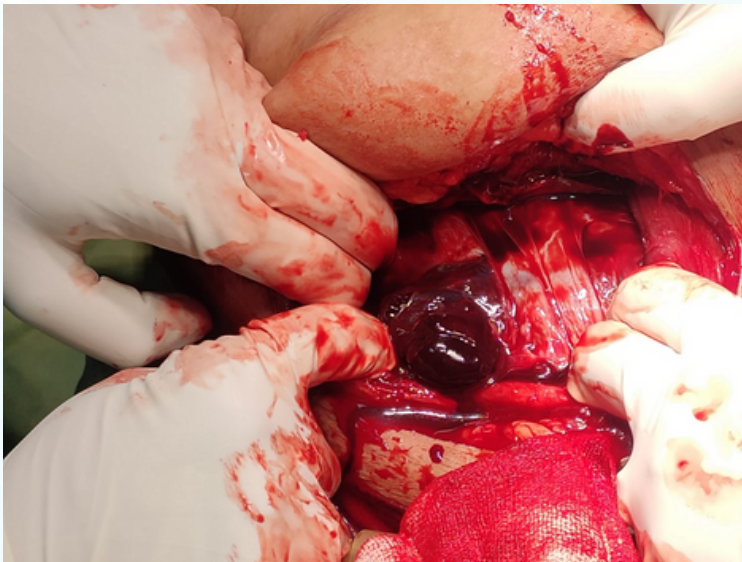


Fig.1: Previous scar seen ruptured and bag of membrane seen herniating with placenta

Lower uterine section (LUS) identified and seen which was papery thin, uterovaginal fold of peritoneum opened, bladder pushed down. LUS opened transversely in curvilinear fashion by fingers. Liquor was absent. A premature baby boy of 2.48gms was delivered by LSCS; baby cried immediately after birth. Standard aftercare protocol for the LSCS patient was given. Mother withstood procedure well.

Conclusion: The maximum benefit can be obtained from ultrasonographic features by recognizing the accurate features of uterine dehiscence by scanning at proper intervals during pregnancy. Early detection of the same can help in preventing maternal and neonatal morbidity and mortality.



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SESSION I

POSTER PRESENTATION

“A Rare Case of Primary Giant Myxoid Liposarcoma of the Pericardium”.

Author: Dr. Yogesh R Malwe, PG Resident (JR3) Department Of Pathology, SKNMC & GH , Narhe, Pune.
Dr. Siddhi Khandeparkar, Dr. Maithili Kulkarni, Dr. Bageshri P. Gogate

Abstract: Primary pericardial neoplasms account for 6.7-12.8% of all primary cardiac tumors. Pericardial tumors are most likely to be metastatic and are an extension of the primary tumors from the surrounding structures. There have been less than 20 cases of pericardial liposarcomas reported on PubMed since 1973. Here, we present a rare case of primary giant pericardial myxoid liposarcoma (ML) in a 46-year female diagnosed on frozen section and later confirmed histopathologically. She presented with complaints of chest pain and breathlessness on exertion for 1 month. Computed tomography (CT) of the thorax showed a large cystic mass measuring 11.8x11.1cm in the left upper and mid-lobe region causing right mediastinal shift. Differential diagnosis of hydatid cyst and cystic neoplasm was offered. Intraoperatively there was evidence of a large cystic tumor filled with myxoid material adhered to the pericardium. The contents of the cyst were received for frozen section which showed myxoid material, numerous delicate vascular channels and occasional lipoblast favoring the diagnosis of ML. The tissue received for histopathological examination contained multiple, yellowish, soft gelatinous tissue mass all aggregating to 20cm. The microscopic examination showed the tumor composed of an abundant myxoid matrix with prominent plexiform and arborizing delicate capillaries giving rise to chicken wire configuration. Lipoblasts were seen amidst this having characteristic round to oval scalloped nucleus at places showing hyperchromasia and pleomorphism and multivacuolated cytoplasm. Focally (less than 5%) round cell areas were seen. Few mitotic figures and areas of necrosis were noted.

Immunohistochemistry (IHC) was not done in this case due to the characteristic morphology of the tumor. The diagnosis of ML was offered. Ultrasonography of the abdomen and pelvis was unremarkable. Postoperatively, the patient received chemotherapy and is disease-free on follow-up for 3 months.

Conclusion- Surgical excision with or without radiation therapy is the treatment of choice in the localized ML. Chemotherapy is generally reserved for patients with high-risk diseases such as a high grade, deep-seated tumor, tumor size >5cm, and positive surgical margins. Post-surgical excision, The patient was given chemotherapy. She is disease-free for 3 months. Long-term follow-up of these tumors is important because of the high recurrence rate

Key words: Large, liposarcoma, pericardial



SESSION I

POSTER PRESENTATION

Isolated Hydatid Cyst of the Pancreas Masquerading as Pancreatic Pseudocyst

Dr. Chinmayee S. Dhavan, Dr. Siddhi Khandeparkar, Dr. Maithili Kulkarni, Dr. Bageshri P. Gogate
Department of Pathology, SKNMC, Pune.

Introduction: Primary involvement of the pancreas by hydatid, disease(HD) is extraordinarily rare. Reported incidence 0.1 to 2% of all patients with HD. It is even rarer that they present with acute pancreatitis and as pancreatic pseudocyst. Only 15 cases are reported in literature to date as per our knowledge.

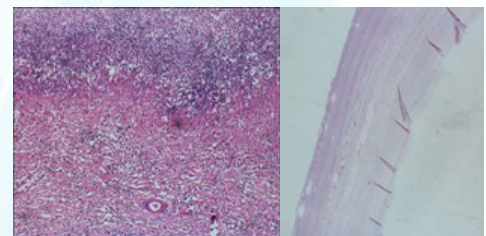
Case Report: 49 year old female. C/c: Abdominal pain, bloating, acidity, appetite loss & generalized weakness. Hb= 11.07g/dL, WBC=5330/cmm. Absolute Eosinophil Count(AEC)= 1066/cumm (raised). Raised SGOT(125U/L) & SGPT(164U/L). Amylase levels: 543U/L (raised). USG: An 8.5x7.9x6.2cm well defined thickwalled cystic lesion occupying the pancreatic head suggestive of pancreatic pseudocyst. Radiology[CT scan, MRI and MRCP(Figure a)]: A well-defined thin walled fluid attenuating non-enhancing cystic lesion of pancreatic head s/o differentials such as pancreatic pseudocyst, cystic neoplasm or hydatid disease of pancreas, or duodenal duplication cyst.

Gross: Whipple's resection specimen (Figure b and c) received showed a cyst in the pancreatic head measuring 7 cm in diameter (C/s yellowish necrotic material) and another translucent cyst measuring 6 x 4 x 5 cm.

Microscopy: Histopathological examination of the pseudocyst (Figure d) showed a cyst lined by fibrocollagenous tissue, palisading layer of macrophages and granulation tissue and that of hydatid cyst (Figure e) showed an acellular, laminated, hyaline membrane with scolices containing hooklets. Histopathological diagnosis of Pancreatic Pseudocyst owing to Hydatid cyst was offered. AEC and Amylase levels done a month later were normal.

Discussion: HD of the bone, thyroid, breast and pancreas are rarely encountered. Acute pancreatitis has rarely been reported due to a hydatid cyst of the pancreas. Pre-operative diagnosis may be difficult due to the similarity of the presenting symptoms and the radiological findings to those of other more commonly encountered cystic lesions of the pancreas. Few case reports presenting as pancreatic pseudocyst have been documented in literature.

Conclusion: In endemic regions like India, high clinical suspicion of HD in a case of cystic pancreatic lesion is important. Pre-operative albendazole treatment before surgical intervention is known to help reduce the rate of recurrence. Commonly encountered cystic lesions of the pancreas. Few case reports presenting as pancreatic pseudocyst have been documented in literature.





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SESSION I

POSTER PRESENTATION

Primary Adenosquamous Carcinoma of the Liver Diagnosed on Liver Biopsy

Author: Dr. Alefiya Kanpurwala, Co-Authors: Dr. Siddhi Khandeparkar, Dr. Vaishali Aphale, Dr. Bageshri P. Gogate. Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune.

Case Description: Primary hepatic adenosquamous carcinoma (PHASCa), a rare variant of cholangiocarcinoma, is a highly aggressive tumour with poor prognosis. It was first reported by Barr and Hancock in 1975. Less than 100 cases are documented in literature. The mean age is 63.9 years and more common in males. Here we intend to put on record a rare case of PHASCa in a 28-year female diagnosed on liver biopsy. She presented with complaints of abdominal pain for two months. Computed tomography (CT) of abdomino-pelvis showed ill-defined heterogeneously enhancing hypodense lesion measuring 6.5x6.8x6.1 cm involving segments IVb, V and VIII of liver. Gall bladder was not seen separately. Few (3-4) small heterogeneously enhancing hypodense lesions measuring 2.2x1.5 cm were seen in subcapsular locations of the segment VIII of liver. Possibility of metastasis/infective etiology was radiologically suggested. Three core liver biopsies received showed tumor cells arranged in nests, cords and acinar pattern. Individual tumor cells were polygonal having high nucleocytoplasmic ratio, prominent nucleoli and abundant eosinophilic cytoplasm. Tumor cell nests were surrounded by sinusoidal endothelial cells. Intercellular bridges were noted. Apoptotic cells, keratin-like material, abnormal mitotic figures, areas of necrosis and fibrosis were seen. Masson's trichrome stain highlighted fibrotic areas. Reticulin stain showed collapse of reticulin framework. Differential diagnoses of fibrolamellar variant of hepatocellular carcinoma and adenosquamous carcinoma (primary/metastatic) were considered. Immunohistochemical study showed p63 and CK7 positivity. Hep-par-1 and CK-20 were non immunoreactive. Positron emission tomography CT scan report showed FDG avid mass in the right lobe of liver. Gall bladder was not seen separately. FDG avid elongated subcapsular lesions were seen. Both the lesions were seen contiguous with each other. No FDG avid distal organ involvement was seen. Thus, diagnosis of primary adenosquamous carcinoma of the liver was given.

Conclusion: Here we intend to put on record a rare case of PHASCa in a 28-year female diagnosed on liver biopsy.

