

# JOURNAL OF CLINICAL AND SCIENTIFIC RESEARCH

## The Journal

Journal of Clinical and Scientific Research [ISSN (print) 2277-5706 and ISSN (online) 2277-8357] is a peer-reviewed international multidisciplinary scientific journal published by Sri Venkateswara Institute of Medical Sciences (A University established by act of A.P. State Legislature), Tirupati 517 507, India. The journal publishes original research communications of clinical and biomedical research. It presents innovative and novel biomedical research that advances or illuminates medical science as well as those that improve the clinical acumen. It is issued Quarterly, in four issues per year: January, April, July and October.

## Abstracting and indexing information

Journal of Clinical and Scientific Research is indexed in *Index Copernicus*, *Academic Index*, *Open J-gate*, *Directory of Open Access Journals (DOAJ)*, *Journal Seek*, *Indian Science Abstracts*, *Geneva Foundation for Medical Education and Research*, *New Jour*, *Academic Journals Database*, *Research Bible* and *Directory of Research Journals Indexing (DRJI)*.

## Fast track review process

The journal promotes electronic submission and fast-track processing with submission to decision time of 3 months. **No fees are charged for submission, processing and publication by the journal.**

## Online access

Full-text of all the articles printed in this issue is available *free* at <http://svimstpt.ap.nic.in/jcsr/jhome.htm>.

## Subscription information

Prices include postage. For single issue ₹ 50 for print or CD version. Annual subscription rates are as follows:

Institutional: ₹ 1000 for print version and ₹ 500 for CD version;

Personal: ₹ 150 for print version; ₹ 100/- for CD version.

Life subscription : ₹ 1500/- (non-refundable)

Cheque/DD to be drawn in favour of "Executive Editor-in-Chief, JCSR, SVIMS, Tirupati".

## Copyright

The entire contents of the Journal of Clinical and Scientific Research are protected under Indian and international copyrights. The Journal, however, grants to all users a free, irrevocable, worldwide, perpetual right of access to, and a license to use, distribute, perform and display the work publicly and make and distribute derivative works in any digital medium for any reasonable non-commercial purpose, subject to proper attribution of authorship and ownership of the rights.

## Disclaimer

The information and opinions presented in the Journal reflect the views of the authors and not of the Journal or its Editorial Board or the Publisher. Publication does not constitute endorsement by the journal. Neither the Journal of Clinical and Scientific Research nor its publishers nor anyone else involved in creating, producing or delivering the Journal of Clinical and Scientific Research or the materials contained therein, assumes any liability or responsibility for the accuracy, completeness, or usefulness of any information provided in Journal of Clinical and Scientific Research, nor shall they be liable for any direct, indirect, incidental, special, consequential or punitive damages arising out of the use of the Journal of Clinical and Scientific Research. The Journal of Clinical and Scientific Research, nor its publishers, nor any other party involved in the preparation of material contained in the Journal of Clinical and Scientific Research represents or warrants that the information contained therein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such material. Readers are encouraged to confirm the information contained therein with other sources.

## Correspondence

Dr P.V.L.N. Srinivasa Rao

Executive Editor-in-Chief

Journal of Clinical and Scientific Research

Editorial office

II Floor, New OPD Block

Sri Venkateswara Institute of Medical Sciences

Tirupati 517 507

**Phone:** +91-877-2287777; Ext. 2465

**e-mail:** [jcsr@svims.gov.in](mailto:jcsr@svims.gov.in); [editorjcsr@gmail.com](mailto:editorjcsr@gmail.com)

# **JOURNAL OF CLINICAL AND SCIENTIFIC RESEARCH**

An official quarterly peer reviewed publication of

**Sri Venkateswara Institute of Medical Sciences**

(A University established by an Act of Andhra Pradesh State Legislature)

Tirupati 517 507, India

---

## **Honorary Editor-in-Chief**

B. Vengamma

Director-cum-Vice Chancellor

## **Executive Editor-in-Chief**

P.V.L.N. Srinivasa Rao

## **Editors**

B.C.M. Prasad

Alladi Mohan

Aparna R.Bitla

## **Associate Editors**

V. Suresh

N. Hemanth

K.V. Sreedhar Babu

J. Harikrishna

A. Umamaheswari

R. Jayaprada

## **Editorial Board**

Richard Quinton, *Newcastle upon Tyne, UK*

Krishna Srihasam, *Boston, USA*

V. Sree Krishna, *Queensland, Australia*

P. Satish Chandra, *Bengaluru, India*

V. Siva Kumar, *Tirupati, India*

M. Hanumantha Rao, *Tirupati, India*

P.V.L.N. Murthy, *Hyderabad, India*

P. Rajagopal, *Tirupati, India*

Y. Mutheeswaraiah, *Tirupati, India*

D. Rajasekhar, *Tirupati, India*

M.G. Sridhar, *Puducherry, India*

P.V. Ramasubba Reddy, *Tirupati, India*

M. S. Sridhar, *Tirupati, India*

T. Kannan, *Hyderabad, India*

M.A.K. Sukumar, *Tirupati, India*

Robert Fassett, *Queensland, Australia*

S.K. Sharma, *New Delhi, India*

Srinivas Bollineni, *Dallas, USA*

Sridhar Chitturi, *Brisbane, Australia*

S. Ramakumar, *Bengaluru, India*

K. Radhakrishnan, *Manipal, India*

Alok Sachan, *Tirupati, India*

A.Y. Lakshmi, *Tirupati, India*

Abhijit Chaudhury, *Tirupati, India*

B.V. Phaneendra, *Tirupati, India*

D.V.R. Sai Gopal, *Tirupati, India*

P.V.G.K. Sarma, *Tirupati, India*

L. Jayaseelan, *Vellore, India*

R.V. Suresh, *Tirupati, India*

D. Jamuna, *Tirupati*

---

Published, produced and distributed by Sri Venkateswara Institute of Medical Sciences,  
Tirupati 517507, Andhra Pradesh, India. **e-mail:** jcsr@svims.gov.in, editorjcsr@gmail.com

## Journal of Clinical and Scientific Research

Vol. 3 Suppl 2

July-September 2014

ISSN(print) 2277-5706

ISSN(online) 2277-8357

### 42<sup>nd</sup> Annual Conference of AP Chapter of API 2014 (AP APICON 2014)

**Editors' Message** xi

**Scientific Programme** xii

#### **Scientific Abstracts**

#### **AWARDS PAPERS**

**Clinical characteristics and outcomes of ARDS in King George Hospital** S1

*Vijaykumar NB, Srinivas PS, Sridevi, Shilpa, Ramakrishnanaidu, Jayakumar P*

**A study on outcome of paraquat poisoning** S2

*Suresh Kumar L, Dharma Rao V, Dilip Ram Pure M*

**A study on correlation between microalbuminuria and acute ischaemic stroke in non-diabetic patients and its prognostic significance in stroke patients** S3

*Naga Sandhya K, Ramulu P, Rajashekhar, Khan M, Komal N*

**A study of 116 patients requiring mechanical ventilation in medical intensive care unit (MICU)** S4

*Sumanth Reddy P, Alladi Mohan, Harikrishna J, Sarma KVS*

**Prevalence of failure of first line anti-retroviral therapy in HIV patients and significance of association of mean duration of ART, gender, and baseline CD4 count: a retrospective cross-sectional study of six districts of Andhra Pradesh, over one decade** S5

*Venkatesh P, Satyanarayana Rao K, Sessaiah KV, Srinivasarao D*

**A study on the severity of right ventricular dysfunction in correlation with the severity of lung dysfunction in chronic obstructive pulmonary disease patients** S6

*Ramprasad K, Tirumala Rao MV, Murthy GS*

#### **PLATFORM PRESENTATIONS**

**Stress hyperglycemia as a prognostic marker in patients with acute myocardial infarction without diabetes mellitus** S7

