



***“Musculoskeletal Disorders- from Prevention to Management”***  
***Day - I 20/09/2024***

	Activity	Faculty Name
8.00 to 9.00 Ganpati Hall	<b>Registration &amp; Breakfast</b>	
9.00 to 9.40 College Auditorium	Thrower's Athlete Shoulder Injuries Prevention & Treatment	Dr. Ashish Babhulkar.
9.40 to 10.20 College Auditorium	Early Diagnosis / Screening Protocols & their Impact On Early Recovery.	Dr. Abhijit Agashe
10.20 to 11.00 College Auditorium	Robotic Surgery in Orthopaedics.	Dr. Nakul Shah
11.00 to 12.30 College Auditorium	<b>Inauguration Ceremony and Keynote address.</b>	Chief Guest Dr.Parag Sancheti.
12.30 to 1.30 Ganpati Hall	<b>Lunch</b>	
<b>2.00 to 4.00</b> <b>Lecture Hall 3,4,5</b> <b>(5<sup>th</sup> floor)</b>	<b>Paper presentation</b> <b>2.00 to 4.00</b>	
1.30 to 2.10 College Auditorium	Application of Biomechanics in assessing and treating Musculoskeletal Injuries / Disorders.	Dr. Priya Sahstrabuddhe
2.10 to 3.00 College Auditorium	<b>Symposium</b> Topic: Osteoporosis	<b>Chairperson</b> Dr. D.B. Kadam <b>Presenters</b> 1. Dr. Dange Suresh 2. Dr. N. J. Karne
3.00 to 3.30 College Auditorium	Artificial Intelligence in Medical Imaging And Its Implications in Health Care	Dr. Amit Kharat
3.30 to 4.00 College Auditorium	Decoding Spinal Spondylosis- Prevention & Treatment.	Dr. Jaidev Panchwagh



***“Musculoskeletal Disorders- from Prevention to Management”***  
**Day - II 21/09/2024**

Time & Venue	Activity	Faculty Name
8.00 to 9.00 Ganpati Hall	<b>Breakfast</b>	
9.00 to 9.40 College Auditorium	Essentials of Knee Strengthening	Dr. Pramod Patil
9.40 to 10.20 College Auditorium	Paediatric Musculoskeletal Problems in Day To Day Practice	Dr. Ashish Ranade
10.20 to 11.00 College Auditorium	Avoiding Legal Issues in Clinical Practice	Dr. Ajay Patil
11.00 to 11.40 College Auditorium	Practical Guidelines for Conducting & Publishing Research	Dr. Sengupta Sabyasachi
11.40 to 12.20 College Auditorium	Innovations In Orthopaedics Technology	Dr. Devendra Vartak
12.20 to 1.00 College Auditorium	Biomechanics of Shoulder & Its Applications in Preventing & Treating Shoulder Injuries & Other Shoulder Disorders	Dr. Shirish Pathak
<b>10.00 to 1.00 5<sup>th</sup> floor corridor</b>	<b>Poster Presentation</b>	
1.00 to 2.00 Ganpati Hall	<b>Lunch</b>	
2.00 to 3.00 College Auditorium	<b>Pannel Discussion</b> Inflammatory Arthritis With Pharmaco kinetics	<b>Moderator:</b> Dr. Jitendra Ingole. Prof & HOD Medicine. <b>Panellist:</b> 1. Dr. Vijaya Pandit Professor, BVDUMC. 2. Dr. Deepak Gundpatil. Assistant Professor, Biochemistry, Atalbihari Bajpayee Hosp. Pune. 3. Dr. Soham Kadam, Assistant Professor, Dept. of Medicine
3.00 to 4.00 College Auditorium	Paper Presentation For Pradnya Trophy	
4.00 to 4.10 College Auditorium	Quiz for Audience & Prizes.	
4.10 to 4.30 College Auditorium	Valedictory	



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session I - Oral Paper presentation**

**CATEGORY : UG**

**Judges:** Dr. Veerendra Godbole, Dr. Nitin Chaudhari, Dr. Mandar Ambike

**Venue:** Lect. Hall no. 3, College Bld. 5<sup>th</sup> Floor

**Date & Time:** 20/9/2024 ,2pm to 4pm

Sr.No.	Author	Topic
P1	Faraj Shaikh	Association of Thyroid Hormone Levels with Development of Microvascular Complications in Type 2 Diabetes Mellitus - A pilot study.
P2	Neha Dharap, Atharv Gadhave	A cross-sectional study of cognitive impairment and glycemic control association in type 2 diabetes patients and Montreal Cognitive Assessment as a predictive tool for glycemic control in diabetic patients.
P3	Aditya Ghubde, Shreya Gade	A cross - sectional study of postoperative restricted antibiotic utilization , rationality and cost analysis in a tertiary care teaching hospital
P4	Shravani Gogate	Barriers to cataract surgery in Pune Slums : Patients perspective
P5	Varsha Ambekar, Faiz Khalid	Emerging role of NAC in reversal of transaminitis in dengue positive patient
P6	Zoya Kazi	A cross-sectional study of screen exposure time and its effects on sleep quality & mental health of medical undergraduates.
P7	Aayush A. Dighe	A Comparative Study Between Fine-Needle Aspiration Cytology, trucut Biopsy and histopathology in Diagnosing Clinically Palpable Breast Lumps
P8	Ishira Luthra	Estimated Glomerular Filtration Rate (eGFR) in Nonproteinuric Type 2 Diabetes Mellitus as a Predictor of Diabetic Kidney Disease.
P9	Paras Patil	Prevalence of text neck syndrome in students of medical college and its association with smartphone and social media addiction.
P10	Pratik Kanunje	Awareness and Practice of Breast Self-Examination (BSE) among Females attending OPD in a Tertiary Health Care Hospital: a cross-sectional study in Pune, India
P11	Shruti Nemade	Thyroid lesion coexisting with thyroiditis: Diagnostic protocol and treatment strateg



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session I - Oral Paper presentation**

**CATEGORY: PG**

**Judges:** Dr.Samir Singru, Dr. Muley Vrishali, Dr. Swapna Parate

**Venue :** Lect. Hall no. 5 College Bld. 5<sup>th</sup> Floor

**Date & Time:** 20/9/2024, 2pm to 4pm

Sr. No	Author	Topic
Q1	Dr Shivani Dama	Medullary Breast Carcinoma
Q2	Dr.Sanika Kanhe	- Lscs Before 34 Weeks Of Pregnancy.
Q3	Dr. Swapnali Suryakant Ghodake	Evaluation Of Thrombocytopenia in Pregnancy
Q4	Dr. Richa Ann Joseph	A Study Of Onset Time Of Adequate Neuromuscular Blockade And Haemodynamic Parameters With The Use Of Atracurium Or Cisatracurium For Endotracheal Intubation In General Anaesthesia
Q5	Dr.Nikhil Duthade	The use of antibiotic cement coated TENS Nails in the management of chronic osteomyelitis
Q6	Dr. Bhandari Saloni	Immediate Effect Of Cost-Effective Hip Protectors On Balance, Mobility & Fear Of Falls In Elderly Individuals
Q7	Dr.Vasundhara Mokashi	Breast abscess
Q8	Dr. Anjali Kadam	A comparative study on effect of early versus delayed dressing removal of caesarean section wound on surgical site infections and patients comfort level in a tertiary care hospital
Q9	Dr. Chinu Dewanand Chetule	Clinico-pathological correlation of AUB patients undergoing Hysterectomy
Q10	Dr. Umaid Shaikh	Comparison of Topical Oxygen with Vacuum Assisted Closure in Wound Healing in a Low Resource Setting
Q11	Dr. Shubham Gayke	“ Neonatal mortality risk assessment using ESNS (Extended Sick Newborn Score) score in a neonatal intensive care unit.”
Q12	Dr. Vedanti Patil	LATCH score for identification and correction of breastfeeding problems .
Q13	Dr. Manan Chheda	Spectrum of Thyroid lesions in a Tertiary Care Centre- One Year Study
Q14	Dr.Nikita Medankar	Analysis of ceaserean sections using Robson 10 classification and its therapeutic outcomes in a tertiary care centre Retrospective Observation study
Q15	Dr. Jizaa Khandekar	Evaluation of Clinical Efficacy of Tinnitus retraining Therapy using Tinnitus Severity grade and VAS score
Q16	Dr. Pratiksha Sarak	Liver Biopsy- A Crucial Diagnostic Tool
Q17	Dr. Gnanshree Dave	A case series describing the trends in serum acretinine, disease progression and outcomes in cases of acute kidney injury secondary to rhabdomyolysis : An observational descriptive retrospective study in tertiary care centre .



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session III- Oral Paper presentation**

**CATEGORY: FACULTY**

**Judges:** Dr. Manisha Nakhate, Dr.Siddhi Khandeparkar, Dr.Shekhawat Gulab Singh

**Venue :** Lect. Hall No. 4 College Bld. 5<sup>th</sup> Floor

**Date & Time:** 20/9/2024, 2pm to 4pm

Sr. No	Author	Topic
R1	Dr. Aparna Sachin Kulkarni	Evaluation of Histopathological Findings in Sudden Unexpected Natural Deaths in Adults.
R2	Dr. Sonali Suryawanshi	Perception and Dispensing practices of Community Pharmacists regarding Teratogenic Medicines– A cross Sectional Mixed Method Study
R3	Ms. Namrata A Ghatge	: Association of serum cartilage oligomeric matrix protein (COMP) with radiological severity of knee osteoarthritis in Maharashtrian population: Case control study
R4	Dr. Pushkar Shah Ms. Kshitijaa Karrhade	ANAPHYLAXIS : A CASE SERIES
R5	Dr. K. Vijayakumar	Effects Of Weight Reduction And Therapeutic Exercises In Reducing The Severity Of The Flat Foot: A Novel Method Of Interventional Study
R6	Dr.Kiran Satpute	Reliability and measurement properties of upper cervical flexion-extension range of motion testing in people with cervicogenic headache and asymptomatic controls
R7	Ms. Namrata A Ghatge	Level of urinary C terminal telopeptide of type II collagen (uCTX II) in between the male and female with primary knee osteoarthritis in Maharashtrian population: Case control study



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session IV -Poster presentation**

**CATEGORY : PG**

**Judges:** Dr. Deshmukh Sarang, Dr. Rokade Vidya

**Venue:** College Bld. 5<sup>th</sup> Floor corridor

**Date & Time:** 21/9/2024 , 10am to 1pm

Poster Presentation Session- IV		
Sr. No	Author	Topic
A1	Dr. Ishan B. Masurkar	Large Thebesian Valve covering whole Coronary Sinus Ostium
A2	Dr. Anandita Gulhane	A Case Report on Herpes Zoster as IRIS in HIV
A3	Dr. Geetika Jethwani	Complete Androgen Insensitivity Syndrome: A Rare Entity
A4	Dr Priyanka C. Badole	Chronic granulomatous mastitis
A5	Dr. Gnanshree Dave	Neuroleptic Malignant Syndrome
A6	Dr Jai Jabade	A rare case of pseudocyst of left adrenal gland
A7	Dr. Udayan Mantri	Immune Reconstitution Inflammatory Syndrome
A8	Dr. Pranav Sawant	Protein Building Blocks - Amyloidosis
A9	Dr. Sakshi Naukarkar	Chikungunya Induced Bullous Eruption In A Neonate- A Rare Case Report
A10	Dr Samreen khan	Harlequin Baby
A11	Dr. Sayali Shete	Sarcomatoid Squamous Cell Carcinoma of Vulva: A Rare Case Report
A12	Dr. Vishal Dhas	Allergic Bronchopulmonary Aspergillosis: Pathogenesis, Diagnosis, and Management
A13	Dr. Aishwarya Khedkar	Leiomyoma of testis
A14	Dr. Tanya Mishra	Rectal prolepsis



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session IV -Poster presentation**

**CATEGORY : PG**

**Judges:** Dr. Ingole Shahu, Dr. Joshi Ruth

**Venue:** College Bld. 5<sup>th</sup> Floor corridor

**Date & Time:** 21/9/2024 , 10am to 1pm

Poster Presentation Session- IV		
Sr. No	Author	Topic
A15	Dr. Shreya Deshmukh	A Case of Tongue schwannoma
A16	Dr Samruddhi Pilane	Hematohidrosis
A17	Dr Sharvari Dhurgude	- A case report on Psychogenic polydipsia induced hyponatremia in a known case of Psychiatric disorder.
A18	Dr Shivam Juneja	Intradural Extramedullary Spinal Schwannoma mimicking Spinal Tuberculosis: A case report
A19	Dr. Shaikh zeba	Secondary Infertility
A20	Dr. Harshal Nawale	The use of antibiotic impregnated cement beads in the management of chronic osteomyelitis
A21	Dr. Ajinkya Pawar	Toxoplasmosis in pt with RVD
A22	Dr. Keshav	A rare case report of Malignant Peripheral Nerve Sheath Tumor
A23	Dr. Paris Lalge	Multiple Myeloma with Chronic Kidney Disease
A24	Dr Priya Pandurang Mehetre	Anesthesia management: Post burn contracture of anterior part of neck and lower jaw
A25	Dr. Yuvrajsing Pakal	Rare case of autoimmune hepatitis leading to Liver cirrhosis in elderly female patient
A26	Dr. Shubhada Chaure	A case of Congenital Ichthyosis
A27	Dr. Sudarshan Sarode	Evaluation and management of bilateral neck of femur fracture
A28	Dr. Arti Yadav	Ganglioneuroblastoma
A29	Dr Priyanka Abhijit Joshi	A Rare Case Report Of Metastatic Prostate Adenocarcinoma Presenting As Acute Quadriplegia
A30	Yadhnya Sonone	Valentino syndrome
A31	Guruvinder Singh	Managing acute neck trauma with injury to greater vessels
A32	Dr. Trishla Shrivastava	Managing the unpredictable: Case report on ruptured hemorrhagic cyst in a patient with uncorrected valvular heart disease.



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session IV-Poster presentation**

**CATEGORY : PG**

**Judges:** Dr. Pophale Himanshu, Dr. Panchbudhe Sanjyoti

**Venue:** College Bld. 5<sup>th</sup> Floor corridor

**Date & Time:** 21/9/2024 , 10am to 1pm

Poster Presentation Session- IV		
Sr. No	Author	Topic
A33	Dr. Manasi Naphade	Critical Care Neuropathy
A34	Dr. Mukund Saraf	Sickle Cell Anaemia and Crisis
A35	Dr. Shrutika Ashok Bodhale	Sickle Cell Beta Thalassemia
A36	Dr Harsh jaiswal	Something smells sweet
A37	Dr Arvind Padmakumar	Functional Outcome Of External Fixator Application In Comminuted Intra-Articular Distal End Radius Fracture”
A38	Dr. Anvita Jain	A Case of Glanzmann Thrombasthenia
A39	Dr. Pooja Vasurkar	Mother to child transmission of Syphilis
A40	Dr. Megha A.Parkhe	Caesarean myomectomy in a case of (27+2) Weeks of pregnancy with IUGR with PPROM
A41	Dr. Monica Chand	A case of a Floppy Infant
A42	Dr. Purva Bendale	Laryngeal Hamartoma: A rare cause of Stridor
A43	Dr. Vaibhavi Dhenge	A rare presentation of carcinoma of cervix
A44	Dr. Ganeshprasad Giri	Congenital Laryngocele – One Of The Rare Case
A45	Dr. Vanishree Chavhan	Study of clinical profile of peripartum hysterectomy





***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session V-Poster presentation**

**Category : Faculty**

**Judges:** Dr. Shah Pooja, Dr. Khatu Swapna

**Venue:** College Bld. 5<sup>th</sup> Floor corridor

**Date & Time:** 21/9/2024 , 10am to 1pm

Poster Presentation Session- V		
Sr. No	Author	Topic
B1	Dr. Dheeraj Rane	Traumatic multiple Cervical Spine Injury Patient with Osteopetrosis and its Management
B2	Dr. Dheeraj Rane	Management of Neglected Upper cervical spine injuries



***“Musculoskeletal Disorders- from Prevention to Management”***

**Scientific session VI- Poster presentation**

**CATEGORY : UG**

**Judges:** Dr. Shah Pooja, Dr. Khatu Swapna

**Venue:** College Bld. 5<sup>th</sup> Floor corridor

**Date & Time:** 21/9/2024 , 10am to 1pm

Poster Presentation Session- VI		
Sr. No	Author	Topic
C1	Dr. Shamli Gaikwad	Takayasu Arteritis
C2	Akash Ranade	Oesophageal Leiomyoma
C3	Tejasee Khurjekar	Pineal Gland Germinoma with Obstructive Hydrocephalus
C4	Aman singh	Sacralization of L5 vertebrae
C5	Vishwa Shinde ,Behram Motafram	A cross-sectional study to assess Post-operative pain score and satisfaction among surgical patients in tertiary care hospital.



## P1 Association of Thyroid Hormone Levels with Development of Microvascular Complications in Type 2 Diabetes Mellitus - A pilot study.

**Author:** Faraj Shaikh, Zoya Kazi

**Co-author:** Dr. Yogesh Rasal  
Details of participants: Faraj Shaikh, III MBBS  
Institute details: Smt. Kashibai Navale Medical College and General Hospital, Pune.

**Introduction:** Diabetes mellitus is a group of metabolic disorders of carbohydrate metabolism in which glucose is both underutilised and overproduced, resulting in hyperglycemia. Type 2 diabetes mellitus results from a combination of insulin resistance and inadequate insulin secretion. The microvascular triad of retinopathy, nephropathy and neuropathy is unique to diabetes. Many studies have found that hypothyroidism can increase the risk of development of microvascular complications of diabetes. Duration of Study: 1 month

**Objective:** 1. To assess the thyroid hormone profile in patients of type 2 Diabetes Mellitus. 2. To study the association between Thyroid hormone level and the development of microvascular complications in them. 3. To study the association between HbA1c levels and thyroid profile. **Methodology:** This pilot study includes 16 cases of T2DM presenting to the OPD of a tertiary care medical centre who were administered the University of North Carolina at Chapel Hill Diabetes Questionnaire and the Michigan Neuropathy Screening Instrument to assess neuropathy followed by Slit Lamp Examination for Fundoscopy, and Urine Albumin Creatinine Ratio for Diabetic Neuropathy, Retinopathy and Nephropathy, respectively. Serum TSH levels and HBA1C levels were also assessed and the findings were tabulated using Excel Sheets and the data was summarised using descriptive statistical measures.

**Discussions:** A similar study by Nishitha Reddy et al concluded a significant association between thyroid dysfunction with microvascular complications in patients with T2DM. The study conducted by Vadivelan Mehalingam et al on thyroid dysfunction in patients with T2DM and its association with diabetic complications, found that thyroid dysfunction was more common among females than males. No correlation was seen between thyroid dysfunction and diabetic complications in the study subjects. Although diabetic retinopathy was significantly more frequent in subclinical hypothyroid patients than euthyroid T2DM patients.

**Results:** Out of the 16 T2DM patients, 13 (81.25%) patients have HbA1c more than 7%. Thyroid dysfunction was observed in 3 (18.75%) subjects out of which 1 (6.12%) was hyperthyroid and 2(12.5%) were hypothyroid. Retinopathy changes were observed in 2 (12.5%). UPCR screening showed 4(25%) patients with microalbuminuria while 6(37.5%) patients with overt proteinuria. Neuropathic changes are present in the majority subjects, 14(87.5%).

**Conclusion:** The prevalence of thyroid dysfunction was 18.75% among patients with T2DM in this pilot study. Hypothyroidism was more common among the study subjects than hyperthyroidism. Diabetic nephropathy and neuropathy related microvascular changes in the sample population were observed but no significant association was established due to the limited data set. Further additions will be made to current findings, based on the data collected in the near future



## **P2 Topic: A cross-sectional study of cognitive impairment and glycemic control association in type 2 diabetes patients and Montreal Cognitive Assessment as a predictive tool for glycemic control in diabetic patients.**

**Author:** Neha Dharap

**Co-Author:** Atharva Gadave

**Guide:** Dr. Uma Bhosale

**Details of Participants:**

Final Year MBBS students of SKNMC, Pune.

Institute details:

Smt. Kashibai Navale Medical College, Pune-411041

### **Introduction:**

There have been claims that diabetes causes cognitive impairment. This study was designed to assess this using Montreal Cognitive Assessment (MoCA) and its association with glycemic control in diabetics and utility of MoCA test as a predictive tool.

### **Duration of study:**

6 months

### **Objectives:**

To study the cognitive impairment of type 2 diabetics and correlate it with their glycemic control.

### **Methodology:**

- The sample size included patients aged between 45-65, suffering from diabetes at least for 5 years. Their latest HbA1c report was considered. Informed consent was taken. The MoCA test was assessed.
- The MoCA test is a marked test [30 points] for cognitive assessment in which points are allotted for various aspects of cognition.
- Statistical analysis: The data was analysed using Computer software OpenEpi, version 2.3, p value <0.05 was considered significant.

### **Observations:**

Significant cognitive impairment (MoCA score <26) was found in diabetics with HbA1c% >7.5 suggesting that diabetics with strict glycemic control have lesser incidence of cognitive impairment. Majority of them also showed cognitive impairment with greater preponderance towards the uneducated and subjects with comorbidities.

### **Discussions:**

Our study states that a significant majority of diabetics with poor glycemic control have significant cognitive impairment. Another study claimed that the duration of diabetes and glycemic control had an effect on the type and severity of cognitive impairment, but could not predict who was at greatest risk. A research conducted in China showed that physical activity benefits cognition, but no evidence showed whether tai chi chuan had better long-term benefits than fitness walking for patients with T2DM and mild cognitive impairment.

### **Results:**

This research shows that a significant majority of diabetics with poor glycemic control (HbA1c >7.5) have significant cognitive impairment, especially the executive domain. It has also found an increase in the presence of cognitive impairment in case of diabetic patients suffering from other comorbid conditions as opposed to patients who have no other comorbid conditions.

### **Conclusions:**

This study paves the way for doctors to be more wary of the implications of poor glycemic control and



developing medications that patients are more compliant with thereby lesser chance of developing cognitive impairment.

### **P3 Title of Research Project - A cross-sectional study of postoperative restricted antibiotic utilization, rationality, and cost analysis in a tertiary care teaching hospital.**

B] Name, Designation and Address of Chief Investigator - Aaditya Ghubade, & Shreya Gade Student, 3<sup>rd</sup> year MBBS, SKNMC&GH, Pune

C] Guide - Dr. Sarang Deshmukh, Professor at Department of Pharmacology, SKNMC&GH, Pune.

D] Co. Guide - Dr. Uma Bhosale, Professor Department of Pharmacology, SKNMC&GH, Pune.

**E] Introduction** - According to World Health Organisation (WHO) [1], Antimicrobial

Resistance (AMR) occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. As a result of drug resistance, antibiotics and other antimicrobial medicines become ineffective and infections become increasingly difficult or impossible to treat. The emergence of antimicrobial resistance is a complex problem, driven by many interconnected factors, in particular, the use and misuse of antimicrobials. Antimicrobial use, in turn, is influenced by the interplay of knowledge, expectations and interactions of prescribers and patients, economic incentives, characteristics of the health system (s), and the regulatory environment. The intensity of the use of restricted antibiotics is higher in the hospitals although most antimicrobial usage occurs within the community.

Hence, it is crucial to develop integrated approaches to improve the judicious usage of these restricted antibiotics and thereby reduce the incidence of spread of resistant bugs in the hospital.

F] Aim & Objective -

- To study the demographic profile of the patients at SKNMC&GH.
- To assess restricted AMA consumption and use patterns in patients attending the inpatients of Surgery Department of the hospital.
- To assess Appropriateness of the AMA in the treatment prescribe.
- To calculate cost incurred on their use in admitted patients.

### **P4 Title: Barriers to cataract surgery in Pune Slums: Patients' Perspective**

**Author : Shravani Gogate,**

**Co Author: Dr. Parikshit Gogate**

Details of Participants: Questionnaire based interview of diagnosed cataract patients in slums.

Institute details: Community Eye Care Foundation, Tadiwala Road, Pune

**Duration of Study** : One year

#### **Introduction:**

Cataract is the leading cause of avoidable blindness globally and India is no exception..

Various barriers limit access of cataract blind individuals to cataract surgery. This study aimed to determine the barriers to cataract surgery utilization among cataract blind patients in slum area of Pune.

**Objectives:** To understand why patient do not undergo cataract surgery in spite of



economical choices available in vicinity and what are the barriers to uptake of subsidized or free cataract surgery.

**Methods:** A large population block underwent house to house eye screening in 2023. Those detected as having cataract were advised surgery. But on follow-up visits many were still visually impaired with unoperated cataracts. A questionnaire based interview was conducted in their homes to gauge why they had not undergone cataract surgery.

**Results:** 45535 individuals were screened in 2023 of whom 788 had unilateral and 580 had bilateral cataracts. In spite of being offered subsidized cataract surgery in the vicinity, 474 were visually impaired by cataract in 2024. While cost was an issue 274 (57.8 %), lack of felt need 89 (18.7%), lack of priority 189 (39.8 %) and social factors were contributing.

**Conclusion:** Having a vision center in the community linked to a secondary eye center does away with barriers of lack of awareness, service and distance. But even subsidized cost is a challenge to many. Elders have fatalistic view of vision and felt need is less even in visually impaired. Increased awareness and keeping prices of health care low may increase the uptake of cataract surgery.

---

## P5 Emerging role of NAC in reversal of transaminitis in dengue positive patients.

**Author :** Varsha Ambekar<sup>1</sup>, Faiz Khalid<sup>1</sup>, Paris Lagle<sup>2</sup>, Jitendra Ingole<sup>2</sup>

**Background:** The American Association for the Study of Liver Diseases recommends that N-acetylcysteine (NAC) may be beneficial in non-acetaminophen-related acute liver injury. Dengue fever, a prevalent mosquito-borne viral infection, can progress to severe forms, including severe hepatitis, which is associated with high mortality rates. N-acetylcysteine (NAC) is well-established in the treatment of paracetamol poisoning and has shown promise in non-acetaminophen induced liver failure. Given its hepatoprotective properties, NAC is increasingly used in clinical practice for managing severe dengue fever-associated hepatitis. This case series provides positive evidence for the efficacy of NAC in reversing liver enzyme abnormalities in patients with severe hepatitis due to dengue infection.