Keywords: young female, hepatic mass, cholangiocarcinoma



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SESSION I

POSTER PRESENTATION

BRANCHIAL CLEFT CYST-A RARE PRESENTATION

Author: Dr Barkha Yadav

Introduction:

- Branchial cleft cysts are commonly encountered congenital neck masses which are also known as Congenital Hydrocele Of The Neck.
- Hunczovsky in 1785 first described as lateral cyst of the neck.
- BCC comprises approximately-
 - 75%-80% of all branchial anomalies.
 - 95% arise from the second branchial arch.
 - 5% arise from the first, third and fourth branchial arches.
- These cysts are commonly found in the anterior triangle of the neck, anterior to upper one third of sternocleidomastoid muscle.

Case Report: A 35 year old female presented with painless swelling on the left side of neck since 6 months. - It was a Dumbbell shaped swelling with a size measuring about 20×15 cm. - It was spreading to both anterior and posterior triangles of left side of the neck. - It was situated deep to the sternocleidomastoid muscle. - It was fluctuant and soft in consistency.

Investigations: Ultrasonography (USG) of neck:- Suggested of a well defined cystic lesion with multiple internal echoes and septation within it, lateral to carotid sheath and deep to left sternocleidomastoid muscle. Computed Tomography (CT SCAN):- Confirmed the USG findings.

Intra Operative Findings:

- Cyst extension to left posterior triangle
- Present deep to sternocleidomastoid.
- The muscle was pressing the anterior wall of the cyst.
- The walls of the cyst was mobilized from posterior triangle to anterior triangle and was excised.
- It was then sent for further histopathology and cytology which then confirmed our diagnosis..

Discussion: Branchial cleft cysts are commonly encountered congenital neck masses which occur unilaterally, seen in lateral aspect of neck. There are four main theories postulated for origin of branchial cyst, as follows:-

- 1.Incomplete obliteration of branchial mucosa.
 - 2.Persistence of vestiges of pre cervical sinus.
 - 3.Thymo-pharyngeal Ductal origin.
 - 4.Cystic lymph node origin.
- However, the most widely believed source of branchial cyst is branchial apparatus that begins to form in the second week of fetal life and is completed by sixth or seventh week
- Histologically, the lining of branchial cyst is stratified squamous epithelium but sometimes can be pseudostratified/columnar or ciliated epithelium.
- A possibility of:-
- 1.Metastatic squamous cell carcinoma.
 - 2.Tuberculosis related lymphadenitis (scrofula)
 - 3.HIV related lymphadenopathy.
 - 4.Cat scratch disease
 - 5.Sarcoidosis or Hodgkin's lymphoma
- can be considered as differential diagnosis and hence need to be ruled out.



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SESSION I

POSTER PRESENTATION

Hyperbaric Oxygen Therapy: Applications In Surgical Field

AUTHOR: Dr. Rahul Rathod, Junior Resident, Department of General Surgery CO-AUTHOR
Dr. Sandip Jadhav, Professor, Department of General Surgery
Smt. Kashibai Navale Medical College & General Hospital, Pune

Introduction: Hyperbaric oxygen therapy (HBOT) consists of using of pure oxygen at increased pressure (in general, 2-3 atmospheres) leading to augmented oxygen levels in the blood (Hyperoxemia) and tissue (Hyperoxia). The increased pressure and oxygen bioavailability might be related to a plethora of applications, particularly in hypoxic regions, also exerting antimicrobial, immunomodulatory and angiogenic properties, among others. We encourage further research in this field to extend the possible uses of this procedure..

Aim of The Study: To Know: The physiological and therapeutical basis of HBOT, Methods of Administration, Approved indications with underlying mechanisms, Adverse effect and contraindications

Physiological and Therapeutical Basis of HBOT:

- The usual arterial partial pressure of O₂ is 100 mm Hg, Hb is 95% saturated and 100 ml of blood carries 19 ml of O₂ in combination with Hb and 0.32 ml dissolved in plasma. If the inspired O₂ concentration is increased to 100%, O₂ combined with Hb can increase to a maximum of 20 ml when the Hb is 100% saturated and the amount of O₂ dissolved in plasma may increase to 2.09 ml.
- During HBO in addition to the Hb which is 100% saturated the amount of O₂ carried in solution will increase to 4.4 ml% at a pressure of 2 ATA, to 6.8 ml % at 3 ATA which is almost sufficient to supply the resting total O₂ requirement of many tissues (increased O₂ in plasma) without a contribution from O₂ bound to Hb.
- There are five groups of therapeutic mechanisms attributed to hyperbaric oxygen use: Hyperoxygenation, Vasoconstriction, Neovascularisation (Angiogenesis), Altered Cellular Function, Pressure and Gas Gradients

Methods of Administration: HBO therapy can be given in Monoplace chamber: in which a single patient is placed in a chamber which is then pressurised with 100% oxygen. Multiplace chamber: where many patients can be treated at the same time

Approved Indications:

- Acute thermal burn injury
- Carbon monoxide poisoning
- Air embolism
- Central retinal artery occlusion
- Clostridial myositis and myonecrosis (gas gangrene)
- Compromised grafts and Flaps
- Crush injury, Compartment Syndrome and acute traumatic ischemia
- Decompression sickness
- Delayed radiation injury (soft tissue and bony necrosis)
- Enhancement of healing in selected problem wounds
- Idiopathic sudden sensorineural hearing loss
- Intracranial abscess
- Necrotizing soft tissue infections
- Refractory osteomyelitis
- Severe anaemia

Adverse Effects: Claustrophobia, Barotrauma, Ocular manifestations: Myopia, Cataracts, keratoconus or retinopathy of prematurity

Contraindications: Absolute contra-indications:

- Untreated pneumothorax
- Certain anticancer drugs, i.e., Doxorubicin, bleomycin

Relative contra-indications:

- Acute viral URTI's
- Sinusitis
- Bullous pulmonary disease
- History of spontaneous pneumothorax
- Congenital spherocytosis

Conclusion: We encourage further studies to extend the possible uses of this procedure, always considering individual benefits and risks from receiving this therapy. The inclusion of HBOT in future clinical research could be an additional support in the clinical management of multiple pathologies.



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SESSION I

POSTER PRESENTATION

Anaesthesia Challenges in Managing Large Multi Nodular Goitre

Author: Dr Sherren Dsouza, Moderator: Dr Jyoti Deshpande
Co authors- Dr Jyoti Kale, Dr Priyanka Kulkarni

Introduction: Massive thyroid swellings pose as a challenge to the anaesthetist due to inability to ventilate and intubate because of dyspnea, tracheal deviation, compression, heavy jaw and restricted neck movements leading to increased morbidity and mortality. If thyroid functions are not well controlled it may lead to complications like thyroid storm or myxedema coma. There may also be post operative tracheomalacia and transient hypocalcemia.

Here we present the anaesthetic management of a case of large multinodular goitre posted for total thyroidectomy

Case Report:

- A 71yo/F came with c/o midline swelling in neck gradually increasing in size with associated complaints of dyspnea on lying down, change in voice and dysphagia. Patient was k/c/o hyperthyroidism, hypertension, DM and CAD on regular treatment.
- Patient had restricted neck movement due to large anterior mass. On IDL, vocal cords were not seen and showed narrowed supraglottis. X-ray neck-deviation of trachea to the right. HRCT thorax-narrowing of trachea with a diameter of 7.3mm below the vocal cords.
- Awake fibre optic intubation was planned for this patient. However after multiple failed attempts of awake intubation due to distorted anatomy patient had an episode of desaturation with bradycardia for which CPR was given. Patient was revived and then intubated by traditional laryngoscopy and shifted to SICU. Total thyroidectomy was performed only after haemodynamic stabilization after 2 days with intra operative events being uneventful. Post op hypocalcemia was managed. Extubation was performed on POD4 keeping in mind the possibility of tracheomalacia.

Conclusion: Difficult airway can be managed successfully with extensive knowledge and experience by an anaesthesiologist keeping in mind alternative options of deviation from the normal algorithm



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SESSION I

POSTER PRESENTATION

Presentation of Fronto-Ethmoidal Osteoma

Author: Dr. Ishita Wadhwa, Co-Author- Dr. Madhusudhan Malpani

Objectives: To describe a presentation of giant osteoma of the ethmoidal sinus including ITS MANAGEMENT

Case Description: A male 19 years old, came to department of otolaryngology head and neck surgery with complaints of constant nasal obstruction to left side since 2 years and epiphora since 1 year. He presented a discreet left facial asymmetry. Upon examination, he presented with facial asymmetry with lateralization of the left ocular globe. The nasal endoscopy revealed a grossly deviated nasal septum towards left. CT PNS revealed 4.4*3.2*4.5cm sized expansile, heterogeneously hyperdense area noted occupying anterior ethmoidal air cells and nasal cavity on left side with middle turbinate not seen.

Conclusion: The paranasal sinus osteomas are benign osseous lesions that are typically asymptomatic. However, sometimes massive lesions might go unnoticed until they grow to be quite enormous. Giant osteomas of the paranasal sinuses are rare and accidentally found on CT scan. Because of the intracranial or intraorbital extension, they produce severe symptoms. A surgical intervention using an endoscopic technique with an external approach is the gold standard treatment for large osteomas. Surgery for gigantic osteomas produces great results with very few recurrences.



SESSION II

POSTER PRESENTATION

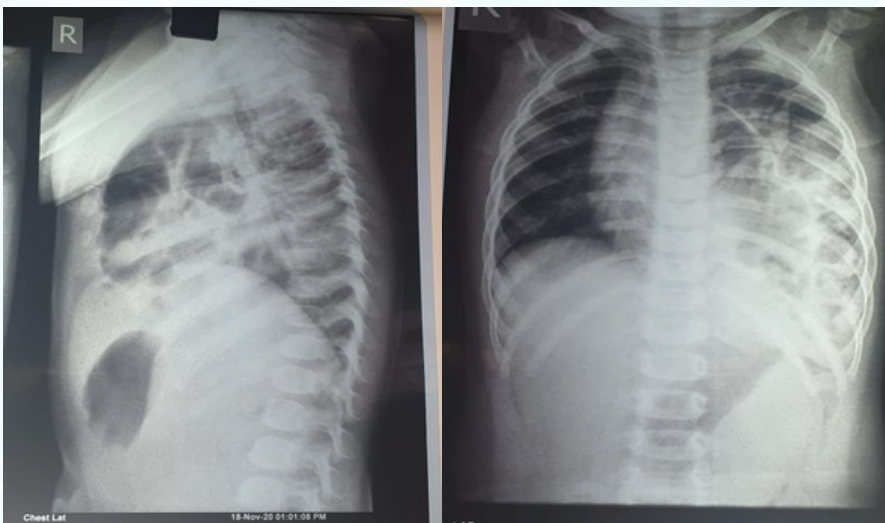
Delayed presentation of congenital diaphragmatic hernia- bochdalek hernia

Author: Dr. Rashikanigania (surgery resident), Co-authors: Dr. H.B janugade (professor & hod),
Dr .A.Y.kshirsagar (professor), Dr. Nitin nangare (professor), Dr. Aakash katkar (assistant professor)

Case description:

1) Presentation: 1 year and 2 months old female child was brought by the parents with complaints of multiple episodes of vomiting since and decreased appetite since 10 days. Vomiting was non-projectile, post prandial, contained food particle and non-bilious. History of cough on and off was present. O/e- air entry reduced on left side of the chest with bowel sounds present on left side of chest. Abdomen was scaphoid but non-tender. Patient also showed delayed growth.