*Vasubabu G*

<b>The role of ECG in localizing the culprit vessel occlusion in acute ST segment elevation myocardial infarction with angiographic correlation</b> <i>Gopikrishna, Ashok Kumar S, Balraj, Praveena</i>	<b>S8</b>
<b>A study of clinical characteristics, risk factors, and subtypes of posterior circulation ischemic stroke in a tertiary care hospital</b> <i>Usha Rani B, Ramalakshmi K, Sailaja E, Ramakrishna K</i>	<b>S9</b>
<b>Cerebral sinus venous thrombosis in hypothyroidism - a rare disorder</b> <i>Prasuna K, Ravindra Kumar R, Ashok Kumar A</i>	<b>S10</b>
<b>Cerebral haemorrhage - radiological correlation of site with clinical features</b> <i>Sumithra VK, Prathyusha Rao J, Santhosh A, Ravindra Kumar P, Ashok Kumar EA</i>	<b>S11</b>
<b>Prognostic significance of National Institutes of Health Stroke Scale scoring system in cerebrovascular accidents</b> <i>Aravinda M, Koushik G, Srinivas G, Swarnalatha G</i>	<b>S12</b>
<b>Varied and unusual neurological presentations in PLHA</b> <i>Deepika P, Afsar P, Madhavakalyani O</i>	<b>S13</b>
<b>Posterior reversible encephalopathy syndrome in early postpartum women – case series</b> <i>Swapna G, Satya Narayana Rao K, Sailaja E, Ramakrishna Rao C</i>	<b>S14</b>
<b>A study of 50 cases of quadriparesis</b> <i>Hari S, Satish Srinivas P, Deepak YC, Radhakrishna</i>	<b>S15</b>
<b>Aetiological evaluation of new onset seizures in young adults in coastal villages of East Godavari</b> <i>Surisetty Suri Apparao, Jogi Naidu M</i>	<b>S16</b>
<b>Observational study of stroke in young in CAIMS</b> <i>Keerthi A, Venkatrajaiah N, Narayana P, Sanjay Kumar K</i>	<b>S17</b>
<b>Study of five cases of central demyelinating disorders and outcome in Government General Hospital in a period of one year</b> <i>Rajyalakshmi, Gowtam Praveen, Tirumalarao MV</i>	<b>S18</b>
<b>Six cases of Wilson's disease diagnosed in Government General Hospital, Kakinada in a period of one year from July 2013-June 2014</b> <i>Siva Sankar A, Yasodamma P, Gowtham Praveen, Niveditha</i>	<b>S19</b>

<b>Study of 23 cases of Gullain-Barre syndrome with respect to clinical profile and electrophysiological results in Government General Hospital in a period of one year</b> <i>Harsha Vardhan G, Gowtam Praveen, Yashodamma P</i>	<b>S20</b>
<b>A study of clinical profile,risk factors and outcome of cerebral venous sinus thrombosis (CVST)</b> <i>Krishnamurthy A, NarasimhamYV, Vasavilatha, Srinivas B, Srinivasreddy, Kranthi P</i>	<b>S21</b>
<b>Ischemic stroke prognosis by clinical and transcranial doppler study</b> <i>Madhusudahanbabu M, Srinivas V, Ravikumar N, Vikram Vardhan, Padmalatha, Venkatsimha P</i>	<b>S22</b>
<b>Arnold-Chiari malformation masquerading as leprosy</b> <i>Nilam Singh , Reddy JV, Irshad</i>	<b>S23</b>
<b>Clinical profile of rapidly progressive renal failure</b> <i>Pratyusha R, Srilatha V</i>	<b>S24</b>
<b>Contrast induced nephropathy in post-percutaneous transluminal coronary angioplasty patients – predisposing factors</b> <i>Mounika S, Ramanamurty SV, Anupam J</i>	<b>S25</b>
<b>Exertional rhabdomyolysis induced acute kidney injury</b> <i>Soumya Reddy A, Dharma Rao V, Dilip M</i>	<b>S26</b>
<b>Study of 50 cases of acute kidney injury in snake bite</b> <i>Piyush Kumar A, Thirumalarao MV</i>	<b>S27</b>
<b>A study of autoimmune spectrum of young diabetics</b> <i>Giri P, Rajiv Kumar B, Mubhasheer Ali</i>	<b>S28</b>
<b>Lipid profile in relation to anthropometric measurements</b> <i>Spoorthy K, Ramanamurty SV</i>	<b>S29</b>
<b>Clinical profile of 75 cases of hepatic encephalopathy diagnosed in Government General Hospital Kakinada in a period of one year from June2013-June 2014</b> <i>Ramesh B, Seshu Kumari, Bhimeswar Rao SK</i>	<b>S30</b>
<b>A rare case of haemophagocytic syndrome</b> <i>Swamy M, Srinivas M, Rekha Bansal</i>	<b>S31</b>
<b>A comparative clinicopathological analysis of Hodgkin's lymphomas and Non-Hodgkin's lymphomas – a single institutional experience</b> <i>Bhargavi D, Vindhya A, Ananth Pai, Balambika RG, Manilal B, Muralidhar, Manickavasagam M</i>	<b>S32</b>

<b>Salmonella infection in systemic lupus erythematosus</b>	<b>S33</b>
<i>Prasanna PV, Varaprasad IR, Rajasekhar L</i>	
<b>Comparision of DAS28, CDAI , HAQ-DI and RAPID3 as tools to assess disease activity in patients with rheumatoid arthritis</b>	<b>S34</b>
<i>Suneetha P, Siddartha Kumar B, Alladi Mohan, Katyarmal DT, Sarma KVS</i>	
<b>Clinical study of community acquired pneumonia – a hospital based study</b>	<b>S35</b>
<i>Sonal Jain</i>	
<b>Step care treatment for bronchial asthma</b>	<b>S36</b>
<i>Hanumaiah A</i>	
<b>Assessment of breath carboxy haemoglobin in smoking and non-smoking shopkeepers, autodrivers and vendors</b>	<b>S37</b>
<i>Saifuddin M, Naseemuddin S, Prasad CE, Ramaswamy M</i>	
<b>A rare case series report of multiorgan failure following consumption of tubers of <i>Gloriosa superba</i></b>	<b>S38</b>
<i>Shafi P</i>	
<b>A prospective study of 159 patients with acute poisoning admitted in medical intensive care unit</b>	<b>S39</b>
<i>Arun Raja V, Alladi Mohan, Harikrishna J, Sarma KVS</i>	
<b>Presentation of two rare cases of scorpion sting</b>	<b>S40</b>
<i>Gandaiah P, Venkateshwarlu N , Sandeep Kumar G</i>	
<b>A study of 86 patients with snake bite admitted to medical intensive care unit (MICU)</b>	<b>S41</b>
<i>Raga Deepthi B, Harikrishna J, Alladi Mohan, Prabath Kumar D, Sarma KVS</i>	
<b>Primary cutaneous aspergillosis due to <i>Aspergillus tamarii</i> in an immunocompetent host</b>	<b>S42</b>
<i>Sadhna Sharma, Sujeet Kumar</i>	
<b>A study on cerebrospinal fluid C-reactive protein and adenosine deaminase levels in meningitis in adults</b>	<b>S43</b>
<i>Kiran Kumar G, Sarma CSS, Hari Vijay Kumar, Subbarao A, Benhur</i>	
<b>Prognostic study of thrombocytopenia in malaria</b>	<b>S44</b>
<i>Shilpa Chikati, Lakshmi Prasad B, Swarnalatha G</i>	

<b>HIV-tuberculosis (pulmonary and extra-pulmonary) coinfection with CD4 correlation</b> <i>Abhilash T</i>	<b>S45</b>
<b>A correlational study of low T3 syndrome in chronic heart failure</b> <i>Nagoor Basha Shaik, Deepak YC, Sharma CS</i>	<b>S46</b>
<b>Prognostic factor in leptospirosis – a study</b> <i>Ragini Rao, Narayana P, Venkatrajiah N</i>	<b>S47</b>
<b>A study of clinical, biochemical and hematological parameters in dengue fever</b> <i>Ayyappa A, Manohar K, Sudhakar P, Krishna M</i>	<b>S48</b>
<b>Clinical spectrum of fluorosis in Medchal, Andhra Pradesh</b> <i>Prathyusha Rao J, Ashok Kumar EA</i>	<b>S49</b>
<b>Review of management strategies for purpura fulminans and series of two cases</b> <i>Spandana R, Rajendar, Chandrasekhar V</i>	<b>S50</b>
<b>A clinical study of ventilator associated pneumonia in Osmania General Hospital, Hyderabad</b> <i>Swetha P, Ashok Kumar S, Balraj G</i>	<b>S51</b>

# ANDHRA PRADESH CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

(Reg. No. 579/2002)

## EXECUTIVE MEMBERS 2013-2014

<i>Chairman</i>	:	S.V. Ramana Murty
<i>Chairman Elect</i>	:	Y.S.N. Raju
<i>Immediate Past chairman</i>	:	B. Ramachandra Reddy
<i>Vice-Chairmen</i>	:	K. Shankar G. Gopala Raju Alladi Mohan
<i>Hon. Secretary</i>	:	M.V. Ram Babu
<i>Hon. Treasurer</i>	:	Naval Chandra
<i>Joint Secretaries</i>	:	A. Buchi Babu C.S.S. Sarma
<i>Executive Members</i>	:	Jella Ramdas (2013-2016) K. Lokendranath (2013-2016) Vaddadi Srinivas (2013-2016) P. Krishna Prashanti (2012-2015) A. Krishna Prasad (2012-2015) Leela Prasad (2012-2015) M. N. Shyam Sunder (2011-2014) Subba Rao (2011-2014) P. Sudhakar, Kurnool (2011-2014)