**Aim:** To investigate the efficacy of N-acetylcysteine (NAC) in reversing liver enzyme abnormalities in patients with severe hepatitis caused by severe dengue infection, guided by findings from a supporting meta-analysis. (*Role of N-Acetylcysteine in Non-Acetaminophen-Related Acute Liver Failure: An Updated Meta-Analysis and Systematic Review*, 2021)

**Methods:** We conducted a retrospective observational study on patients diagnosed with dengue fever with transaminitis, treated at our hospital. Our case series focused on patients who received intravenous and oral NAC therapy, with close monitoring of liver function through sequential measurements of liver enzymes (AST, ALT) and other pertinent biomarkers. The main goal was to assess how liver enzyme levels changed following NAC administration. Secondary outcomes of interest included clinical recovery, resolution of hepatotoxicity, and overall patient survival.

**Results:** Preliminary findings suggest a reduction in liver enzyme levels following NAC treatment, indicating a potential therapeutic benefit. Improvement in clinical symptoms and hepatotoxicity resolution were also observed, with no major adverse effects reported.

**Conclusions:** NAC appears to be a promising adjunctive therapy for managing severe hepatitis in dengue fever, potentially improving liver function and patient outcomes. Further randomized controlled trials are needed to confirm these findings and establish standardized treatment protocols.

**Keywords:** Dengue fever, hepatitis, Transaminitis, N-acetylcysteine, liver enzymes, antiviral therapy, clinical outcomes.

---



## **P6 A cross-sectional study of screen exposure time and its effects on sleep quality & mental health of medical undergraduates.**

**Author:** Zoya Kazi, Faraj Shaikh

**Co-author:** Dr. (Col.) P. S. Chawla

**Details of participants:** Zoya Kazi, III MBBS

Institute details: Smt. Kashibai Navale Medical College and General Hospital, Pune.

**Introduction:** As large portions of the youth population are gaining access to computer technology it is crucial to determine the role exposure to screens has on the quality of sleep and overall mental well-being of youth. Especially if this effect compounds with the generalised stressors present in the lifestyle of medical undergraduates.

Duration of Study: 1 month

### **Objective:**

1. To study the socio-demographic profile of the study participants.
2. To estimate the screen exposure time among them.
3. To determine the effects of screen exposure time on their sleep quality & mental health.
4. To suggest recommendations based on the study findings.

**Methodology:** A semi-structured questionnaire was administered to undergraduates of a tertiary care medical college. The questionnaire included their socio-demographic profile, the Questionnaire for Screen Time of Adolescents (QueST), Sleep Quality Scale (SQS) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The average screen time was calculated and the responses for SQS and WEMWBS were scored. Chi-square was used to test statistical significance and to obtain an association between screen exposure time, sleep quality and mental well-being.

**Discussions:** A similar study by Barika D. et al concluded a significant association between screen exposure time and sleep quality. The study conducted by Ragab E. et al on stress and its correlation with medical students, found that female medical students were more significantly stressed due to academics than males. Neophytou E. et al, in their study, found that an increase in screen time is associated with lowered self-esteem and increased incidence and severity of mental health issues.

**Results:** 251 participants were included in the study. A gradual increase in the screen exposure time was observed from 1st year to Interns. The mean screen exposure time was found to be 535.26 minutes (8h 54min). Females showed lower mental well-being as compared to males. Higher incidence of sleep problems was observed in Final year students. A significant association between Sleep Quality Scale scores and screen exposure time ( $p$ -value = 0.03). The participants with lower screen exposure time showed lesser acute sleep problems ( $p$ -value= 0.03). Significant association was found between participants having lower WEMWBS scores and lower Non-recreational Screen Exposure time ( $p$ -value= 0.04).

**Conclusion:** High screen exposure time was observed in the sample population with an increase from 1st year to Interns. Disparities were observed in the mental well-being of females and males. Final year students reported an increase in acute sleep problems. Study participants with higher screen exposure were observed to have better mental well-being but were also seen to have more acute sleep problems. Despite the better mental well-being observed, it was noted that acute sleep problems in turn affect the mental well-being of an individual and thus reduction of screen time is recommended.





## **P7 A Comparative Study Between Fine-Needle Aspiration Cytology, trucut Biopsy and histopathology in Diagnosing Clinically Palpable Breast Lumps**

**2.Author- Aayush A. Dighe<sup>[1]</sup>**

**3.Co-author- Dr. Siddhi Gaurish Sinai Khandeparkar<sup>[2]</sup>**

### **4.Details of participants-**

1.MBBS-II Student, Smt. Kashibai Navale Medical College and General Hospital, Pune

2. Professor and HOD, Dept. of Pathology, Smt. Kashibai Navale Medical College and General Hospital, Pune

**5.Institute Details: Smt. Kashibai Navale Medical College and General Hospital, Mumbai Pune Bypass Rd, Narhe, Pune, Maharashtra 411041**

### **6.Introduction:**

Breast cancer is the most common cancer and foremost cause of death in women. Most breast disorders present as palpable masses. Preoperative diagnosis of a breast lump is a crucial part of the final therapeutic plan. The two most common techniques used to diagnose breast lumps are fine-needle aspiration cytology and trucut biopsy.

**7.Duration of Study:** Two and half years

### **8.Objective:**

This study aimed to evaluate the diagnostic accuracy of FNAC and trucut biopsy in comparison to the final histopathological diagnosis.

### **9.Methodology**

This cross-sectional retrospective study was conducted in the Department of Pathology in a tertiary care hospital from January 2021 to June 2024. The available data for all the patients was collected from the records of cytopathology and histopathology section of the Department of Pathology.

### **10.Observations**

A total of 200 cases for FNAC, 118 cases of trucut biopsy and 197 histopathological specimens were received in Department of Pathology. Out of 200 cases for FNAC, 58 cases underwent histopathological examination. Out of 118 trucut biopsies received, 55 cases underwent histopathological examination.

In 200 cases of FNAC breast, 194 were females. Among the patients, 102 had involvement of the left breast, 85 had involvement of the right breast, and in 13 cases there was bilateral involvement. 173 patients presented with breast lump, 27 cases as diffuse granularity, 7 cases with nipple discharge.

9 patients underwent FNAC, trucut biopsy and we received histopathological specimens from them. 2 FN cases reported on FNAC were given accurate diagnosis on trucut biopsy.

### **11.Discussion**

As for the sensitivity of FNAC, it has been found to range from 64.6% to 97.4% in different studies, while its specificity has been reported to range from 72.4% to 100%.

In the present study, we considered FP for the case reported as proliferative breast disease with atypia on FNAC which turned out to be benign phyllodes tumor on histopathology.

### **12.Results**

The sensitivity, specificity, positive and negative predictive value and accuracy of FNAC against histopathology as gold standard was 97.92%, 77.78%, 95.92%, 87.5% and 94.74%.

The sensitivity, specificity, positive and negative predictive value and accuracy of trucut biopsy against histopathology as gold standard was 100%.

### **13.Conclusion**

Based on our findings, trucut biopsy was better than FNAC for the diagnosis of malignant and borderline breast masses and further subtyping of breast cancers and fibroepithelial breast tumors.





The findings of the present study endorse the viewpoint that combined use of both techniques help in obtaining higher diagnostic accuracy.

---

## **P8 Topic: Estimated Glomerular Filtration Rate (eGFR) in Nonproteinuric Type 2 Diabetes Mellitus as a Predictor of Diabetic Kidney Disease.**

**Author:** Ms. Ishira Luthra

**Co-author** Dr. Lalna Takale (Associate Professor, Department of Biochemistry) Dr. Meghana Padwal (Professor and Head, Department of Biochemistry)

Details of participants Ms. Ishira Luthra Phase-III MBBS +918860940675 Ishiraluthra50@gmail.com  
Institute details Bharati Vidyapeeth (Deemed to be) University Medical College, Pune

**Introduction:** The prevalence of Diabetes Mellitus (DM) is increasing rapidly and is a major public health concern. Approximately 40% develop diabetic kidney disease (DKD) which may progress to end stage renal failure (ERSF). Nonproteinuric DKD (NPDKD) is one of the phenotypes in which there is renal function loss ( $\text{eGFR} < 300 \text{ ml/g}$ ). A decrease in eGFR is an indicator of DKD which is an easily available and cost-effective test. Hence, the aim of this study was to estimate eGFR as a predictor of DKD. Duration of study: The study was carried over a period of 2 months from October to November 2023.

**Objectives:** To estimate eGFR in nonproteinuric Type 2 DM by estimating serum creatinine, urine microalbumin: creatinine ratio, urine protein: creatinine ratio.

**Methodology:** This was a cross-sectional study conducted on 120 subjects with nonproteinuric T2DM. Serum creatinine, urine microalbumin, urine creatinine was estimated on Abbott Alinity chemistry integrated platform. eGFR was calculated by using CKD-EPI Creatinine Equation (2021) from serum creatinine, age and gender. Urinary Albumin: Creatinine and Urinary Protein: Creatinine Ratio were calculated from values obtained from their estimation.

**Observations:** The participants in the study included 52.5% males and 47.5% females. The number of females with eGFR less than  $60 \text{ ml/min/1.73m}^2$  was more as compared to males.

**Discussions:** The natural history of Diabetic kidney disease has shown a paradigm shift in the traditional concept in the diagnosis based on albuminuria and low eGFR(

---

## **P 9 Prevalence of text neck syndrome in students of medical college and its association with smartphone and social media addiction.**

**Author-** Paras Manojkumar Patil, 3rd year(Part I) MBBS student MIMSR Medical college, Latur  
paraspatil434@gmail.com , mob no. 9881804974

**Under guidance of-** Dr. Anant A. Takalkar

M.D PSM, Professor Of PSM

MIMSR Medical College, Latur

ananttakalkarpsm@gmail.com , mob no. 8722920276

### **ABSTRACT**

**Background-** Text neck syndrome is an overuse syndrome of the back and neck caused due to repetitive stress injury in individuals with prolonged forward and downward bending of the neck. Its prevalence has shown an increasing trend in recent years, mostly due to increased smartphone usage especially in the adult population. It has even been referred to as “an epidemic of the modern era”.

**Objective-** This study is aimed to calculate the prevalence of text neck syndrome in medical students. It is dedicated to finding out the rates of smartphone addiction and social media addiction. The study also tests



any possible association of neck deformity with smartphone and social media.

**Method-** The study was conducted in 233 medical students of MIMSR Medical College, Latur, within the period of July 2024 to August 2024. Data was collected using an online self-administered questionnaire. The questionnaire consisted of questions related to participants' demographic data, Neck Deformity Index (NDI), Smartphone Addiction Scale Short Version (SAS-SV) and Bergen Social Media Addiction Scale (BSMAS). The data was later analyzed using SPSS 24.0 version IBM USA.

**Results-** The average age of participant students is 21.53 years. The prevalence of text neck syndrome is 73.71% (172). Out of all, 36.05% (84) individuals show mild deformity, 30.90% (72) shows moderate, 5.15% (12) shows severe while 0.17% (4) individuals have complete deformity. As well as the problematic smartphone usage was found in 43.34% (101) individuals and social media addiction was found in 51.50% (120) individuals. A positive correlation was seen between NDI grading and SAS-SV as well as BSMAS scores.

**Conclusion-** The results of the study suggest a very high prevalence rate of text neck syndrome among medical students. This high prevalence can be attributed to increased smartphone exposure and excess social media usage in students. Measures should be taken to reduce mobile phone usage. Stretching exercises will be helpful in prevention of onset and further complications of text neck syndrome in these students.

---

## **P10 Title - Awareness and Practice of Breast Self-Examination (BSE) among Females attending OPD in a Tertiary Health Care Hospital: a cross-sectional study in Pune, India**

**Author** - Mr. Pratik Kanunje,

**Co-author** - Mr. Omkar Mundhe

Participants details – Final Year MBBS students at SKNMC & GH

Institute Details – Smt. Kashibai Navale Medical College & General Hospital, Pune

Study done in Department of PSM.

**Introduction** – Breast Cancer is the second most common cancer in the world comprising of 11.6% of total cancers and the fourth leading cause of cancer mortality in the world. It is the most prevalent cancer in India. Breast Cancer mortality is secondary to late diagnosis. Breast Self-Examination (BSE) is an Early detection method for breast cancer and a secondary prevention of breast cancer. Despite BSE being an old procedure, very little is known about its awareness and practice among women.

Duration of Study – 2 weeks

**Aims & objectives** - The Study aims to assess the awareness and practice of Breast Self-Examination (BSE) among the female patients attending Obstetrics and Gynaecology Outpatient Department at SKNMC & GH, Pune.

**Method** – It was a cross sectional descriptive study. 77 females attending outpatient department (OPD) at selected tertiary care hospital were recruited in the study using simple random sampling. Data for the study was collected in the form of semi-structured, validated questionnaire which was of investigator-administered type. The data was entered and analyzed using EpiInfo application, Descriptive analysis (frequencies and percentages) and inferential statistics [Cross-tabulation, Chi-square ( $\chi^2$ )] were used.

**Observations** – The mean age of the study group was  $32.42 \pm 12.14$  years. 89.6% were literates. 57.14% of participants were aware of breast cancer as a major health problem. Only 27.27% of the participants were aware about BSE and only 7.8% women had ever practiced BSE and only 3.9% practiced regularly. Among those who practiced regularly, only 16.6% knew the complete steps in BSE. Awareness had a highly



significant association with being literate and in participants involved in occupation other than housewife.

**Discussion** – Similar Studies do exist in various rural settings in Trichy and Yavatmal, the awareness was found to be less or similar to those studies but the Practise and knowledge of BSE was very poor. The major source of information for awareness and knowledge of BSE was from Doctors or health workers.

**Conclusion** – Awareness about Breast Cancer was average but awareness of BSE was significantly low and practice was very poor. There is need for more education on the risks of the disease in the general population by health awareness camps at regular intervals, necessary counselling regarding BSE to women by practicing doctors and the need for early detection by practicing BSE and other screening measures.

---

## **P11 Thyroid lesion coexisting with thyroiditis: Diagnostic protocol and treatment strategy.**

**Author:** Shruti Nemade, 2nd yr MBBS, SKNMC, Pune

**Co-authors:** 1. Dr Siddhi Khandeparkar, Professor and HOD, Pathology, SKNMC

2. Dr. Sanjana Nemade, Professor and HOD, ENT, SKNMC

**Introduction:** There is a recognized association between thyroiditis (HT) and other thyroid lesions. Both entities may often display overlapping morphologic features. The diagnostic challenge is to obtain the diagnosis preoperatively, so that treatment strategy can be planned accordingly.

**Duration of study:** 1.5 yrs.

**Objective:** To study the association of thyroid lesions with thyroiditis. To study the challenges in preoperative diagnosis and management of these patients.

**Methodology:** 5 patients with thyroid lesions and coexisting thyroiditis were included in the study. Clinical findings; investigations such as Ultrasonography, CECT, Anti-TPO antibody, Thyroid function tests; details of surgery and post operative follow up of these patients were documented.

**Observations:** Out of 5 patients, 4 had Hashimoto's thyroiditis, and 1 patient had subacute granulomatous thyroiditis. 4 Hashimoto's thyroiditis patients had coexisting thyroid lesions such as colloid cyst in 2 patients, follicular adenoma and papillary carcinoma each in 1 patient. Subacute thyroiditis patient had colloid cystic goitre as the coexisting thyroid lesion. All patients received oral steroid therapy in perioperative period and underwent surgery with no complications.

**Discussion:** An unambiguous association between papillary thyroid cancer and Hashimoto thyroiditis was demonstrated for the first time by Dailey et al. in 1955. Meta-analysis by Singh et al. coexisted Papillary thyroid carcinoma with Hashimoto thyroiditis in 23.5 % patients. Because of chronic inflammation in thyroiditis, thyroid cells undergo neoplastic change. Out of 4 patients of Hashimoto's thyroiditis, 1 had papillary carcinoma. Others had follicular adenoma and cystic colloid goitre. Subacute thyroiditis (SAT) is a spontaneously remitting inflammatory disease that is probably caused by viral infection. Its occurrence with other thyroid lesions is very rare. Our patient had cystic colloid nodule along with granulomatous changes in the thyroid tissue.. With preoperative diagnosis of coexisting thyroiditis and other thyroid lesion, we could achieve appropriate management with no complications.

**Conclusion:** An early detection of lesions, a careful selection of a surgical strategy, target-based adjuvant therapy, and treatment monitoring may have a significant impact on improvement of therapeutic outcomes and quality of life in patients with the thyroid lesions along with thyroiditis. Preoperative diagnosis to know the type of thyroiditis is necessary to plan the perioperative and intraoperative management.

---



## Q1 Medullary Breast Carcinoma-Case series

**Author :** Dr Shivani Dama

**Coauthor:** Dr Shaheen Khan, Dr Shital Gosavi, Dr Siddhi Khandeparkar

**Institute:** Smt Kashibai Navale Medical College and General Hospital, Narhe, Pune.

**Introduction:** Medullary breast carcinoma (MBC) is a rare and distinct subtype of breast cancer, comprising approximately 3-5% of all invasive breast carcinomas. This unique histologic subtype has very strict criteria for diagnosis, including complete circumscription, the syncytial growth pattern of at least 75% of the tumour, intermediate to high nuclear grade, an associated diffuse lymphocytic infiltrate and a lack of intraductal components or glandular differentiation. Medullary carcinoma has a favourable prognosis despite its poorly differentiated histologic features and basal-like phenotype. This paper intends to provide an in-depth analysis of MBC.

**Duration Of Study:** 6years

**Objective:** To study the histopathological spectrum with immunohistochemistry pattern of medullary breast carcinoma with age distribution.

**Methodology:** This descriptive study included histopathologically diagnosed cases of medullary breast carcinoma from January 2019 to June 2024 received in Department of Pathology. Age distribution, clinical presentation, site of tumour and characteristic histopathological features with grade and stage were noted and the data was analysed.

**Result:**

10 cases received during 6-year-period were females belonging to the post-menopausal age group. Commonest age group was sixth decade. Tumour ranged between 2 to 5cm (60%). Lymph nodes were negative in 90% of cases. Staging was mainly stage II (70%). Histopathological characteristics seen were pushing margins grossly, syncytial growth pattern and moderate to dense lymphoplasmacytic infiltrate with absent glandular formation on microscopy was seen in all cases. All cases showed grade III Bloom Richardson grading. Total of 7 cases were triple negative. Rest 3 cases showed HER2/neu positivity out of which 1 case was ER and PR positive.

**Discussion:**

A study by Zangouri et al has documented in his study of 179 cases of medullary carcinoma that maximum cases belonged to 30 to 86 years and that there was significant association of this tumour with higher grade and triple negativity as seen in present study.

**Conclusion:**

Despite the aggressive pathological and molecular features the present study showed maximum cases belonging to stage II with no nodal involvement.

---

## Q2 TITLE: PAPER PRESENTATION ON - LSCS BEFORE 34 WEEKS OF PREGNANCY.

**Author-** Dr.Sanika Kanhe

**Co-Author-**Dr.Sameer Darawade

**Details Of Participants-** Ms Obgy Resident Jr2

**Institute Details-**Smt. Kashibai Navale Medical college and General Hospital,Pune.

**Introduction:** Performing a cesarean section before 34 weeks of pregnancy is considered a early delivery. It's essential to carefully evaluate the risks and benefits to ensure the best possible outcomes for the mother and the baby.



**Aims And Objectives:** Maternal Outcome Analysis, Fetal Outcome Analysis, Review indications

**Methods:** The Decision Is Usually Based On Medical Indications, Such As Maternal Or Fetal Complications. The Pre And Post Operative Records Of These Patients In My Hospital From January 2022 To January 2024 Were Retrospectively Analysed. The Methodology Involves Standard Surgical Procedures For A Cesarean Section But May Require Additional Precautions Due To The Preterm Nature Of The Pregnancy. Close Monitoring Of Both The Mother And The Baby Is Crucial During And After The Procedure To Manage Potential Risks Associated With Preterm Birth.

**Results:** Retrospective Study Shows out of All The Babies Delivered from the year January 2022 to December 2024 by LSCS Before 34 Weeks Of Pregnancy all were shifted To Neonatal Intensive Care Unit (NICU) Out Of Which 76% Babies are Alive While 24% Babies died.

**Conclusions:** This Study Highlights The Outcome of Performing Cesarean Sections Before 34 Weeks, Emphasizing Potential Risks And Benefits For Both The Mother And The Preterm Infant.

---

### Q3 EVALUATION OF THROMBOCYTOPENIA IN PREGNANCY

1. **Author:** Dr. Swapnali Suryakant Ghodake OBGY Resident, SKNMC & GH, Pune.

2. **Co-Author:** G. S. Shekhawat, Head of the Department, OBGY, SKNMC & GH, Pune.

3. Dr. Shraddha Shastri, Associate Professor, OBGY, SKNMC & GH, Pune.

#### **ABSTRACT :**

##### **INTRODUCTION :**

Thrombocytopenia, characterised by a blood platelet count below 1,50,000/microlitre, is the second most common blood disorder in pregnancy, following anemia. It affects 7-11% of all pregnancies. Severe thrombocytopenia related to medical conditions can have severe maternal and fetal consequences.

Thrombocytopenia during pregnancy can arise from pregnancy-specific conditions or pre-existing medical conditions. Therefore, understanding the different causes, diagnosing early, and implementing targeted treatment is necessary for better maternal as well as neonatal outcomes.

**Duration Of Study :** 1 year

**Aim And Objectives :** To investigate thrombocytopenia during pregnancy.

1. To assess maternal outcomes associated with thrombocytopenia.
2. To evaluate fetal outcomes related to thrombocytopenia.
3. To identify and analyse the underlying etiologies of thrombocytopenia in pregnancy.

**Methodology :** Prospective observational study of 50 pregnant women diagnosed with thrombocytopenia.

**Observations & Results :** The majority of patients were young adults aged 21 to 25, and most common gestational age was between 33 and 36 weeks. Majority of them were in their 2<sup>nd</sup> or 3<sup>rd</sup> pregnancy. Most cases were with severe thrombocytopenia with gestational thrombocytopenia as leading cause. A significant portion around 80% experienced no maternal and fetal morbidity but slight higher rate of LSCS than vaginal delivery.

**Discussion :** The primary cause of thrombocytopenia was gestational thrombocytopenia followed by HELLP syndrome and non-obstetric causes. DIC, Eclampsia, acute fatty liver of pregnancy was the least common cause. Maternal complications can be seen as puerperal sepsis, acute renal failure, DIC. Perinatal outcome may vary from Fetal growth restriction, intraventricular hemorrhage to IUD.

**Conclusion :** The study reinforces the importance of monitoring and managing thrombocytopenia in pregnancy to mitigate potential risks and improve both maternal and fetal outcomes.

---



#### **Q4 A STUDY OF ONSET TIME OF ADEQUATE NEUROMUSCULAR BLOCKADE AND HAEMODYNAMIC PARAMETERS WITH THE USE OF ATRACURIUM OR CISATRACURIUM FOR ENDOTRACHEAL INTUBATION IN GENERAL ANAESTHESIA**

**Author:** Dr. Richa Ann Joseph (Jr III, Department of Anaesthesiology, SKNMC&GH)

**Co-Author & Guide:** Dr. Dhanashree Dongare (Professor, Department of Anaesthesiology, SKNMC&GH)

**Presenter:** Dr. Richa Ann Joseph (Mobile No: 8381091438, E-mail ID: [richaann96@gmail.com](mailto:richaann96@gmail.com))

##### **ABSTRACT**

**Introduction:** Endotracheal intubation is a critical component of general anesthesia, essential for securing the airway and ensuring adequate ventilation. However, the process of intubation leads to significant hemodynamic changes. Neuromuscular blocking agents facilitate intubation by inducing muscle relaxation. Atracurium and cisatracurium are two commonly used neuromuscular blockers, but their effects on hemodynamic parameters and onset time vary. This study aims to compare these agents in terms of onset of neuromuscular blockade and hemodynamic stability.

**Objective:** The primary objective of this study was to compare the onset time of neuromuscular blockade between atracurium and cisatracurium. Secondary objectives included evaluating and comparing the hemodynamic changes and adverse effects associated with both drugs.

**Methodology:** In this randomized, double-blind clinical trial, 60 patients aged 18-60 years, classified as ASA Grade I or II, were enrolled for elective surgeries requiring general anesthesia. Participants were randomly assigned to one of two groups: Group A received atracurium at a dose of 0.5 mg/kg, while Group C received cisatracurium at a dose of 0.2mg/kg. Key parameters such as hemodynamic stability, onset time of neuromuscular blockade, and any adverse effects were meticulously monitored throughout the procedure.

**Observation and Results:** The demographic characteristics of patients, including age, BMI, and gender, were comparable between the two groups. The results revealed that cisatracurium had a significantly faster onset time of neuromuscular blockade compared to atracurium. Additionally, hemodynamic stability was notably better in the cisatracurium group, with fewer fluctuations in mean arterial pressure and heart rate following intubation. This suggests that cisatracurium may induce less sympathetic stimulation and provide more stable hemodynamics during the procedure.

**Discussion:** These findings highlight that cisatracurium offers a faster onset of action and superior hemodynamic stability compared to atracurium. The reduced histamine release and higher potency of cisatracurium contribute to its favorable profile, particularly for patients with cardiovascular comorbidities or those undergoing rapid sequence induction. The improved intubation conditions and minimal hemodynamic fluctuations make cisatracurium a more suitable choice in scenarios where maintaining hemodynamic stability is crucial.

**Conclusion:** Cisatracurium is preferable over atracurium for elective intubation, particularly in cases requiring stable hemodynamics. Its faster onset, reduced side effects, and superior performance in maintaining hemodynamic stability make it a reliable neuromuscular blocking agent, especially for patients at higher risk of cardiovascular complications during anesthesia.





## Q5 The use of antibiotic cement coated TENS Nail in the management of chronic osteomyelitis.

**GUIDE:** DR. PRASHANT BHANDARI

**AUTHOR:** DR. NIKHIL DUTHADE

### **KEYWORDS**

Debridement, Antibiotic cement coated TENS Nail.