2) Investigations: CXR-multiple air pocket like lesions suggestive of bowel in left thorax with mediastinal shift to the right. Ultrasound of the abdomen-suggestive of defect on the posterior-lateral surface of left dome of diaphragm of around 4x 5 cm and migration of bowel loop into the thorax.



Discussion: Failure of separation of pleuroperitoneal canal by a membrane leads to congenital diaphragmatic hernia (CDH). Abdominal contents herniate into the thoracic cavity through the diaphragmatic defect, compressing the ipsilateral developing lung. Late-presenting CDH has been defined as CDH diagnosed after the neonatal period due to initial symptoms after the neonatal period or asymptomatic CDH found in the course of routine cxr. These patients don't should typical symptoms and are rarely associated with any other congenital anomaly. It can sometimes present with life threatening conditions like gangrenous bowel, volvulus. Patient needs surgical management - reduction of abdominal content f/b primary closure of the defect, lung expansion and placing an ICDT.

Conclusion: Late-presenting CDH is rare but sometimes can be a life-threatening condition such as CDH with a gastric volvulus. Early diagnosis and appropriate treatment can lead to a good prognosis.



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SESSION II

POSTER PRESENTATION

Perforated Jejunal diverticulum: a rare cause of acute abdominal pain

Author: Dr. Burhanuddin K. Bhindarwala (P.G. – Dept of Surgery), Co-Author: Dr. HemantB. Janugade (Professor and H.O.D. - Dept of Surgery), Dr. Ashok Y. Kshirsagar (Professor - Dept of Surgery), Dr. Akash Katkar, (Assistant Professor - Dept of Surgery)
KrishnaInstitute of MedicalSciences “Deemed University”, Karad

Background: Diverticulosis of the small bowel is rare and, in most cases, discovered incidentally. However, diverticulitis and its perforation are important to consider in the differential of an acute abdomen, especially in the elderly population.

Case presentation: The patient was a 90-year-old female who presented with acute abdominal pain progressing to peritonitis. X-ray erect abdomen showed air under right hemi-diaphragm. Exploratory laparotomy was performed and there was evidence of an isolated perforation of a solitary jejunal diverticulum at the mesenteric border. A primary closure of the perforation was performed and bowel was checked for other diverticula.

Differentials: Perforated appendicitis, perforated gastric ulcer, perforated duodenal ulcer, Gallbladder perforation

Investigations: X-ray erect abdomen showed air under right hemi-diaphragm; Blood pH: 7.285, Lactate: 29 mmol/L, Hb: 12, TLC: 15,800

Diagnosis: Isolated perforation of a solitary jejunal diverticulum at the mesenteric border

Discussion: Jejunal diverticula are the least common type of small bowel diverticula, with an incidence of less than 1%, slightly more common in men. The pathologic description of these pseudodiverticula is an acquired outpunching of mucosa commonly found on the mesenteric border of the jejunum. Solitary, isolated diverticula are seen in 23% of cases. Jejunal diverticulitis remains a diagnostic challenge. Although uncommon, owing to its high mortality rate, it is an important clinical entity to consider and requires timely management.



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SESSION II

POSTER PRESENTATION

A Rare Case of Vagus Nerve Schwannoma - Presenting as Neck Mass

Co-Authors: Dr. H. B. Janugade- Professor and HOD, Kims Karad, Dr. Nitin Nangare -Professor, Kims Karad, Dr. Aakash Katkar- Assistant Professor, Kims Karad

Background and Presentation: A 46 yr old female patient came with complaints of swelling on right side of neck since 20 yrs. It was small initially, gradually increased in size. It was associated with pain that started 3-4 months back., radiating to right temporal region. On examination the swelling was 10x 10x 10 cm , firm in consistency , not fixed to overlying skin or underlying tissue , non tender , no transillumination , well defined margin, smooth surface . Right carotid pulsation felt over the swelling. Trachea deviated to left side.

Differential Diagnosis: Paraganglioma, Branchial cleft cyst, Malignant lymphoma

Investigations: Her lab reports were within normal limits. TFT was normal. MRI neck (plain +contrast) report suggestive of well encapsulated lesion in neck on right side suggestive of vagal nerve sheath tumor. The lesion displacing the common carotid artery, internal and external carotid and its bifurcation. Medially displacing visceral space to the left side. Posteriorly displacing perivertebral space and abutting paraspinal muscle on right side. Superiorly the lesion is reaching upto submandibular space and abutting inferior part of condylar process of mandible. Laterally the lesion is seen displacing sternocleidomastoid muscle. FNAC suggestive of spindle shaped tumor of neuronal origin and showing change in the background.

Diagnosis : Vagal nerve sheath tumor - schwannoma



Discussion: Vagal schwannoma excision was done under general anesthesia. Wound healing was good and was cosmetically better. Vagus nerve schwannoma is a rare benign tumor of vagal nerve sheath and excision surgery is the best with minimal post-operative complications. Vagus nerve schwannoma should be differentiated from other tumors arising from the neck.



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SESSION II

POSTER PRESENTATION

A rare case of Primary lymphoma of appendix

Author: Dr. Salunkhe Paras Vijaykumar (Resident General Surgery) Co-authors: Dr.H.B Janugade (Professor and HOD) Dr.A.Y. Kshirsagar (Professor) Dr.Nitin Nangare (Professor) Dr.Aakash Katkar(Assistant Professor) Dr.Vipin Tewani(Assistant Professor), Krishna institute of medical sciences, Karad, Satara

Case Description: We present a case of a 58 year-old female patient who presented with lower abdominal pain since 15 days with one episode of vomiting and intermittent fever. Per abdominal examination revealed soft , mild tenderness in right iliac fossa and localised guarding in right lumbar and right iliac fossa. On usg diagnosis was given favouring mucocole of appendix/ meckels diverticulitis with abscess/ subacute small bowel perforation with localised abscess

Exploratory laparotomy was done. Intraoperative findings showed 3x3 cm appendicular mass with 6x5cm distal ileum mass - 5cms proximal to ileocaecal junction with multiple mesenteric lymphadenopathy of largest 4cm, so we performed right hemicolectomy followed by ileotransverse anastomosis. HPR report was suggestive of Non- Hodgkin's lymphoma involving appendix, ileum and lymph nodes in mesocolon and proximal and distal surgical margins free from tumour.



Conclusion: The neoplasms of appendix usually manifest clinically with sign and symptoms of acute appendicitis from luminal obstruction (30-50%). Preoperative diagnosis is difficult and often occurs through histopathological examination. The histopathological examination of all appendectomy is essential.



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SESSION II

POSTER PRESENTATION

Giant Urinary Bladder Calculus: Case Report

Author: DR DABADE S.V. (Jr Resident Gen. Surgery) Co-Author: Dr Niranjan Dash (Professor Gen. Surgery)
Dr Mrs Junagade T.P. (Asso. Prof. Sr Resident Gen. Surgery) Dr Naik A.V. (Sr Resident Gen. Surgery)
Department of General Surgery Vikhe Patil Medical College and Hospital Ahmednagar

Case Description: Pt. Mr. Macchindra Barde, a 50-year-old male, is admitted to the emergency room with acute urinary retention, extensive haematuria, severe dysuria, and lower abdomen discomfort that has persisted for the last two days. The patient described a three-year history of increasing micturition frequency, weak urine stream, and dull throbbing discomfort in his lower abdomen. His serum creatinine level was 4.4 mg/dl, blood glucose levels were within acceptable limits, and his blood urea level was 137 mg/dl. Large vesical calculus with bilateral normal kidneys was detected by ultrasonography. A radio-opaque shadow spanning around 10.5 x 7.6 cm was discovered in the pelvic area during kidney-ureter-bladder radiography. To treat the urinary tract infection, antibiotics were given, and open cystolithotomy was done. A substantial calculus (10.5 x 7.6 cm and 440 g) was removed (Image 2). The recovery time went without incident. On the third postoperative day, the patient was released, and the catheter was taken out on the fourteenth postoperative day.

Conclusion: Giant bladder stones can manifest in a variety of ways and are uncommon. Both the diagnosis and the aetiology of stone development must be determined. To avoid recurrence, any disease-causing bladder outlet blockage has to be identified and addressed. Giant vesical calculus in a young boy without any infravesical blockage or recurrent urinary tract infections is a rare presentation. The aetiology of stone development in such circumstances has to be determined, and such enormous stones should be addressed as unique entities. A favourable prognosis depends heavily on prompt diagnosis, early management, and follow-up. Each patient's treatment plan is different depending on the size, quantity, and comorbidities of their stones.



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SESSION II

POSTER PRESENTATION

Pigmented Carcinoma: A Tardy Show

Author: Dr Kalyani Sisode, Dr Dilip Apturkar

Case Description:

- 65 year old female came with complaint of swelling in left groin region and pain in abdomen since 15 DAYS. the swelling in left groin was approximately of 8*6 cm, hard in consistency, non tender, non mobile and no local rise of temperature. With per abdominal examination as tenderness in right hypochondriac region, no guarding or rigidity, with no history of pain radiating to back. On examination a hyperpigmented swelling of approximately 1.5*1cm with irregular margins was noted over the left sole.
- On further evaluation Ultrasound revealed a large, well defined, lobulated, solid mass, anterior to femoral vessels, measuring approximately 6*4cm, with evidence of internal vascularity and liver and spleen infiltration with multiple lesions and right sided hydronephrosis.
- Surgical procedure: Patient underwent excision of the melanoma tumour over the left sole and trucut biopsy of the swelling in left groin region. The specimens were sent for histopathological study and both the specimens were suggestive of malignant melanoma.