**ANDHRA PRADESH CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA**

**(Reg. No. 579/2002)**

**42<sup>nd</sup> Annual Conference of Andhra Pradesh Chapter of Association of  
Physicians of India 2014**

**(AP APICON 2014)**

**Rangaraya Medical College, Kakinada**

**LOCAL ORGANIZING COMMITTEE**

<b>Chief-Patron</b>	:	Dr I.V. Rao
<b>Patrons</b>	:	Dr R. Maha Lakshmi Dr P. Venkata Buddha
<b>Chair Person</b>	:	Dr K.S.R. Swamy
<b>Vice-Chair Persons</b>	:	Dr M.V.V. Tirumala Rao Dr Nunna Narasimha Rao
<b>Organizing Secretary</b>	:	Dr K. Ramswaroop Jawahar
<b>Joint Organizing Secretaries</b>	:	Dr P. Satish Srinivas Dr B. Manohar Prasad
<b>Scientific Committee</b>	:	Dr Y.S.N. Raju Dr M.B.R. Sarma Dr A. Sri Ramachandrudu
<b>Souvenir Committee</b>	:	Dr. P. Subba Rao
<b>Treasurer</b>	:	Dr C.S.S.Sarma

**Executive Committee** : Dr P. Vijaya Kumar  
Dr A. Veera Raja  
Dr P. Yasodamma  
Dr S.S.K.R. Bhimeswara Rao  
Dr M. Raghavendra Rao  
Dr P.V.V. Satyanarayana  
Dr D. Radha Krishnan  
Dr V. Satya Prasad  
Dr R. Goutham Praveen  
Dr H. Vijaya Kumar  
Dr S.D.J. Rama Raju  
Dr K. Madhavi  
Dr M. Rajya Lakshmi  
Dr G. Seshu Kumari  
Dr M.R. Ramya

**Advisory Committee** : Dr I.V. Rao  
Dr V.V. Rama Rao  
Dr M.V. Sanyasi Rao  
Dr V. Sambasiva Rao  
Dr S.V. Prasad  
Dr M. Siva Sankar  
Dr S.V. Ramana Murty

## **Editors' Message**

The Andhra Pradesh Chapter of Association of Physicians of India (AP API) has been actively involved in organizing Regional Continuing Medical Education (CME) Programmes across the state and an Annual Conference every year. The AP API is holding its 42<sup>nd</sup> Annual Conference (AP APICON 2014) on 2<sup>nd</sup> and 3<sup>rd</sup> August, 2014 at Rangaraya Medical College, Kakinada. The Journal of Clinical and Scientific Research, in its endeavour to publish and highlight research has provided the scientific abstracts of the research papers (Award session and platform presentations) due for presentation at the AP APICON 2014 to its readers as a Supplement to Vol. 3(3) of the journal.

**Dr P.V.L.N. SrinivasaRao**

*Executive Editor-in-Chief*

**Dr B. Vengamma**

*Honorary Editor-in-Chief*

## SCIENTIFIC PROGRAMME

### 42<sup>nd</sup> Annual Conference of Andhra Pradesh Chapter of Association of Physicians of India, 2014

#### HALL-A

Saturday, 2<sup>nd</sup> August, 2014

08.00 am - 09.00 am	Registration	
09.00 am - 09.30 am	<b>Inauguration of Scientific Programme</b>	I.V.Rao Y.S.N.Raju
<b>Session I</b>	<b>AP-API Chairman Oration</b>	
	<b>Chairpersons:</b> <i>V. Santaram, A. Aswini Kumar</i>	
09.30 am - 10.00 am	Approach to hyponatremia	S.V. Ramana Murthy
<b>Session II</b>	<b>G.Veeraiah Memorial Oration</b>	
	<b>Chairpersons:</b> <i>K.V.G.K. Tilak, V. Sambasiva Rao</i>	
10.00 am - 10.30 am	Approach to Undiagnosed Diseases, Where are we?	M. N. Rao
<b>Session III</b>	<b>Chairpersons:</b> <i>Y.Madhusudana Babu, P.Mohan Rao</i>	
10.30 am - 11.00 am	Statinization for the Masses: A look at the new Lipid guidelines ACC/AHA of 2013	Jacobe Jose
11.00 am - 11.30 am	Challenges in the management of status epilepticus	Sita Jaya Lakshmi
<b>Session IV</b>	<b>Chairpersons:</b> <i>K.V.Ramana Rao, C.Jaya Bhaskar</i>	
11.30 am - 12.00 pm	Thyroid disorders in pregnancy	Asha N Shah
12.00 pm - 12.15 pm	PHFI and its role in capacity building in NCDs in India	Sandeep Bhalla
12.15 pm - 1.15 pm	<b>Conference inauguration</b>	
	<i>Hon'ble. Health Minister of AP, Dr Kamineni Srinivas</i>	
	<i>Principal Secretary of Medical &amp; Health, AP, Sri L.V.Subrahmanyam, IAS</i>	
1.15 pm – 2.00 pm	<b>Lunch-Break</b>	
<b>Session V</b>	<b>Chairpersons:</b> <i>K.Satyanarayana, M.Sridhar</i>	
02.00 pm - 02.30 pm	Neuro-imaging	V.S.V.Ram Mohan
02.30 pm - 03.00 pm	Hypertensive emergencies	V. Shantaram
<b>Session VI</b>	<b>Chairpersons:</b> <i>P.Gandaiah, S.Rama Rao</i>	
03.00 pm - 03.30 pm	Typhus fevers	K.V.G.K.Tilak
03.30 pm - 04.00 pm	Inflammatory bowel disease - Problems and Pitfalls	E. Pedaveerraju
04.00 pm - 05.30 pm	Free Papers in Hall A & B	
05.30 pm - 06.00 pm	General Body Meeting	
06.00 pm -07.00 pm	<b>Medicine Quiz for PG Students</b>	

## Sunday, 3<sup>rd</sup> August 2014

08.00 am - 09.00 am	Breakfast	
<b>Session I</b>	<b>Chairpersons:</b> <i>M.Siva Sankar, M.Sridhar</i>	
09.00 am - 09.30 am	<b>AP API Chairman-Elect Oration</b>	
	<b>Chairpersons:</b> <i>A. Aswin Kumar, N. Venkatarajaiah</i>	
	Pharmacotherapy in geriatrics	Y.S.N.Raju
09.30 am -10.00 am	<b>Dr. I. Joga Rao Memorial Oration</b>	
	<b>Chairpersons:</b> <i>K.V.G.K. Tilak, K. Satyanarayana</i>	
	Sepsis Syndrome: past, present and future	Alladi Mohan
<b>Session II</b>	<b>Chairpersons:</b> <i>K.V. Ramana Rao, Bhavani Prasad</i>	
10.00 am - 10.30 am	Non-alcoholic fatty liver disease	V.G.Mohan Prasad
10.30 am -11.00 am	Hypertension in pregnancy	Venkat C Ram
11.00 am -11.30 am	Aging kidney	V.Siva Kumar
<b>Session III</b>	<b>Chairpersons:</b> <i>M.V.Sanyasi Rao, M.N.Rao</i>	
11.30 am - 12.00 pm	Nutrition in critical care	B. Ravindra Reddy
12.00 pm - 12.30 pm	Approach to chronic headache	G. Eswar
12.30 pm - 01.00 pm	Genomic medicine- towards personalised cancer care	D. Raghunadha Rao
<b>01.00 pm - 02.00 pm</b>	<b>Lunch-break</b>	
<b>Session IV</b>	<b>Chairpersons:</b> <i>K. Rama Murty, P.Yasodamma</i>	
02.00 pm -02.30 pm	Current Concepts in rheumatoid arthritis	G. Narasimhulu
02.30 pm - 03.00 pm	New Drugs in diabetes mellitus	Rakesh Sahey
<b>Session V</b>	<b>Chairpersons:</b> <i>S.V. Prasad, Gopala Raju</i>	
03.00 pm -03.30 pm	Common pulmonary fungal infections in clinical practice	R.Vijay Kumar
03.30 pm - 04.00 pm	Immune reconstitution inflammatory syndrome	B. Ramachandra Reddy
04.30 pm	<b>Valedictory Function</b>	