### **INTRODUCTION**

The presence of a barrier between the body's immune system and infection focus could complicate the management of osteomyelitis. The infection focus in a bone is often sheathed by an avascularized sclerotic bone, and Haversian canals are often occluded by scars and protein material. Besides thickening, some part of the periosteum becomes a sclerotic tissue together with the adjacent muscles and subcutaneous tissue. That is the reason why the infection focus becomes relatively avascularized and can not be adequately reached by systemic antibiotics. The difficulty of systemic antibiotics to reach the infection focus based the idea of administering local antibiotics. The disadvantage becomes beneficial in administering local antibiotics, because blood-bone barrier localizes the antibiotic concentration in the infection area, so that systemic concentration is low, in some cases, it can not even be detected. In this way, the patient can be prevented from the risk of antibiotic toxicity. In studies conducted abroad, antibiotic cement, could in fact, be produced locally with a very competitive price. Antibiotic cement offers some advantages compared with systemic antibiotics, especially in their ability to deliver high-dose antibiotics directly to the infection focus, and spare the patients from allergic reaction or the possibility of exposures to ototoxic and nephrotoxic doses. The use of antibiotic cement provides high antibiotic concentration for a long time, gives comfort in wound care, and makes flexible schedules for reconstruction of dead space.

**OBJECTIVE :** To treat a case of chronic osteomyelitis with the help of antibiotic impregnated cement.

### **CASE HISTORY**

A 59 year old female came with complaints of discharging sinuses associated with pain over the left arm from the past 14 months and restricted range of motion at left elbow and shoulder joint. Patient had an history of being operated on the same arm for proximal humerus fracture fixed with ORIF with plating 10 years ago and same arm midshaft humerus fracture operated again with ORIF with plating 14 months ago. Patient had been given a trial of oral and intravenous antibiotics at outside hospital but were unsuccessful. On further investigations the xrays revealed signs of chronic localised osteomyelitis, Cierny and Mader class 3B with non union. Pus culture and sensitivity isolated the organism MSSA susceptible to majorly Vancomycin, Gentamycin, Linezolid and Erythromycin.

Patient was then operated for implant removal, in which both Proximal humerus plate and midshaft humerus plate were removed. Debridement done with thorough wash given. We made the efforts of making our own antibiotic cement by impregnating the polymethyl methacrylate (PMMA) bone cement with Gentamycin sterilely. Furthermore a TENS Nail coated with this antibiotic loaded cement was used to fix the non union in place. Patient was started on Intravenous Vancomycin for 21 days and sutures were removed on day 14. No evidence of discharge, sinuses or infection was seen in the post operative period. Serial Xrays were performed showing evidence of bone healing and callus formations. 2.5 years later when all the evidence of infection had been vanished and the bone showed no signs of osteomyelitis, the TENS Nail was removed and a Long Proximal Humerus Internal Locking System Plate was used to hold the bone in position. In subsequent follow no signs of infection were observed with an increase in range of motion both at left elbow and shoulder joint.

**OBSERVATION** Diffusion of this antibiotic does not depend on vascularization and condition of the soft tissue.



Systemic antibiotics can reach the infection focus, but their concentration depends on local condition and vascularization. Furthermore, the concentration tends to be lower compared with the concentration released by antibiotic impregnated cement. Besides that, the use of antibiotic impregnated cement does not depend on patient's compliance, and could reduce toxicity, cost and discomfort related to the use of systemic antibiotics. At least, antibiotic impregnated cement can increase the success rate of treatment if used as an adjuvant therapy to the systemic antibiotic treatment and can provide dead-space therapeutic management in the reconstructive step. One of the disadvantages of antibiotic impregnated cement is the limited use, only for bacteria that are sensitive to those particular antibiotic. In this case, additional procedure for antibiotic coated cement nail removal is needed. However, it will not be a problem if reconstructive surgery is required at the end of the antibiotic therapy. Our observation revealed that combination of Gentamycin impregnated cement and systemic antibiotic could significantly increase the success rate of the therapy,

## **Q6 Topic : Immediate Effect Of Cost-Effective Hip Protectors On Balance, Mobility & Fear Of Falls In Elderly Individuals**

Author Name: Bhandari Saloni

Details of participant : Postgraduate student

Name of Institution: SKNCOPT

**Aim:** To find the Immediate Effect Of Cost-Effective Hip Protectors On Balance, Mobility & Fear Of Falls In Elderly Individuals.

### **Introduction:**

1 In order to carry out ADLs balance is the important component, activities like sitting, standing and walking etc require balance.

2 The ability to maintain balance decreases with increase in age.

3 As the age progresses there are alterations in the musculoskeletal, somatosensory and central nervous systems.

4 These alterations in the elderly population shows balance deficits and thus are subjected to the risk of falls.

### **Objectives:**

1.To find TUG test time pre and post hip protectors administration.

2.To find fear of fall score pre and post hip protectors administration.

3. To find the difference in functional reach test pre and post hip protectors

4. To find the step test result difference pre and post test.

### **Methodology:**

1.Study designs: Observational

2.Study setting: community dwelling elderly

3.Sample population: Geriatric

4.Sample size: 30

5.Sample technique: Convenience

6.Study Duration: 6 months

**Conclusion:** There was an immediate effect of wearing cost effective hip protectors on balance, mobility and fear of fall in elderly individuals.

### **Result and Discussion:**

The results showed significant differences in pre and post measured values of hip protectors. Paired T test was carried out to test the significance. BOS and Step test were Non significant, close BOS standing the p value was 0.023 showing a significant result. For tandem stand the p value was 0.00003 showing a change of 20%. Major change of 69% was observed for single leg stance p value being 0. For TUG the time before





was more as compared to the later, showed the change of 19% p value being 0.000000003 being significant. Functional reach test the p value was 0.000000442 and for falls efficacy score it was 0.0242.

---

### Q7 Breast abscess

**Author** - Dr Vasundhara Mokashi ( Junior Resident , Dept of Surgery)

**Co author** - Dr Snehal Purandare ( Professor and HOD, Dept of surgery )

**Background:** Breast abscess is a common cause of morbidity in women. While they are less common in Developed countries as a result of improved maternal hygiene, nutrition, standard of living and early Administration of antibiotics, breast abscess remain a problem among women in developing countries. Hospital based prospective randomized controlled trial conducted on 100 patients. 50 of them were randomized in the aspiration group and other 50 were treated by incision and drainage.

**Results:** In our study, patients in the needle aspiration group had lesser pain as compared to the patients of the incision and drainage group. Average pain score (on visual analogue scale) on day three of patients in the needle aspiration group was 4.22 as compared to 5.72 in the incision and drainage group. On day seven the pain score was 1.73 in the aspiration group and 3.89 in the incision and drainage group. By day fourteen almost all patients (94.00%) of needle aspiration group were pain free and the average pain score in the incision and drainage group was 2.0. Using the chi square test, a p value of 0.0005 was obtained suggesting a statistically significant difference.

**Conclusion:** Wherever the facility of ultrasound is available, serial percutaneous needle aspiration may be tried as a first line of therapy

---

### Q8 Title: A comparative study on effect of early versus delayed dressing removal of caesarean section wound on surgical site infections and patients comfort level in a tertiary care hospital

**Author:** Dr Anjali Kadam (resident, OBGY)

**Co author :** Dr G S Shekhawat ( HOD, OBGY)

**Objectives :** To evaluate the effect of early versus delayed exposure of surgical wound following caesarean section on:

1. Surgical site infections (SSI)
2. Patients' comfort level
3. Length of hospital stay.

**Methods:** This hospital-based prospective observational study was conducted in the Department of Obstetrics and Gynaecology at Smt Kashibai Navale Medical College and General Hospital. The women were divided into two groups based on the timing of exposure of surgical wound post-caesarean section. All women underwent standard surgical procedures and dressing protocols, with assessments for comfort level, pain, and wound complications. Data analysis was performed.

**Results:** The women in the early exposure group reported a significant lower pain level than those of delayed exposure group. Among those exposed earlier, a significant higher percentage of all items of comfort scale than those in delayed exposure group. In addition, the percentages of wound complications were higher in delayed exposure group than early exposure group with no significant difference.

**Discussion:** In this study, it was found that the early exposure group experienced lower rates of wound complications and infections, as well as reported lower levels of pain and higher comfort scores compared to the delayed exposure group. The duration of hospital stay was also shorter in the early exposure group. These findings align with previous studies emphasizing the importance of early dressing removal in managing pain and preventing infections post-CS surgery.



**Conclusion:** The present study concluded that early exposure of the wound (3rd post-operative day) reduces the incidence of wound complication and SSI with no significant difference. Furthermore, it has significant effect to reduce the pain level, increase all aspect of comfort level and decrease in the duration of hospital stay among the women who underwent LSCS.

Since the evolving trend is moving towards early discharge home after LSCS, the decision between dressing removal early versus delayed becomes crucial and needs to be clarified, with further studies targeting wound complications.

---

## **Q9 TITLE- Clinico-pathological correlation of AUB patients undergoing hysterectomy**

**Author** 1) Dr. Chinu Dewanand Chetule : chinuchetule5@gmail.com , OBGY Resident

**Co Author** 2) Dr. Surekha Gawade Mam : Associate Professor Department of OBGY SKNMC Pune

**Co Author** 3) Dr. G.S. Shekhawat Sir HOD, Department of OBGY SKNMC Pune

### **Abstract-**

**AIM AND OBJECTIVES** – To find out the incidence and distribution of various uterine pathology in hysterectomy specimens with related to different age groups, parity and clinical features and its association with histopathology report.

**METHODOLOGY-** A retrospective study was conducted in the department of Obstetrics and Gynecology at Smt.Kashibai Navale Medical College, Pune over a period of one year i.e July 2023 to June 2024. AUB cases (100) were examined. History taken about age, parity, clinical symptoms, duration and amount of blood loss. Information about gynaecological complaints, medical diseases, hormonal, operative treatment, general examination, systemic examination done and diagnosis made. Blood investigations, Pap smear and pelvic sonography done. Endometrial sampling sent for Histopathology. Hysterectomy specimens sent for Histopathology examination. Final diagnosis compared with clinical, ultrasonography and HPE reports.

**Results** - Most of the patients belonging to the age group of 41-50 years and were multiparous. Common symptoms were heavy menstrual bleeding HMB .Indications was fibroid uterus 46.67%. Endometrial biopsy was proliferative endometrium in most of the cases.Histopathological study specimen showed leiomyoma (40%).Endometrial patterns was proliferative simple endometrial hyperplasia in perimenopausal group and complex hyperplasia in postmenopausal group.

**Conclusion:** Maximum patients were multiparous belonging to perimenopausal age. Common AUB symptom was HMB and diagnosis was leiomyoma which was confirmed by USG and histopathology. Hysterectomy remains definite treatment in AUB patients

---

## **Q10 Comparison of Topical Oxygen with Vacuum Assisted Closure in Wound Healing in a Low Resource Setting**

**Author:** Umaid Shaikh

**Details of Participants:** The study included 60 patients aged 16-50 years with traumatic wounds below the knee joint, each with a wound size of  $\geq 16$  cm<sup>2</sup>, presenting within seven days of injury. Participants were alternately assigned to either the Topical Oxygen Therapy (TOT) group or the Vacuum Assisted Closure (VAC) group. Introduction: Effective wound healing is critical in trauma care, and while both Topical Oxygen Therapy (TOT) and Vacuum Assisted Closure (VAC) are commonly used, their comparative efficacy remains underexplored. TOT uses hyperoxia to enhance wound repair, whereas VAC employs negative pressure to promote healing through mechanical strain. Duration of Study: November 2017 to October 2019



**Objectives:** To evaluate and compare the efficacy of TOT and VAC in accelerating wound healing for traumatic wounds below the knee, focusing on wound size reduction, epithelialization, and overall healing progress.

**Methodology:** This non-randomized prospective study assessed patients using the Bates-Jensen Wound Assessment Tool (BWAT) at 8-day intervals. Percent area reduction was measured at the final follow-up. Participants were divided into VAC and TOT groups, with each group undergoing treatment cycles until the wound bed was prepared for secondary surgical procedures. Observations: Both treatments showed improvements in wound healing; however, differences in efficacy were noted in terms of wound size reduction and epithelialization. VAC resulted in a significantly greater reduction in wound size compared to TOT, while TOT exhibited superior epithelialization.

**Discussion:** Previous studies have highlighted the benefits of hyperbaric oxygen in wound healing but have not extensively compared TOT and VAC directly. Research indicates VAC's effectiveness in granulation tissue formation and size reduction, while TOT offers advantages in early epithelialization and potentially lower costs. The findings align with existing literature suggesting that while VAC is effective for larger wound size reductions, TOT may be beneficial in specific contexts where epithelialization and cost are critical factors.

**Results:** The VAC group showed a mean percent area reduction of  $34 \pm 9.7\%$ , significantly higher than the TOT group's  $11.3 \pm 3.8\%$  (p

## Q11 “Neonatal mortality risk assessment using ESNS (Extended Sick Newborn Score) score in a neonatal intensive care unit.”

**Author:** Dr Shubham Gayke, Second year resident, Department of Paediatrics,

Smt. Kashibai Navale Medical College, Narhe, Pune.

Email: shubhamgayke9@gmail.com

Phone number: 8208988423, 9404263832.

**Co-authors:** Dr Sameer Mhatre, Professor, Dept. of Paediatrics, SKNMC GH.

Dr Sanjay Natu, Professor and HOD, Dept. of Paediatrics, SKNMC GH.

### Introduction:

Neonatal mortality is an increasingly important public health issue in developing countries like India. There are few scoring systems to predict neonatal mortality in neonatal intensive care units (NICU), one of which is ESNS Score. As per ESNS, Score  $\leq 11$  for term babies, and score  $\leq 12$  for preterm neonates carries poor prognosis in survival. Scoring systems have been developed and used to assess the severity of the illness and to predict the mortality and prognosis of neonates in neonatal intensive care units (NICU).

**Duration of study:** January 2023 to October 2023.

### Objective:

1. To assess risk of Neonatal Mortality in NICU using ESNS Score.
2. How is the risk of mortality correlate with the actual outcome of patient (Survival/Death).

### Methodology:

Institution ethics committee clearance will be obtained before starting of study. Study subject will be sick neonate admitted within 48hrs of birth in NICU. Written and Informed consent from parents would be taken before examining the patient.

All sick newborns admitted to NICU within 48 hours of birth will be included in the study. Final ESNS score will be calculated and patient will be followed up during the course of stay in NICU and outcome will be assessed (Death /Survival).



**Results :** A total of 183 newborns are included in this study out of which 109 being female and 74 are male.

-My study showed 18 Preterm neonates having score  $\leq 12$  newborn and 4 term neonates having score  $\leq 11$  have mortality.

**Conclusion:** Our study proves ESNS helps to assess neonatal Mortality and prognosis of neonate in NICU. The sensitivity and specificity of ESNS score of 11, for the prediction of incidence of mortality in the group of pre-term neonates was 71.7% and 87.5% respectively.

**The sensitivity and specificity of ESNS score of 11, for the prediction of incidence of mortality in the group of full-term neonates was 50.0% and 75.0% respectively.**

---

## **Q12 LATCH score for identification and correction of breastfeeding problems.**

**Author :** Dr Vedanti Patil – Resident in Paediatrics

**Co – Author :** Dr Sameer Mhatre - Professor and HOU

: Dr Sanjay Natu – Professor and HOD

: Dr Archana Khujat – MD Paediatric

**Institute:** Smt. Kashibai Navale Medical College and General Hospital, Pune.

**Introduction :** Breastfeeding is essential for child health and survival. Some mother-infant dyads have problems in breastfeeding initially after childbirth. A systematic way to evaluate the breastfeeding technique, identify problems and take corrective actions is LATCH score. LATCH tool can determine the incidence and nature of early breastfeeding problems and can analyze the impact of breastfeeding support in improving the LATCH score.

**Aims and objective :** To determine early breastfeeding problems using LATCH score, and to analyze the impact of breastfeeding supportive measures in improving LATCH score.

**Methodology :** A prospective observational study including patients over 6 months duration from April 2023 to September 2023. Data collected from PNC patients using LATCH score at 6-12 hours after birth. Considering the problem in breastfeeding, mothers were educated and counseled. LATCH scores were reassessed at 24-48 hours.

**Results:** 500 neonates were studied. During initial 6-12 hours mothers needed assistance. Whereas the LATCH score improved after counselling and training at 24-48 hours. The analysis showed that factors like primiparity, cesarean section, lack of education and LBW babies showed low LATCH scores at 6-12 hours, which improved after counselling and training.

**Conclusion:** It is good to assess breastfeeding, educate mothers on correct breastfeeding techniques and LATCH is an elaborate and easy method to identify problems related to breastfeeding and provide assistance for the same.

---

## **Q13 Spectrum of Thyroid lesions in a Tertiary Care Centre- One Year Study**

**Author-** Dr. Manan Chhed

**a Co-author-** Dr. Aparna Kulkarni, Dr. Maithili Kulkarni, Dr. Siddhi Khandeparkar

**Institute details-** Smt. Kashibai Navale hospital  
**Introduction-** According to a projection from various studies on thyroid disease, it has been estimated that about 42 million people in India suffer from thyroid diseases. Early diagnosis and treatment remain the cornerstone of management.

**Duration-** 1 year study; from August 2023 to August 2024



**Objective-** To study histopathological spectrum of thyroid lesions received in a tertiary care hospital.

**Methodology-** This was a retrospective study which included 29 cases of thyroid lesions from 5th August 2023 to 5th August 2024. The stained histopathological slides were reviewed and findings were studied and analysed. Observations/Results 29 cases studied showed age range from 1y to 60y with female preponderance (75.86%). Nonneoplastic lesions predominated (16/28, 57.14%) followed by benign (8/28, 28.57%) and malignant lesions (4/28, 14.28%). Malignant lesions comprised of 2 cases of follicular variant of papillary thyroid carcinoma and one each case of widely invasive follicular carcinoma, anaplastic thyroid carcinoma.

**Discussion** In our study, thyroid lesions predominantly affected females during 3rd and 4th decade of life and commonly present as neck swelling as documented in literature. Multinodular goitre was the commonest non-neoplastic lesion and follicular adenoma was the only benign neoplasm seen while papillary, widely invasive follicular carcinoma and anaplastic carcinoma were the malignant thyroid neoplasms as in other studies.

**Conclusion:** Awareness of various histopathological entities of thyroid lesions with clinico-radiological correlation helps us arriving at an accurate diagnosis which aids in appropriate management of the patients.

---

## **Q 14 Analysis of cesarean sections using Robson 10 classification and its therapeutic outcomes in a tertiary care centre: Retrospective Observation study**

**AUTHOR:** Dr.Nikita Medankar. (Resident, Department of ObGy, SKNMC & GH)

**CO-AUTHORS:** Dr.Sameer Darawade, Professor, Department of ObGy, (SKNMC & GH)

Dr. Manali Chaudhari (Resident, Department of ObGy, SKNMC & GH)

**INSTITUTE:** Smt.Kashibai Navale Medical College & Hospital, Narhe, Pune.

### **INTRODUCTION:**

The Robson classification, also known as the 10-groups classification or ten groups classification system (TGCS), is a system for classifying pregnant women who undergo cesarean sections.

This potentially life-saving procedure is not without risk and might become life-threatening in the index or future pregnancies for both the mother and child. Immediate and long-term complications of CS including increased risk of maternal mortality and morbidity, increased need for blood transfusion, longer hospitalisation, postpartum infections, retained placenta, stillbirths and postpartum haemorrhage were reported.

**DURATION OF STUDY :** 1 year

**DESIGN:** Retrospective Observational Study

**AIM:** To evaluate the prevalence of cesarean sections among various groups of women

**OBSERVATION:** Robson group 3 (multiparous women with single cephalic full-term pregnancy in spontaneous labour with no history of CS), group 5 (multiparous women with single cephalic full-term pregnancy with history of CS) and group 1 (single cephalic nulliparous women full-term pregnancy in spontaneous labour) were the major contributors to the overall CS

The three major indications for CS were fetal compromise (mainly fetal distress), previous CS, Failure of Induction.

**CONCLUSION:** Robson groups 3, 5 and 1 were the major contributors to the overall CS rate. Fetal compromise obstructed labour and previous CS were the underlying indications for performing CS. Further study is required to assess the appropriateness of the indications and to reduce CS among the low-risk groups (groups 1 and 3)

---



## Q15 Evaluation of Clinical Efficacy of Tinnitus retraining Therapy using Tinnitus Severity grade and VAS score

**Presenter:** Dr. Jizaa Khandekar ENT Resident SKNMC &GH

**Guide & Author:** Dr. Sanjana Nemade Hod , Dept of ENT , Sknmc& Gh

**Period of study:** 6 months

### **Objective:**

Tinnitus is the annoying sensation of sound perception without acoustic stimulus. Tinnitus retraining therapy (TRT) is the habituation therapy used for the management of chronic subjective tinnitus. The objective of the study is to describe TRT and to evaluate its efficacy in patients with subjective tinnitus.

### **Methods:**

In total, 58 patients with tinnitus who did not respond to medications were enrolled in the TRT program. TRT included counselling as described in the neurophysiological model of tinnitus and sound therapy (aided or unaided) for six months. The tinnitus severity grade (TSG) 1–5, based on a validated tinnitus questionnaire score (TQS), and the visual analogue scale (VAS) score were documented before and after therapy.

### **Results:**

Before TRT, 53 patients (91.3%) exhibited TSG 3–5, and the average VAS score was  $6.7 \pm 2.1$ . After TRT for two months, 49 patients (84.4%) showed TSG 1–3, and the average VAS score was  $3.2 \pm 2.4$ . After six months of TRT, most of the patients found remarkable improvement in the symptoms, and 51 patients (87.9%) exhibited TSG 1–2, and the average VAS score was  $2.1 \pm 2.6$ . Statistically significant difference was found in TSG and VAS score before and after TRT. Statistically significant correlation was observed between TSG and VAS score.

### **Conclusion:**

TRT is an useful approach for amelioration of tinnitus. TQS is a very effective, cheap, and easy method to help otologists to grade the patients as per the severity of symptoms.

**Keywords:** Tinnitus, tinnitus retraining therapy, treatment outcome, visual analogue scale

---

## Q 16 Liver Biopsy- A Crucial Diagnostic Tool

**AUTHOR-**Dr. Pratiksha Sarak

**CO-AUTHOR-** Dr. Shital Gosavi, Dr. Maithili Kulkarni, Dr. Siddhi Khandeparkar

**INSTITUTE-**Smt. Kashibai Navale Medical College & General Hospital, Pune.

**INTRODUCTION-** Liver biopsy plays an important role as a diagnostic tool for a spectrum of liver diseases and has been considered as a gold standard method for assessing liver lesions.

Liver biopsy also provides information about degree of inflammation, fibrosis, nature of cells, status of bile ducts, parenchymal integrity, deposition of materials in the liver which helps in the diagnosis & prognosis of various liver diseases.

**DURATION-** 1 year from September 2023 to August 2024.

**OBJECTIVE-** To study spectrum of histopathological findings in liver biopsy.

**METHODOLOGY-** This was retrospective study which included 14 cases of liver biopsies from September 2023 to August 2024. The stained histopathological slides were reviewed and findings were studied and analysed.

**OBSERVATIONS/RESULTS-** Out of 14 cases studied, 42.86% were females and 57.14% were males with age range between 2 months and 103 years. Majority of patients belonged to 5<sup>th</sup> to 7<sup>th</sup> decades of life.





Study revealed predominantly neoplastic cases (57.1%). Secondary hepatic tumours due to metastatic spread to liver (35.7%) were most observed liver lesion along with liver cirrhosis(35.7%) followed by hepatocellular carcinoma (21.4%)and bile ductular reaction with cholestasis favouring biliary atresia (7.1%). AFP levels was increased in 1case of HCC and was normal in other 2 cases. 5 metastatic cases were adenocarcinomas (2), adenosquamous carcinoma(1), neuroendocrine carcinoma(1) & poorly differentiated carcinoma(1). IHC was advised in poorly differentiated carcinoma.

**DISCUSSION-** The spectrum of liver lesions gender and age group variation. In this study, highest incidence was seen in 5<sup>th</sup>to7<sup>th</sup> decades of life with male predominance probably due to alcohol consumption. In this study Secondary hepatic tumours due to metastatic spread to liver and liver cirrhosis 35.7 % (n=5) were predominantly observed which was close to the findings of Agarwal et al, who reviewed & found hepatic secondaries as the most common hepatic lesion with female predominance & discrepant to the findings of Chawla et al, who found hepatocellular carcinoma as most common lesion.

**CONCLUSION-** Histopathological examination of liver biopsy is crucial in the diagnosis, prognosis and for therapeutic management of spectrum of liver lesions.

## **Q17 TOPIC - A case series describing the trends in serum creatinine, disease progression and outcomes in cases of acute kidney injury secondary to rhabdomyolysis : An observational descriptive retrospective study in tertiary care centre .**

**2. AUTHOR – DR. GNANSHREE DAVE**

**3. CO-AUTHOR: - DR.PRAVIN SONI, DR. SHRADDHA CHOUSALKAR**

**4. DETAILS OF PARTICIPANTS: DR.GNANSHREE DAVE – 2<sup>ND</sup> YEAR PG RESIDENT IN DEPT OF GENERAL MEDICINE AT PCMC'S PGI ,YCMH**

**5. INSTITUTE DETAILS: PCMC'S POST GRADUATE INSTITUTE, YASHWANTRAO CHAVAN MEMORIAL HOSPITAL , PIMPRI-MH 411018.**

**6. INTRODUCTION:** Rhabdomyolysis is a syndrome characterized by muscle necrosis and the release of intracellular muscle constituents (electrolytes, myoglobin and sarcoplasmic proteins) into the circulation

- Trauma (crush syndrome) is the leading cause of rhabdomyolysis, followed by medical or surgical conditions (heat stroke, immobilization, major artery occlusion, infections, status epilepticus, drugs or genetic defects)<sup>1</sup>
- Life-threatening complications include severe hyperkalemia and hypocalcemia, acute kidney injury and hypovolemic shock
- In the most severe forms of rhabdomyolysis, mortality rates are high
- Acute kidney injury (AKI) occurs in about half of patients with rhabdomyolysis, depending on the diagnostic criteria of AKI and the severity of the rhabdomyolysis<sup>2</sup>
- Ultimately, few patients with rhabdomyolysis will require renal replacement therapy (RRT)
- After the episode, renal recovery is observed in most survivors but data on the risk of AKI to chronic kidney disease (CKD) transition in this specific setting are scarce<sup>3</sup>
- Rhabdomyolysis is characterized clinically by the triad of myalgias, muscle weakness, and red to brown urine due to myoglobinuria. Biochemically, several serum muscle enzymes are elevated, including CK.
- Other manifestations include fluid and electrolyte abnormalities; hypovolemia, hyperkalemia, hyperphosphatemia, hypocalcemia, hyperuricemia, and metabolic acidoses may be seen. Hyperkalemia may result in cardiac dysrhythmias. Later complications include acute kidney injury (AKI), hypercalcemia, compartment syndrome, and, rarely, disseminated intravascular coagulation<sup>4</sup>
- The McMahon score is a validated scoring system to predict those at higher risk of requiring renal replacement therapy, with a score greater than 6 conferring a risk of renal replacement therapy of 52%.<sup>5</sup>



- Critically ill patients with rhabdomyolysis have a high mortality; however, those who survive AKI and RRT are likely to recover to non-dialysis dependent renal function.<sup>6</sup>
- In this study, we aim to characterize the incidence of AKI in patients with severe rhabdomyolysis, to identify clinically useful predictive factors of KDIGO stage 2–3 AKI, and wanted to provide a special focus over the risk of AKI to CKD transition in these challenging settings.