Conclusion: Although uncommon, malignant melanoma does develop in Asian nations. Due to a lack of awareness among the Indian populace and the fact that it frequently presents in the lower limbs, it frequently goes undiagnosed and untreated by both patients and primary care doctors. Malignant melanoma is treatable if detected in its early stages, but individuals in India frequently don't go to hospitals until the illness has already metastatized. The purpose of this poster is to raise awareness of this disease and work toward reducing related fatalities.



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SESSION II

POSTER PRESENTATION

Mesodiverticular Band of Meckel's Diverticulum Causing Internal Herniation and Intestinal Obstruction in A Geriatric Male.

Dr. Atreyee Sarkar, (Surgery Resident)

Co-Author. Dr. Dilip Krishnarao Apturkar, (Professor and Head of Unit)

Case Report: We report an unusual case of intestinal obstruction caused by mesodiverticular band of a meckel's diverticulum causing internal herniation and intestinal obstruction in a 78-year-old man.

Objectives: The sole objective is for advancement of academics.

Methods: Retrospective study.

Results: Uneventful postoperative period with total relief of presenting complains.

Discussion: The Mesodiverticular band of Meckel's diverticulum causing mechanical small bowel obstruction is a rare complication of this congenital anomaly, reported rarely in Indian medical literature.

Conclusion: Mesodiverticular bands should be considered in the differential diagnosis of a small bowel obstruction in adult and geriatric patients.



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SESSION II

POSTER PRESENTATION

A rare case of congenital trans mesenteric internal herniation leading to small bowel incarceration.

Author. Dr. Harish Mudashi (Surgery Resident)

Co-Author. Dr. Dilip Krishnarao Apturkar, (Professor And Head Of Unit)

Case Report: We report a case of small bowel gangrene due to trans mesenteric internal herniation in a 65 year old female presenting with intestinal obstruction .

Objectives: The sole objective is for advancement of academics.

Methods: Retrospective study.

Results: Uneventful postoperative period with total relief of presenting complains.

Discussion: Internal hernias are either congenital or acquired, the latter constituting the majority. Important causes of acquired internal herniation in adults are previous abdominal surgery ,trauma, peritoneal inflammation, or ischemic changes . Primary or congenital internal hernias in adults are extremely rare. Congenital internal abdominal hernias (CIAH) are either retroperitoneal or formed from congenital anomalous openings lacking a true peritoneal sac.

Conclusion: Internal hernias are a rare but important cause of intestinal obstruction given the high mortality associated, still often underdiagnosed. Primary internal hernias should be kept in the differential diagnosis of acute intestinal obstruction in adults with no previous history of surgery or trauma. Since physical examination findings are nonspecific, . Early surgical intervention is crucial to avert the high risk of associated morbidity and mortality.



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SESSION II

POSTER PRESENTATION

Mysterious secondary vesical calculi caused due to anelectric coiled wire: Unusual cause of secondary vesical calculi

Author: Dr Pratik V Gond
Surgery Junior Resident, Rural Medical College Loni.

Introduction: Foreign bodies are commonly reported in the bladder. The presence of urinary bladder foreign body has been interesting topic representing a challenge of diagnosis and management. We here by bring to you one such interesting case.

Case report

History : A 45-year-old male patient came to our hospital with chief complain of pain in abdomen and burning micturition, dysuria. There was no history of hematuria. on examination patient had tenderness in suprapubic region. There was no guarding or rigidity.

Investigation: Outside usg suggestive of vesical calculi measuring 5*4 cm and Xray kub was done at our institute as on the right side.

Intra-op

The calculi was more than 4cm in size. Patient underwent open cystolithotomy. Thus, an open bladder wall incision was necessary to remove it only to To our surprise, intraoperatively, vesical calculi was actually a electric wire more than 100cm in length which was coiled and calcified, foreign body had become severely calcified and wasm is diagnosed as vesical calculi

We here in report a case of a foreign body that was mimicked vesical calculi. Possibility of secondary vesical calculi due to foreign bodies should always be kept in mind.

Conclusion: Foreign bodies in the urinary bladder pose a great challenge to the surgeons, removal of the foreign body from the urinary bladder has a Good outcome. Also Psychiatric evaluation is Recommended in patients with self-inflicted foreign body doing so may reduce the risk of recurrence.



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SESSION II

POSTER PRESENTATION

A Rare Case Of Superior Mesentric Artery Syndrome

Author: Dr. Yaswanth (Surgery resident), Co-Authors: Dr.H. Janugade (Professor & HOD), Dr.A.Y.Kshirsagar (Professor),Dr.Nitin Nangre(Professor), Dr. Aakash Katkar (assistant professor)

Case Description: 25year old male patient named Gaikwad Amol came with a chief complaint of pain in the abdomen associated with multiple episodes of vomiting immediately after eating since 3 days. Patient complained of colicky pain post prandially and pain associated with bilious vomiting which relieved his symptoms. Patient had history of weight loss due to work stress. Patient has no comorbidities and history of previous surgeries. On examination, abdomen is soft, tenderness in the epigastric region and right lumbar region.Per rectal examination was within normal limits.

Differential Diagnosis: Pyloric stenosis, Annular pancreas, Ca stomach.



INVESTIGATIONS: Barium swallow series is the investigation of choice. CECT abdomen done to confirm the diagnosis.

Discussion: superior mesenteric artery syndrome or Wilkie syndrome is a rare condition characterized by compression of the third part of the duodenum by Superior mesenteric artery as it passes over the portion of duodenum. Multiple etiologies including weight loss leading to depletion of fat pad around the SMA, prolonged immobilization (cast syndrome), scoliosis surgeries, abdominal surgeries like ileal j-pouch anastomosis, that results in caudal pull of the small bowel mesentery. These patients can be managed conservatively by weight gain and developing cushions around the SMA. But for chronic obstruction surgery is better option. Duodenojejunostomy is the operation of choice, but gastrojejunostomy is also an option.

Conclusion: SMA syndrome is an unusual type of intestinal obstruction which should be considered as a potential diagnosis in patients who presents with h/o persistent post prandial vomiting, epigastric pain and weight loss and confirmatory radiological findings. In well selected patients, duodenojejunostomy or gastrojejunostomy is safe and effective treatment for sma syndrome



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SESSION II

POSTER PRESENTATION

Rare Presentation of Appendicular mucocele

Author – Dr.Abhishek Sunil Dhanawade (Junior Resident, D.VVPF Medical College and Hospital, Ahmednagar) Co-Author – Dr.Jayant M.Gadekar (HOD and Professor, D.VVPF Medical College and Hospital, Ahmednagar)

Case Description:

Mucocele of appendix is a cystic mass resulting from dilated appendiceal lumen caused by abnormal accumulation of mucus. It is an uncommon but potentially dangerous entity. It has 0.2% to 0.4% prevalence among appendectomies.

We report a case of mucocele of appendix in a 45 year male who presented with pain in right lower quadrant since 3 years, on and off intermittently.

On examination patient was vitally stable. Per abdomen examination revealed approximately 5*3cm palpable lump in right iliac fossa along with mild tenderness.

Ultrasonography report was suggestive of 6*5cm cystic swelling arising from base of appendix. After exploration evidence of 5*4cm swelling arising from base of appendix was found and sent for histopathological examination.

Preoperative recognition of this condition is important because of possibility of rupture during surgery with development of pseudomyxoma peritonei and to predict malignant transformation.

Conclusion: Mucocele is a rare condition and has clinical picture that resembles acute appendicitis. A correct diagnosis before rushing to exploration is important for selection of surgical technique to avoid complications.



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SESSION II

POSTER PRESENTATION

BASAL CELL CARCINOMA TREATED WITH EXCISION AND SKIN GRAFTING

Author: Dr.Nishith Patel, Co-Authors: Dr.A.Y.Kshirsagar(Professor), Dr.H.B.Janugade(Professor & Hod), Dr.NitinNangare(Professor), Dr.Akash Katkar(Assistant Professor)

Background and presentation: 70 years old female patient came with complaint of lesion over right side of face in front of tragus since 6 months. Lesion is painless and gradually increasing in size. There is no any discharge from lesion. Lesion is hyperpigmented size of 5cm*8cm with rolled out margins.

Investigation: Her blood investigations are within normal limit. On ct scan findings are ill defined heterogeneously enhancing soft tissue density lesion is noted in right pre-auricular region involving tragus and adjacent part of pinna. Infiltrating deep subcutaneous fat and abutting the superficial lobe of right parotid gland with obliteration of fat planes.

Diagnosis: basal cell carcinoma

Discussion: Basal cell carcinoma in old age treated with excision and skin grafting is good. Post operatively graft is healthy and no any sign of graft rejection. No any post-operative complication and no any fresh complaint.



Conclusion: Basal cell carcinoma in old age treated with skin grafting is better option.



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SESSION II

POSTER PRESENTATION

Congenital Anomalies of Kidney & Urinary Tract & Hearing loss

Authors: Dr. Suruchi Shukla

Abstract : Congenital Anomalies of Kidney and Urinary Tract constitute approximately 20 to 30% of all anomalies identified in prenatal period & play causative role in 30 to 50% of cases of chronic kidney disease requiring kidney replacement therapy in children. Patients with malformations involving reduction in kidney number or size have poor renal prognosis. This is a case of 11 year old child with CAKUT with bilateral sensorineural hearing loss.

Background & objective: CAKUT cover a wide range of structural malformations that result from defects in the morphogenesis of the kidney and/or urinary tract. These anomalies include:- renal agenesis , renal hypodysplasia, multicystic dysplastic kidney, hydronephrosis, ureteropelvic junction obstruction, megaureter ,uretric duplex, vesicoureteral reflux & posterior urethral valves. The condition may appear as an isolated feature or as apart of systemic condition that encompasses extra- renal manifestation. CAKUT may be caused by single gene mutation (monogenic CAKUT) .CAKUT causing gene has been documented most of which where identified among familial syndromic cases including HNF1B(Renal cyst, diabetic syndrome), PAX2(Renal coloboma syndrome), EYA1(brachio-oto- renal syndrome). We focus here on case of 11 year old child with clinical features of CAKUT & hearing loss , how to evaluate & give standard care to child.