## SCIENTIFIC PROGRAMME

**42<sup>nd</sup> Annual Conference of Andhra Pradesh Chapter of Association of Physicians of India, 2014**

### HALL-A

#### AWARD PAPERS

Date and Time	Session	Chairpersons
2 <sup>nd</sup> August, 2014 4.00 pm – 5.30 pm	Award Papers	V. Shantaram, Y.S.N. Raju

### HALL-B

#### PLATFORM PRESENTATIONS

Date and Time	Session	Chairpersons
2 <sup>nd</sup> August, 2014 2.00 pm – 3.00 pm	I	<i>P. Venkata Rao, E. Pedaveerraju</i>
2 <sup>nd</sup> August, 2014 3.00 pm – 4.00 pm	II	<i>Y. Madhusudana Babu, D. Seshagiri Rao</i>
2 <sup>nd</sup> August, 2014 4.00 pm – 5.00 pm	III	<i>R. Vijaya Kumar, M. Raghavendra Rao</i>
2 <sup>nd</sup> August, 2014 5.00 pm – 6.00 pm	IV	<i>G. Eswar, M. Siva Sankar</i>
3 <sup>rd</sup> August, 2014 2.00 pm – 3.00 pm	V	<i>V. Sambasiva Rao, P.V.V.Satyanarayana Raju</i>
3 <sup>rd</sup> August, 2014 3.00 pm – 4.00 pm	VI	<i>S.V. Ramana Murty, K. Indira Devi</i>

### HALL-C

#### POSTER PRESENTATIONS

Date and Time	Session	Judges
2 <sup>nd</sup> August, 2014 10.00 am – 12.00 noon	I	<i>Venkata Rajaiah, Vasanth Prasad</i>
2 <sup>nd</sup> August, 2014 2.00 pm – 4.00 pm	II	<i>Dhana Raju, K. Lokendranath</i>
3 <sup>rd</sup> August, 2014 10.00 am – 12.00 noon	III	<i>G. Eswar, Y. Sai Prabhakar</i>
3 <sup>rd</sup> August, 2014 2.00 pm – 4.00 pm	IV	<i>M.V. Rambabu, Y.V.S. Prabhakar</i>

### HALL-D

#### POSTER PRESENTATIONS

Date and Time	Session	Judges
2 <sup>nd</sup> August, 2014 10.00 am – 12.00 noon	I	<i>P. Krishna Prasanti, P. Dakshina Murty</i>
2 <sup>nd</sup> August, 2014 2.00 pm – 4.00 pm	II	<i>E. Ashok Kumar, B. Bala Raju</i>
3 <sup>rd</sup> August, 2014 10.00 am – 12.00 noon	III	<i>Swarna Kumari, P. Vijaya Kumar</i>
3 <sup>rd</sup> August, 2014 2.00 pm – 4.00 pm	IV	<i>A. Veera Raja, M.V.R.J. Somayajulu</i>

## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### Clinical characteristics and outcomes of ARDS in King George Hospital

Vijaykumar NB, Srinivas PS, Sridevi, Shilpa, Ramakrishnanaidu, Jayakumar P  
*Andhra Medical College, Vishakapatnam*

#### ABSTRACT

**Background:** The distribution of aetiology and risk factors for development of ARDS. To study factors affecting mortality in ARDS.

**Methods:** A observational prospective study conducted in the ICU of King George Hospital between august 2012 to April 2014. A total of 50 patients were enrolled during the study period. Baseline clinical data and demographics included age, sex, pre-existing comorbidities were included. Patients were scored on day 0 of diagnosis, using the SAPS II system, SOFAS score and lung injury score.

**Results:** Pulmonary infection (48%) followed by sepsis were the most common aetiological factors for ARDS in this study. The parameters that had a statistically significant association with mortality included PEEP ( $p < 0.001$ ) serum bicarbonate ( $p = 0.013$ ), platelet count ( $p = 0.02$ ), prescription of inotropes ( $p < 0.001$ ). Clinical scores SOFA, max SOFA, SAPS II and LIS had a statistically significant association with mortality ( $p < 0.001$ ). CRP did not show a statistically significant association with mortality. The mortality in our study was 66%.

**Conclusions:** Pulmonary infection (48%) followed by sepsis (42%) were the most common causes for ARDS in our study. Factors that showed association with mortality are  $P_aO_2/FiO_2$  showed a strong correlation with mortality. Clinical scores SOFA, maxSOFA, SAPS II, LIS had a statistically significant association with mortality.

Vijaykumar NB, Srinivas PSS, Sridevi, Shilpa, Ramakrishnanaidu, Jayakumar P. Clinical characteristics and outcomes of ARDS in King George Hospital. J Clin Sci Res 2014;3(Suppl 2):S1.

## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### A study on outcome of paraquat poisoning

Suresh Kumar L, Dharma Rao V, Dilip Ram Pure M  
*Mamata Hospital, Khammam*

#### ABSTRACT

**Back ground:** Paraquat (1,1 dimethyl-4,4'-bipyridylum dichloride) is most widely used as a herbicide. In addition to intense local irritation of mouth, oropharynx and esophagus, multiple organs like cardiac, respiratory, hepatic, renal failure and convulsions may occur. We report our experience of twenty patients with acute Paraquat poisoning and its outcome.

**Methods:** All patients with Paraquat poisoning admitted to Emergency Department in Mamata medical college and hospital- Khammam during September 2013 to June 2014 are included in this prospective study.

**Results:** Mean age group is  $27 \pm 10.82$  includes males to female ratio of 9:11. Total 13 patients (65%) died, 3 patients (15%) went on LAMA and four (20%) survived and discharged. Total 14 patients (70%) developed acute kidney injury and 8 patients needed hemodialysis. 16 patients (80%) developed respiratory failure, 5 patients (25%) developed hepatitis. Among died, 10 patients presented more than 6 hours and 3 patients within 6 hours.

**Conclusions:** Patients with Paraquat poisoning, mortality are directly related to the amount of poison consumed and time delay from the consumption of Paraquat to hospital admission. In this study, lungs are most common affected organs followed by kidneys.

Suresh Kumar L, Dharma Rao V, Dilip Ram Pure M. A study on outcome of paraquat poisoning. J Clin Sci Res 2014;3(Suppl 2):S2.



## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### **A study on correlation between microalbuminuria and acute ischaemic stroke in non-diabetic patients and its prognostic significance in stroke patients**

**Naga Sandhya K, Ramulu P, Rajashekhar, Moosa khan, Komal N**  
*Osmania Medical College, Hyderabad*

#### **ABSTRACT**

**Background:** Microalbuminuria has been associated with many disease entities like diabetic nephropathy, hypertension with left ventricular hypertrophy and renal insufficiency, etc. Microalbuminuria been associated with clinical risk factors for stroke like diabetes, hypertension, aging, history of myocardial infarction, obesity, smoking and left ventricular hypertrophy.

**Methods:** In this clinical and investigation based study, patients with history and clinical features suggestive of recent ischemic stroke admitted into Osmania General Hospital, Hyderabad. A Prospective observational study. 100 patients with clinical diagnosis of acute ischaemic stroke confirmed by CT Scan brain were enrolled in the study. 100 controls with old ischaemic stroke history within 1 year of stroke onset with similar demographic characteristics were enrolled in the study.

**Results:** Our study found that among age and sex matched cases and controls with similar predisposing factors, patients with new stroke were 4.7 times more likely to have microalbuminuria reaching statistically significant level ( $p=0.027$ ). The study revealed slight female preponderance between patients with microalbuminuria than those without microalbuminuria. Our study found correlation between diminished consciousness between patients with and without microalbuminuria. Hence, presence of microalbuminuria was found to correlate with the severity of stroke.

**Conclusions:** The present study found microalbuminuria in 47% of non-diabetic recent ischemic stroke patients and is consistent with previous studies associating Microalbuminuria with atherosclerotic vascular disease. In the present study, measurement of microalbuminuria was also found to be reliable predictor of stroke outcome 6 weeks after stroke.

**Naga Sandhya K, Ramulu P, Rajashekhar, Khan M, Komal N.** A study on correlation between microalbuminuria and acute ischaemic stroke in non-diabetic patients and its prognostic significance in stroke patients. *J Clin Sci Res* 2014;3(Suppl 2):S3.

## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### A study of 116 patients requiring mechanical ventilation in medical intensive care unit (MICU)

Sumanth Reddy P, Alladi Mohan, Harikrishna J, Sarma KVS

*Sri Venkateswara Institute of Medical Sciences, Tirupati*

#### ABSTRACT

**Background:** Little published data are available regarding the aetiology, course, complications and outcome in patients requiring mechanical ventilation in medical intensive care unit (MICU) from India.