**7. DURATION OF STUDY :** 15 months (January 2023 to March 2024)

**8. OBJECTIVE :** To describe –

- Trends in serum creatinine
- Disease progression
- Outcomes in cases of AKI secondary to rhabdomyolysis

**9. METHODOLOGY:** Study Design: Observational Retrospective Study

Study setting: IPD setting of a Tertiary teaching Care Centre

Duration: 12 months (January 2023 to March 2024)

Data source: Medical records of department

Study Population: - Ipd patients of rhabdomyolysis

Inclusion criteria – convenient sampling method

All ipd patients diagnosed with rhabdomyolysis between January 2023 to March 2024 i.e

- Patients with CKNAC values >1000 or 5 times upper limit of normal.
- Patients with AKI defined by KDIGO criteria :
  1. Increase in serum creatine by 0.3 mg/dl
  2. Increase in serum creatinine 1.5 times baseline or more within last 7 days
  3. Urine output less than 0.5 ml/kg/hr for 6 hrs
- Patients with raised serum or urine myoglobin levels

None of these patients had known chronic kidney disease or Ischemic heart disease or Cerebrovascular accident.

Risks involved: - None

**10. OBSERVATIONS:**

PATIENT NO	AGE	SEX	ETIOLOGY	DAY OF FAD	MANAGEMENT	OUTCOME of AKI
1	30	M	ALCOHOL WITHDRAWAL SEIZURE	4	HD- 3 sessions	Resolved
2	78	F	STATIN INDUCED MYOPATHY	3	HD- 7 sessions	Resolved
3	32	M	ALCOHOL BINGE	2	HD -13 sessions	Resolved
4	40	M	ALCOHOL WITHDRAWAL	3	HD - 2 sessions	DEATH
5	56	F	CRUSH INJURY RTA	5	HD- 8 sessions	MAINTENANCE HD at 3 month follow up
6	40	M	NEUROLEPT MALIGNANT SYNDROME	1	FAD & IV FLUIDS ONLY	Resolved





**11. DISCUSSION :** Rhabdomyolysis is a frequent, life-threatening condition that develops solely or in combination with an underlying acute condition. Large studies specifically dedicated to severe rhabdomyolysis are scarce, and mainly rely on registries, thus precluding an accurate characterization of the predictive factors of severe AKI. In recent years, epidemiological studies clearly demonstrated a significant risk of progression from AKI to CKD after a single event of AKI [8]. Contrasting with data from older studies with short follow-up times, we showed that CKD also develops after rhabdomyolysis induced AKI. This idea is in agreement with animal studies that have demonstrated that rhabdomyolysis-induced AKI was actually followed by progression to interstitial fibrosis and CKD [9]. Because the more severe patients were likely to have the longer follow-up, thus introducing a selection bias in our study, this needs to be confirmed in a prospective study to accurately address the risk of progression toward CKD after rhabdomyolysis. In our series, the severities of the rhabdomyolysis and the AKI were two predictive factors of progression to CKD.

## **12. RESULTS :**

Out of 6 pts, 5 required hemodialysis and only 3 of them resolved without need of continuous RRT

## **13. CONCLUSION :**

Severe rhabdomyolysis leads to AKI in most patients admitted to an ICU and requires RRT in a third of the cases. The long-term renal outcome appears to be strongly correlated to serum myoglobin and phosphate levels at admission, two molecules that might be removed using specific devices to reduce the risk of AKI to CKD progression.

## **R1**

1. **Topic:** Evaluation of Histopathological Findings in Sudden Unexpected Natural Deaths in Adults.
2. **Author:** Dr. Aparna Sachin Kulkarni
3. **Co-author:** - Dr. Vinaya B. Shah
4. **Details of participants:** Tutor, Department of Pathology, SKNMC, Narhe, Pune
5. **Institute details:** Department of Pathology, SKNMC & GH Narhe, Pune
6. **Introduction:** Sudden unexpected natural death (SUND) in adults is of interest as there is no past chronic illness which could cause death. We undertook this study to analyse spectrum of histopathological findings in SUND in adults.
7. **Duration of study:** Two years
8. **Objectives:**
  - To study the spectrum of histopathological findings in SUND.
  - To highlight incidental and interesting findings.
9. **Methodology:** In tertiary care hospital autopsied specimens of adults.
  - Sample size: 100
  - Inclusion criteria: Age above 18 years, died instantaneously / within 24 hours. No history of any pre-existing diseases.
  - Exclusion criteria: Suspected cases of suicide, homicide, poisoning, past illness, and maternal mortality were excluded.
10. **Observations/Results:**

100 cases were included in which maximum age group was 40-50 years (22%) with male predominance (75%).

The predominant system involved was RS (75% cases, commonest lesions were edema, congestion, hemorrhage), followed by CVS (44% cases, commonest - coronary artery disease), GIT (19% cases, commonest - steatosis), CNS (15% cases, commonest - cerebral edema), and



Kidney (12 %cases, commonest- acute tubular necrosis).

Eight incidental findings were seen such as Meningioma, Renal Cell Carcinoma, Thyroiditis, Lung adenocarcinoma, Sickle cell disease, Disseminated Intravascular Coagulopathy, Leukemia and Miliary tuberculosis.

No significant pathology was seen in 4% cases.

#### 11. Discussion:

Maximum deaths occurred in the age group of 40-50 years. This is concordant with the study by Chaturvedi et al <sup>29</sup>, Zanzad et al <sup>25</sup>.

Male preponderance (75%) in present study is in accordance with the study conducted by Chaturvedi, et al <sup>29</sup> (76.6%) Sarkioja et al <sup>23</sup> (82%) Rao D, et al <sup>24</sup> (83.3%), and Zanzad, et al. Most of the observations discussed above were concordant with published literature, eg. Chaturvedi <sup>29</sup>, Zanzad <sup>25</sup>.

#### 12. Conclusion:

Histopathological examination provides crucial insights into the microscopic changes occurring within various organs and tissues, enabling pathologists to identify specific pathological conditions that may have contributed to the individual's sudden demise.

These findings contribute to determining the cause of death and also provide valuable information for forensic investigations, public health initiatives, and medical research aimed at preventing similar incidents in the future

---

## R2 Perception and Dispensing practices of Community Pharmacists regarding Teratogenic Medicines– A cross Sectional Mixed Method Study

**Author :** Dr. Sonali Suryawanshi, Dr. Priti Dhande, Miss Samiksha Nair

### Introduction:

Safe medication use during pregnancy necessitates a comprehensive understanding of both the benefits and risks associated with medicines. Community pharmacists (CPs) are frequently first contact healthcare professionals approached by pregnant women seeking medication safety information. With approximately 10% of birth defects linked to maternal drug exposure, it is crucial to assess how drugs, particularly teratogenic ones, are dispensed.

### Objectives:

1. To determine the prevalence of pharmacies dispensing teratogenic medicines without a prescription during pregnancy.
2. To evaluate ease of obtaining these medications.
3. To assess the knowledge, attitude, and practice (KAP) of CPs regarding medication safety in pregnancy.

### Methodology:

A cross-sectional mixed-method study conducted among 100 randomly selected retail community pharmacies in South Pune. The study employed two approaches:

1. Simulation Patient Methodology: Investigator posed as sister of a pregnant woman with one of three scenarios—morning sickness, urinary tract infection (UTI), or fungal infection. The focus was to assess whether pharmacists dispensed potentially teratogenic drugs without a prescription at different demand levels.
2. Face-to-Face Interviews: A pre-validated, self-administered KAP questionnaire on medication safety during pregnancy was used to interview the pharmacists.

Data were analyzed using descriptive statistics to summarize socio-demographic characteristics



and KAP levels, and ANOVA to examine the relationship between the variables.

#### Results:

Out of 100 community pharmacists, 41% were willing to dispense potentially teratogenic medicines without a prescription, regardless of the pregnancy stage: 50% for fungal infection, 67.6% for morning sickness, and 39.4% for UTI. For morning sickness, 45.94% dispensed at level one, compared to only 6.6% for fungal infections, and none for UTI. Only 7% inquired about relevant pregnancy information, and 23% were aware of specific drug side effects, advising consultation with a doctor for safer alternatives.

In interviews, only 30 pharmacists understood teratogenicity, and 14 were familiar with safe medication categories for pregnancy. Among non-prescription drugs, 57% considered paracetamol, iron, folic acid, and calcium supplements safe, while only 12% identified amoxicillin as safe. Most participants (89%) recognized the need for extra caution when dispensing medications during pregnancy, with 66% aware that only some drugs are proven teratogens. Better knowledge and practices were significantly associated with higher qualifications and more experience ( $p < 0.05$ ).

#### Conclusion:

Dispensing potentially teratogenic drugs without a prescription during pregnancy is prevalent. While community pharmacists generally display a positive attitude and some knowledge about medication safety during pregnancy, significant gaps remain. Targeted educational interventions are essential to bridge these gaps and enhance safety.

Presenting Faculty - Dr. Sonali Suryawanshi Associate Professor, BVDUMC, Pune

### R3 Topic: Association of serum cartilage oligomeric matrix protein (COMP) with radiological severity of knee osteoarthritis in Maharashtrian population: Case control study

**Author:** \*Ms. Namrata A Ghatge

**Co-author:** 1. Dr. Abhay Jagtap

2. Dr. Ashutosh Bhosale

**Details of Participants:** \*PhD Scholar Department of Biochemistry

<sup>1</sup> PhD Guide Associate Professor Department of Biochemistry

<sup>2</sup> Consultant surgeon Department of Orthopaedics

**Institute details:** \*<sup>1</sup>BJ Government Medical College, Pune -411001

<sup>2</sup> Morya Hospital Satara -415002

**Introduction:** Osteoarthritis (OA) is one of the most common joint diseases. Radiological images based on Kellgren-Lawrence (KL) classification can be used for diagnosis and severity of knee OA. The Valuable approach to monitor osteoarthritis is by measuring biological markers of cartilage degradation. Cartilage oligomeric matrix protein (COMP) has been released in proportion to the extent of joint cartilage damage.

**Duration of study:** 5 months

**Objective:** To examine the level of serum cartilage oligomeric matrix protein and its relation with severity of knee osteoarthritis.

#### Methodology:

Radiographic assessment (K-L grading) was done on 50 primary knee osteoarthritis patients and 50 controls. Serum COMP level was estimated for all subjects by Enzyme linked immunosorbent assay.

#### Observations:

The Mean level of serum COMP in control is ( $149.79 \pm 109.12$ ) as compared to grade 1 patient ( $136.03 \pm$



84.21), Grade 2 ( $170.72 \pm 121.03$ ), Grade 3 ( $277.20 \pm 220.97$ ) and Grade 4 ( $315.04 \pm 182.62$ ) with ( $P < 0.001$ ). Correlation between COMP level and X ray grading ( $r=0.387$ ,  $p < 0.01$ ), gender ( $r=0.152$ ,  $p=0.132$ ), Height ( $r=-0.157$ ,  $p=0.118$ ), Weight ( $r=0.021$ ,  $p=0.836$ ), BMI ( $r=0.138$ ,  $p=0.172$ ).

**Discussions:** In present study we found positive correlation between serum COMP level and disease severity as severity increase serum COMP level increases. Same findings were found by Liangliang et al 2020, serum COMP level have positive correlation with disease severity as assessed using radiolog

#### **R4 ANAPHYLAXIS : A CASE SERIES**

**AUTHORS:** Dr. Pushkar Shah Prof. Emergency Medecine

Ms. Kshitijaa Karrhade 2<sup>nd</sup> MBBS student

A 65 yr old male patient presented to EMD with swelling, puffiness, redness over lips, face, ant aspect of neck, chest with h/o loose stools 5 times vomiting 4 times after attack of honeybees.

Vitals: PR: 120/min , BP: 90 systolic, SpO2:82% ON RA

RS: bilateral wheez present

##### **CASE 2**

33 year old female patient developed breathlessness chest pain flank pain after reciving Iron Sucrose 200mg in 100 ml of NS for iron deficiency anemia. Presented to EMD with

PR:110/min feable

BP:60 systolic

SpO2: 88 on RA.

RS: bilateral wheez present

**CASE 3** 27 year old female patient posted for D and E developed breathlessness swelling redness over left hand, neck, face and chest after Inj. Ranitidine in pre op room

Vitals:

PR:110/min reg

BP: 80 systolic

SpO2: 90% on RA

RS: wheez present

What is common in all three cases?

Swelling,Redness,Puffiness, Utricaria, Wheezing Hypotension with acute onset all goes in favour of anaphylaxis.Incidence is 0.4 cases per million and is increasing so need to know detail about anaphylaxis.

##### **Aim of study:**

To know pathogenesis,Clinical features, Approach to diagnosis,Management stratigies of anaphylaxis

##### **Learning objectives:**

Correct clinical diagnosis

Appropriate management stratigies to save lives.

Management of anaphylactic shock:

1] First line therapy:

Assessment of Airway Breathing Circulation

IV access with fluids preferably crystalloids

O2 administration

Ecg monitoring

SpO2 monitoring

Haemodynamic monitoring

2]Decontamination



Removing of allergen

If insect sting present, stinger to be removed

3]Epinephrine

Epipain 0.3mg for adult prefilled pens for inj. And 0.15 mg for children.

Second line therapy

1]corticosteroids like prednisolone, hydrocortisone, dexamethasone

2] antihistaminics:

3] vasopressors

4] agents for allergic bronchospasms

Conclusion:

Correct clinical diagnosis, proper management, approach to anaphylaxis saves lives.

---

## **R5 EFFECTS OF WEIGHT REDUCTION AND THERAPEUTIC EXERCISES IN REDUCING THE SEVERITY OF THE FLAT FOOT: A NOVEL METHOD OF INTERVENTIONAL STUDY**

**Author :** 1.Dr. K. Vijayakumar, 2. Dr. Mandar Ambike, Dr. Daksha Dixit

Assistant Professor 1 , Professor and HOD 2 , Professor 3

1,2,3 Department of Anatomy, Symbiosis Medical College for Women, Symbiosis International (Deemed) University (SIU) Pune

Category: Oral paper

### **Abstract:**

Background/Introduction: Obesity is one of the significant causes of the development and progression of the flat foot. No studies have, however, identified the mechanism by which obesity affects the arches of the foot, and reverse the severity of the flat foot.

Objective: To find the efficacy of weight reduction and muscle strengthening exercises along with life style modifications in reducing the severity of the flat foot. Methods: A total number of 72 obese participants aged between 25 – 45 years with grade -3 flat foot was included. Assessment was performed using a self-designed foot scanner and parameters. 72 participants were divided into two groups (Control group – 31) and (Intervention group - 41)

and the intervention was provided to the participants for 12months. Observation and

**results:** To determine the effectiveness of the intervention, the paired t-test was used.  $p < 0.05$  was used as the criterion of significance for all tests. Results showed a positive changes in the arches of the foot and that the given intervention is found to be effective.

**Discussion :** This study aimed to investigate the efficacy of weight reduction exercises with grade 3 pes planus among obese individuals. Our hypothesis postulates that implementing a scientifically designed weight loss programme effectively reduces the severity of PP from grade 3. Two different mechanisms are hypothesised to be responsible for reducing the severity of the PP. Mechanism I – Body weight has a direct impact on the arches of the foot and Mechanism II – Force couple and kinetic chain concept.

**Conclusion:** The present study concludes that obesity is one of the causative factors for the development of flatfoot. Lifestyle modifications comprising diet patterns, weight loss and arch strengthening exercises helps in reducing the severity of the flat foot. According to the literature and our knowledge this is the first study to study the effects of weight reduction exercises on flat arch foot. The present study also recommends the regular exercise and healthy diet patterns to prevent metabolic disorders and associated problems.

Presenting Author : \*Dr. K.Vijayakumar 1



Assistant Professor of Anatomy  
Symbiosis Medical College for Women, Pune  
Email. k.vijay.india@gmail.com  
Mobile: 9940695046

---

## **R 6 Reliability and measurement properties of upper cervical flexion-extension range of motion testing in people with cervicogenic headache and asymptomatic controls**

**Author:** Mr. Kiran Satpute (MPT)

**Co-author:** Ms. Rashi Rathod (PT), Dr. Toby Hall (PhD, FACP),

**Details of participants:** people with cervicogenic headache and age and gender matched healthy controls with mean age 40.15 years SD = 13.96.

Institute details: Smt. Kashibai Navale College of Physiotherapy

**Introduction:** In cervicogenic headache (CGH) upper cervical articular hypomobility is common finding. It could be restriction of upper cervical rotation or flexion and extension movements also named as retraction and protraction respectively. The upper cervical rotation is measured using flexion rotation test (FRT) with established good validity and reliability. The primary aim of this study was to determine the reliability and measurement properties of upper cervical flexion/extension and protraction / retraction ROM using i phone application and tape measure respectively.

**Duration of study:** six months

**Objective:** The objective was determining reliability of sagittal plane range of motion (ROM) assessment in healthy population and in people with CGH.

**Methodology:** Upper cervical flexion/extension ROM was measured using an iPhone magnetometer sensor and retraction/protraction ROM was measured by linear displacement. Two independent raters evaluated these movements in 33 subjects with CGH and 33 age and gender matched asymptomatic healthy controls on two occasions. Measurement procedures were standardized; and the order of testing randomized. Reliability, Standard error of measurement (SEM) and minimum detectable change (MDC) were calculated.

**Results:** Subjects comprised 30 females and 36 males. The iPhone method demonstrated high reliability (ICC > 0.82) with SEM values ranging from 0.62 to 1.0 and MDC values ranging from 1.70 to 4.81 respectively. Evaluation of linear displacement demonstrated moderate reliability (ICC > 0.64) with SEM values ranging from 0.38 to 1.91 and MDC values ranging from 1.05 to 1.63 respectively. Compared to healthy controls, flexion, retraction and protraction ROM was significantly less in CGH group with mean difference of 6.50°, 1.52 cm and 2.34 cm respectively.

**Discussions:** The findings are similar to those found by Ernst et al (2015) who reported high reliability for measuring upper cervical flexion/extension using the CROM device. The possible reasons for high reliability for these measurement methods could be explained by the ease in iPhone placement, prevention of aberrant movement by stabilization of the trunk in the chair, and guidance applied by the rater to confirm the end of the range. Previous studies evaluating protraction/retraction





ROM using the tape measure method have only reported the combined range of head excursion thus direct comparison with our findings are not possible.

**Conclusion:** Upper cervical spine sagittal plane ROM can be measured with moderate to high reliability and was found to be more restricted in people with CGH.

---

## **R7 Level of urinary C terminal telopeptide of type II collagen (uCTX II) in between the male and female with primary knee osteoarthritis in Maharashtrian population: Case control study**

**Author:** \*Ms. Namrata A Ghatge

**Co-author:** 1. Dr. Abhay Jagtap

2. Dr. Ashutosh Bhosale

**Details of Participants:** \*PhD Scholar Department of Biochemistry

1 PhD Guide Associate Professor Department of Biochemistry

2 Consultant Surgeon Department of Orthopaedics

**Institute details :** \* 1 BJ Government Medical College, Pune -411001

2 Morya Hospital Satara- 415002

---

### **Introduction:**

Osteoarthritis (OA) of knee is diagnosed on clinical features, functional and radiological evaluation. More recently biomarkers are used to diagnose the OA, one of the biomarkers is fragment of C-terminal cross linked telopeptide of type II collagen (CTXII) is released into circulation and subsequently secreted into urine as a result because of articular cartilage degradation in OA disease.

**Duration of study:** 5 months

**Objective:** To study the level of urinary C terminal telopeptide of type II collagen (uCTXII) differ in male and female with knee osteoarthritis and controls.

**Methodology;** After clinically and radiographical examination, 50 patients of primary knee osteoarthritis and 50 controls were included and sub grouped them into male female with age groups above and below 50 years. Level of urinary C terminal telopeptide of type II collagen (uCTXII) were estimated by ELISA method.

### **Observations:**

The mean level of uCTXII (pg/ml) in men of the patient group ( $408.5 \pm 302$ ) in those younger than 50 years, whereas in females below 50 years was ( $270.4 \pm 146.6$ ) as compared to above 51 male ( $286.8 \pm 220.6$ ) and females ( $243.6 \pm 300.5$ ). In controls, the mean concentration of uCTXII (pg/ml) in men below 50 years of age was ( $154.7 \pm 85.8$ ) and female ( $121.5 \pm 70.6$ ) than above 51 yrs male ( $78.1 \pm 32$ ) than females ( $111.7 \pm 56.6$ ) with  $p < 0.001$

**Discussions:** In present study the level of uCTX II is higher in males with age group below 50 yrs than females with same age groups as compared with controls. Singh et al 2022 found similar findings there was higher level of uCTXII in male than females.

**Results:** This study concludes significant higher level of urinary C terminal telopeptide of type II collagen (uCTX II) pg/ml in KOA males than female with less than 50 yrs age groups as compared with controls of same age groups.

**Conclusion:** This study concludes that the level of uCTXII significantly differ in males and females with and without OA.

**Keywords:** KOA, Primary Knee Osteoarthritis, urinary C terminal telopeptide of type II collagen

---





## A1 Large Thebesian Valve covering whole Coronary Sinus Ostium

**Author and Co-Author:** Dr. Ishan B. Masurkar (Junior Resident Anatomy, IGGMC, Nagpur), Dr. S.V. Pandit (Professor and Head of Anatomy Department, IGGMC, Nagpur), Dr. Charulata Satpute (Associate Professor, Anatomy, IGGMC, Nagpur)

**Objective:** To study Anatomical Variations of Thebesian Valve and its Clinical Importance.

**Methods:** Adult human Heart specimen harvested from cadaver embalmed in 10% formalin is studied. During the routine dissection of cadaveric heart specimen, right atrium of the heart is opened and Thebesian Valve is identified between opening of inferior vena cava and right atrioventricular orifice and its morphology is studied.

**Results:** A large, rectangular Fold type of Thebesian Valve is observed covering whole of Coronary Sinus Ostium.

**Discussion :** Thebesian Valve is a remnant of caudal portion of right valve of embryonic sinoatrial orifice. It guards the opening of coronary sinus. More commonly it does not obstruct the opening or ostium of Coronary Sinus. But variations can occur in morphology of Thebesian Valve in which it covers most of coronary sinus ostium which can make Coronary Sinus Catheterization difficult or impossible. Coronary Sinus Catheterization needs to be done in various diagnostic and therapeutic cardiac procedures.

**Conclusion:** Variations in morphology of Thebesian Valve can occur, therefore, there is a risk of complications during coronary sinus catheterization which can be minimized by prior screening of cardiac venous system by investigations like Contrast Enhanced MDCT Angiography or Conventional Coronary Sinus Angiography.

**References:** 1. Datta AK. Essentials of Human Anatomy Thorax, Abdomen and Pelvis. 10th ed. Kolkata: Current book international; 2018. 2. Koshi R. Cunningham's Manual of Practical Anatomy. 16th ed. Oxford: Oxford University Press; 2018. 3. Habib A, Lachman N, Christensen KN. The anatomy of the coronary sinus venous system for the cardiac electrophysiologist. Eurospace 2009;11(Suppl 5):v15-2

---

## A2 A Case Report on Herpes Zoster as IRIS in HIV

**Author-** Dr. Anandita Gulhane

**Institute details:** SKN MC GH

### **Case description-**

A 62/ M, a known case of hypertension and RVD, with past history of cryptococcal meningitis, came with complaints of vesicular rash over left sacral region and left upper thigh associated with pain and burning sensation.

Patient was recently diagnosed with Retroviral Disease 1.5 months back and was started on daily Abacavir, Lamivudine, Dolutegravir regimen, with a CD4 count of 68.

Patient was diagnosed with Herpes Zoster and started on Infusion and topical Acyclovir, oral steroids, and regular antiretroviral medications were continued. Scab formation and crusting over the lesions was observed after 4 days, and patient was discharged on Oral Acyclovir, and regular antiretroviral drugs.

**Introduction :** Immune Reconstitution Inflammatory Syndrome (IRIS) is a paradoxical inflammatory response that can occur in HIV-infected patients following the initiation of antiretroviral therapy (ART). The immune reconstitution leads to heightened inflammatory responses to opportunistic pathogens or latent infections that were previously controlled by the immune system at a subclinical level. This immune activation can cause an exacerbation of existing infections or the emergence of new inflammatory conditions.

In HIV-infected individuals, herpes zoster can present a unique clinical challenge, especially when



associated with Immune Reconstitution Inflammatory Syndrome (IRIS). This abstract explores the interplay between herpes zoster and IRIS in the context of HIV, emphasizing clinical manifestations, approach and management strategies.

**Conclusion:**

IRIS is a complex and often challenging syndrome that can occur in HIV-infected patients undergoing ART. Herpes zoster in HIV patients with IRIS presents unique challenges, combining the complexities of opportunistic infections with the effects of immune reconstitution. While antiretroviral therapy remains a cornerstone of HIV management, careful monitoring and targeted treatment are essential for addressing herpes zoster and its complications. Ongoing research into the pathogenesis and optimal management strategies for IRIS is essential to enhance our understanding and treatment of this phenomenon.

---

### **A3 Complete Androgen Insensitivity Syndrome: A Rare Entity**

**Author-** Dr. Geetika Jethwani (Resident doctor) Department of Obstetrics and Gynaecology, BJGMC and Sassoon Hospital

**Co- authors-**

Dr. Sunil S. Patil (Associate Professor) Department of obstetrics and gynaecology, BJGMC Sassoon Hospital

Dr. Sanjaykumar G. Tambe (Professor, HOD) Department of obstetrics and gynaecology, BJGMC and Sassoon Hospital.