Case summary: 11 year old male child presented with B/ L ear discharge, cough and cold. Child was unable to hear and communicate properly.
H/O developmental delay +, patient was admitted in KEM hospital Mumbai for evaluation.

Birth history: ANC period uneventful, full term ,normal vaginal delivery, cried immediately after birth,

Birth weight: 2.75kg, on day of life 5 developed jaundice , admitted in NICU for 3 days then delayed gross motor & language mile stone.

Head to toe examination: prominent occiput, dysmorphic facies, microphthalmia, large pinna, low set ear, dental caries , polydactyly rt thumb, widening of wrist, u/L undescended testis.

USG abdopelvis :- S/O : left renal agenesis.

On pure tone audiometry: B/L moderate sensorineural hearing loss +.

Myringoplasty performed by ENT surgeon, tissue from left ear sended for for biopsy, histopathology report s/o neurofibroma. kFT , MCU, urine routine microscopy all done , all reports were normal, counselling of parents done, follow up after 6 month advised for Renal workup.



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SESSION II

POSTER PRESENTATION

Peritonitis with B/L Thigh Abscess in Nephrotic Syndrome an unusual Infection

Author- Dr Anshul Vikram Shrivastava (Resident, Dept of Paediatrics VIMS, Ahmednagar)

Co Author- Dr Abhijeet Shinde (Assistant Professor, Dept of Paediatrics, DVVPF, Ahmednagar), Dr Suresh Waydande (Professor & Head Of Dept of Paediatrics, DVVPF Ahmednagar), Dr Sunil Natha Mhaske (Professor Dept of Paediatrics & Dean DVVPF Ahmednagar).

Case Description: Abscesses in nephrotic syndrome have been reported e.g.-subphrenic, perinephric, submandibular, retroperitoneal, brain & lung. Rarely if ever has thigh abscess been reported. Here we present a child of idiopathic nephrotic syndrome in relapse complicated by peritonitis with bilateral thigh abscess.

Case of spontaneous bacterial peritonitis presented with fever, abdominal pain, peritoneal signs & B/L thigh abscess, commonly due to pneumococcus & less commonly due to gram negative.

Conclusion: Aggressive evaluation & prompt management with empirical antibiotics was the key to successful outcome. Aggressive broad spectrum antibiotic coverage can salvage septicaemia in nephrotic syndrome.



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SESSION II

POSTER PRESENTATION

Angiodysplasia with small bowel obstruction in a case of Situs Inversus

Author - Dr Prekshaa Jain Co-author - Dr Ajay Naik

Presenting a rare case of Angiodysplasia of the small bowel clinically presenting as bowel obstruction with per rectal bleed in a case of Situs Inversus.

Angiodysplasia is a vascular malformation where the submucosal vessels are dilated and tortuous, which further causes bleeding and narrowing of the lumen due malformed edematous bowel wall.

History: Case of a 5 month old infant, brought to opd with c/o fever since 1 day, vomiting (bilious) since 1 day, 5-6 episodes, and h/o similar complaints in the past - 2 months. he also gives h/o blood in stools since 2 months.
FTND/ BCIAB/ Immunized till date

Examination: On examination: Afebrile, General Condition fair, P - 120 bpm ,RR - 26/min
PER ABDOMINAL EXAMINATION



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SESSION II

POSTER PRESENTATION

A rare case of a duplication cyst of the caecum

Author - Dr Kanishka Panlal JRI dept of surgery SKNMC
Dr Ajay Naik (Hod) dept of surgery SKNMC

Case presentation: 13yr old presented to the opd with c/o pain in abdomen since 2 days. c/o vomiting multiple episodes since 2 days billious type c/o distention in abdomen since 1 day

Examination ABDOMEN: Presence of sausage shaped lump 5cm x 3cm in right hypochondriac and epigastric region, Right iliac fossa was empty, No guarding, rigidity, tenderness.

Diagnosis and Management: An exploratory laparotomy was performed which revealed an ileocolic intussusception extending upto mid transverse colon. Right hemicolectomy with ileotransverse anastomosis was done. The sample was sent for histopathology and showed that The cyst is lined by intestinal-type of mucosa which is mostly destroyed and replaced by foamy macrophages, haemorrhage and inflammatory cell infiltration by neutrophils, eosinophils, plasma cells and lymphocytes



Discussion:

Enteric duplication cyst is a rare congenital anomaly affecting 1 IN 4500 births. Most duplication cyst manifest during first 2 years of life. The case reported here is of 13 y/o male. They occur anywhere from the tongue to the anus but most commonly involves the small intestine. The case reported here is showing a cecal cyst



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SESSION II

POSTER PRESENTATION

Glomus tympanicum - "saved by the bell"

Author: Dr Harshad Galande, junior resident dept of E.N.T
Co-author: Dr Vidya Rokade, Professor dept of E.N.T

Case description: A 56y/male presented with right ear otorrhea, tinnitus and decreased hearing. On examination of right ear there was large central perforation of tympanic membrane while examination of left ear revealed reddish hue in anterior quadrant of the intact tympanic membrane as an incidental finding. HRCT temporal bone findings were suggestive of well defined, homogenously enhancing soft tissue density overlying the promontory measuring (3.3x5x6.5mm) suggestive of glomus tympanicum.

Further investigation included USG abdomen pelvis and vinyl mandelic acid levels to rule out secretory tumor, which were within normal limits. surgical excision was planned, tumor was approached by posterior meatotomy, a diode laser was used to excise and control bleeding and the specimen was sent for histopathology examination which was suggestive of paraganglioma.

Post operative period was uneventful.

Conclusion: High index of suspicion with the help of imaging modalities is important in early diagnosing of glomus tympanicum.



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SESSION II

POSTER PRESENTATION

CHRONIC RHINITIS: A DIAGNOSIS CONUNDRUM

Authors: Dr. Ayesha Shaikh, Junior Resident, Department of ENT. Dr. Vidya Rokade, Professor, Department of ENT.

Case description:

- A 34-year-old male resident of Ambegaon, presented to the ENT OPD with complains of bilateral nasal obstruction along with nasal crusts since 1 year associated with fever and bilateral leg pain since 10 days. The patient gave history of use of Tab Prednisolone twice a day for 6 months, as advised by general practitioner for the same. On general examination the patient had bilateral pedal oedema. On ENT examination the patient had.
- Ear and throat examination were normal. A diagnostic nasal endoscopy was done, in which
- The nasal crusts were sent for, KOH, gram stain, ZN stain, fungal and bacterial culture and sensitivity, and HPE. Medicine reference was done i/v/o fever, pedal oedema and facial puffiness.
- Patient was advised USG (A+P), 2D echo and cardiac enzymes.
- 2D echo was s/o non-obstructive HCOM.
- Rest WNL.
- Ortho ref was done in view of bilateral leg pain.
- Patient was advised X-ray LS spine, NCV and EMG.
- NCV was s/o axonal sensory>>motor (asymmetric) neuropathy affecting lower limb>upper limb,? mononeuropathy multiplex (patient had bilateral pedal oedema).
- CT PNS was s/o C-shaped deviated nasal septum with convexity towards the left.
- Split Skin Smear was sent, on which AFB were seen.
- No organisms were isolated on culture and sensitivity.
- Dermatology ref was done to rule out any granulomatous disease.
- The patient was diagnosed as pure neuritic leprosy and started on multi drug therapy for leprosy.

Conclusion: Patients with chronic rhinitis are commonly encountered in ENT OPD. In patients not responding to standard therapy, the exact diagnosis makes treatment baffling. In such cases it is important to consider possibility of leprosy. Conditions like Leprosy makes the patient socially rejected causing depressive, suicidal thoughts along with other stigmas. Hence, patients should not be missed, a proper diagnosis and treatment aids patient for complete cure.



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30th September & 1st October 2022

Theme :
**Changing Trends
in Medical Field**



SESSION II

POSTER PRESENTATION

Rare sequelae of nephrotic syndrome

Author : Dr Sanish Zadbuke, Co Author : Dr .S N. Purandare.
Department of General surgery, SKNMC and GH .

Background: Thromboembolic events are rare but critical complication in childhood nephrotic syndrome, veins are more commonly affected, while arterial thrombosis is extremely rare but serious complication.

Introduction :13-year-old male patient known case of nephrotic syndrome presented with complaints of tingling sensation over left lower limb with blackish discolorations of lower limb. since 2 days.

On examination:

- Blackish discoloration of left lower limb extending from knee to toes,
- Stiffness of calf muscle of left lower limb.
- Cold temperature at left lower limb.
- Popliteal artery, anterior tibial artery, posterior tibial artery and dorsalis pedis
- artery pulsations of left lower limb not felt.

Management: Left above knee amputation.

Conclusion: Arterial thrombosis is rare complication off nephrotic syndrome, that must be considered in patient with new onset nephrotic syndrome ,early recognition is important in order to start treatment promptly and prevent serious sequelae.



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SESSION II

POSTER PRESENTATION

Anaesthesia Consideration In Paediatric Patients, With Cleft Palate.

Dr. Sanika Shinde, Dr. Jyoti Deshpande (Professor Department of Anaesthesia)
SMT. Kashibai Navale Medical College and general Hospital, Narhe, Pune.

Introduction:- General anaesthesia in paediatric patients requires special care, since the anatomy of the paediatric airway is different from that of adults. Paediatric patients have larger tongue, longer & floppy epiglottis, a more anterior & narrower airway than adults. Thus, the airway in children is smaller than adults. Presence of cleft lip/cleft palate can make the laryngoscopy difficult, hence, the endotracheal intubation further more difficult and can lead to complications. Our patient, with large cleft palate was posted for cleft palate repair under general anaesthesia.

Case Report:- 1 year old female with cleft palate had complaints of recurrent cough & cold, and regurgitation of feed from nose, since birth. She was born at full term, by normal vaginal delivery, with history of NICU stay, in view of, not accepting oral feeds.

Patient was induced with routine paediatric general anaesthesia, with equipments of difficult intubation standby. Intraoperatively it was observed that reduction in tidal volume and air entry due to compression of endotracheal tube by mouth gag. After informing to the surgeon it was released. Also, after the extubation was done, bleeding from the suture site was observed. Patient was made lateral and notified to surgeon. Patient was reintubated by rapid sequence technique considered the risk of aspiration. After Ryle's Tube insertion and suctioning, resuturing was done. Patient was extubated after ensuring complete hemostasis and recovery of airway reflexes. Patient shifted to PACU for observation.