**Methods:** Retrospective study of 116 patients requiring mechanical ventilatory support in the MICU at our tertiary care teaching hospital in South India during the period January 2013 to June 2014.

**Results:** These patients constituted 23.9% of the 486 patients admitted to the MICU during the study period. Their mean age was  $44.5 \pm 19.5$  years; there were 61 (52.6%) females. Aetiological causes included sepsis syndrome (43.9%), acute poisoning (22.4%), acute exacerbation of chronic obstructive pulmonary disease (15.5%), snake bite and tuberculosis (5.2% each), severe complicated malaria (3.4%) among others. The median [interquartile range (IQR)] duration of mean hospital stay and medical ICU stay were 10 (4-13.8) and 7 (4-11) respectively. Median (IQR) duration of mechanical ventilator support was 5 (3-8) days. Complications observed during medical ICU stay were ventilator associated pneumonia (13.8%), bed sore (7.8%), pneumothorax (2.6%); 12.1% patients required tracheostomy. Fifty eight (50%) patients died. On univariate analysis, older age ( $48.2 \pm 19.1$  vs  $40.7 \pm 19.3$ ,  $p=0.037$ ), higher mean APACHE II score ( $18.9 \pm 6.8$  vs  $11.9 \pm 5.9$ ,  $p<0.001$ ), presence of fever (46/58 vs 30/58,  $\chi^2=9.768$ ,  $p=0.003$ ), shock (44/58 vs 16/58,  $\chi^2=27.067$ ,  $p<0.001$ ), acute kidney injury (31/58 vs 12/58,  $\chi^2=13.341$ ,  $p<0.001$ ). On multivariable analysis using binary logistic regression (forward conditional method) shock at initial presentation [odds ratio(OR) = 3, 95% confidence intervals (CI) 1.638-5.493,  $p<0.001$ ] emerged as independent predictor of death.

**Conclusions:** Acute respiratory failure requiring mechanical ventilator support is an important cause of admission to medical ICU and is associated with high mortality. Intense search for and monitoring of predictor variables can help clinicians in reducing mortality.

Sumanth Reddy P, Mohan A, Harikrishna J, Sarma KVS. A study of 116 patients requiring mechanical ventilation in medical intensive care unit (MICU). J Clin Sci Res 2014;3(Suppl 2):S4.

## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### **Prevalence of failure of first line anti-retroviral therapy in HIV patients and significance of association of mean duration of ART, gender, and baseline CD4 count: a retrospective cross-sectional study of six districts of Andhra Pradesh, over one decade**

Venkatesh P, Satyanarayana Rao K, Sessaiah KV, Srinivasarao D  
*Government Siddhartha Medical College, Vijayawada*

#### **ABSTRACT**

**Background:** National ART programme has been offering first line ART to all HIV patients. Gradually these patients are expected to fail with first line ART. There is need to identify failure at an early stage so that switch over to second line can be followed to reduce HIV related morbidity and mortality. In this study, we estimated prevalence of failure of first line ART and assessed the significance of association of mean duration of ART, gender, and baseline CD4 count with development of failure.

**Methods:** This is a retrospective cross-sectional study from April 2004- March 2014 (10 years) and included subjects registered for first line ART from 6 districts of Andhra Pradesh (Krishna, Guntur, West Godavari, Prakasam, Nellore and Khammam). This study was done at ART-Plus Centre, established in Government Siddhartha Medical College and Government General Hospital, a tertiary level teaching hospital, at Vijayawada, Krishna district. Prevalence of failure of first line ART was calculated from the cumulative number of patients over a decade (April 2004- March 2014). Statistical significance of duration of ART, gender, and baseline CD4 count in relation to first line ART failure was estimated using Chi-square test and  $p$  values.

**Results:** Among patients who experienced first line ART failure, 145 patients had used ART for a period which was <mean (53 months) and 99 patients for >mean, with no statistical significance ( $\chi^2=0.069$ ;  $p>0.05$ ). 189 males experienced first line ART failure as against 55 females with statistical significance ( $\chi^2=84.03$ ;  $p<0.05$ ). 180 patients who experienced 1<sup>st</sup> line ART failure had CD4 count of <mean (191) and 64 patients had >mean, with statistical significance ( $\chi^2=15.4801$ ;  $p<0.05$ ).

**Conclusions:** In our study, the prevalence rate of first line ART failure was low (0.47%). This indicates that first line ART is still effective, which is beneficial in resource limited settings like India. Baseline CD4 count with development of failure of first line ART.

Venkatesh P, Satyanarayana Rao K, Sessaiah KV, Srinivasarao D. Prevalence of failure of first line anti-retroviral therapy in HIV patients and significance of association of mean duration of ART, gender, and baseline CD4 count: a retrospective cross sectional study of six districts of Andhra Pradesh, over one decade. J Clin Sci Res 2014;3(Suppl 2):S5.

## Abstracts of Awards session Platform Presentations (AP APICON 2014)

### A study on the severity of right ventricular dysfunction in correlation with the severity of lung dysfunction in chronic obstructive pulmonary disease patients

Ramprasad K, Tirumala Rao MV, Murthy GS

*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Chronic Obstructive Pulmonary Disease (COPD) is characterized by airflow limitation that is not fully reversible. COPD is a powerful and independent risk factor for cardiovascular morbidity and mortality which includes right ventricular (RV) dysfunction and cor pulmonale secondary to pulmonary arterial hypertension (PAH), coronary artery disease (CAD), and cardiac arrhythmias. The aim of this study is to assess RV dysfunction by utilizing RV parameters obtained by clinical methods, electrocardiography (ECG), echocardiography and to correlate with the severity of airflow limitation in COPD patients.

**Methods:** Analysis of 100 cases of COPD admitted to Government General Hospital, Kakinada during the period of October 2012 to May 2013.

**Results:** COPD is more common in males than females in the ratio of 5.25:1. Majority of patients (46%) had a mean of 8.4 years of smoking history. Most common symptoms and signs observed are dyspnea (100%), cough (96%) and tachypnoea. Signs suggesting cor pulmonale are parasternal heave, loud P<sub>2</sub> and elevated JVP. Radiological study revealed emphysema in 52% and prominent right descending pulmonary artery suggesting PAH in 25%. ECG findings are suggestive of RV dysfunction i.e., P-pulmonale, RAD, incomplete RBBB and RVH. Echocardiographic signs of RV dysfunction observed are PAH, cor pulmonale and RVSD which are correlated with the severity of the disease ( $p < 0.05$ ). PAH, defined as pulmonary arterial systolic pressure (PASP)  $> 30$  mmHg was observed in 40%. Cor pulmonale was observed in 45% of patients having PAH. The frequencies of cor pulmonale in patients with mild, moderate and severe PAH were 10%, 73.3%, and 100%, respectively. We can see a good correlation between severity of PAH and the development of cor pulmonale. 45% of COPD patients had normal echocardiographic findings.

**Conclusions:** Echocardiographic examination is reliable in following COPD patients with PAH instead of repeated cardiac catheterization. The incidence of RV dysfunction is more common as the severity of COPD increases and there is a significant correlation between the degree of air flow limitation (FEV<sub>1</sub>) and RV dysfunction.

Ramprasad K, Tirumala Rao MV, Murthy GS. A study on the severity of right ventricular dysfunction in correlation with the severity of lung dysfunction in chronic obstructive pulmonary disease patients. J Clin Sci Res 2014;3(Suppl 2):S6.

## Abstracts of Platform Presentations (AP APICON 2014)

### **Stress hyperglycemia as a prognostic marker in patients with acute myocardial infarction without diabetes mellitus**

**Vasubabu G**

*Tata Main Hospital, Jamshedpur, Jharkhand*

#### **ABSTRACT**

**Background:** To find out prognostic importance of hyperglycemia in acute myocardial infarction (AMI) in patients without diabetes mellitus. To study the incidence of various complications (morbidity) in patients with AMI with stress hyperglycemia. To study incidence of mortality from acute myocardial infarction with stress hyperglycemia.

**Methods:** Study area-Department of General Medicine, Tata Main Hospital, Jamshedpur. Total number of patients of acute myocardial infarction-60. Prospective study. Study period – December, 2014 to May, 2014. Inclusion criteria: non diabetic, all cases of ST elevation myocardial infarction (STEMI), mean time delay < 12 hours, received fibrinolytic therapy. Exclusion criteria: diabetes mellitus, mean time delay > 12 hours, septicemia, patients on drugs like thiazides, corticosteroids, beta blockers, phenytoin.