**Case description:** A 22yr old female nulligravida came to our gynaecology opd with chief complaint of primary amenorrhea. She had thelarche and pubarche at 10 and 12 years old, respectively, and a normal pubertal growth spurt. Examination showed a female phenotype with breast Tanner stage IV, and thin and scarce pubic and axillary hair. There were no abdominal palpable masses, and the remaining observation was otherwise normal. Laboratory testing revealed LH 32.96mUI/ml, FSH 7.6mUI/ml, oestradiol 104.0pg/ml, and total testosterone 25.72mmol/L. Abdominal ultrasound showed no uterus or ovaries. Pelvic magnetic resonance imaging confirmed the uterus absent, with streak gonad like structure present close to deep inguinal ring, with a short and blind-ending vagina. Genetic examination revealed a karyotype of 46XY. Diagnosis of Complete Androgen Insensitivity syndrome was made.

**Conclusion:** CAIS is a genetic condition in which a child is genetically male but develops female sex characteristics. CAIS occurs when there is problem with one of the genes on the X chromosome which codes for androgen receptor gene. It governs how a developing fetus responds to androgen-hormones that bring about male characteristics. A child with CAIS has a genetic makeup of XY. Because the Y chromosome is present, the child is born with testis, although the testes are undescended; but because of the defective gene on the X chromosome, other male characteristics don't develop, so the child resembles a female. Most children with CAI are raised as female.

---

### **A4 Chronic granulomatous mastitis : A case report**

**Author:** Dr Priyanka C. Badole ( PG student in Dept of Surgery, SKNMC, Pune )

**Co Author :-** Dr Snehal Purandare (Proff and Head , Dept. of Surgery, SKNMC , Pune )

**Abstract:** Idiopathic granulomatous mastitis is a rare chronic benign inflammatory mastopathy occurring mainly in young women. With a non-specific imagery, it is considered as a diagnosis by exclusion and has a challenging treatment. Histologically, it is characterized by the predominance of polynuclear neutrophils and the absence of caseous necrosis. The breast carcinoma is the main differential diagnosis at the clinical



stage, and imagery plays an essential role in its diagnostic approach. It can also occur with mammary tuberculosis but predominance of neutrophils and the absence of caseous necrosis argue in favor of mastitis granulomatous. Its treatment combines antibiotics, anti-inflammatories, corticosteroid therapy, and surgery. We report a 40-year-old woman who presented to SKNMC, Pune with breast lump diagnosis as granulomatous mastitis based on ultrasound mammogram, and histology examinations. She received a treatment with different drugs (antibiotics, anti-inflammatories) and surgery. The outcome treatment was successful with a good healing of breast lesions.

**Conclusion:** IGM (Idiopathic granulomatous mastitis) is a rare breast pathology. It is a chronic and often debilitating disease and has unpredictable evolution over time. The clinical and radiological aspects are variable and pose a diagnostic problem especially with breast cancer. The pathological examination remains the main element of certain diagnosis. The clinical correlated treatment remains controversial.

---

## A5 NEUROLEPTIC MALIGNANT SYNDROME: A CASE REPORT

**AUTHOR :** DR. GNANSHREE DAVE

**CO-AUTHOR :** DR. PRAVIN SONI, DR. NARENDRA KALE, DR. RAM MUNDHE, DR. DIVYA SHELKE, DR. SHRADDHA CHOUSALKAR

### **CASE DESCRIPTION:**

Patient a 36 year old male known case of schizophrenia since 2013 reported with sleep disturbances after he had stopped taking his medications due to THR surgery. Patient then started behaving irritably with agitated and disoriented behaviour with distinct autonomic dysfunction in form of tachycardia, hypertension, hyperpyrexia with rigidity throughout his body and raised levels of CK-MB and elevated liver enzymes and after ruling out everything else an exclusive diagnosis of NMS was made.

### **CONCLUSION:**

Neuroleptic malignant syndrome is a medical emergency requiring early diagnosis and prompt treatment. Our patient was managed with bromocriptine and lorazepam. Electroconvulsive therapy is a treatment option for those that cannot tolerate or no longer respond to antipsychotic medications. A substance abuse program should also be considered due to history of comorbid substance and its link to NMS. Our patient may have tolerated antipsychotics for his schizophrenia without it leading to NMS if he did not have history of polysubstance abuse.

Given the rise in psychiatric illness and use of anti-psychotics as well as incidence of substance abuse, physicians must be aware of clinical signs and symptoms of NMS to arrive at prompt and accurate diagnosis and begin appropriate treatment in timely manner.

---

## A6 A Rare Case of Pseudocyst Of Left Adrenal Gland

**Author -** Dr Jai Jabade Junior Resident

Smt Kashibai Navale Medical College and general hospital

**Guide -** Dr S N Purandare

Head of Department of General Surgery

Smt Kashibai Navale Medical College and Hospital

**ABSTRACT:** Adrenal pseudocysts are cystic lesions arising within the adrenal gland surrounded by a fibrous tissue wall devoid of a recognisable lining layer. We present to you one such rare case of adrenal pseudocyst and its management in this retrospective study.

### **CASE REPORT:**

A 24 year old female presented with one week history of pain in abdomen along with multiple episodes of vomiting and recurrent episodes of high grade fever. Physical examination of the abdomen revealed presence of a lump in left hypochondriac region measuring approximately 4x4 cm , tender on palpation and firm in consistency. CT scan of abdomen and pelvis revealed a well defined large peripherally enhancing cystic lesion measuring 13.6x12x14.4cms in left suprarenal region likely to be a left adrenal cyst or retroperitoneal cystic neoplasm. The cystic lesion was seen compressing the spleen and splenic vessels anterolaterally.

Patient underwent laparoscopy converted to open left adrenalectomy with splenectomy . The cyst was originating from left adrenal gland and was adhered to splenic capsule medially. Attempt was made to separate the cyst but due to persistent bleeding decision was taken to perform splenectomy. Cyst was excised along with left adrenal gland and spleen and was sent for histopathological examination which further proved it to be a pseudocyst of left adrenal gland .

## CONCLUSION :

An adrenal pseudocyst are rare but constitute approximately 32-80% of all adrenal cysts. Generally they are asymptomatic but larger cyst can give rise to lumbar pain, vomiting, gastrointestinal discomfort or an abdominal mass. Only histopathological study shows diagnostic certainty.

This case report aims to shed light on the diagnosis and management of adrenal pseudocyst.

## A7 AIMMUNE RECONSTITUTION INFLAMMATORY SYNDROME

**AUTHORS:** <sup>1</sup> DR. UDAYAN MANTRI, <sup>2</sup> DR. GAJANAN KURUNDKAR, <sup>3</sup> DR. VILAS SHINGARE 1. PG Resident, Department of Medicine, Smt. Kashibai Navale Medical College & General Hospital, Narhe, Pune 2. Professor, Department of Medicine, Smt. Kashibai Navale Medical College & General Hospital, Narhe, Pune 3. Professor, Department of Medicine, Smt. Kashibai Navale Medical College & General Hospital, Narhe,Pune.

**CASE DESCRIPTION:** A 46 years old male, resident of Pune, salesperson by occupation, recently diagnosed case of RVD 2 months back came to the medicine opd with : • B/l lower limb edema since 30 days • Multiple dark coloured patches with decreased sensations over body since 30 days • Burning sensation over both lower limbs since 20 days • K/c/o Diabetes mellitus • H/O hypertension, thyroid disorder, tuberculosis

**GENERAL EXAMINATION** • Patient was conscious, cooperative , oriented to time, place and person • Temperature-98.6 • Pulse rate– 84/minute, regular, moderate volume • Respiratory rate – 20 cycles/minute • Blood pressure – 124/70 mm hg ,right arm in supine position • Spo2 - 98% on room air • Tongue - dry • Multiple, well defined erythematous plaques of size ranging from 2cm to 5cm over B/l UL, LL and scalp with dryness over some patches. • No pallor, lymphadenopathy, clubbing

Supraorbital nerve -- Infraorbital nerve -- Greater auricular nerve + - Supraclavicular nerve --  
Infraclavicular nerve -- Radial nerve ++ Median nerve -- Ulnar nerve ++ Common peroneal nerve --  
Anterior tibial nerve Posterior tibial nerve ++ LR ++

**SYSTEMIC EXAMINATION CNS:** Higher Function, Cranial Nerves, Reflexes - N.A.D Peripheral nerves examination - Sensory Examination - Lt UL Rt UL Lt LL Rt LL Pain Decreased Fine touch Crude touch Temperature Present Vibration  
Proprioception Stereognosis + Decreased Decreased Decreased Decreased Decreased Decreased Decreased  
Decreased Decreased Decreased Decreased Decreased Present Present Present Present Present Present  
Decreased Decreased Decreased Decreased

**Motor Examination** - No muscle mass wasting - No hypertonias or hypotonias

**LAB INVESTIGATIONS** Skin punch biopsy NCV Imp -Multibacillary leprosy favouring borderline lepromatous leprosy Acid fast lepra bacilli seen Bacteriological index: 4+ Axonal sensory >> motor (asymmetrical) neuropathy affecting lower limb. ? Mononeuropathy multiplex

**TREATMENT** • Tab TLD continued • Tab Leflunomide 20mg OD • MDT (multibacillary) - containing :



Rifampicin, Clofazimine, Dapsone • Tab Prednisolone 20mg BD DISCUSSION Immune Reconstitution Syndrome (IRS) is a paradoxical inflammatory response that can occur after the initiation of antiretroviral therapy (ART) in patients with HIV, or after treatment of other severe immunodeficiencies. It results from the rapid recovery of the immune system, leading to an exaggerated response against opportunistic infections or latent antigens, which can exacerbate symptoms or unmask previously undiagnosed infection

**CONCLUSION :** In this case, we present a patient recently diagnosed with rvd and started on art with Hansen's disease presenting as IRIS. IRIS represents a significant challenge in the management of patients undergoing immune recovery. Future research should focus on identifying biomarkers for early prediction and developing targeted therapies that can modulate the immune response without compromising the benefits of ART.

**REFERENCES :** Werbel SS, Ober KP. Acute adrenal insufficiency. Endocrinol Metab Clin North Am. 1993 Jun;22(2):303-28. PMID: 8325289. Dineen R, Thompson CJ, Sherlock M. Adrenal crisis: prevention and management in adult patients. Therapeutic Advances in Endocrinology and Metabolism. Respiratory system, Per abdominal and Cardiovascular 2019;10. doi:10.1177/2042018819848218 system - no abnormality detected.

---

## A8 Topic - PROTEIN BUILDING BLOCKS - AMYLOIDOSIS .

**Author** – Dr. Pranav Sawant [Junior Resident, Department of Medicine]

**Co-authors** -Dr. Jitendra Ingole, HOD, Department of Medicine, SKNMC&GH, PUNE.

Dr. Nitin Suryawanshi, Professor, Department of Medicine, SKNMC&GH, PUNE.

**Details of Participants** – Case of 35 year old male recently diagnosed CKD on MHD presenting with B/L lower limb pitting edema since 4 days

Breathlessness since 4 day, Dry cough since 4 days

**Institute Details** – SKNMC ,PUNE.

**Introduction** - Amyloidosis is the term for a group of protein misfolding disorders characterized by the extracellular deposition of insoluble polymeric protein fibrils in tissues and organs. Defined by the biochemical nature of the protein composing the fibril deposits, amyloid diseases are classified systemic or localized, acquired or inherited, and their clinical patterns .

**Methods** - A diagnosis of amyloidosis should be considered in patients with unexplained nephropathy, cardiomyopathy (particularly with diastolic dysfunction ) neuropathy , enteropathy or soft tissue findings of macroglossia or periorbital ecchymoses.

Patient Investigated for :-

Biochemical tests - Albumin: Globulin ratio Bence Jones proteins Serum protein electrophoresis

Abdominal fat pad biopsy with Congo red stain examined under polarised microscopy.

**Results** - Detailed laboratory and radiological investigations suggesting multisystem involvement with abdominal fat pad biopsy for SAA by IHC: Positive for amyloid indicates - Clinical diagnosis - ESRD with HFrEf post covid status . Etiology attributed to SECONDARY AMYLOIDOSIS

**Conclusion** - In patients with **multisystem involvement Amyloidosis** should be suspected. Following which diagnosis to be established by histological study by **Congo red staining**, which, under polarized light, yields **positive birefringence**.

---



## **A9 CHIKUNGUNYA INDUCED BULLOUS ERUPTION IN A NEONATE- A RARE CASE REPORT**

**Author:** DR. SAKSHI NAUKARKAR (JUNIOR RESIDENT-1, DEPARTMENT OF DERMATOLOGY)

**Co-author:** DR. SWATI SHANDILYA (ASSISTANT PROFESSOR), DR. SWAPNA SHETH (PROFESSOR)

**Case description:** Chikungunya is a self-limiting arboviral disease caused by the Chikungunya virus and transmitted by the mosquito *Aedes aegypti* and *Aedes albopictus*. Various dermatological manifestations are reported in infants affected like generalised erythematous maculopapular rash, vesico-bullous lesions, etc.

A 1 month old baby was brought to the Skin OPD in active convulsive state with complaints of fever with rash since 2 days. The patient further developed multiple fluid filled lesions all over the body that burst spontaneously. On examination, the patient had multiple clear fluid-filled vesicles and bullae all over the body, concentrated in the flexors, and multiple erosions.

Skin diagnosis was confirmed by skin biopsy from one of the bullous lesions which was suggestive of superficial blistering rash of chikungunya. Lab diagnosis was confirmed by virus specific IgM antibody test which was positive. The parents also gave a history of multiple mosquito bites to the patient.

Intravenous antibiotics were the mainstay of management. The patient was also given supportive treatment which included Paracetamol, Syrup Levetiracetam, topical Mupirocin, IV fluids.

### **Conclusion:**

This is a rare case presentation of vesico-bullous lesions secondary to Chikungunya fever. The patient responded well to antibiotics. The blistering rash subsided followed by desquamation of superficial layers of skin and healing with hypopigmentation. The patient was discharged and is on regular follow up.

---

## **A10 Harlequin Baby: A Case report**

**Author-** Dr Samreen khan (JR-1, Department of Obstetrics and Gynaecology)

**Co Author-** Dr Sonali Ingole (Associate Professor, Department of Obstetrics and Gynaecology)

### **Introduction-**

Harlequin Ichthyosis (HI) is a rare autosomal recessive disorder occurring in 1: 3,000,000 births characterized by thick keratin skin with scaly appearance. Preterm deliveries, early marriage and consanguinity of marriage are some risk factors. Antenatal check-up of DNA for ABCA12 mutation assists in diagnosis at locations where USG is unavailable or inconclusive.

**Case:** A 26-year-old female G3P1L1A1, was brought to the casualty due to complaints of PV leak and pain in abdomen, without PV bleeding or decreased fetal movements. She was married since 6 years in a non-consanguineous marriage and conceived spontaneously. She had a previously normal vaginal delivery resulting in the birth of a healthy male child and a medically induced termination of pregnancy. During the antenatal period, the patient did not undergo the anomaly scan as prescribed. A growth scan at 30 weeks revealed absent metatarsals, phalanges and metacarpals, increased inter orbital distance. On examination, the uterus was 30 weeks in size and irritable with the baby in a longitudinal lie and cephalic presentation. The patient was severely anemic with an Hb level of 6.8 mg/dl.

The patient underwent a preterm vaginal delivery with episiotomy delivering a male child of 1926 gm with features consistent with the aforementioned scan.





**Conclusion-** HI is a severe lethal disorder yet preventable with proper antenatal checkup. In low-middle income countries like India, it is highly important to focus on routine Antenatal follow-up for at least four times. Although DNA analysis for ABC12 mutation will help to diagnose the case in prenatal period, this might be tough in developing nations. Alternative approach is via USG during second trimester, but in our case a single USG couldn't catch the anomaly hence, repeated USG is highly advisable.

---

## **A11 Sarcomatoid Squamous Cell Carcinoma of Vulva: A Rare Case Report**

**TITLE:** Sarcomatoid Squamous Cell Carcinoma of Vulva: A Rare Case Report

**AUTHORS:** Dr Kunaal Shinde (Associate Professor Dept of OBGY)

**PRESENTING AUTHOR:** Dr Sayali Shivkumar Shete (Junior Resident)

**INSTITUTION:** Post Graduation Institute, YCMH, Pimpri, Pune.

### **ABSTRACT:**

#### **Background:**

Vulvar squamous cell carcinoma with sarcomatoid features is an extremely rare histological variant of squamous cell carcinoma with co-existence of both epithelial and mesenchymal features. Sarcomatoid squamous cell carcinoma (SSCC) is mainly found in the upper aerodigestive tract with the larynx being the most common site and its occurrence in the female genital tract is very rare.

#### **Case:**

We report a case of 70- year- old female admitted to our hospital under the Department of Obstetrics and Gynecology with a 3/4 cm vulvar mass associated with pruritis and pain. The patient underwent a radical vulvectomy with bilateral inguinal lymph node dissection. The histopathologic examination was consistent with a Sarcomatoid squamous cell carcinoma of the vulva. The FIGO staging was 1B and further sent for external beam radiotherapy for a month followed by brachytherapy

#### **Conclusion:**

Vulvar cancer represents only 3% to 5% of malignancies of the female genital tract and 90% to 92% are of the squamous cell type. There are several histological variants of SCC of vulva like adenoid squamous carcinoma, basosquamous cell carcinoma, sarcomatoid, and metaplastic carcinoma. Due to its rarity, there is no distinct staging or guidelines to direct therapy and care, so a collection and close study of these cases would be extremely useful in singling out and identifying the best treatment possible. As HPV is a risk factor for SSCC, with better screening modalities and the use of the HPV vaccine, one can expect a reduction in SSCC cases of the female genital tract.

Keywords: Vulvar Cancer, Squamous Cell Carcinoma

---

## **A12 Allergic Bronchopulmonary Aspergillosis: Pathogenesis, Diagnosis, and Management**

**Author-**Dr. Vishal Dhas

JR1 internal medicine

### **Objectives:**

1. To Understand the Pathogenesis of ABPA:
  - Explore the immunologic mechanisms underlying hypersensitivity to *Aspergillus* species.
  - Discuss the role of genetic predisposition and environmental factors in the development of ABPA.
2. To Identify the Clinical Manifestations and Diagnostic Challenges of ABPA:





- Outline the key symptoms and signs of ABPA.
- Review the diagnostic criteria for ABPA and differentiate it from other pulmonary conditions such as asthma and bronchiectasis.

### 3. To Evaluate Diagnostic Modalities for ABPA:

- Assess the role of imaging (e.g., high-resolution CT scans), serologic tests (e.g., IgE levels, specific IgE/IgG to Aspergillus), and pulmonary function tests in diagnosing ABPA.

### 4. To Review Management Strategies for ABPA:

- Discuss the use of corticosteroids, antifungal therapies, and novel biologic agents in the treatment of ABPA.
- Emphasize the importance of a multidisciplinary approach in managing ABPA patients.

### **Discussion-**

Allergic Bronchopulmonary Aspergillosis (ABPA) is an immunologic pulmonary disorder caused by a hypersensitivity reaction to Aspergillus species, primarily affecting patients with asthma and cystic fibrosis. ABPA is characterized by chronic airway inflammation, bronchiectasis, and recurrent pulmonary exacerbations, which can lead to progressive lung damage if left untreated.

This presentation aims to provide a comprehensive overview of ABPA, including its pathogenesis, clinical manifestations, and diagnostic criteria. The complex interplay between genetic predisposition, environmental factors, and immune system dysregulation will be highlighted. Diagnostic challenges, particularly differentiating ABPA from other causes of bronchiectasis and asthma exacerbations, will be discussed. Emphasis will be placed on the role of imaging, serologic testing, and pulmonary function testing in the diagnostic workup.

Management strategies, including corticosteroid therapy, antifungal agents, and novel biologics, will be reviewed. The importance of a multidisciplinary approach in the management of ABPA, involving pulmonologists, allergists, and infectious disease specialists, will be underscored. The presentation will also explore recent advances in understanding ABPA's pathophysiology and emerging therapeutic approaches that hold promise for improving patient outcomes.

### **Conclusion -**

early recognition and targeted treatment of ABPA are crucial in preventing irreversible lung damage and improving the quality of life in affected individuals. This presentation seeks to enhance awareness and understanding of ABPA among healthcare providers to optimize patient care.

## **A13- LEIOMYOMA OF TESTIS**

### Case report

Author -Dr Aishwarya Khedkar (PG resident in Department of surgery SKNMC Pune)

GUIDE -DR BAHAR KULKARNI (PROFESSOR IN DEPARTMENT OF SURGERY SKNMC,Pune)

### Abstract -

Leiomyomas are benign smooth muscle tumors which although rare in scrotum have been found in many locations, including the epididymis, spermatic cord, tunica dartos, tunica albuginea and within the testicle. The most common time of presentation of leiomyomas is 5th decade of life. These tumours are particularly slow growing. Leiomyomas are benign neoplasms that may arise from any structure or organ containing smooth muscle. Sonography is the imaging modality of choice for evaluating intrascrotal pathology, but the sonographic appearance of leiomyoma arising from the tunica albuginea has rarely been reported.

We report a 69 year old male presented to SKNMC Pune with DM with HTN complains of reduced stream of flow with hesitancy while micturation and nocturia since 5 months.



On local examination evidence of left scrotal swelling around 5\*4 cm ,firm to hard,non tender with no any skin changes.USG s/o -well defined oval shaped 70\*54\*50mm extra testicular heterogeneous lesion in left scrotal sac?Neoplastic etiology.Left orchidectomy done.Grossly shows well-circumscribed, whitish tumor with whorled appearance .

Microscopically Sections shows a well-circumscribed tumor composed of interlacing bundles and fascicles of smooth muscle with cigar shaped nuclei.

It is very difficult to perform an exact preoperative diagnosis; only histological examination can prove the presence of a leiomyoma. A radical orchidectomy was performed because of complete substitution of normal parenchyma, the extreme rarity at long-term follow-up of a reported benign intratesticular neoplasm, and the imperfect sensitivity of the extemporary histological examination

---

## A14 Case Of Rectal Prolapse

**Author :** Dr Tanya Mishra

Rectal prolapse is classified into complete or full thickness prolapse and incomplete or mucosal prolapse. Complete prolapse occurs in older adults while the latter occurs both in children and adults.

If a patient's history suggests the diagnosis but no prolapse is detected on physical examination, the patient can be asked to reproduce the prolapse by straining while on a toilet with or without the use of an enema or a rectal balloon. Fluoroscopic defecography, MRI defecography, or balloon expulsion testing may reveal the problem. This report is based on rectal prolapse on straining.

### Case Report

A 28-year-old Indian male was presented to Emergency Room of Kashibai Navale general hospital with a huge painful protruding mass through the anus since 3 months. It was associated with painful defecation, hard stools and constipation all since 3 months. The patient also had episodes of per rectal bleed and abdominal pain in this span of 3 months. There were no urinary complains neither any history of fever, cold cough. The patient has no known comorbidities. General physical examination was normal. Systemic Per abdominal examination was normal. Per-rectal examination revealed large protruding rectal mass with oedema and a thickened congested. No fissures, fistula, anal tags or hemorrhoids were appreciated. Diagnosis of giant irreducible complete rectal prolapse has been made. A gentle trail of conservative treatment and manual reduction unfortunately failed. Lab parameters were all within normal limits.

### MR Defecography Revealed

1. Mild rectal prolapse at strain, moderate prolapse at defecation with formation of small anterior rectocele.
2. Mild bladder descent is seen during defecation.
3. Levator ani and puborectalis appear adequate.
4. External anal sphincter is thinned anteriorly. Levator hiatus shows normal size and no abnormal descent.
5. Mild widening of levator hiatus during defecation. Colonoscopy was s/o colonic ulcers.

### Discussion

It is important to know the difference between rectal intussusception and rectal prolapse.

Intussusception is one in which protrusion is limited and does not extend beyond the anal canal, also known as internal rectal prolapse.

There is still some debate about the exact pathophysiologic mechanism of RP. The prevailing theories are those of sliding herniation and progressive internal intussusception. The most usual form of RP is the chronic course of the disorder, incarcerated or strangulated RP is a rare scenario, where urgent surgical treatment becomes a priority.



At times, the prolapse may occur spontaneously upon standing or coughing.

Rectal bleeding may be noted following bowel activity. Rectal prolapse frequently is accompanied by a mucoid discharge.

Made By: Tanaya Mishra

---

## A15 A Case of Tongue schwannoma

-Dr Shreya Deshmukh ,JR2-ENT

-Dr Sanjana Nemade , PROF & HOD -ENT

**Introduction** -Schwannoma is a benign tumour from schwann cells of peripheral nerve sheath commonly seen in head and neck region and rarely involving oral cavity and infrequently affecting tongue

**Case** – 16 year old female presented with mass over the posterior 1/3rd of tongue since 3months which was painless and slow- growing , routine and specific investigations-MRI , Thyroid scan were done and biopsy was taken which was suggestive of schwannoma and lingual thyroid ,hamartoma, hemangioma were ruled out .Complete excision of the mass was done and histopathological examination was suggestive of tongue schwannoma hence confirming the diagnosis with no signs of recurrence observed at 6months postoperatively

**Conclusion**-In base tongue tumours , schwannoma can be considered as differential diagnosis even though it is seen rarely and complete excision is required to prevent recurrence

---

## A16 HEMATOHDROSIS: A Rare Case Report

Author: Dr Samrudhi Pilane JR1 Department of Dermatology

Co-Author:

Dr Swati Shandilya (Assistant Professor) Department of Dermatology

Dr Nitin Chaudhari (Head of Department) Department of Dermatology

### **Case Description:**

Hematohidrosis is an extremely rare condition where individuals sweat blood. Very few cases have been reported in literature. The exact cause is not fully understood, though extreme stress is commonly implicated. This report details a 17-year-old boy presenting to the Dermatology OPD with a unique case of spontaneous bleeding. For the past month, he experienced blood oozing from the skin on his scalp, face, ears, and also from his tears and saliva. Despite thorough examination, no trauma or injury was evident.

Notably, the blood-tinged sweat reappeared shortly after wiping.

### **Investigations:**

Laboratory tests, including bleeding time, clotting time, and prothrombin time, were within normal limits. To confirm the diagnosis, a skin biopsy was performed, revealing numerous dilated capillaries in the superficial papillary dermis and the extravasation of red blood cells and hemosiderin in the deep papillary dermis.

### **Treatment and Follow-Up:**

The patient was prescribed oral propranolol and oxybutynin. The diagnosis of hematohidrosis was confirmed clinically and histologically. The patient is currently on medication with regular follow-ups to monitor progress.

### **Conclusion:**

This case highlights the rarity of hematohidrosis and emphasizes the importance of clinical and



histopathological evaluation for accurate diagnosis. Ongoing treatment and follow-up are crucial for managing this unusual condition.