Conclusion:- In patients with cleft palate, extensive preoperative evaluation should be done to rule out congenital anomalies along with difficult airway assessment. Also anaesthesiologists should be vigilant to identify complications such as intraoperative ETT kinking, compression and bleeding, which should be managed efficiently.



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SESSION II

POSTER PRESENTATION

Surgical Outcome of Non bridging cross pin fixator in a treatment of distal end radius fractures.

Author: Dr. Ketan Subhash Warhokar (Resident, Dept. of Orthopaedics)

Guide: Dr. Atul Patil (Professor, Dept. of orthopaedics), Dr. Yogesh Gaikwad (Professor, Dept. of orthopaedics)

Introduction: Fractures of the distal radius continue to be the most common skeletal injuries. It accounts for approximately 1/6th (16%) of all fractures seen, treated in emergency rooms. Constantly changing ,advancing techniques from CR cast to Anatomical plates, providing better results for distal end radius fracture.

Discussion: Distal end radius fracture has a greater potential to devastate hand function. Many fractures of the distal end of the radius are relatively uncomplicated and are effectively treated by closed reduction and immobilization in cast. Open reduction and internal fixation with Anatomical Plate is Gold Standard treatment. Non-bridging fixators are advantageous as it avoid the joint span fixation and thus avoiding complications asso. with pop, Closed reduction with K wire, ligamentotaxis as wrist joint Range of motion are allowed.

Methodology: Under LA /GA by applying traction, fracture reduced and non-bridging cross pin fixator applied. Post op physiotherapy started in next 2-3 days. Patient followed up at regular interval.

Result: Using Demerit point system

1. Residual deformity
2. Subjective evaluation
3. Objective evaluation
4. Complication
5. Final result

Observation: All the patients observed and evaluated using DEMERIT POINT SYSTEM and charted.

Conclusion:

1. It's a minimally invasive technique, so soft tissue dissection less.
2. Patient's resumed normal activity earlier than other modalities.
3. Favorable results obtained in 90% of the cases.
4. No stiffness.
5. Patient's friendly.



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SESSION II

POSTER PRESENTATION

Outcome of Two staged Reconstruction of Defect after Chronic Osteomyelitis of Ulnar Diaphysis using Non Vascular Fibular Inlay graft.

Author: Dr.Parth Manoj Gore (PG Resident, Dept. of Orthopaedics) Guide:Dr.Yogesh Gaikwad (Professor, Dept. of Orthopaedics)

Introduction: Chronic Osteomyelitis is a progressive inflammatory and a complex devastating process caused by pathogens, resulting in bone destruction and spread of infection to involve bone marrow, periosteum and surrounding soft tissue.

Incidence of endogenous osteomyelitis has drastically reduced following the introduction of antibiotics but the incidence of exogenous osteomyelitis has apparently increased.

It needs a multi-nodal approach due to its deep seated infection and high chances of relapse. Delay or improper and incomplete treatment leads to infection in large region of bone.

Methodology: A 17yr old male with chronic osteomyelitis of ulna having extensive diaphyseal involvement was taken for this study.

Routine blood investigation along with infective markers were recorded.

• **Two staged Management-**

1.First stage- Thorough soft tissue and bony debridement, sinus tract excision and complete excision of infected bone was done. Antibiotic impregnated PMMA Cement rod was placed at the site of bone defect, within the periosteal sleeve.

2.Second stage- Antibiotic impregnated rod removal and non-vascularised fibula inlay bone graft was placed.

Patient was followed up to 1.5yrs on regular intervals for parameters such as Range of motion at adjacent joints, CBC,WBC,ESR,CRP.

Conclusion: Two staged surgical management for extensive osteomyelitis of ulna gives good results. Firstly it did not show any recurrence till 3yrs follow up due to complete resection of involved bone and secondly, Non vascular fibular inlay graft fills the ulnar defect and unites well giving near normal appearance.



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SESSION II

POSTER PRESENTATION

POSITIONING IN ANAESTHESIA

Author: Dr Pooja Nirwan, Dr Priya Mhetre(Pg Resident Anaesthesia Department) Co-Author: Dr Prajakta Kasar(Pg Resident Anaesthesia Department) Guide: Dr Shilpa Acharya (Professor Anaesthesia Department)

Objective:

To provide information about different types of positions during various surgeries.
To identify and develop awareness of potential complication in patient positioning

Discussion: The purpose of patient positioning in the operating room is to facilitate the surgical procedure, however, optimal surgical positioning may put patients at risk of injury or significantly alter intraoperative physiology(significant cardiovascular and respiratory compromise). Anesthetic agents blunt natural compensatory mechanism, rendering surgical patients vulnerable to positional changes. For this reason the American Society of Anesthesiologists requires intraoperative documentation of " Patient positioning and actions to reduce the chance of adverse patient effects or complications related to positioning". Peripheral nerve injuries, pressure injuries and eye injuries are significant sources of perioperative morbidity. Preventing positioning complications requires clinical judgment, vigilance and cooperative team approach.

Most common position for surgery is the supine or dorsal decubitus position. Others are Prone position, Sitting, Lithotomy, lateral decubitus, Trendelenburg, reverse Trendelenburg, Jackknife position. Goal of patient positioning is -to promote proper physiological alignment by keeping minimal interference with circulation.

- Protection of skeletal and neuromuscular structures.
- Optimum exposure to operative and anesthetist site.
- Provide patient's comfort and safety.
- Maintenance of patient's dignity, stability and security in position.

Conclusion:

Patient positioning is a major responsibility that requires the cooperation of the entire surgical team.



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SESSION II

POSTER PRESENTATION

Changing trends implant and instrument design in Orthopedics.

Author- Dr. Smit Shah (PG resident, Orthopedics) Guide- Dr. Yogesh Gaikwad (Professor, Department of Orthopedics) Dr. Atul Patil (Professor, Department of Orthopedics)

Objectives- To Study research material related to implant design evolution in orthopedic surgery and to showcase its advantages for better patient recovery. To showcase how modern orthopedic implants have improved patient outcome.

Methods- Research material and literature related to advantages of Suprapatellar nailing as compared to Infrapatellar nailing in Tibia fractures and research material comparing InterTan Proximal Femoral nail to other earlier Proximal Femoral nails was reviewed.

Discussions- The field of Orthopedics has always been at par with progression of medical research and technological advancement. Orthopedic devices, implants and approaches have always been pioneers towards a more ergonomic future for patients. This poster depicts how implant design improvements have drastically improved patient outcome and decreased post operative complaints in all strata of patients.

With the advent of Suprapatellar nailing, anterior knee pain experienced by patients treated by infrapatellar nailing is negligible with Suprapatellar approach. It also calls for an easier position for the surgeon to operate as only semi extended knee position is required and rules out the use of open reduction and plating for proximal tibia fractures.

The advantages of InterTan Femoral nail are countless over previous generation nails. Apart from reducing Implant failure rates, it also improves post operative functional outcome.

Conclusion- Modern Orthopedic implant design is easier to use with regards to fracture reduction and with lesser complications as compared to its ancestors. It is safe to say that Orthopedic instrumentation has kept up with changing trends in the medical field.



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SESSION II

POSTER PRESENTATION

Oncocytic variant of adrenocortical carcinoma: A rare entity

Dr. Sameera Mehta, Dr. Siddhi Khandeparkar, Dr. Shital Gosavi, Dr. Bageshri P. Gogate
Department of Pathology, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune

INTRODUCTION: Adrenocortical neoplasms are found in about 1% of the general population, increasing with age, to 6% in the elderly.

What were our thoughts?

Oncocytic adrenocortical neoplasms (OAN) represent a rare group of tumors with approximately 147 cases reported in the literature. OAC represents a rare subgroup of OAN with only 36 cases documented so far.

CASE REPORT:

A 45 year female presented to the surgery outpatient department with complaints of abdominal mass and fever on and off for 1 month. She also complained of headache for 2 months which aggravated in winter season.

On physical examination

blood pressure was 215/110 mmHg, pulse rate was 102/min and oxygen saturation was 92%.

On abdominal examination.

a lump was felt in the left lumbar region. Respiratory examination showed bilateral wheezing and basal crepitations. She gave history of being hypertensive for 15 years. Clinical diagnosis of pheochromocytoma was suggested.

RADIOLOGY: CT abdomen and pelvis showed large well defined heterogeneously enhancing soft tissue density lesion replacing the left adrenal gland. It measured 16.2 ×15.4 ×13.9 cm.

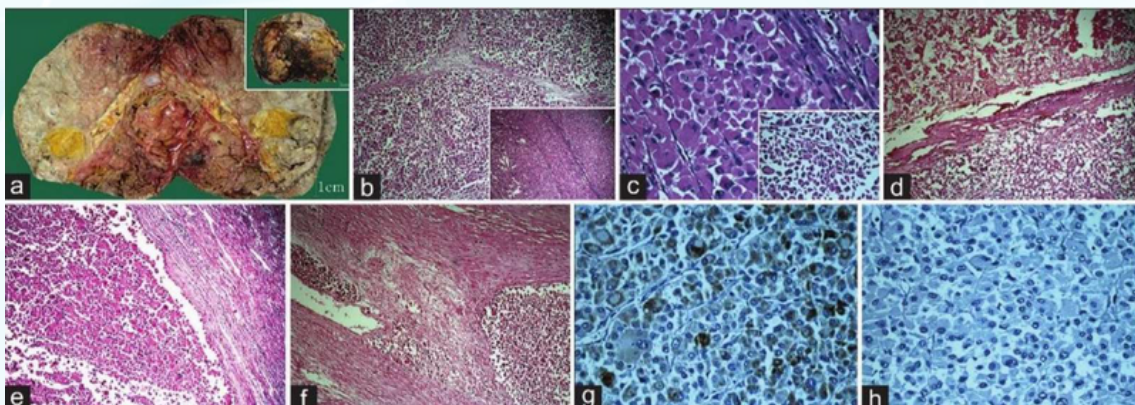
GROSS: Single, globular, yellowish brown encapsulated tumor mass measuring

19 ×18 ×7.5 cm with prominent blood vessels on the external surface was noted. Weight of the tumor was 1700 g. Cut section variegated friable appearance with the presence of solid cystic areas, foci of necrosis and hemorrhage.