**Results:** In present study, incidence of post infarction angina in Group B (>140mg/dl) is 26.67%, while in Group A (<140 mg/dl), it is 3.33% which is statistically significant ( $p=0.0301$ ). In present study, incidence of re-infarction in Group B (>140 mg/dl) is 3.33%, while in Group A (<140 mg/dl), it is 0%. In present study, incidence of Arrhythmias in Group B (>140 mg/dl) was 30%, while in Group A (<140 mg/dl) was 6.67% which is statistically significant ( $p=0.045$ ).

**Conclusions:** Hyperglycemia on admission is a strong predictor of mortality in patients with acute myocardial infarction and could be used in the risk stratification of these patients. Stress Hyperglycemia in nondiabetic patients, presented with acute Myocardial Infarction is associated with increased risk of complications like arrhythmia, heart failure, reinfarction, post-MI angina and mortality as compared to patients presented with normal admission blood glucose.

**Vasubabu G. Stress hyperglycemia as a prognostic marker in patients with acute myocardial infarction without diabetes mellitus. J Clin Sci Res 2014;3(Suppl 2):S7.**

## Abstracts of Platform Presentations (AP APICON 2014)

### The role of ECG in localizing the culprit vessel occlusion in acute ST segment elevation myocardial infarction with angiographic correlation

Gopikrishna, Ashok Kumar S, Balraj, Praveena

*Osmania General Hospital*

#### ABSTRACT

**Background:** The electrocardiogram remains a crucial tool in the identification and management of acute myocardial infarction. A detailed analysis of patterns of ST-segment elevation may influence decisions regarding the perfusion therapy. This study was undertaken to identify the culprit vessel from ECG in patients with acute ST elevation MI and correlate with coronary angiogram.

**Methods:** This is a prospective study, conducted on 112 patients in Osmania General Hospital, Hyderabad. Patients with ST elevation from ECG was evaluated to identify culprit vessel and later correlated with coronary angiogram.

**Results:** Amongst 112 patients, 63 patients had anterior wall and 49 patients had inferior wall MI. ST elevation  $\geq 1\text{mm}$  in  $V_4R$ , ST depression  $V_3$ /ST elevation LIII  $< 0.5$  were equally sensitive in proximal RCA occlusion. While in patients with distal RCA occlusion the ratio of ST depression in Lead  $V_3$ /ST elevation in Lead III between 0.5 – 1.2 had maximum sensitivity. In LCx occlusion ST elevation in Lead III  $>$  Lead II was the most sensitive and ratio of ST depression  $V_3$ /ST elevation LIII  $> 1.2$  was the most specific criteria. ST depression in inferior leads  $\geq 1\text{mm}$  had maximum sensitivity in localizing occlusion in proximal D1 occlusion proximal to S1 as well. Absence of ST depression in inferior leads is the most sensitive criteria in occlusion distal to S1 as well as in distal D1 in AWMI.

**Conclusions:** The admission ECG in patients with ST elevation AMI is valuable not only for determining early reperfusion treatment, but also provides important information to guide clinical decision-making.

Gopikrishna , Ashok kumar S, Balraj, Praveena. The role of ECG in localizing the culprit vessel occlusion in acute ST segment elevation myocardial infarction with angiographic correlation. J Clin Sci Res 2014;3(Suppl 2):S8.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of clinical characteristics, risk factors, and subtypes of posterior circulation ischemic stroke in a tertiary care hospital

Usha Rani B, Ramalakshmi K, Sailaja E, Ramakrishna K

*Government Siddhartha Medical College, Vijayawada*

#### ABSTRACT

**Background:** Posterior circulation stroke accounts for approximately 20% of all strokes with varied clinical presentation, which differ from strokes in anterior circulation, with reference to etiology, clinical features, and prognosis. The present study has been undertaken in a tertiary care centre in AP to know the clinical profile, risk factors, vascular territory involvement, and infarct location of posterior circulation stroke.

**Methods:** All patients presented with clinical features and imaging findings suggestive of posterior circulation stroke to the department of Medicine and Neurology in Government General Hospital, Vijayawada were studied during the period from Jan to May 2014. Detailed clinical history was taken and general examination and neurological examination of each patient was performed. All patients had CT or MRI of brain, routine blood investigations, cardiac evaluation, neck vessel Doppler. Complementary investigations were done in selected patients with abnormal findings on initial evaluation as indicated.

**Results:** Present study evaluated 31 patients diagnosed to have posterior circulation stroke. Age of the patients ranges from 30yrs-91yrs with mean age of presentation 58 $\pm$ 16 yrs. Twenty five (81%) were males, six (19%) were females. Hypertension was found to be the most common risk factor (81%). Ataxia was the most common clinical symptom reported in 15 (48%) cases. Posterior cerebral artery was most commonly involved. Topographically distal intracranial involvement was most frequent followed by middle and proximal intracranial territory. Mortality in this group was 4/31 (13%) The principal contributory factors to mortality were low Glasgow coma score at presentation, development of respiratory morbidity, and vascular lesions in 'middle plus distal' territory. At discharge, 29% patients were in group 3-5 of modified Rankin scale.

**Conclusions:** Our findings contribute to the understanding of the clinical profile, risk factors and etiological profile, infarct location, factors contributing to mortality and morbidity of posterior circulation stroke in our population.

Usha Rani B, Ramalakshmi K, Sailaja E, Ramakrishna K. A study of clinical characteristics, risk factors, and subtypes of posterior circulation ischemic stroke in a tertiary care hospital. *J Clin Sci Res* 2014;3(Suppl 2):S9.

## Abstracts of Platform Presentations (AP APICON 2014)

### Cerebral sinus venous thrombosis in hypothyroidism - a rare disorder

Prasuna K, Ravindra Kumar R, Ashok Kumar A  
*Mediciti Institute of Medical Sciences, Ghanpur*

#### ABSTRACT

**Background:** Cerebral sinus venous thrombosis (CSVT) in hypothyroidism is a rare disorder.

**Methods:** 15 patients of CSVT with hypothyroidism, were studied at Mediciti Institute of Medical Sciences from July 2012 to July 2013. CSVT is confirmed by imaging studies and hypothyroidism is confirmed by hormone levels.

**Results:** CSVT with hypothyroidism, is a rare disorder. There were (9) females and (6) males. The presenting features were GTCS (5) and focal convulsions (1), hemiparesis (4), altered sensorium (3), headache (1), vomitings (1). Thrombosis is seen in transverse sinus (9) followed by sagittal (4) and sigmoid sinus (2). All cases were treated with only eltroxin. All were cured.

**Conclusions:** CSVT with hypothyroidism, is a rare disorder. A female preponderance was seen. Most common presenting symptom was convulsions. Transverse sinus was most commonly involved. All cases were cured with eltroxin.

Prasuna K, Ravindra Kumar R, Ashok Kumar A. Cerebral sinus venous thrombosis in hypothyroidism - a rare disorder. *J Clin Sci Res* 2014;3(Suppl 2):S10.



## Abstracts of Platform Presentations (AP APICON 2014)

### Cerebral haemorrhage - radiological correlation of site with clinical features

Sumithra VK, Prathyusha Rao J, Santhosh A, Ravindra Kumar P, Ashok Kumar EA  
Mediciti Institute of Medical Sciences, Ghanpur

#### ABSTRACT

**Background:** To correlate clinical and radiological features of cerebral haemorrhage.

**Methods:** Total of 50 cerebral haemorrhage cases confirmed by CT scan studied at MIMS, Ghanpur from May 2012-April 2013, for clinical and radiological correlation.

**Results:** A male preponderance was found. Hypertensive cerebral haemorrhage was more common in males than females. Four were normotensive. Hemiplegia and speech disturbances were common. The commonest site was basal ganglia followed by lobar and cerebellum well correlated with radiology. Alcohol and NIDDM may be a contributing factor. More the volume of haemorrhage, higher is the mortality. All cases may not have headache and unconsciousness as presenting feature. Intraventricular extension was observed in 13(50) patients. Mortality was 4(50).

**Conclusions:** Clinical features were well correlated with radiological site.

Sumithra VK, Prathyusha Rao J, Santhosh A, Ravindra Kumar P, Ashok Kumar EA. Cerebral haemorrhage - radiological correlation of site with clinical features. J Clin Sci Res 2014;3(Suppl 2):S11.