---

### **A17- A case report on Psychogenic polydipsia induced hyponatremia in a known case of Psychiatric disorder.**

**Author-** Dr. Sharvari Dhurgude

**Co- Author-** Dr Yogesh Rasal Sir

**Case description** - 36 yr old male came in unconscious state after a/h/o giddiness followed by fall at home secondary to seizure episode. He is a known case of Psychiatric disorder on atypical antipsychotic medications- risperidone 2mg bd and Olanzapine 5mg bd for 18 yrs.

On initial examination, patient was unresponsive to deep pain stimulation, hypertonia was present in bilateral upper limb, plantars were upgoing and pupils bilateral sluggishly reactive to light. He underwent invasive mechanical ventilation.

On lab investigations, cpk total was raised, ct brain was Normal, urine osmolality and sodium concentration was low. Urine for drug abuse showed BZO positive.

Patient was started on levipil, syndopa, hydration with iv fluids. 3% NACL.

History of consumption of 18-20ltr of water for 2 months followed by polyuria.

**Conclusion-** This case underscores the development of psychogenic polydipsia in a 36 yr old male with known case of Psychiatric disorder who underwent mechanical ventilation, hyponatremia was corrected and iv fluids were given with restarting antipsychotic medications. Later patient was extubated and recovered well.

Continuation of Psychiatric treatment with behaviour modification and electrolytes monitoring was advised on discharge.

---

### **A18 Intradural Extramedullary Spinal Schwannoma mimicking Spinal Tuberculosis: A case report.**

**Author :** Dr. Shivam Juneja

**Co author :** Dr. Vijay Nemade

**Objective :** To Find cause of Low back pain with Lower Limb Parasthesia and weakness

**Abstract:-**

**Introduction :**

Spinal Tuberculosis is a common condition affecting dorso-lumbar Spine. The clinical features of Spinal Tuberculosis are back pain, radicular pain with or without fever, weight loss and neurological involvement. Past history of Pulmonary Tuberculosis is present in most of all these cases.

**Case Report :**

In the present case report, a 30 years old married Female, Teacher by occupation presented to Orthopaedic Department with chief complaints of Low back Pain since 1 year, bilateral lower limb paresthesia since 6 months and bilateral lower limb weakness and difficulty in walking was present since 1 month. In Past history, Patient had Pulmonary Tuberculosis 6 years back for which she took treatment at other Hospital.

**Methods :**

On Examination Patient had tenderness over Dorso-lumbar Spine from D6 to L5. Motor and sensory loss was present from L1 to L5. Knee and Ankle Jerks were exaggerated. The most probable diagnosis, after through History and Clinical Examination was Spinal Tuberculosis. Magnetic Resonance Imaging was



suggestive of Intradural Extramedullary space occupying lesion. The lesion was completely resected using a standard posterior midline approach and was sent for Histopathological Examination and Gene Expert.

**Results :**

Gene Expert was negative and Histopathology was suggestive of Schwannoma. Subsequent to the surgery, the Patient improved. Pain was relieved and motor function recovered gradually. Patient was discharged with improved motor capacity and a follow-up MRI scan showed no recurrence after six months.

**Conclusion :**

Thus, Spinal Schwannoma should be considered in the differential diagnosis. The present case report presents the clinical, radiological and pathological features of Intradural Extramedullary Spinal Schwannoma mimicking Spinal Tuberculosis and other common Spinal Pathologies to emphasize the importance early Diagnosis and Treatment for better functional outcome.

Key words: Spinal Schwannoma, Intradural Extramedullary Spinal lesion, Spinal Tuberculosis.

## A19 Secondary Infertility

**Author-** Dr Shaikh Zeba Farin

**Coauthor -** Dr Shraddha Shastri

**Objectives -** To identify to cause of recurrent pregnancy loss

**Introduction**

Miscarriage occurs in 15% to 25% of pregnancies that are clinically recognized before 20 weeks of gestation from last menstrual period (3,4). Recurrent miscarriage has been defined as the occurrence of three or more clinically recognized (ultrasound or histopathologic evidence) pregnancy losses before 20 weeks from the last menstrual period (5) Recurrent pregnancy loss occurs in approximately 1 in 300 pregnancies

and in less than 1% of women

Clinical investigation of pregnancy loss, however, may be initiated after two consecutive spontaneous miscarriages If clinical intervention is undertaken

in the form of investigation after two spontaneous miscarriages, approximately 1% of pregnant women will require evaluation (3).

**Discussion -**

35yr old A4 with secondary infertility anxious to conceive came with complains of repeated missed abortion in first trimester with history of

marriage since 10 year which is non consanguinous , with

Regular Menstrual History of every 28-30days with 2-3days per month requiring 2-3pads per day and Obstretics History -

1st pregnancy- spontaneous abortion /7 weeks /missed abortion / in 2017

2nd pregnancy- spontaneous abortion /8 weeks /missed abortion / in 2017

3rd pregnancy- spontaneous abortion /8+2 weeks /missed abortion / july 2021

4th pregnancy- spontaneous abortion /6+6 weeks /missed abortion / jan 2024

Investigations done s/o ANA - positive positive cytoplasm granules intensity +3

Antiphospholipid IgM Ab - negative and Cardiolipin IgM - Negative and Hysterosalpingography s/o Bicornuate Uterus

She underwent Diagnostic Hysterolaproscopy with septal resection done and planned for intrauterine insemination after 3 months on follow up

**References**

1 ) Edmonds DK, Lindsay KS, Miller JF, et al. Early embryonic mortality in women. Fertil Steril



1982;38:447-

2 )Wilcox AJ, Weinberg CR, O'Connor JF, et al. Incidence of early loss of pregnancy. N Engl J Med

3) Alberman E. The epidemiology of repeated abortion. In: Beard RW, Sharp F, eds. Early Pregnancy Loss: Mechanisms and Treatment. New York: Springer-Verlag; 1988:9-17.

4)Warburton D, Fraser FC. Spontaneous abortion risks in man: Data from reproductive histories collected in a medical genetics unit. Am J Hum Genet 1964;16:1-25.

## **A20 The use of antibiotic impregnated cement beads in the management of chronic osteomyelitis**

**. GUIDE :** DR. YOGESH GAIKWAD

**AUTHOR:** DR. HARSHAL NAWALE

**KEYWORDS:** Debridement, Antibiotic cement beads

**. INTRODUCTION:** The presence of a barrier between the body's immune system and infection focus could complicate the management of osteomyelitis. The infection focus in a bone is often sheathed by an avascularized sclerotic bone, and Haversian canals are often occluded by scars and protein material. Besides thickening, some part of the periosteum becomes a sclerotic tissue together with the adjacent muscles and subcutaneous tissue. That is the reason why the infection focus becomes relatively avascularized and can not be adequately reached by systemic antibiotics. The difficulty of systemic antibiotics to reach the infection focus based the idea of administering local antibiotics. The disadvantage becomes beneficial in administering local antibiotics, because blood-bone barrier localizes the antibiotic concentration in the infection area, so that systemic concentration is low, in some cases, it can not even be detected. In this way, the patient can be prevented from the risk of antibiotic toxicity. Commercial antibiotic beads such as gentamycin beads are available on the market, but the prices are very high so that the use in developing countries is still limited. In studies conducted abroad, antibiotic cement beads, could in fact, be produced locally with a very competitive price. Antibiotic beads offer some advantages compared with systemic antibiotics, especially in their ability to deliver high-dose antibiotics directly to the infection focus, and spare the patients from allergic reaction or the possibility of exposures to ototoxic and nephrotoxic doses. The use of antibiotic beads provides high antibiotic concentration for a long time, gives comfort in wound care, and makes flexible schedules for reconstruction of dead space.

**OBJECTIVE :** To treat a case of chronic osteomyelitis with the help of antibiotic impregnated cement beads.

**CASE HISTORY:** A 29 year old male came with complaints of discharging sinuses over left thigh associated with pain since 5 months. Patient was operated for the same by debridement thrice since 2016 but that did not relieved symptoms of osteomyelitis. On examination scar mark of previous surgery were present and 3 active discharging sinus were seen. Pus culture and sensitivity report was suggestive of Enterococcus species and MRSA. MRI Features are suggestive of acute on chronic osteomyelitis of proximal aspect of femur with involucrum, cloaca, sequestrum, sinus track formation, intermuscular and intramuscular collections. Patient was operated and debridement of the pus was done, through wash with normal saline, betadine and H<sub>2</sub>O<sub>2</sub> was given. We made efforts to make our own antibiotic beads by using Vancomycin as the antibiotic, as both Enterococcus species and MRSA were sensitive to vancomycin. Vancomycin impregnated beads were made by mixing 2 grams of vancomycin powder with 40 grams of polymethyl methacrylate (PMMA) bone cement sterilely. 7 beads of size approximately 2\*2 cms were made and placed on Stainless Steel wire and inserted over the bone and in intermuscular plane. After through wash suturing was done in layers and sutures were removed on post op day 14 . Antibiotic cement spacer were removed 24 days after insertion, and sutures were removed on post op day 14.





**OBSERVATION :** Theoretically one of the advantages of the use of vancomycin impregnated beads is the release of high- dose vancomycin at the infection site and wound environment. Diffusion of this antibiotic does not depend on vascularization and condition of the soft tissue. Systemic antibiotics can reach the infection focus, but their concentration depends on local condition and vascularization. Furthermore, the concentration tends to be lower compared with the concentration released by antibiotic impregnated beads. Besides that, the use of antibiotic impregnated beads does not depend on patient's compliance, and could reduce toxicity, cost and discomfort related to the use of systemic antibiotics. At least, antibiotic impregnated beads can increase the success rate of treatment if used as an adjuvant therapy to the systemic antibiotic treatment and can provide dead-space therapeutic management in the reconstructive step. One of the disadvantages of antibiotic impregnated beads is the limited use, only for bacterias that are sensitive to those particular antibiotic. In this case, additional procedures for antibiotic bead removal is needed. However, it will not be a problem if reconstructive surgery is required at the end of the antibiotic therapy. Our observation revealed that combination of vancomycin impregnated beads and systemic antibiotic could significantly increase the success rate of the therapy, compared with debridement only.

**CONCLUSION :** In conclusion, the efficacy of combination of systemic antibiotic therapy and vancomycin impregnated beads in the therapy of chronic osteomyelitis is better than systemic antibiotic therapy.

---

## A21 Toxoplasmosis in pt with RVD

**Author:** Dr. Ajinkya Pawar

**Co-author:** Dr. Khatib Khalid sir, Dr. Gajana Kurundkar sir

**Background:** Toxoplasmosis, caused by the protozoan parasite *Toxoplasma gondii*, is a widespread infection with significant clinical implications, particularly in immunocompromised patients and pregnant women. The disease can manifest in a variety of forms, ranging from asymptomatic to severe systemic illness.

**Objective:** This poster aims to provide a comprehensive overview of toxoplasmosis, highlighting its clinical presentation, diagnostic methods, and management strategies.

**Methods:** We conducted a review of current literature and clinical guidelines on toxoplasmosis. Key areas of focus include epidemiology, pathophysiology, and the range of clinical manifestations. We also examined advancements in diagnostic techniques, including serological tests and molecular methods, and evaluated current treatment protocols based on recent clinical trials and expert recommendations.

**Results:** Toxoplasmosis presents with a spectrum of symptoms, from mild flu-like symptoms to severe neurological complications. The diagnosis relies on serological assays for IgG and IgM antibodies, with molecular methods such as PCR offering additional diagnostic precision. Management strategies vary depending on the patient's immune status and the severity of the disease. In immunocompetent individuals, toxoplasmosis often resolves without intervention, while immunocompromised patients and pregnant women require prompt and effective treatment to prevent serious outcomes.

**Conclusion:** Toxoplasmosis remains a significant clinical challenge due to its varied presentations and potential complications. Advances in diagnostic and treatment methodologies continue to improve patient outcomes. Ongoing research is essential for developing more effective diagnostic tools and therapeutic options.

---

## A22 A rare case report of Malignant Peripheral Nerve Sheath Tumor





**Author** - Dr. Keshav Co Author - Dr.Nishigandha Shinde , Dr.Vaishali Aphale , Dr. Siddhi Khandeparkar

**Institute** - Smt Kashibai Navale Medical College & General Hospital

**Introduction** - A malignant peripheral nerve sheath tumor is a rare, aggressive soft tissue Sarcoma that develops in protective coverings called sheaths surrounding certain nerves. These nerves are part of the peripheral nervous system. MPNST affects both children and adults and is often associated to a genetic syndrome called neurofibromatosis type 1 (NF1). These malignant tumors are found most often in the both upper and lower limbs but can form anywhere in the body.

**Case Summary** - 53 year female presented with multiple swellings over Right Lower Limb which gradually increased for 6 months mainly over medial aspect measuring 4x4cm and lateral aspect measuring 4x3cm. It was soft, globular, non tender. MRI done showed a well defined spindle shaped T2 hypointense and T1 isointense lesion over the proximal aspect of right lower leg. We Received multiple masses , largest one from medial aspect whitish soft to firm bit measured 3x3x0.7cm in dimension and another from lateral aspect single globular whitish tissue measuring 2.5x2x1.7cm in dimension. Whitish homogenous Cut surface was seen. HPE findings show a tumor arranges in fascicles & whorls of oval to spindle shaped cells having wavy hyperchromatic nuclei and moderate cytoplasm set against myxoid background . Abnormal mitotic figures were seen (upto 25/10hpf). At places areas of palisading necrosis was also seen.Stroma appeared hyalinized with moderate lymphoplasmacytic infiltrate and formation of lymphoid follicles. Margins were involved by tumour. Diagnosis of High Grade Malignant Peripheral Nerve Sheath Tumour was offered. Immunohistochemical marker S100 was advised however it could not be performed at the time due to financial constraints.

**Conclusion** Meticulous histopathological examination together with immunohistochemistry wherever possible help us in arriving at an accurate diagnosis and eliminating differentials.

## A23 A case report on Multiple Myeloma with Chronic Kidney Disease

**Author-** Dr. Paris Lalge

**Co- Author-** Dr. Jitendra Ingole

**Case description -**

53 year, middle aged male, Severe AUD and tobacco chewer with no known comorbidities came with complaints of nausea, vomiting and generalised weakness since 15 days and low back ache since 5 days with raised BP( 154/90mm Hg) and pallor.

Peripheral blood smear- Anisopoikilocytosis +

Predominantly Normocytic Hypochromic

Few Microcytic Hypochromic

Pencil cells ++

Few tear drop cells seen

Patient is having Features of Renal failure with

Creatinine >18mg% with Normal Size Kidneys on USG

Patient has Hyperuricemia, borderline raised phosphorus, Hypercalcemia, normal Alkaline phosphatase, raised urea and creatinine, normocytic normochromic anaemia with normal sized kidney.

Histopathological findings favoured diagnosis of Light chain cast nephropathy.

Peripheral blood smear and bone marrow aspiration findings were suggestive of Myeloma.

**Conclusion-**

In this case, we present a patient with acute renal failure (ARF) as his only manifestation of a plasma cell dyscrasia without additional classic features, illustrating the importance of considering multiple myeloma



as a viable etiology for acute kidney injury even in the absence of other symptoms and signs characteristic of multiple myeloma, or in the presence of other common causes of acute renal failure.

---

## **A24 Anesthesia management: Post burn contracture of anterior part of neck and lower jaw**

**Author:** Dr Priya Pandurang Mehetre ( JR 3 Department of Anesthesiology)

**Co author :**Dr Sumedha Mehta ( Associate professor, Department of Anesthesiology)

**AIM:** Airway management of patients with burn contracture of the neck (Post burn contracture neck) is a challenge to the anesthesiologist. Patient evaluation includes history, physical and airway examination, Difficult tracheotomy ,can not intubate and can not ventilate situation. safe approach in the airway management of a patient with moderate to severe PBC neck is to secure the airway with the patient awake. The anesthesiologist should have a pre-planned strategy for intubation of the difficult airway. The choices advocated for airway management of such patients include awake fiberoptic-guided intubation. We present to you, anesthetic management in 31 yr old female with post burn contracture anterior part of neck, lower jaw and bilateral elbows since 14 yrs with history of stroke 15 yrs back with restricted neck movements.

**CONCLUSION :** The risk of an adverse outcome or alternative invasive strategies can be curbed by employing various factors such as good communication, experienced team, accessibility of rescue devices, careful assessment, proper positioning, and utilization of appropriate airway devices to minimize time and morbidity associates with multiple attempts

---

## **A25 Rare case of autoimmune hepatitis leading to Liver cirrhosis in elderly female patient**

**Author** -Dr Yuvrajsing Pakal

**Co Author** - Dr D D Munde sir

Dr Rasal sir

### **Case presentation**

64 yr old female was operated for Rt breast Ca in 2022. She was diagnosed with Stage 1 breast Ca and underwent Right modified mastectomy after which she was started on Letrozole for secondary prophylaxis which she took for about 8 months.

In 2024 she presented to ER with altered mental status and easy fatigability. On examination she was found to be icteric. On initial lab evaluation she was found to have thrombocytopenia, Direct hyperbilirubenemia with mild transminitis, hypoalbuminemia and deranged INR. Hepatic cause was suspected and ammonia was sent with came to elevated and she was diagnosed with hepatic encephalopathy. On further evaluation her CECT of abdomen suggested irregular liver margins with mild ascitis and splenic vein collaterals. She had no history of alcohol use. Her viral markers were negative and no history of recent use of CAM or over the counter medicine. The cause of liver disease was not apparent hence markers for autoimmune hepatitis were sent. Her serum Ig G levels were elevated and ASMA were positive hence liver biopsy was performed which showed interface hepatitis with lymphoplasmacytic infiltrates with rosetting of liver cells with cirrhosis which are typical markers of autoimmune hepatitis. She was treated for hepatic encephalopathy with lactulose and rifaximin and corticosteroids were started after biopsy report. She improved significantly after treatment and has normal mentation without cognitive defects and is asymptomatic.

### **Outcome:**

The patient survived with minimal residual cognitive impairment. This case highlights the potential of



Letrozole to induce AIH , emphasizing the need for regular LFT monitoring and prompt intervention.

**Conclusion:**

Letrozole-induced AIH is a rare but potentially fatal complication. Early recognition, discontinuation of Letrozole, . This case underscores the importance of vigilance and prompt action in managing aromatase inhibitor-induced hepatotoxicity.

---

## A26 A case of Congenital Ichthyosis

**Author:** Shubhada Chaure

**Co-Author:** Sameer Mhatre

**Designation:** Junior Resident in Paediatrics.

**Institute:** Smt. Kashibai Navale Medical College and General Hospital, Pune.

**Email:** shubhadachaure693@gmail.com

**Introduction:** Ichthyoses are disorders of cornification in which abnormal differentiation and desquamation of the epidermis result in a defective epidermal barrier. It may be inherited or acquired. Inherited ichthyoses belong to a large and heterogeneous group of Mendelian disorders. It's mainly classified as syndromic and nonsyndromic, out of which such a one case of nonsyndromic ichthyosis is discussed here.

**Case report:** Early preterm (30+6)weeker low birth weight (1900gms) was born with scaly vernix all over body with deep fissures in between with pedal edema. Patient was shifted to neonatal intensive care unit in view of prematurity, low birth weight and respiratory distress. Baby was advised application of specific cream. Baby required continuous positive airway pressure for 3 days and oxygen support for 5 days. Received iv antibiotics in view of early onset sepsis. Baby's body temperature was maintained by radiant warmer. Baby had dyselectrolytemia which was periodically monitored and corrected. Baby was shifted to postnatal care ward after 17 days of NICU stay. The scales were gradually weaning off. Whole exome sequencing was done which revealed Autosomal recessive congenital Ichthyosis with variant on ABCA12 gene. Baby was advised to continue application of Venusia cream and skin biopsy on subsequent follow-up. Baby was discharged on oral feeds and supplements.

**Conclusion:** Autosomal recessive congenital ichthyoses (ARCI) are lifelong skin disorders with generalized scaling and variable erythema that typically manifest at birth or early infancy. ARCI encompass several forms of nonsyndromic ichthyosis, which vary significantly in clinical presentation and severity, including the most severe and sometimes fatal forms. These are Harlequin ichthyosis, lamellar ichthyosis, congenital ichthyosiform erythroderma and intermediate phenotypes with variable degrees of erythema and size and quality of scale.

---

## A 27 Evaluation and management of bilateral neck of femur fracture.

**AUTHOR-** Dr. Sudarshan Sarode

**Guide-** Dr. Prashant Bhandari

**CASE:**

58 yr/female presented to opd with bilateral hip pain with not able to walk since 1 wk .

No history of recent trauma

**RESULT:** Bilateral neck of femur fracture due to underlying pathology like parathyroid adenoma

**CONCLUSION** – Before operate on pathological fracture underlying cause should be treated

---



## A28 Ganglioneuroblastoma

**Author** -Dr. Arti Yadav

**Co-author**-Dr. Richa Shah, Dr. Vaishali Aphale, Dr. Siddhi Khandeparkar

Case description-A 15 yr female presented with left flank pain radiating to bilateral lower limbs, loss of appetite & generalized weakness since 1 month. CT scan shows heterogeneously enhancing soft tissue density lesion in left suprarenal region from D10-L1, measuring 9.5×8.9×9.6cm s/o neoplastic etiology. Necrotic enlarged lymph node was seen in paraaortic region. Multiple ill-defined lytic lesions in the vertebra representing diffuse bony metastasis were noted.

Histopathological examination of biopsy from suprarenal mass shows 3 linear tissue cores. They show a tumor arranged in nests. Individual tumor cells are round to oval with eccentrically located hyperchromatic nuclei having stippled chromatin & moderate amount of eosinophilic cytoplasm. Schwannian stroma composed of stromal cells was noted. Individual stromal cells showed slender elongated nuclei with moderate amount of eosinophilic cytoplasm. Histopathological findings favored Ganglioneuroblastoma. IHC markers (NSE, S100) were done and they showed positivity.

**Conclusion:** Ganglioneuroblastoma is commonly seen in less than 4years of age. Less than 50 cases of ganglioneuroblastoma have been documented in literature in adults. Here we present rare case of ganglioneuroblastoma in young adult. Meticulous histopathological examination with high index of suspicion helps in arriving at an accurate diagnosis.

---



## **A29 POSTER PRESENTATION ABSTRACT TITLE: A RARE CASE REPORT OF METASTATIC PROSTATE ADENOCARCINOMA PRESENTING AS ACUTE QUADRIPLÉGIA**

**AUTHOR:** Dr Priyanka Abhijit Joshi

**GUIDE:** Dr. Shaheen Khan, Dr. Bageshri Gogate, Dr. Siddhi Khandeparkar

**CASE DESCRIPTION:** A 61 year old male patient presented with acute bilateral upper and lower limb weakness, loss of bowel and bladder function. Past history of stroke resulting in lower limb weakness was noted one year back and patient was on antiplatelet medication since. As per stroke protocol MRI Brain-angiography was done, revealed no evidence of acute infarct or bleed. Only chronic lacunar infarcts were with luminal narrowing of vertebral and internal carotid arteries noted. MRI Cervical Spine revealed extensive degeneration in cervical spine in the form of multilevel disc bulges, ligamentum flavum hypertrophy and spinal canal narrowing C4 to C7 level. A diagnosis of spinal shock with quadriplegia was made and to relieve the pressure over spinal cord C3 to C7 laminectomy was done. Excised tissue sent for histopathology. Gross Findings – C7 vertebral tissue with ligamentum flavum – multiple greyish, soft to hard tissue bits largest, smallest measuring 1.5x1x1 cm and 0.5x0.3x0.3 cm respectively. Microscopic Examination revealed - ligamentous tissue, mature bony trabeculae and few intertrabecular spaces showing a tumor arranged in sheets, acinar pattern & rosettes. Individual tumor cells are round to oval with hyperchromatic vesicular nuclei, prominent nucleoli, moderate to clear eosinophilic cytoplasm. Stroma shows desmoplasia. Impression- Neoplastic lesion favouring metastatic adenocarcinoma. A strong suspicion of metastasis from prostate carcinoma was there so serum PSA (prostate specific antigen) level were advised and found to be significantly elevated - 971 ng/ml. However patient expired post operatively. **CONCLUSION:** This case highlights that when evaluating an individual with skeletal degeneration a high degree of suspicion of metastasis from primaries such as prostate in a male patient must be ruled out.

---

## **A30 Valentino syndrome**

**Author** – Dr Yadhneya Sonone

**Co-Author** – Dr Ajay Naik Sir

### **Abstract:**

Valentino syndrome presents with pain in the lower right quadrant of abdomen due to a perforated peptic ulcer. This is a very rare condition mimicking acute appendicitis making it onerous to diagnose. This syndrome was named after actor Rudolph Valentino, he underwent an appendicectomy in view of signs and symptoms of appendicitis. Later on, he went to develop peritonitis with multi organ dysfunction which lead to his demise. Autopsy findings revealed a perforated peptic ulcer.

### **Case Description**

26 year old male presented to casualty of SKNMC&GH on 02/08/2024 with C/O :-

Pain over lower right side of abdomen since 4 days

Loss of appetite since 4 days

One episode of vomiting since morning

Multiple episodes of loose stools since morning

On Examination :-

Patient was afebrile, Pulse : 90bpm, BP : 108/64mmhg, SpO2 : 96 on RA

Per Abdomen :- Tenderness and guarding over Right Hypochondrium, Right Lumbar and Epigastrium



Bowel Sounds were sluggish in upper quadrants

Per Rectal :- Stool staining present

**Investigations :-**

X-ray abdomen Erect :- Gas under diaphragm

USG A+P :- Collection in RIF measuring 262cc

**Treatment :-**

Exploratory laparotomy was done and findings were noted

1.5x1cms pre-pyloric perforation, 250cc of sero-purulent fluid, normal appendix retro-caecal in position

Modified Graham's patch repair was done

**Conclusion**

In a perforated peptic ulcer, the fluid from the ulcer flows via the right para-colic gutter into the right iliac fossa causing chemical appendicitis. Even experienced surgeons may find this condition difficult to distinguish from acute appendicitis. A computed tomograph of the abdomen, interpreted by expert radiologist can aid in the diagnosis. Definitive management is Graham's/ Modified Graham's patch repair

Author :- Dr Yadhneya Sonone, Junior Resident, Dept of General Surgery

Co-Author :- Dr Ajay Naik Sir

Contact :-

Dr Yadhneya Sonone

Mob No :- 8149266686

Email id :- yadhneya@gmail.com

---

## **A31 Managing acute neck trauma with injury to greater vessels**

**Author :** Gurvinder Singh

Penetrating neck injury constitutes 5–10 % of all cases seen in the emergency room. As surgeons we must be prepared to manage these cases. After stabilizing the general condition of the patient the neck injuries are assessed. Management has changed from routine exploration to selective exploration. Injury to pulmonary tract and vessels are commonly seen.