MICROSCOPY: It showed an encapsulated tumor with tumor cells arranged in sheets, nests and many of them were individually interspersed. Individual tumor cells were large with eccentrically placed highly pleomorphic, vesicular nuclei and one to two prominent nucleoli. All the tumor cells showed abundant eosinophilic cytoplasm giving an oncocytic appearance. Intranuclear and intracytoplasmic inclusions were visualized. There were seen binucleate and multinucleate giant cells. Extensive areas of necrosis and hemorrhage were noted. No mitotic figure was found after extensive search. Surrounding area of normal adrenal cortical tissue was seen. Lymphovascular and capsular invasion was identified.

DISCUSSION: Pheochromocytoma was ruled out as urinary VMA levels were within normal limits and gross specimen showed negative dichromate reaction. The presence of normal adrenal tissue on microscopic examination together with radiology and intraoperative finding of adrenal mass and normal corresponding kidney ruled out the possibility of chromophobe RCC. Immunohistochemical studies (IHC) showing the absence of desmin reaction excluded the diagnosis of rhabdomyosarcoma. OAC shows a similar expression of IHC markers such as vimentin, Melan A, calretinin, and synaptophysin, similar to conventional adrenocortical carcinomas.

CONCLUSION: The presence of features such as purely oncocytic tumor, vascular and capsular invasion, size of 19 cm, weight of 1700 g, and necrosis helped in arriving at the diagnosis of OAC in the present case. Our experience with present case puts on record this rare entity and need for a triad of clinical, radiological and meticulous IHC analysis for arriving at a definitive diagnosis.





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SESSION II

POSTER PRESENTATION

Difficult Airway Assessment: Poster Presentation.

Author: Dr. Nikhil Bhoi. Resident of anaesthesia. Dr.Kirti pawar.Dr.Dheeraj Chopra.Resident of anaesthesia. Dr.Akansha Nanda.Resident of anaesthesia. Dr.Priyanka Kulkarni.Prof under anaesthesia SKNMCGH,Pune.

Introduction: Airway assessment is important in emergency airway management,as difficult airway can lead to life-threatening complications.As a result ,there is an increasing need to equip anaesthesiologist with the new knowledge and skills for the safe management of a difficult airway.Add to this,human factors and situational awareness,communication and team work,plays important role during difficult airway management.Therefore,several algorithmis,grading have been advised to assimilate this guidelines into stepwise decision when faced with such type of clinical situation.

what is difficult airway?

A difficult airway is a clinical situation in which a healthcare provider who is skilled at airway management encounters difficulty with one or more standard methods of airway management. In difficulty airway there is Problem in establishing or maintaining gas exchange via a mask , artificial airway or both.

Basic parameters

Mallampati Grading:

Difficult To Mask Ventilate

Difficult mask ventilation was defined as the inability of an unassisted anesthesiologist to maintain the measured oxygen saturation as measured by pulse oximetry $> 92\%$ or to prevent or reverse signs of inadequate ventilation during positive-pressure mask ventilation under general anesthesia

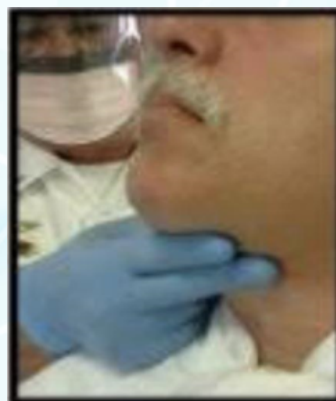
Factors Affecting-

- Presence of beard
- Disfiguring malignancy of jaw
- BMI > 26
- Absence of teeth
- Age > 55
- H/o snoring
- Obstructive sleep apnoea
- Mallampati class 3&4

Following anatomical distances can be used to predict difficult airway:

Hyomental Distance:

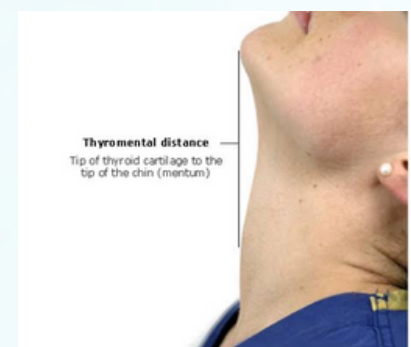
- Grade I: $> 6\text{cm}$
- Grade II: $4 - 6\text{cm}$
- Grade III: $< 4\text{cm}$ - Impossible laryngoscopy & Intubation



Thyromental Distance:

The thyromental distance (TMD) is defined as the distance from the chin to the top of the notch of the thyroid cartilage with the head fully extended

- A TMD measurement of 6.5 cm or greater with no other abnormalities indicates the likelihood of easy intubation.
- A TMD measurement of 6.0 to 6.5 cm indicates that alignment of the pharyngeal and laryngeal axes will be challenging and that difficulty with laryngoscopy may result. However, intubation is possible with the use of adjuncts such as an Eschmann introducer or an optical stylet.
- A TMD measurement of less than 6 cm indicates difficult laryngoscopy; specifically, intubation may be impossible.





SESSION II

POSTER PRESENTATION

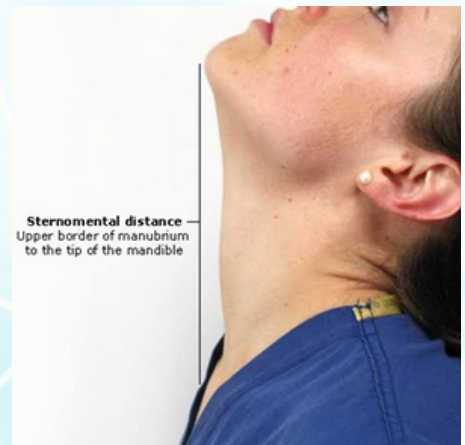
Difficult Airway Assessment: Poster Presentation.

Author: Dr. Nikhil Bhoi. Resident of anaesthesia. Dr.Kirti pawar.Dr.Dheeraj Chopra.Resident of anaesthesia. Dr.Akansha Nanda.Resident of anaesthesia. Dr.Priyanka Kulkarni.Prof under anaesthesia SKNMCCH,Pune.

Sterno-Mental Distance: with extended head and neck, mouth closed, distance <12.5cms is a difficult intubation

Lemon Score:

One tool developed to determine which patients might pose airway management difficulties is the LEMON method. The score, with a maximum of 10 points, is calculated by assigning 1 point for each of the following LEMON criteria: L=Look externally (facial trauma, large incisors, beard or moustache, and large tongue) E=Evaluate the 3-3-2 rule (incisor distance <3 fingerbreadths, hyoid/mental distance <3 fingerbreadths, thyroid-to-mouth distance <2 fingerbreadths) M=Mallampati (Mallampati score ≥ 3) O=Obstruction (presence of any condition that could cause an obstructed airway) N=Neck mobility (limited neck mobility)



EVALUATION CRITERIA	POINTS
L = Look externally	
Facial trauma	1
Large incisors	1
Beard or moustache	1
Large tongue	1
E = Evaluate the 3-3-2 rule	
Incisor distance-3 finger breadths	1
Hyoid-mental distance-3 finger breadths	1
Thyroid-to-mouth distance-2 finger breadths	1
M = Mallampati (Mallampati score > 3)	1
O = Obstruction (presence of any condition like epiglottitis, peritonsillar abscess, trauma)	1
N = Neck mobility (limited neck mobility)	1
Total	10

Wilson Score: for assessment of patients with difficult intubation and laryngoscopy

WILSON SCORE			
Parameter	0	1	2
Weight (kg)	< 90	90 – 110	> 110
Head & neck movement	> 90	= 90	< 90
IID	> 5	= 5	< 5
Receding mandible	None	Moderate	severe
Buck teeth	None	Moderate	severe

≤ 5 Easy intubation; 8-10 very difficult intubation

Head and neck movement--The full range of movement should be assessed preoperatively.

IID- Interincisor distance-If this is less than 5cm on full mouth opening, the insertion of the laryngoscope blade will be difficult.



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SESSION II

POSTER PRESENTATION

A case of stapler circumcision in balanoposthitis patient

Author: Dr Govind S Biyani JR1 dept of Surgery SKNMC Dr Viraj Shinde (Prof and HOU) dept of Surgery SKNMC

Case Presentation: 39 year old male came to the OPD with c/o inability to retract foreskin and penile pain since 10 days

Examination:

LE-penile foreskin covering the urethral opening,irretractable,tenderness present
CVS-S1S2 +
CNS- conscious oriented
RS-AEBE clear
PA-soft no G/R/D/T BS +

Diagnosis and Management:

·Stapler circumcision was performed,which relieved the pain.

Discussion:

·Stapler circumcision is a newer and more advanced technique of circumcision with minimal incision.
·USES-phimosis, balanoposthitis, paraphimosis, frenuloplasty
·This technique mimimizes post operative bleeding and reduce chances of complication as compared to conventional techniques.
·Shorter operation time with faster recovery
Safer for children



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SESSION II

POSTER PRESENTATION

American Society of Anaesthesiologists Physical Status Classification

Corresponding author: Dr. Kiran V. Guide:Dr. Neha P.

Co-authors: Dr. Harsha S. Resident at the Department of Anaesthesiology. Dr. Payoja K. Resident at the Department of Anaesthesiology. Dr. Kiran V. Resident at the Department of Anaesthesiology.

Objective:

To provide a brief overview of the American Society of Anaesthesiologists (ASA) Physical Status Classification System.

To start a conversation with healthcare providers, clinicians about the importance of the ASA grading system.

To provide an insight into the limitations of the ASA grading system.

Discussion: The American Society of Anaesthesiologist's Physical Status Classification System has been used for well over 60 years. The intended purpose of this system was to determine the patient's medical co-morbidities before undergoing a surgical intervention under anaesthesia. It ranked people from physical status 1 to 6. The higher one is on this scale, the more likely they are of facing any number of adverse medical outcomes while under anaesthesia. Not only did this classification system enable better communication between healthcare providers in general, but it can also be used more broadly to get an overall understanding of a patient's general health status, and the medical risks they may face while under anaesthesia. The intended purpose of this system was to quickly assess and effectively communicate a patient's known co-morbidities. In an emergency setting where time is of the essence, the ASA grading system serves as an effective tool to contemplate adverse clinical events so as to be better prepared to tackle these should the need arise.