## Abstracts of Platform Presentations (AP APICON 2014)

### Prognostic significance of National Institutes of Health Stroke Scale scoring system in cerebrovascular accidents

Aravinda M, Koushik G, Srinivas G, Swarnalatha G

*Alluri Sita Ramaraju Academy of Medical Sciences (ASRAMS), Eluru*

#### ABSTRACT

**Background:** Stroke or cerebrovascular accident is abrupt onset of neurological deficit due to obstruction in cerebral vascular perfusion. National Institutes of Health Stroke Scale (NIHSS) is a good tool to quantify the impairment caused by stroke. NIHSS is composed of 11 items, each of which scores a specific ability between 0 and 4, with maximum score of 42 and minimum score 0. To evaluate the significance of NIHSS score as a method of prediction of outcome in stroke.

**Methods:** Prospective study conducted in 60 cases with imaging evidence of stroke admitted in ASRAM hospital within 24hrs of onset of symptoms irrespective of age, sex, and type of stroke were included. Clinical assessment with the use of NIHSS score conducted at the time of admission, discharge and after 3 months. Inclusion criteria were neurological deficit due to vascular aetiology exclusion criteria were neurological deficits due to tumour bleed, subarachnoid haemorrhage, infections, trauma.

**Results:** Out of 60 cases admitted with acute stroke (37 males, 23 females) 23.3% of cases were of hemorrhagic aetiology and 76.7% are ischemic aetiology. With NIHSS score at the time of presentation above 6 were 42. Among them 28.3% mortality was seen. In cases with NIHSS score above 16, mortality was seen in 50% of cases.

**Conclusions:** NIHSS score strongly predicts the likelihood of patient's recovery after stroke. Score above 16 forecasts a high probability of death or severe disability and score <6 a good recovery.

Aravinda M, Koushik G, Srinivas G, Swarnalatha G. Prognostic significance of National Institutes of Health Stroke Scale scoring system in cerebrovascular accidents. J Clin Sci Res 2014;3(Suppl 2):S12.

## Abstracts of Platform Presentations (AP APICON 2014)

### Varied and unusual neurological presentations in PLHA

Deepika P, Afsar P, Madhavakalyani O

*NRI Medical College and Hospital, Chinnakakani, Guntur*

#### ABSTRACT

**Background:** Neurological manifestations of retropositive patients is not uncommon. We present case series of people living with HIV and AIDS (PLHA) with varied clinical presentations.

**Methods:** 14 patients studied in last 12 months attended the neurology clinic of NRI Medical college. Detailed history, examination and laboratory investigations were done for all PLHA.

**Results:** 4 women and 10 men were studied. 3 patients presenting as non-compressive myelopathy had intramedullary granuloma. One patient presenting as HIV-associated cognitive dysfunction had optochiasmatic arachnoiditis with meningitis and vasculitis. Three patients had stroke-like presentation. One patient had mixed meningitis. One patient each presented with multiple cranial palsies due to sinus thrombosis, bilateral demyelinating optic neuropathy and CNS Lymphoma. Two patients presented as seizures, one with CNS TB another with CNS Toxoplasmosis. 1 patient had TBM with HIV encephalopathy.

**Conclusions:** It is paramount to distinguish whether the neurologic deterioration is due to opportunist infection or immune reconstitution or the effect of virus itself. Therefore, adequate knowledge of different CNS manifestations in HIV patients is necessary for timely recognition and management to reduce morbidity and improve the quality of life in PLHA.

Deepika P, Afsar P, Madhavakalyani O. Varied and Unusual neurological presentations in PLHA. *J Clin Sci Res* 2014;3(Suppl 2):S13.

## Abstracts of Platform Presentations (AP APICON 2014)

### Posterior reversible encephalopathy syndrome in early postpartum women - case series

Swapna G, Satya Narayana Rao K, Sailaja E, Ramakrishna Rao C

*Department of Medicine and Neurology, Siddhartha Medical college Government General Hospital, Vijayawada*

#### ABSTRACT

Posterior reversible encephalopathy syndrome (PRES) refers to a clinico-radiologic entity with characteristic features on neuro-imaging and non-specific symptoms comprising headache, confusion, visual disturbances and seizures. The lesions in PRES are thought to be due to vasogenic oedema, predominantly in the posterior cerebral hemispheres, and are reversible with appropriate management. Rapid diagnosis of posterior reversible encephalopathy syndrome is essential to prevent complications such as infarction and haemorrhage. Proper diagnosis requires careful attention to the clinical and radiographic presentation. We report 4 cases of acute PRES, both were young primi gravida women presented in early postpartum period with headache, recurrent episodes of seizures, visual disturbances and hypertension. Their MRI scan showed diffuse abnormal signal intensities involving predominantly deep white matter of the occipital lobes, bilateral basal ganglia, centrum semiovale and periventricular location. Magnetic resonance angiography (MRA), and magnetic resonance venography (MRV) were ordered to rule out thrombosis. MRA and MRV were normal in these patients. Based on the findings the most probable diagnosis of PRES was suggested. They were started on antihypertensive drugs, antiepileptic drugs and other supportive medication. On follow-up examination after 7-10 days, the patients showed marked improvement clinically and on neuro-imaging following which they were discharged in stable condition.

Swapna G, Satyanarayana Rao K, Sailaja E, Ramakrishna Rao C. Posterior reversible encephalopathy syndrome in early postpartum women - case series. *J Clin Sci Res* 2014;3(Suppl 2):S14.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of 50 cases of quadriparesis

Hari S, Satish Srinivas P, Deepak YC, Radhakrishna  
*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Quadriparesis implies weakness of all four limbs. Patients of acute quadriparesis may pose therapeutic challenge to the treating physician especially the development of bulbar palsy and respiratory paralysis and require intensive monitoring in acute clinical and respiratory care units.

**Methods:** 50 adult patients admitted in medical and neurology wards with Quadriparesis in a period of two years are included in the study. Cases of traumatic quadriparesis and patients of pediatric age group are not taken up for the present study.

**Results:** Out of 50 cases of quadriparesis, 29 patients (58%) presented with flaccid quadriparesis and 21 with spastic quadriparesis. Of 21 cases of acute flaccid quadriparesis, 17 (62.96%) were diagnosed as acute inflammatory demyelinating polyneuropathy (AIDP) followed by hypokalemic periodic paralysis and transverse myelitis. Out of 21 patients of spastic quadriparesis, 15 (71.42%) were diagnosed as spondylitic myelopathy followed by caries spine and motor neuron disease. Cerebrospinal fluid (CSF) analysis showed albumin-cytological dissociation in 2 patients of AIDP. Electrophysiological studies in 17 patients of AIDP, 9 showed demyelinating pattern, 2 axonal pattern, 2 mixed pattern of neuropathy, 4 patients had normal nerve conduction studies (NCS). Of 23 abnormal MRI studies, 15 were diagnosed as spondylotic myelopathy, 2 cases infective spondylosis (caries spine), transverse myelitis in 4 cases and metastasis in one case. All patients with AIDP were given supportive treatment and iv immunoglobulins to patients who can afford. Decompressive surgery was done in 4 patients of spondylotic myelopathy. Patients with hypokalemic periodic paralysis and AIDP with demyelinating neuropathy recovered completely. 5 patients died; 3 deaths were due to AIDP and 2 deaths were due to transverse myelitis.

**Conclusions:** AIDP and hypokalemic periodic paralysis were the most frequent causes of flaccid quadriparesis. Spondylitic myelopathy was the most common cause of spastic quadriparesis. AIDP patients with NCS consistent with axonal and mixed pattern of neuropathy had poor prognosis. MRI was the most useful investigation in the cases of cervical myelopathy of various etiologies.

Hari S, Satish P, Deepak YC, Radha krishna. A study of 50 cases of quadriparesis. J Clin Sci Res 2014;3(Suppl 2):S15.

## **Abstracts of Platform Presentations (AP APICON 2014)**

### **Aetiological evaluation of new onset seizures in young adults in coastal villages of East Godavari**

**Surisetty Suri Apparao, Jogi Naidu M**  
*KIMS & RF, Amalapuram*

#### **ABSTRACT**

New onset seizures in young adults of age less than 35 years were followed up and is aimed to evaluate the aetiological analysis of new onset epilepsy in young adults. Total of 50 cases of new onset seizures in young adults were evaluated with detailed history, clinical examination and necessary investigations in KIMS Amalapuram between June 2013 to May 2014. In our study most of the cases were found to be idiopathic in 44%, neurocysticercosis in 26%, tuberculoma in 12% and remaining others.

**Apparao SS, Jogi Naidu M. Aetiological evaluation of new onset seizures in young adults in coastal villages of East Godavari. J Clin Sci Res 2014;3(Suppl 2):S16.**

## Abstracts of Platform Presentations (AP APICON 2014)

### Observational study of stroke in young in CAIMS

Keerthi A, Venkatrajaiah N, Narayana P, Sanjay Kumar K

*Chalmeda Anandarao Institute of Medical Sciences (CAIMS), Bommakal Village, Karimnagar*

#### ABSTRACT

**Background:** To study the etiology and risk factors in young patients aged 15-45 years admitted in CAIMS with first attack of stroke.