**CASE:**

A 24-year-old male patient came to the emergency and trauma department with a history of alleged trauma to left side of neck due to work place injury on the neck 2 h earlier.

**CONCLUSION:**

Surgeons may be called on to manage penetrating neck injuries in the emergency room and hence be trained in skills enabling them to the following:

Assess and achieve an adequate and stable airway.

Stabilize a collapsing circulation.

Assess the head and neck injury swiftly in a logical manner prior to surgical exploration.

---



### **A32 Managing the unpredictable: Case report on ruptured hemorrhagic cyst in a patient with uncorrected valvular heart disease.**

**Author:** Dr Trishla Shrivastava (Junior resident  
Dept of OBGY, BJGMC and SGH, Pune)

**Co- author** Dr Ruchi Nityanand Thakur (Associate professor, Dept of OBGY, BJGMC and SGH, Pune)

**Case description:** A hemorrhagic ovarian cyst is a type of cyst that develops when there is bleeding into the cyst resulting in accumulation of blood or blood products within the cyst cavity. Incidence of ovarian cysts account for about 20-25% in India

Complications of hemorrhagic cyst are- shock, ovarian torsion, ovarian rupture, infection, infertility, chronic pelvic pain. We have reported a case on ruptured hemorrhagic cyst in a case with uncorrected valvular heart disease with severe anemia with deranged PTINR. Challenges faced while posting her for exploratory laparotomy was the intensive monitoring during blood products transfusion as the patient had severe mitral stenosis with moderate mitral regurgitation in atrial fibrillation while making sure the patient didn't go into fluid overload and the coagulation defect to be corrected to a level where in surgery could be performed along with balancing anticoagulation.

#### **Conclusion**

A good clinical examination supported with radiological investigation go a long way in correct diagnosis PTINR in acceptable range is important in such cases.

Use of diathermy by experienced surgeon and achieving good hemostasis goes a long way in post op care. Vigilant post operative care and anticoagulation.

Patients on anticoagulation should be tutored about the importance of regular, good, reliable PT INR with stringent follow up with cardiologist. Being aware regarding accidental hemorrhagic episodes. Early diagnosis and prompt treatment is of essence

Anti coagulation should be properly started on and monitored.

Multi disciplinary team management is the key in high risk cases.

---

### **A33 A case report on Critical Care Neuropathy**

**Author-** Dr. Manasi Naphade

**Co- Author-** Dr Nitin Suryawanshi Sir Dr Gajanan Kurundkar Sir Dr Dilip Kadam Si

**Case description** -A 67-year-old female with a history of diabetes mellitus (DM) and hypertension (HTN), well-compliant with medications, presented with fever, chills, burning micturition, left-sided renal angle tenderness, altered sensorium, irritability, vomiting, and increased urinary frequency. Initial examination revealed severe hypotension, tachycardia, tachypnea, and hypoxia. Lab findings indicated metabolic acidosis, elevated white blood cell count, and significant pus cells in urine, suggesting a severe infection. Despite aggressive medical management, the patient's condition deteriorated, leading to intubation due to low Glasgow Coma Scale (GCS) and bradycardia. A CT scan confirmed left pyelonephritis with calyceal rupture and perinephric collection. A DJ stent was placed, resulting in clinical improvement and reduction in urinoma size. The patient was weaned off the ventilator and discharged after a 30-day hospital stay with a Foley's catheter in place. Two weeks later, she was readmitted with loose stools and was diagnosed with Pseudomembranous colitis secondary to Clostridium difficile, confirmed by stool tests. She was treated with ciprofloxacin and metronidazole, and a colonoscopy revealed erythematous mucosa with multiple ulcers. Persistent hypokalemia was attributed to tubular loss, and Aldactone was added to her treatment. The patient developed depression and peripheral neuropathy, likely





due to critical care or drug-induced causes. After psychiatric intervention and intensive physiotherapy, she was discharged on the 20th day of readmission, able to walk with support.

**Conclusion-** This case underscores the development of critical care neuropathy in a 67-year-old female with underlying diabetes and hypertension, following an extended period of intensive care for severe urosepsis and its complications. Despite successful management of her infections and other complications, the patient developed significant peripheral neuropathy, characterized by sensory and motor deficits, particularly in the lower limbs. This neuropathy is likely attributable to the prolonged critical illness and immobilization, compounded by possible drug effects. Intensive physiotherapy and psychiatric support were pivotal in her gradual recovery, enabling her to regain partial mobility and be discharged, highlighting the need for vigilant monitoring and early intervention in patients at risk of critical care neuropathy

---

## A34 Sickle Cell Anaemia and Crisis

**Author :** Dr Mukund Saraf

### **Introduction**

Sickle cell crisis refers to an acute exacerbation of symptoms in patients with sickle cell disease (SCD), a genetic disorder characterized by the presence of abnormal hemoglobin S (HbS) in red blood cells. During a crisis, patients experience severe pain and other complications due to the sickling of red blood cells, which can lead to various life-threatening conditions.

### **Pathogenesis**

The pathogenesis of sickle cell crisis involves the polymerization of deoxygenated HbS, causing red blood cells to become rigid and take on a sickle shape. These sickled cells are less flexible and more prone to sticking to the walls of blood vessels, leading to obstruction of blood flow (vaso-occlusion). This results in tissue ischemia, infarction, and pain.

Several factors can trigger a sickle cell crisis, including dehydration, infection, hypoxia (low oxygen levels), extreme temperatures, and stress. The crises can be categorized into different types based on their underlying mechanisms:

1. **Vaso-occlusive crisis:** The most common type, characterized by the blockage of small blood vessels, leading to ischemia and severe pain.
2. **Aplastic crisis:** Occurs when there is a sudden cessation of red blood cell production, often triggered by parvovirus B19 infection, leading to severe anemia.
3. **Hemolytic crisis:** An increase in the rate of red blood cell destruction, leading to worsening anemia and jaundice.
4. **Splenic sequestration crisis:** Typically seen in children, where large numbers of sickled cells become trapped in the spleen, leading to a sudden drop in hemoglobin levels and an enlarged spleen.

### **Clinical Presentation**

Patients experiencing a sickle cell crisis may present with:

- **Severe pain:** Often described as intense and sudden, commonly affecting the bones, chest, abdomen, and joints.
- **Anemia:** Symptoms include fatigue, pallor, and shortness of breath due to increased hemolysis.
- **Jaundice:** Yellowing of the skin and eyes due to the breakdown of red blood cells.
- **Fever:** Can indicate an underlying infection or inflammation.
- **Splenomegaly:** Enlargement of the spleen, particularly in young children, due to splenic sequestration.
- **Acute chest syndrome:** Characterized by chest pain, cough, fever, and difficulty breathing, and is a leading cause of death in SCD patients.



- **Dactylitis:** Painful swelling of the hands and feet, commonly seen in infants and young children with SCD.

### Diagnosis

Diagnosis of sickle cell crisis is primarily clinical but can be supported by laboratory and imaging studies:

- **Complete Blood Count (CBC):** Shows anemia with reticulocytosis (increased immature red blood cells) and sometimes leukocytosis (increased white blood cells).
- **Peripheral Blood Smear:** Reveals sickled red blood cells.
- **Hemoglobin Electrophoresis:** Confirms the presence of HbS.
- **Bilirubin Levels:** Elevated due to increased breakdown of red blood cells.
- **Chest X-ray:** Used to identify complications like acute chest syndrome.
- **Ultrasound or MRI:** May be needed to assess for complications such as splenic sequestration or bone infarction.

### Treatment

The treatment of sickle cell crisis focuses on managing acute symptoms and preventing future crises:

1. **Pain Management:** Effective pain control is essential, often involving opioids, NSAIDs, and sometimes patient-controlled analgesia (PCA).
2. **Hydration:** Intravenous fluids are administered to reduce blood viscosity and improve circulation.
3. **Oxygen Therapy:** Provided to patients with hypoxia to prevent further sickling of red blood cells.
4. **Antibiotics:** Empiric antibiotics are given if there is suspicion of infection, as infections can precipitate a crisis.
5. **Blood Transfusions:** Used in cases of severe anemia, acute chest syndrome, or to prevent stroke.
6. **Hydroxyurea:** A medication that increases fetal hemoglobin (HbF) levels, reducing the frequency of sickle cell crises and complications.
7. **Exchange Transfusion:** In severe cases, this procedure removes sickled red blood cells and replaces them with normal red blood cells.
8. **Bone Marrow Transplant:** The only curative treatment, although it is associated with significant risks and is not widely available.

Effective management of sickle cell crisis involves both immediate treatment of the acute event and long-term strategies to reduce the frequency and severity of future crises.

---

## A35 A Rare Case Report of Sickle Cell Beta Thalassemia

Incidentally Discovered in 16 Year Male

**AUTHOR:** Dr. Shrutika Ashok Bodhale

**CO-AUTHOR:** Dr. Siddhi Khandeparkar, Dr. Bageshri Gogate, Dr. Aditya Nesargi

**CASE DESCRIPTION:** 16-year-male presented to medicine OPD with complaints of fever and abdominal pain with nausea for 4days. Clinical examination showed hepatosplenomegaly.

PERIPHERAL BLOOD SMEAR showed Microcytic Hypochromic Anemia with few elliptocytes, tear drop cells, target cells and sickle cells. Howell-Jolly body, polychromatophils and nucleated RBCs were noted. There was neutrophilic leucocytosis with shift to left up to myelocytes. Platelets were adequate. Sickling test and Hb electrophoresis/HPLC were advised.

USG & CT ABDOMINO-PELVIS revealed moderate hepatomegaly, splenomegaly with large splenic infarcts, bilateral minimal pleural effusion, and patchy areas of consolidation in the bilateral lower lobes.

EARLY & LATE SICKLING TEST was positive.

HEMOGLOBIN ELECTROPHORESIS and HPLC revealed HbF=27.8%, HbA=3.70%, HbA2=4.3%, HbS=62.5% which confirmed Sickle Cell Disorder. Differentials offered were 1) Double heterogenous



sickle cell/beta thalassemia and 2) Homogenous sickle cell/alpha thalassemia

**CONCLUSION:** Sickle cell beta-thalassemia(S/β) is a rare inherited variant of sickling disorders, usually occurring due to the inheritance of two abnormal genes, namely, the sickle cell and the beta-thalassemia genes.

High index of suspicion, meticulous Peripheral Blood Smear Examination along with Hb electrophoresis/HPLC and clinico-radiological correlation together with family history is necessary for arriving at an accurate diagnosis of Sickle cell Beta Thalassemia and to rule out other hemoglobinopathies.

---

## A36 something smells sweet

**Type of presentation** - Case Report

**Mode of presentation** - Poster Presentation

**Author** - Dr. Harsh Jaiswal

**Co-author** - Dr. Anjali Parekh

**Designation** - Junior Resident in Paediatrics Institute - Smt Kashibai Navale Medical College and General Hospital, Pune email - harshjaiswal09@yahoo.in

**INTRODUCTION** - Maple Syrup Urine Disease is an Autosomal Recessive disease with an incidence of 1 in 1.85 lakh live births, an Inborn Error in Metabolism of Branched Chain Amino Acid. Patients can present at birth to early childhood age group depending on the type of disease. Manifestations show lethargy, poor feeding, vomiting, with neurological manifestations as alteration in tone and sensorium. High level of clinical suspicion along with Newborn Screening help in early diagnosis to initiate the appropriate measure of management. Body fluids especially Urine have a peculiar odor of maple syrup.

**CASE REPORT** - 11 days old male child, born out of a 2nd degree consanguineous marriage, 1st by birth order presented to casualty with tachypnea, respiratory distress and lethargy for 1 day. On evaluation child was hypotonic with low blood glucose level, requiring mechanical ventilation for tachypnea and Respiratory Distress and low Saturation, lab reports suggested sepsis hence started on IV antibiotics, with anticonvulsant for 4-5 episodes of Tonic-Clonic convulsions. On 3rd day of being discharged child again presented at casualty with severe Respiratory Distress requiring Mechanical Ventilation, later on examination hepatomegaly of 6cm was noted, and urine had a peculiar sweet smell, with a macerated perianal rash. Child showed clinical improvement when kept Nil By Mouth and IV fluids, and recrudescence when started on Breast feeding. Labs revealed Metabolic Acidosis with raised Serum Ammonia. GCMS test was suggestive of MSUD, and Amino Acid quantification by HPLC method revealed markedly elevated Leucine level with elevated Valine and Glutamic Acid, confirming the diagnosis. Child was then started on low BCAA diet and discharged with Thiamine supplements.

**DISCUSSION** - A type of Autosomal Recessive disease, Maple Syrup Urine Disease is an Inborn Error in Metabolism of Branched Chain Amino Acid (BCAA), where Oxidative Decarboxylation of Leucine, Isoleucine and Valine is hampered due to a defect in enzyme complex, which is, Branched Chain Ketoacid Dehydrogenase (BCKDH) with co-enzyme Thiamine Pyrophosphate (Vit B1). Under catabolic state (sepsis, surgery, stress), BCAA breaks down in muscle to give Alpha-Ketoacid by Transamination reaction, which are further catabolised by BCKDH enzyme complex. Among Isoleucine, Leucine and Valine; Leucine and its derivative Alpha-Ketoisocaproic Acid play a key role in underlying Acute Encephalopathy of MSUD. Due to elevated Leucine uptake of other BCAA is hampered, and Alpha-Ketoisocaproic Acid disrupts metabolism of neurotransmitters such as GABA, Glutamate, Glutamine. Based on clinical presentation and response to Thiamine MSUD is of 5 types, which are Classic, Intermediate, Intermittent, Thiamine-responsive and Type 3. Classic MSUD being the most severe form, presenting in infancy, where a normal appearing newborn soon develops poor feeding, lethargy, vomiting,



hypoglycemia convulsion and coma; physical examination, may reveal periods of hypertonicity altered with flaccidity. Skin lesion similar to Acrodermatitis Enteropathica may develop if levels of Isoleucine and Valine are very low. Treatment of acute phase is aimed at hydration and rapid removal of BCAA from tissue and body fluids. But hydration may not be very effective due to poor Renal clearance of Leucine, here Hemodialysis can prove to be more effective. Since BCAA are not produced endogenously after recovery from acute phase, special diet low in BCAA needs to be maintained, with age appropriate adjustment of amounts of BCAA.

---

### **A37 “FUNCTIONAL OUTCOME OF EXTERNAL FIXATOR APPLICATION IN COMMUNUTED INTRA-ARTICULAR DISTAL END RADIUS FRACTURE”**

**Author :** Dr Arvind Padmakumar

**GUIDE** – Dr. Vijay Nemade

**Case:**

A 38 year old female with Left Distal End Radius Fracture with intra-articular involvement with 2 days old trauma due to fall

**Result :**

There was no visible deformity, no pain, no restriction of movement at wrist after applying External fixation

**Conclusion :**

By application of External fixator for distal end Radius fracture with intra-articular involvement, we can get excellent results.

---

### **A38 A Case of Glanzmann Thrombasthenia**

**Author :** Dr. Anvita Jain,

**Co Author :** Dr. Sanjay Natu

Smt. Kashibai Navale Medical College and General Hospital, Pune

**Introduction:**

Glanzmann thrombasthenia, is a rare congenital autosomal recessive disorder.

Clinical features include bleeding manifestations like epistaxis, gingival, and mucocutaneous bleeds.

**CASE REPORT**

One-year-old male citizen of Pune who is the second kid of a non-consanguineous marriage; brought by parents with recurrent bouts of spontaneous nasal bleeding when he was quite small. There is a previous history of receiving numerous blood transfusions. The bleeding symptoms did not correlate with any prior history of bruises, hematemesis, gingival bleeding, trauma, or purpura. There is no significant family history or birth history. Patient is immunized for age and is developmentally normal.

Anthropometrically, weight for height was -1 to -2 standard deviation, which was normal.

At each episode of nasal bleeding, anterior nasal packing was done, and blood transfusion was given.

On examination, vitals were stable and pallor was present.

On Per abdomen, palpation hepatomegaly was seen.

Laboratory investigations

A peripheral blood smear revealed anisopoikilocytosis, primarily normocytic normochromic RBCs, a small number of microcytic hypochromic RBCs, a few teardrop and pencil cells, and an appropriate platelet count and size, along with a Hb of 7.4 gm%.



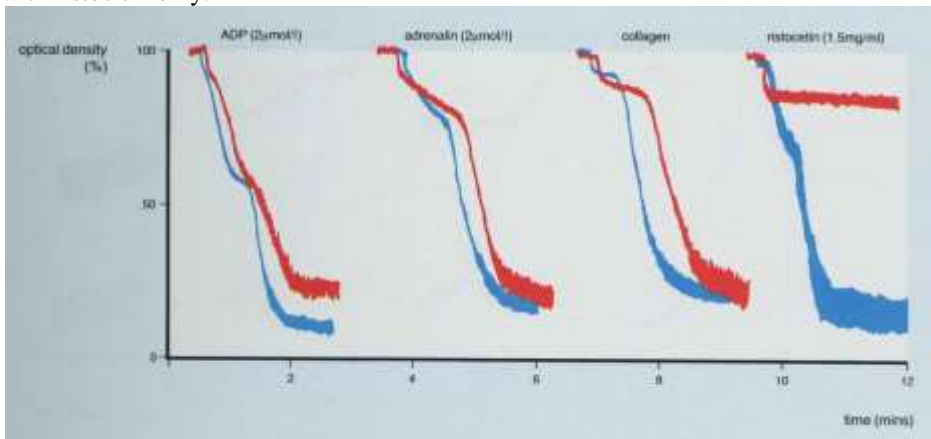
ENT opinion was taken. And an X-ray (paranasal sinus) was done, which was normal.

Prothrombin time showed 11.8 sec (10 to 13), and

aPTT = 28.4 (31.1), which were normal.

Prolonged bleeding time was seen of 6 min 20sec (2 to 5 sec).

Subsequently, platelet function disorder was suspected, and a platelet function test revealed aggregation with ristocetin only.



#### Differential Diagnosis

Bernard Soulier

Von Willebrand Disease

#### Treatment-

Patient education and immunization

-Platelet transfusions.

-Symptomatic treatment.

Available Treatment Options

Anti-fibolytic therapy like tranexamic acid and epsilon aminocaproic acid.

-Recombinant factor VIIa

Rituximab (antiCD20), Bevacizumab

-use of systemic corticosteroids, cyclophosphamide, azathioprine, plasmapheresis, IVIG.

Hematopoietic stem cell transplant.

#### Discussion-

With normal-sized platelets and morphologic characteristics on peripheral blood smears, Glansmann thrombosthenia is a platelet condition characterized by significantly abnormal bleeding time or PfA-100 closure times. All agonists except ristocetin, which does not require metabolically active platelets, elicit aberrant or absent aggregation in aggregation tests. In this syndrome, there is a deficiency in the platelet fibrinogen receptor 2b3a, the major integrin complex on the platelet surface.

The main integrin complex changes form in response to inside-out signaling that occurs during platelet stimulation. When a platelet is stimulated, fibrinogen binds to this complex, causing the platelets to coalesce. Gene mutations that can be identified and that are inherited autosomally recessively produce Glansmann thrombosthenia. Stem cell transplants have been used in curative therapy, according to reports. [1-2]

#### References -



1.Solh T, Botsford A, Solh M. Glanzmann's thrombasthenia: pathogenesis, diagnosis, and current and emerging treatment options. J Blood Med. 2015;6:219–27. Available from: <http://dx.doi.org/10.2147/JBM.S71319>

2.Diz-Küçükkaya R. Inherited platelet disorders including Glanzmann thrombasthenia and Bernard-Soulier syndrome. Hematology Am Soc Hematol Educ Program. 2013;2013(1):268–75. Available from: <http://dx.doi.org/10.1182/asheducation-2013.1.26>

---

### **A39 Mother to child transmission of Syphilis**

**Author:** Dr Pooja Vasurkar (JR1, Department of Obstetrics and Gynaecology)

**Co-author:** Dr G. S. Shekhawat (HOD, Department of Obstetrics and Gynaecology)

#### **Objectives:**

Prenatal Screening of Syphilis permits early detection and initiation of treatment. The following are the objectives of this case report

Identify appropriate screening methods

Identify appropriate screening methods for pregnant patients with syphilis.

Implement appropriate treatments for all pregnant patients with abnormal prenatal testing for syphilis.

Coordinate an interprofessional approach and perinatal monitoring plan for the effective management of congenital and maternal syphilis

#### **Case discussion**

G3P1L1A1 with 8 moa came to causality with c/o pv discharge since 2 hrs c/o pain in abdomen since 1 hr . No c/o pv bleeding,pv leak, decreased fetal movement count No bowel and bladder complaints No c/o fever /cold/ cough Gestational age of (27+6) weeks by scan Pt is known case of syphilis Pt is VDRL>AND TPHA >1:640 positive Pt has received inj benzathine penicillin 2.4 MIU Husband is syphilis negative and is VDRL negative and TPHA negative

#### **Conclusion:**

Syphilis In Pregnancy Is a Serious Concern That Requires Early Detection and Prompt Treatment To Protect The Health Of Both Mother And Developing Fetus. Regular Antenatal Checkups Including Syphilis Screening Is Essential to Ensure Healthy Pregnancy and Prevent Transmission. Also Partners of Pregnant Individuals Should Also Be Screened for Syphilis. Pregnant Women Should Be Educated About Syphilis and Prevention Strategies to Carry Healthy Self And Fetus.

---

### **A40 Caesarean myomectomy in a case of (27+2) Weeks of pregnancy with IUGR with PPRM**

**AUTHOR :** DR. Megha A.Parkhe

**CO-AUTHOR :** DR. Ketki Junnare

**Institute-** Smt .Kashibai Navale Medical college and General Hospital

**CASE SUMMARY :** 29 year old female, Gravida 2 ,Para-1 Abortion 1, presented to the emergency department at 7 months of amenorrhea with complaints of per vaginal leak since 10 am the same day.Her antenatal period was uneventful except that she was diagnosed with large subserosal fibroid of 11\*11\*8.3 cm.General and systemic examination was normal, including all antenatal investigations.Obstetrical examination at 28weeks of gestation revealed longitudinal lie with breech presentation. Patient underwent Cesarean section with Myomectomy.

**OBJECTIVE-** To assess maternal outcomes- including intraoperative complications, blood loss, and post





operative recovery in patient undergoing cesarean myomectomy.

#### REFERENCES-

<https://www.healio.com/news/womens-health-ob-gyn/20240709/uterine-fibroids-raise-risks-for-adverse-pregnancy-obstetric-outcomes#:~:text=Uterine%20fibroids%20raise%20adverse%20pregnancy,hemorrhage%20and%20placenta%20previa%20risks.>  
<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06545-5>  
<http://bmjopen.bmj.com>

## A41 A case of a Floppy Infant

**Presenting author** – Dr. Monica Chand

**Co- author** – Dr. Sanjay Natu Designation – Junior resident in Paediatrics Institute- Smt. Kashibai Navale Medical College and General Hospital, Pune

Email- chandmonica1608@gmail.com

**INTRODUCTION-** The initial approach to a floppy infant is to determine whether the problem is of central or peripheral origin. Paralytic hypotonia with significant weakness suggests a peripheral neuromuscular problem. Whereas, Non-paralytic hypotonia without significant weakness points towards central cause which can be neurological, genetic, syndromic or metabolic. Investigations to determine central hypotonia include: Neuroimaging, serum electrolytes, lactate, ammonia, thyroid function test, VBG, plasma copper and ceruloplasmin, chromosomal analysis, testing for Prader Willi Syndrome, plasma amino acids, urinary organic acids, urine mucopolysaccharide screen, and very long fatty acid. Investigations to determine peripheral hypotonia include: Creatinine Phosphokinase, lactate, EMG/NCV study, muscle biopsy, genetic testing, nerve biopsy, Tensilon test. Here we present a case of central hypotonia due to hemizygous deletion on chromosome 15

**CASE REPORT-** A 29-day old male baby was referred to the hospital with complaints of hypotonia and respiratory distress. The baby was a full term, caesarean section delivery (utero-placental insufficiency) with birth weight of 1.8 kg and required resuscitation at birth. Baby was shifted to the Neonatal Intensive Care Unit in view of hypotonia, lethargy, weak cry, decreased activity and required supplemental oxygen, IV fluids. USG brain and USG abdomen were normal. 2DECHO revealed a Patent Ductus Arteriosus with a left to right shunt (Received Paracetamol for 3 days). On admission, physical examination revealed stridor. Rest of the general examination was normal. Systemic examination revealed suprasternal, sub-xiphoid, subcostal retractions and bilateral crepitations. Cry of the baby was weak with a generalized hypotonia. Laboratory investigations showed a white blood cell count, 14,300/L; Serum calcium, 9.3mg/dl, Serum sodium, 131mmol/L, Serum potassium, 4.6Mmol/L. Patient required CPAP and orogastric tube feeds for 15 days and was subsequently weaned off respiratory support and started on oral feeds with expressed breast milk. In view of a floppy baby with stridor, Nerve conduction velocity and electromyogram were done which were inconclusive. MRI brain, 2DECHO, USG- brain revealed no abnormality. EEG was done which revealed right fronto-central and fronto-temporal epileptiform activity. Whole exome sequencing and CPK total as advised by Paediatric Neurologist for central hypotonia was done. Whole exome sequencing revealed deletion overlaps with 15q11.2-q13 microdeletion corresponding to Angelman Syndrome. CPK total within normal limits. Baby was discharged on oral feeds with weight gain and no respiratory support.