सिंहगड इन्स्टिट्यूट्स, पुणे

श्रीमती काशीबाई नवल्ले मेडिकल कॉलेज अँड जनरल हॉस्पिटल

मेडीकल कॅम्पस नऱ्हे, नऱ्हे गांव, वेस्टर्ली बायपास रोड लगत, पुणे - ४११०४१

पंधरा वर्षाची अतुलनिय वैद्यकिय सेवा

• सर्व गरजू रुग्णांस उपचार व शस्त्रक्रियेसह सर्व सेवा माफक दरात उपलब्ध •

श्रीमती काशीबाई नवल्ले मेडिकल कॉलेज अँड जनरल हॉस्पिटल सन २००६ मध्ये फक्त ३०० बेड्स सह सुरू झाले व पहिल्या दहा वर्षांमध्ये बेड्सची संख्या वाढून १००० च्या वर झाली आणि सर्व सेवा विनामुल्य देण्यात आली. सध्या अत्यंत माफक दरामध्ये सर्व सेवा देण्यात येत आहेत. अंतर्गत गटामध्ये व गरीब गरजूनां सर्व सेवा मोफत देण्यात येत आहेत. मेडिकल कॉलेज सप्टेंबर २००७ मध्ये १०० विद्यार्थी घेऊन उदयास आले. सध्या विद्यार्थी संख्याबळ वाढून ते १५० ग्रॅज्युएट व ९५ पोस्ट ग्रॅज्युएट (प्रि-पॅरा व क्लिनिकल विषया मध्ये) आहे. आमच्या ग्रॅज्युएट, पोस्ट ग्रॅज्युएट पदवीला मेडिकल कौन्सिल ऑफ इंडिया व भारताच्या स्वास्थ व परिवार कल्याण मंत्रालयाची मान्यता प्राप्त आहे. श्रीमती काशीबाई नवल्ले मेडिकल कॉलेज अँड जनरल हॉस्पिटल हे "महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक" या विद्यापीठाशी सल्लग आहे.

या रुग्णालयातील सर्व सेवा पुर्ण क्षमतेने चालू आहेत. तरी सर्व गरजू रुग्णांनी या सेवेचा लाभ घ्यावा.

हॉस्पिटलद्वारे पुरविल्या जाणाऱ्या विशेष वैद्यकिय सेवा

□ हॉस्पिटल अंतर्गत वैद्यकिय सेवा

- आय.सी.यु. कॉम्प्लेक्स
- डायलिसिस
- कार्डिओलॉजी
- न्युरोलॉजी
- नेफ्रोलॉजी
- इंडोक्राईन डायबेटिस
- हिमॅटोलोजी
- गॅसट्रोइंटरोलॉजी
- ऑन्कोलॉजी
- मुळव्याधासाठी लेसर उपचारपध्दती
- पेडिआयाट्रिक सर्जरी
- सुसज्ज ऑपरेशन थियटर
- सर्जिकल गॅसट्रो इंटरोलॉजी
- अँजिओप्लास्टी अँड अँजिओग्राफी
- टोटल जॉईन्ट रिप्लेसमेंट अँड आर्थोस्कोपी
- कॅटरॅक्ट विथ आय. ओ. एल. सर्जरी
- सड्म्युनायझेशन
- आय बँक
- ब्लड बँक
- फिजिओथेरेपी
- सी. टी. स्कॅन
- एम. आर. आय.
- दुर्बिणीद्वारे शस्त्रक्रिया
- कार्डिअक अँड्युलन्स सर्व्हिस
- स्पीच थेरेपी युनिट
- फिटल मेडिसीन
- सेन्ट्रल क्लिनिकल लॅबरोटरी
- डेजिगनेटेड मायक्रोस्कोपी सेन्टर
- डॉटस् सेन्टर
- योगा ओ. पी. डी.

□ हॉस्पिटल बाह्य वैद्यकिय सेवा

ग्रामिण स्वास्थ प्रशिक्षण केंद्र (कुसगांव, लोणावळा), शहरी स्वास्थ प्रशिक्षण केंद्र (कोंढवा, पुणे)

- बाह्य वैद्यकिय सेवा : ओ. पी. डी. सेवा
- डे केअर अँडमिशन
- आय.पी.डी. सर्व्हिसेस अँट आर.एच.टी.सी. (३० बेड्स: २४×७ सेवा)
- इम्युनायझेशन
- अँटिनेटल अँड पोस्टनेटल चेकअप
- हेल्थ कॅम्प, ब्लड डोनेशन कॅम्प
- रेफरल सर्व्हिसेस
- (एस्. के. एन्. एम्. सी. अँड जी. एच्., पुणे साठी)
- स्पेशलिस्ट ओ. पी. डी.
- फिजिओथेरेपी ओ. पी. डी. डेली

महात्मा जोतिबा फुले जन आरोग्य योजना उपलब्ध

१०८४	४७ लाख +	३ लाख +	३८ हजार +	६० हजार +	८८ हजार +	९ कोटी +	३८ हजार +	९० लाख +
बेड्सचे अत्याधुनिक सुविधायुक्त रुग्णालय	रुग्णांस ओ. पी. डी. सेवा	रुग्णांस आय. पी. डी. सेवा	अत्यावस्थ रुग्णांवर यशस्वी उपचार	प्रमुख ऑपरेशन्स	लघू ऑपरेशन्स	सेन्ट्रल लॅबमध्ये विविध वैद्यकिय तपासण्या	प्रसुती प्रसुतीग्रहामध्ये	रेडिऑलॉजी तपासण्या

- ५०० तज्ञ डॉक्टर्स • २०० प्रशिक्षणार्थी डॉक्टर्स • ८०० परिचारिका • २० बेड ओरल मॉक्सिलोफेशिअल सर्जरी साठी • ६४ डे केअर बेड्स • आय. सी. यू. • २ पेन क्लिनिक • ४८ रिक्व्हरी बेड्स ऑपरेशन थिएटरमध्ये • अत्याधुनिक सुविधायुक्त २२ मेजर ऑपरेशन थिएटर्स, ३ मायनर ऑपरेशन थिएटर्स •

श्रीमती काशीबाई नवल्ले मेडिकल कॉलेज अँड जनरल हॉस्पिटल, मेडीकल कॅम्पस नऱ्हे, नऱ्हे गांव, वेस्टर्ली बायपास रोड लगत,

पुणे - ४११०४१ संपर्क क्रमांक : ०२० - २४१०६२७९ Email: dean@sknmcgh.org Website: www.skncmcgh.org

कॉर्पोरेट ऑफिस: सिंहगड इन्स्टिट्यूट्स, १९/१५, एंडवणे, श्रीमती खिलारे मार्ग, ऑफ कर्वे रोड, पुणे - ४११००४ संपर्क क्रमांक : ०२० - २५४३१००९



सिंहगड इन्स्टिट्यूट्स, पुणे श्रीमती काशीबाई नवले मेडिकल कॉलेज अँड जनरल हॉस्पिटल

मेडीकल कॅम्पस नऱ्हे, नऱ्हे गांव, वेस्टर्ली बायपास रोड लगत, पुणे - ४११०४१

पंधरा वर्षाची अतुलनिय वैद्यकिय सेवा

• सर्व गरजू रुग्णांस उपचार व शस्त्रक्रियेसह विनामुल्य सेवा • या रुग्णालयातील सर्व सेवा पुर्ण क्षमतेने चालू आहेत. तरी सर्व गरजू रुग्णांनी या सेवेचा लाभ घ्यावा.



अत्याधुनिक सुविधायुक्त ऑपरेशन थिएटरसं

इन्टेन्सिव्ह बेबी केअर सेंटर

कॅथ लॅब युनिट

न्युक्लिनर मेडिसिन युनिट



एन. आय. सी. यु.

सी. टी. स्कॅन सेंटर

डायलेसिस युनिट

२४ x ७ रेडी कॅज्युअल्टी कक्ष



सेंट्रल क्लिनिकल लॅबोरेटरी

२४ x ७ कार्डिअक अॅम्ब्युलन्स सर्व्हिस

ब्लड बँक

एम. आर. आय.



आय बँक अँड आय केअर सेंटर

एन्डोस्कोपी युनिट

2-D इकोकार्डिओग्राफी युनिट

सेंट्रल ओ. पी. डी. सेंटर

श्रीमती काशीबाई नवले मेडिकल कॉलेज अँड जनरल हॉस्पिटल, मेडीकल कॅम्पस नऱ्हे, नऱ्हे गांव, वेस्टर्ली बायपास रोड लगत,

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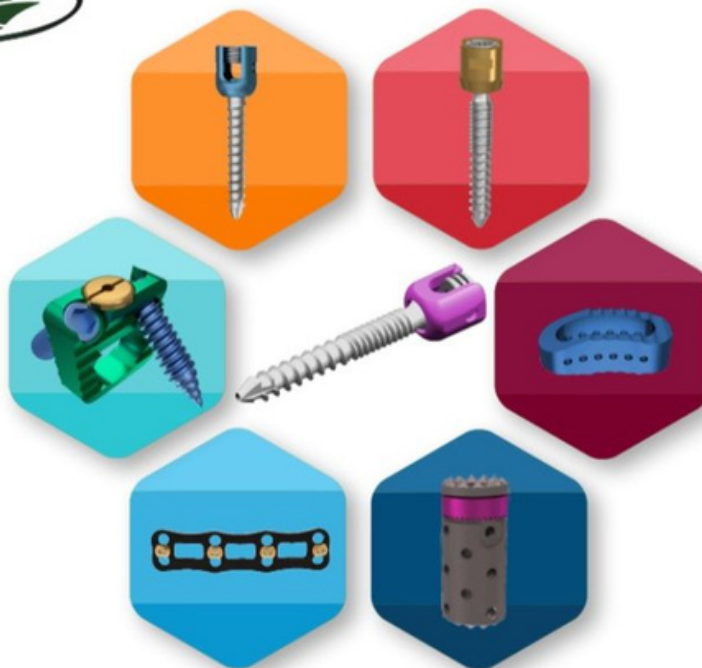
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Paritosh Joshi
Director



Arihant Medical Devices

2A, 5-B, Modi Baug,
Behind Deccan Wheel,
Ganesh Khind Road,
Shivaji Nagar, Pune - 411 016.

Mob. : +91 9860046076
+91 8600953150

Email : joshiparitoshamd@gmail.com
arihantmedicaldevices@gmail.com