**DISCUSSION-** Chromosome 15q11-13 is a region that harbours several genes regulated by genomic imprinting, a phenomenon in which genes are expressed preferentially from one parental allele. As a result, genes subject to regulation by genomic imprinting are functionally haploid, having a single functional





copy. Three distinct neurodevelopmental disorders arise primarily from deletions or duplications that occur at the 15q11-q13 locus: Prader Willi Syndrome, Angelman Syndrome, 15q11-q13 duplication syndrome (Dup15q syndrome) Each of these disorders arise from the loss of function or over expression of at least one imprinted gene. They each occur with a frequency of approximately 1/15,000 to 1/30,000 live births. Such deletions and duplications are mediated by local DNA repeats that occur at the common breakpoints. Angelman syndrome is characterized by developmental delay, intellectual disability, absent speech, seizures, ataxic gait, happy demeanour, and characteristic facies. It is caused by lack of function of maternal UBE3A. This arises due to one of four mechanisms: 1) Deletion of maternal 15q11.2-q13, 2) loss of function mutation of maternal UBE3A, 3) paternal uniparental disomy, 4) imprinting defect. Management would include speech therapy, occupational therapy, physiotherapy, diet and nutrition, ophthalmologic assessment for strabismus and hyperopia. Family counselling is recommended.

---

## A42 Laryngeal Hamartoma: A rare cause of Stridor

### Introduction

**Author :** Dr. Purva Bendale

A hamartoma is characterized by the development of a tumor-like mass consisting of mature specialized cells or tissue elements native to its location (1). While hamartomas can occur in any organ, they are most commonly found in the lungs, kidneys, and intestines (2). Laryngeal hamartoma, an exceptionally rare non-neoplastic developmental anomaly, may clinically manifest with symptoms such as upper respiratory tract obstruction, dysphonia, choking, hoarseness, and persistent stridor (3).

Till date, twelve cases of laryngeal hamartomas have been reported. Despite variable signs and symptoms, upper airway obstruction and some degree of voice change are typically observed (4). This case report presents a unique instance of laryngeal hamartoma, an uncommon cause of persistent stridor, with parental informed consent obtained.

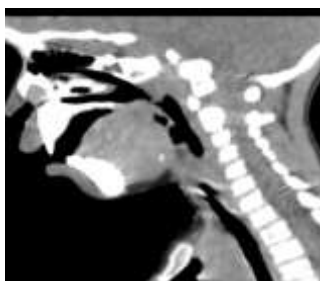
### Case presentation

A five-year-old male presented with complaints of noisy breathing, and increased respiratory efforts since seven days. The child was undernourished and stunted. Upon examination, the child had tachypnea but maintained oxygen saturation on room air. Inspiratory stridor which exacerbated in the supine position but improved when in the prone position was noted. He also had significant suprasternal and intercostal retractions and bilaterally equal air entry.

The rest of his physical examination was normal.

Blood investigations revealed haemoglobin level 10.1g/dl, white blood cell count of 11200 cummm lymphocytic predominance. C- reactive proteins, arterial blood gas analysis were normal. Chest X-ray was non specific. Viral serology for respiratory syncytial virus, adenovirus, and parainfluenza virus and COVID- 19 was negative.

He was connected to non invasive ventilation and nebulization with adrenaline was started but stridor was not Cervical CT revealed, mild airway narrowing in the supraglottic region with suspicious edema of the right aryepiglottic fold.

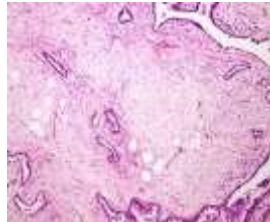




Subsequent flexible bronchoscopy confirmed the presence of a pedunculated mass in the supraglottic region entering the glottis opening during inspiration.

Microscopic laser excision of the mass was performed, along with tracheostomy tube placement. Histopathological examination of the mass revealed well organised smooth muscle fibre admixed with mucous glands and vascular structure suggestive of a laryngeal hamartoma.

An attempt to close the tracheostomy tube failed due to laryngeal stricture. A repeat CT scan of the neck



done to rule out recurrence of the mass, revealed an ill-defined, heterogeneously enhancing soft tissue density lesion in the subglottic region, causing luminal narrowing. Subsequently, a tracheoplasty procedure using a T-tube placement was performed, which was later replaced by tracheostomy tube. Oral feeding could not be established, possibly due to a tracheo-esophageal fistula. Therefore, MIC-Button placement was done, and the patient was discharged with the tracheostomy tube and a MIC-KEY gastrostomy button in situ, with regular follow-up.

### Discussion

Stridor, an abnormal high-pitched breathing sound, results from partial upper respiratory tract obstruction. In children, chronic stridor is predominantly attributed to laryngomalacia (3). Causes of stridor can be categorized based on the site of obstruction. Laryngeal obstruction may be caused from laryngomalacia, laryngeal web/cyst, laryngocele, vocal cord paralysis, laryngeal papilloma, other tumors, subglottic hemangioma, foreign body aspiration, and post-intubation stenosis. Tracheal obstruction leading to persistent stridor may be due to tracheomalacia, endotracheal tumors, and external compression (5). Clinical evaluation of a child with persistent stridor includes a detailed history, complete physical examination, radiographic studies and examination of the larynx with flexible bronchoscope. (6) A detailed history should encompass the onset of stridor and any factors that exacerbate it, such as upper respiratory tract infections, lying supine, or crying. Additionally, associated symptoms like cyanosis or difficulties in feeding should be noted. While computerized tomography (CT) or magnetic resonance imaging (MRI) can be useful for detecting mass lesions, endoscopic procedures are typically necessary for a definitive diagnosis. Endoscopy also allows for biopsies and, if feasible, the removal of lesions. (7) Stridor treatment varies based on the underlying cause. While watchful waiting suffices for many cases of laryngomalacia, severe instances may require surgical intervention. Laryngeal hamartomas are typically managed through conservative surgical excision, with endoscopic removal often adequate.

We want to emphasise that patient presenting with persistent stridor and severe distress necessitates urgent direct or flexible bronchoscopy.

### REFERENCES

1. Buckmire RA, Kwon TK. Bilateral obstructing laryngeal epithelial adenomatous hamartomas. Arch Otolaryngol Head Neck Surg.
2. Daniel SJ. The upper airway congenital malformations. Paediatr Respir Rev.
3. Fine ED, Dahmas B, Arnold JE. Laryngeal hamartoma: A rare congenital abnormality. Ann Otol Rhinol Laryngol.
4. Karatas E, Mumbuc S, Durucu C, Kanlıkama M, Bakır K, Ekiz S. Hamartoma of the larynx causing nonspecific symptoms in the false vocal cord: Original image. Türkiye Klinikleri J Med Sci.



5. Leung AK, Cho HY. Diagnosis of stridor in children. Am Fam Physician.
6. Linder A. Hamartoma of the larynx causing neonatal respiratory distress. J Larygol Otol.
7. Makitie AA, Lehtonen H, Back L, Aaltonen LM, Leivo I. Hamartoma of the larynx: An unusual cause of dyspnea. Ann Otol Rhinol Laryngol. 2003;112:841–3.
8. Rinaldo A, Mannara GM, Fisher C, Ferlito A. Hamartoma of the larynx: a critical review of the literatures.
9. Yigitbasi OG, Guler G, Ozturk F, Guney E. Glandular hamartoma of the larynx. Int J Pediatr Otorhinolaryngol. 2002

### A43 Case presentation on “A rare presentation of carcinoma of cervix”

**Author:** Dr. Vaibhavi Dhenge (Jr 2, Dept of OBGY)

**Co-Author:** Dr. Kishorkumar Hol ( Prof, Dept of OBGY).

**Case description:** 43 year old P2L2 tubectomised , with anterior neck swelling under evaluation , on off swelling over leg with no gynaecological complaints with histopath of cervical lymph nodes suggestive of metastasis from squamous cell carcinoma , PET CT SCAN suggestive of multifocal primary in uterine cervix and body

**Conclusion:** A rare presentation of metastatic lesion of squamous cell carcinoma of cervix

### A44 CONGENITAL LARYNGOCELE – ONE OF THE RARE CASE !

Dr Ganeshprasad Giri , Dr Anand Deshpande , Dr Sanjay Natu - Professor and HOD

Smt Kashibai Navale Medical College, Pune

A 14 day-old female was referred to SKNMCGH . She was a full-term baby , 2.5 kg with history of not crying immediately after birth and requiring bag and mask at another hospital . The baby was handed over to mother after birth . Baby presented to our facility with stridor ,tachypnoea and respiratory distress in the form of SSR and SCR , which was persistent on NIPPV , sepsis and lung pathology was ruled out . Direct laryngoscopy was performed , which revealed a cystic mass at the level of larynx . CT scan revealed it to be a 2.3\* 7.5\*4.8 mm laryngocele . Surgical opinion was taken and a conservative approach was advised .

**Introduction :** The neonatal laryngocele is an extremely rare phenomenon, defined as an air-filled cystic dilatation of the laryngeal saccule. The estimated incidence is 1 per 2.5 million people per year Laryngocele has been divided into two types depending on its relationship with the thyrohyoid membrane which can be internal or mixed. Laryngocele may be asymptomatic, however, the main symptoms are usually cough, hoarseness, stridor, dyspnea and visible neck mass. It is usually difficult to diagnose airway obstruction prenatally but , however, this becomes visible soon after birth

In neonates ,small laryngoceles may cause severe respiratory distress due to obstruction of the narrow airway, hence intubation or tracheostomy may be required

**Diagnosis:** Presenting symptoms Physical examination Laryngoscopy. CT scan (most accurate) And MRI.

**Management**

Symptomatic management

Surgical approach: external approach, endo-laryngeal micro-laryngoscopy, carbon-dioxide laser excision and transoral robotic surgery . Transoral laser endoscopic excision and marsupialization of the cyst's wall is a minimally invasive solution.

On follow up patient was well grown, having no Respiratory distress or stridor.



## A45 Study of clinical profile of peripartum hysterectomy

**AUTHOR:** Vanishree Chavhan (junior resident, Dept. of OBGY, Obstetrics and Gynecology, Smt. Kashibai Navale Medical College)

**CO-AUTHOR:** Dr. Kishorkumar Hol (Professor, Obstetrics and Gynaecology, Smt Kashibai Navale Medical College)

### **Abstract:**

**Introduction:** PPH, or postpartum haemorrhage, is a potentially fatal illness. Over time, several medications and surgical methods have been developed, particularly to maintain the uterus. As a last resort to preserve a woman's life, an emergency peripartum hysterectomy must occasionally be carried out. A peripartum hysterectomy is defined as the removal of the uterus within a specific time interval after delivering the baby. Therefore, it is a clear indicator of severe maternal morbidity. In present study we have assessed peripartum hysterectomy performed at our facility between study period in in terms of demography, obstetric parameters, indications, operative parameters and complications

**AIMS AND OBJECTIVE:** To evaluate the indications, clinical course and peripartum outcomes in emergency and planned peripartum hysterectomies in tertiary care center.

**Materials and Methods:** Present study is a cross sectional retrospective study conducted from duration 2017 to 2023. Institutional ethics committee permission was taken prior to commencement of present study. 20 pregnant women fulfilling inclusion and exclusion criteria were enrolled. Records of all women who underwent peripartum hysterectomy were collected from medical record department. Each case file was studied in detail for demographic profile, obstetric history with parity, gestational age, previous caesarean sections, clinical characteristics, operative notes for indications, intraoperative findings, duration of surgery anaesthesia records, and postoperative events. Data was compiled & assessed for result

**Observations and Results:** Majority i.e., 13 (64 %) cases were from age group 30 to 40 years. Maximum cases i.e., 10 (46 %) were having parity  $\geq 2$ . Majority i.e., 13 (64 %) cases were having Gestational age  $\leq 37$  weeks. 16 (80 %) had history of Previous caesarean sections. In 18 (90 %) cases General anaesthesia was given and in 2 (10 %) Spinal to general anaesthesia was given. In 18 (90 %) Duration of surgery was  $\leq 2$  hours and in 2 (10 %) it was  $>2$  hours. Placenta accrete was indication in majority i.e., 11 (55 %) cases followed by Atonic postpartum haemorrhage in 6 (30 %), Rupture uterus in 1 (5 %), Cervical pregnancy in 1 (5 %) and Postabortal arteriovenous malformation in 1 (5 %). Febrile morbidity was commonest complication found in 4 (20 %) cases followed by Wound infection in 2 (12 %), Bladder injury in 2 (12 %) and Urinary infection in 2 (12 %).

**Conclusion:** In summary, placenta accrete was the most prevalent reason for peripartum hysterectomy in our analysis, indicating a shift in the indications during the previous 20 years. This is a result of an increase in caesarean sections and early imaging-based diagnosis. When placenta accrete was identified, elective peripartum hysterectomies with a multidisciplinary approach and intensive care unit support resulted in improved results and lower morbidity

---

## B1 Traumatic multiple Cervical Spine Injury Patient with Osteopetrosis and its Management

**Author:** Dr. Dheeraj

**Objective/purpose:** To report multiple level fractures of cervical spine in a patient with osteopetrosis and its management. Summary of background data Osteopetrosis is a rare inherited condition characterized by defective remodeling resulting in hard and brittle bones with diffuse osteosclerosis. Fractures of spine are



rare as compared to the common long bone fractures. We report a case of traumatic multiple level fractures of cervical spine in osteopetrosis and its management which has rarely been reported in the literature before, if any.

**Methods :** 17-year-old boy presented with severe tenderness in neck and restricted range of motion following a trivial injury to the neck in swimming pool. The neurology was normal and he was diagnosed to have autosomal dominant osteopetrosis on evaluation. Imaging findings, clinical course and the method of treatment are discussed.

**Results:** Radiological evaluation revealed presence of multiple level fractures of cervical vertebrae with end plate sclerosis. Patient was managed with cervical skeletal traction in appropriate extension position for 6 weeks followed by hard cervical collar for another 6 weeks. Follow-up radiographs at 18 months and 2.5 years showed healed fractures with no residual instability or symptoms.

**Conclusion :** The case report discusses rare occurrence of multiple level fractures of cervical spine following trivial injury to the neck in a patient with osteopetrosis and its treatment with conservative management.

**Keywords:** Osteopetrosis Multiple fractures Cervical spine Conservative management

---

## B2 Management of Neglected Upper cervical spine injuries

**Author:Dr. Dheeraj**

Injuries involving upper cervical spine are serious and fatal injuries which are associated with alteration of normal occipital–cervical anatomy. These injuries may result in permanent neurologic deficits or neck deformity if not treated in a timely and appropriate manner.

**Objective:**

To evaluate the outcomes of neglected upper cervical spine injuries treated by various methods. Study design Retrospective study.

**Materials and methods** Twelve patients attending ER or OPD with a history of neck trauma and who were diagnosed with fractures and fracture dislocations C1 and

C2 were included in the study. Fresh injuries sustained within a week were excluded from study. The outcomes were measured in terms of improvement in VAS, ODI Scores and correction of the neck deformity. Surgical parameters like duration of surgery and blood loss were also observed. Results Eleven males and one female. The mean age was  $40.9 \pm 16.9$  (07–67 years). Eleven patients underwent posterior instrumentation, while one patient was treated anteriorly. The mean delay in presentation was  $28 \pm 8.67$  days (15–42 days). The mean duration of surgery was  $188.3 \pm 34.35$  min (120–240 min), average blood loss was  $350 \pm 111.8$  ml (150–600 ml). The mean VAS improved from  $8.45 \pm 0.89$  to  $3.9 \pm 0.51$  ( $p < 0.05$ ). The mean ODI Pre-operatively was  $88.45 \pm 5.89$  which improved to  $31.9 \pm 4.01$  ( $p < 0.05$ ). The neck deformity/

torticollis was corrected in all the patients.

**Conclusions :** Neglected upper cervical spine injuries are difficult to treat and a posterior approach is helpful in reducing the subluxations indirectly and to obtain a posterior fusion.

---

## C1 Takayasu Arteritis: Case report

**Author-** Shamli Gaikwad

**Co-author-** Dr. Jitendra Ingole

**Objective-**



- ☐ How a patient of Takayasu arteritis might present
- ☐ Evaluation of a patient with probable Takayasu arteritis
- ☐ Describe the treatment of Takayasu arteritis

#### **Methodology-**

- ☐ Comprehensive medical history
- ☐ Clinical examination
- ☐ Laboratory, radiological parameters

#### **Observation and Result-**

39y/o female

Chief complaints: Giddiness since 15 days, abdominal pain and fever since 8 days. K/C/O of seizure disorder since 2016 and poliomyelitis- 6yrs of age.

Clinical examination-

- ☐ Pulse: All peripheral pulses not palpable.
- Absent peripheral pulses: Right side temporal & facial artery left side- radial, ulnar, femoral, popliteal, posterior tibial, dorsalis pedis artery
- ☐ CNS:

Left upper limb, lower limb - power- 3/5, reflexes, sensory system- normal.

Cerebellar signs normal.

CT scan Thoracic Angio: Moderate luminal narrowing involving distal part of brachiocephalic trunk, origin, entire rt. common carotid artery. Distal portion of b/l subclavian arteries; severe luminal narrowing.

Management-

- ☐ T. Wysolone 60mg/kg/d. Tapering doses weekly. 6 monthly follow up- clinically monitoring symptoms, radiological status, pharmacological dose.
- ☐ T. MMF 360mg
- ☐ T. Epilive

#### **Discussion-**

- Takayasu arteritis (pulseless disease) inflammatory granulomatous vasculitis of medium and large arteries, transmural fibrous thickening of arterial walls, causing multiple vascular obstructions and ischemic changes.
- Incidence: 2.6 cases/million/year
- Initial treatment- corticosteroids. Immunosuppressives have also been used in place, or in combination with corticosteroids.
- Surgical therapy- reserved for refractory cases.
- 10-year survival rate- 90%
- The renal arteries involvement: 24% to 68% are bilateral.

Conclusion-

- ☐ A high index suspicion should be kept for Takayasu arteritis when a female patient presents with stroke with history of constitutional symptoms and peripheral pulses not palpable.
- ☐ Takayasu can be easily missed due to its non-specific presentation.
- ☐ Diagnosis and management within timely interval has good outcome. As otherwise it has fatal complications.





## C2 Oesophageal Leiomyoma

**Author:** Akash Ranade

**Co-author:** Tejasee Khurjekar

**Mentor:** Dr. Devarati Khurjekar ( MBBS, MD, DNB Neuroradiology )

**Objective:** Diagnosis and Treatment of Oesophageal Leiomyoma

**Results:** Radiological and serological diagnosis followed by surgical excision of tumour.

**Discussion:**

Oesophageal Leiomyoma's are rare, benign tumours of oesophagus constituting less than 1% of all oesophageal neoplasms. They are usually found in the middle to lower two-thirds of the oesophagus. The patient in discussion, a 48 year old female presented with dysphagia, chest pain and breathlessness. On CT scan a 12.2 x 5.8 cm large mass was seen in the oesophagus. Histopathology reports diagnosed it as a Leiomyoma, which was confirmed on performing endoscopic examination.

**Conclusion:**

Surgical excision of the tumour was performed. The patient recovered fully.

---

## C3 Pineal Gland Germinoma with Obstructive Hydrocephalus

**Author:** Tejasee Khurjekar

**Co-author:** Akash Ranade

**Mentor:** Dr. Devarati Khurjekar ( MBBS, MD, DNB Neuroradiology )

**Objective:** Diagnosis and Treatment of Pineal Gland Germinoma

**Results:** Radiological and Histopathological Diagnosis followed by surgery

**Discussion:**

Primitive neuroectodermal tumours with multilayered rosettes are aggressive neoplasm of the brain frequently seen in paediatric

patients. Pineoblastoma is a supratentorial PNET with an occurrence rate of 0.2% of all brain tumours diagnosed each year.

The patient in discussion, a 14 year old male, presented with headache, double vision, hand tremors and incontinence of urine

and stool. He had no known history of any neurologic syndromes. Histopathology reports showed a soft vascular tumour in the

third ventricle with posterior infiltration. It was diagnosed as a primitive neuroectodermal tumour and was correlated with MRI to

ascertain the exact location as the pineal gland. The tumour caused obstructive hydrocephalus.

**Conclusion:** Suboccipital craniotomy was performed and the tumour was excised surgically.

---

## C4 SACRALIZATION OF L5 VERTEBRAE

**AUTHOR NAME :** Dr AMAN SINGH\*, Dr ANUSHKA GUPTA\* ,Dr KIRTI SOLANKE , Dr. NETRA GADRE

(1 YEAR MBBS STUDENT, 1ST YEAR MBBS STUDENT, ASSOCIATE PROFESSOR, PROFESSOR & HOD (ANATOMY SKNMC&GH)

**AFFILIATIONS :** Smt kashibai navale medical College and General Hospital

**KEY WORDS-** Sacralization, Spine, Vertebra





## INTRODUCTION-

The sacralization of the L5 vertebrae refers to a condition where the fifth lumbar vertebra (L5) fuses with the first sacral segment, either partially (unilateral) or completely (bilateral). Sacralisation represents a transitional state at lumbosacral junction, potentially affecting spinal biomechanics and leading to various symptoms or complications.

Sacralization can result from congenital anomalies, and while it might be asymptomatic in many individuals. Sacralisation is often accompanied with low back pain, lumbar disc herniation, lumbar spinal stenosis, lumbar spondylolisthesis and other spinal diseases, limited mobility or altered gait.

Sacralisation may not only be the cause of lower back pain

Diagnostic imaging, such as X-rays or MRI, is used to identify the extent of sacralization and to differentiate it from other spinal disorders. Treatment often focuses on symptom management, including physical therapy and pain relief strategies, although surgical intervention may be considered in severe cases. Radiographic evaluation of lumbar spine (Xrays and CT scans).

This condition is more commonly identified through imaging studies, and its frequency might vary depending on the specific demographic and geographic factors.

**METHODOLOGY:** During routine study of osteology in department of ANATOMY we found sacrum with attached fifth lumbar vertebra.

## POPULATION STUDIES

Sacralisation of L5 vertebrae is a common phenomenon in the general population, with a higher prevalence in males (60%) and increasing age. Unilateral is more common than bilateral. The prevalence of sacralization of the L5 vertebra varies in different populations but is estimated to affect around 4% to 8% of the general Population. Population 2500 adults (1250 males and 1250 females).

## TREATMENT OF SACRALIZED L5 VERTEBRAE

Treatment for sacralized L5 vertebrae typically focuses on managing symptoms and improving function. Options include:

### 1. \*\*Conservative Management\*\*:

- **Physical Therapy**: Exercises to strengthen the core and improve spinal stability can help alleviate discomfort.

- **Pain Relief**: Nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen may be used to manage pain.

- **Lifestyle Modifications**: Adjustments in activities and ergonomic improvements can help reduce strain on the back.

### 2. \*\*Invasive Interventions\*\*:

- **Epidural Steroid Injections**: These can reduce inflammation and provide temporary relief from pain.

- **platelet rich plasma therapy, prolotherapy, and radiofrequency ablation**

- **Surgical Options**: In rare cases, if conservative treatments fail and significant symptoms persist, surgical interventions such as decompression or fusion might be considered.

- **Chiropractic techniques** these can provide relief through spine manipulation, soft tissue work, stretching and exercise

- **non pharmaceutical methods**...these probably include FSM (frequency specific microcurrent) which uses low level electric current to promote tissue repair and eliminate back pain. The choice of treatment



depends on the severity of symptoms, the degree of functional impairment, and individual patient factors.

## DIAGNOSIS

Diagnosing a sacralized L5 vertebra involves a combination of clinical evaluation and imaging studies. Here's how it typically proceeds:

### 1. Clinical Evaluation

- **Medical History**: The physician will ask about symptoms, such as lower back pain, and any history of trauma or back problems. They will also inquire about activities that may aggravate the pain.

- **Physical Examination**: This may include assessing posture, range of motion, and signs of nerve compression (e.g., numbness, tingling, or weakness in the legs). Specific tests might be done to identify pain related to the sacroiliac joint or the lumbar spine.

### 2. Imaging Studies

- **X-Ray**: This is the primary imaging technique used to diagnose sacralization. An X-ray of the lumbar spine and sacrum will typically reveal the fusion or partial fusion of the L5 vertebra with the sacrum. The presence of this anomaly can be seen in both frontal and lateral views.

- **CT Scan (Computed Tomography)**: A CT scan provides more detailed images of the bone structure and can confirm the degree of fusion and any associated abnormalities.

- **MRI (Magnetic Resonance Imaging)**: MRI may be used if there are concerns about nerve involvement or if there is a need to evaluate the soft tissues, including discs and nerves, around the affected area. It's particularly useful if the patient has symptoms like radiating leg pain or neurological deficits.

### 3. Differential Diagnosis

- The physician may consider other causes of lower back pain, such as herniated discs, spinal stenosis, or facet joint syndrome, and will use imaging and clinical findings to differentiate sacralization from these conditions.

### 4. Additional Tests

- **Bone Scintigraphy**: This test might be used in rare cases to assess bone activity and detect any stress fractures or other bone-related issues.

### 5. Classification

- unilateral or bilateral fusion
- partial or complete fusion

## References-

Khairnar KB, Rajale MB. Sacralization of lumbar vertebra. Indian Journal of Basic & Applied Medical Research. 2013 Mar;6(2):510-4.

Kubavat D, Nagar SK, Ojaswini M, Trivedi D, Paras S, Patil S. A study of sacralisation of fifth lumbar vertebra in Gujarat. National journal of medical research. 2012 Jun 30;2(02):211-3.

## C5 A cross-sectional study to assess Post-operative pain score and satisfaction among surgical patients in tertiary care hospital.

**Author:** Vishwa Shinde ,Behram Motafram

**Co-author:** Dr. Yogita Karandikar

**Objectives:** Suboptimal patient satisfaction with postoperative pain management is still remaining a



common problem in health care. The objective of study is to compare pain scores and to assess the magnitude of patient satisfaction with post-operative pain management.

**Method:** The ASSIST (Patient Satisfaction Survey for Pain Management) survey was conducted among 45 postoperative patients. Pain scores, patient's and caregiver's satisfaction toward postoperative pain treatment, and overall pain management at the hospital were captured at three different time points through a specially designed questionnaire.

**Results:** The results indicated that about 90 % of patients reported postoperative pain during the first 24 h after surgery. Pain relief at rest was between 40-50 % during the first 24 h after surgery and around 80% at 72 h; the patient satisfaction was 6.6 /10. The systemic opioid use was 90 % on the first day after surgery, while the rate of postoperative non opioids and nerve blocks was very low.

**Discussion:** Currently, almost half of patients still suffer from moderate-to-severe pain after surgery. The level of satisfaction was good as per care giver's opinion. The relatively high rate of systemic opioid use and low rate of nerve blocks used after surgery suggests that more effort is needed to improve the management of acute postoperative pain.

**Conclusion:** Current standards of care in postoperative pain management remain suboptimal. Hence, it is vital to implement time-interval pain assessment method during the first 24 hours of postoperative period and treat accordingly based on the WHO pain ladder.

---