**Methods:** The study included 50 young stroke patients admitted in our hospital . All pts are evaluated clinically and laboratory investigations CT, MRI, MRV, protein S,C, homocystiene, sickling test, anti thrombin, CSF, carotid Doppler are done.

**Results:** Out of 50 pts in 33 patients (66%) only etiology is established Rheumatic heart disease 16 patients (32%), Hypercoaguable disorders 11 patients (22%), postpartum hypercoagulopathy 4 (8%), hyperhomocysteinemia 4 (8%), protein C, S deficiency 1 (2%), usage of OCPs 2(4%), HIV vasculitis 2 (4%), Takayasu's arteritis 2 (4%), ICA dissection 1 (2%), sickle cell disease 1 (2%).

**Conclusions:** Stroke in young requires a different approach than the stroke in elderly. Majority of cases in our study etiology is undetermined (34%), among the etiology determined cases major proportion are due to cardioembolism (32%).

Keerthi A, Venkatrajaiah N, Narayana P, Sanjay Kumar K. Observational study of stroke in young in CAIMS. J Clin Sci Res 2014;3(Suppl 2):S17.

## Abstracts of Platform Presentations (AP APICON 2014)

### Study of five cases of central demyelinating disorders and outcome in Government General Hospital in a period of one year

Rajyalakshmi, Gowtam Praveen, Tirumalarao MV  
*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Central demyelinating diseases are of unknown aetiology characterised by focal breakdown of previously normal myelin with relative preservation of axons mostly affecting white matter with residual neurological disability. These disorders have increased incidence in females.

**Methods:** Five cases of new onset diverse neurological symptoms (motor weakness, sensory, bowel and bladder involvement with or without visual complaints) with available clinical history, neurological examination, radiological imaging, CSF analysis, relevant haematological investigations are taken into the study in a period of one year in our hospital.

**Results:** Enlisted cases are quadriparesis (100%), blindness (40%), tingling and numbness (100%). MRI brain, orbits and spine revealed features suggestive of demyelinating aetiology. CSF IgG antibodies positive in two cases of neuromyelitis optica (NMO). Out of five cases of demyelinating disorder, two cases are neuromyelitis optica and three cases are neuromyelitis optica (NMO) spectrum disorder (mean age of presentation is 35 years, range 25-46 years; with female preponderance).

**Conclusions:** Demyelinating disorders are treated with steroids and immunosuppressants but mostly have residual neurological sequelae. Good follow up care and rehabilitative support reduces disability and morbidity associated with disease.

Rajyalakshmi, Praveen G, Tirumalarao MV. Study of five cases of central demyelinating disorders and outcome in Government General Hospital in a period of one year. J Clin Sci Res 2014;3(Suppl 2):S18.



## Abstracts of Platform Presentations (AP APICON 2014)

### Six cases of Wilson's disease diagnosed in Government General Hospital, Kakinada in a period of one year from July 2013-June 2014

Siva Sankar A, Yasodamma P, Gowtham Praveen, Niveditha

*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Wilson's disease is an inherited autosomal recessive inborn error of copper metabolism characterized by toxic accumulation of copper in brain, liver, cornea, kidney, musculoskeletal system and other tissues. It occurs due to mutation in ATP7B gene in 13<sup>th</sup> chromosome which codes for a membrane bound copper transporting ATPase.

**Methods:** A study of six cases presented with dystonia to medical ward in Government General Hospital, Kakinada in a period of one year from July 2013-June 2014.

**Results:** In this study, the mean age of presentation was in the range of 15-25 years with female preponderance. 4 out of 6 presented with neurological manifestations predominantly dystonia, 2 patients with mixed hepatic and neurological features. Ophthalmology examination showed the presence of Kayser-Fleischer [KF] ring. Estimation of serum copper and ceruloplasmin revealed decreased levels and 24 hr urinary copper excretion test and liver enzymes were elevated. Neuro-imaging was performed for all cases which was suggestive of Wilson's disease. All of them did not worsen with treatment and on regular follow-up.

**Conclusions:** Wilson's disease is a treatable disease which is not rare in India. Early diagnosis and treatment can prevent devastating consequences of disease.

Siva Sankar A, Yasodamma P, Praveen G, Niveditha. Six cases of Wilson's disease diagnosed in Government General Hospital, Kakinada in a period of one year from July 2013-June 2014. J Clin Sci Res 2014;3(Suppl 2):S19

## Abstracts of Platform Presentations (AP APICON 2014)

### Study of 23 cases of Guillain-Barre syndrome with respect to clinical profile and electrophysiological results in Government General Hospital in a period of one year

Harsha Vardhan G, Gowtam Praveen, Yashodamma P

*Rangaraya Medical Collge, kakinada*

#### ABSTRACT

**Background:** Guillain-Barre syndrome (GBS) is an acute severe fulminant polyradiculoneuropathy. It is an acquired condition which is characterized by progressive, symmetrical, proximal and distal weakness with parasthesias. Although GBS was initially considered to be primarily an acute inflammatory demyelinating polyneuropathy (AIDP), several other subtypes have been recognized: acute motor axonal neuropathy (AMAN), acute motor-sensory axonal neuropathy (AMSAN), and Fisher syndrome (FS). The purpose of this study was to describe the clinical and electrophysiological subtypes of GBS.

**Methods:** We prospectively studied 23 consecutive cases of GBS admitted in government general hospital, Kakinada from September 2013 to June 2014. Clinical histories were obtained, electrophysiologic studies were performed to determine GBS subtypes.

**Results:** Of 23 cases new onset quadriparesis were diagnosed as GBS (mean age 35 years, range 25-46) most of cases with male preponderance, bilateral ascending, symmetrical (100%), areflexia/hyporeflexia (74%) respiratory muscles (52%), bulbar muscles (26%) and cranial nerves (13%). Nerve conduction studies revealed MSAN (70%), AIDP (17%), AMAN (13%).

**Conclusions:** GBS is a neurological disorder primarily symmetrical muscle paralysis in most of cases. This study confirms that acute motor axonal neuropathy is most common subtype of GBS. It is important to identify & urgently refer in order to diagnose early so as to minimize the mortality and disability.

Harsha Vardhan G, Praveen G, Yashodamma P. Study of 23 cases of Gullian-Barre syndrome with respect to clinical profile and electrophysiological results in Government General Hospital in a period of one year. J Clin Sci Res 2014;3(Suppl 2):S20.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of clinical profile,risk factors and outcome of cerebral venous sinus thrombosis (CVST)

Krishnamurthy A, Narasimham YV, Vasavilatha, Srinivas B, Srinivasreddy, Kranthi P

*Andhra Medical College, Visakhapatnam*

#### ABSTRACT

**Background:** Cerebral venous sinus thrombosis (CVST) is an uncommon form of stroke. CVST presents with a wide spectrum of symptoms and signs so diagnosis requires high index of suspicion. Early diagnosis and treatment is essential to prevent morbidity and mortality.

**Methods:** 30 consecutive patients admitted to KGH between August 2012 and May 2014 with a confirmed diagnosis of CVST were taken up for the study and followed until discharge or death. Discharged patients were followed up for 6 months. History, examination, laboratory investigations were carried out and was confirmed by CT scan or MRI or MRV.

**Results:** The mean age of patients in this study was 37.6 yrs. Majority between 18-30 years. Hyperhomocystinemia, protein S deficiency were the most common risk factors identified in males, anemia, puerperum in females. No risk factor identified in 26.67% of the males, 13.33% of the females. Headache was the most common presenting symptom (73.33%). Hemiparesis (40%) was the most common presentation. Most common radiological finding was hemorrhagic infarction (43.33%). Overall outcome is good with 67.86% of the patients having complete recovery at the time of discharge and a mortality rate of 6.67%.

**Conclusions:** The present study emphasizes that CVST is not an uncommon condition. Clinical presentation is extremely varied. Important clinical features to suggest this disorder are recent headache, seizures, papilloedema, focal deficits. MRI with MRV is the current diagnostic modality of choice. Management with unfractionated heparin or LMWH and oral anticoagulants is appropriate. Contrary to ischemic arterial stroke, CVST will have good short and long term outcomes when the acute phase of illness has been survived.

Krishnamurthy A, Narasimham YV, Vasavilatha, Srinivas B, Srinivasreddy, Kranthi P. A study of clinical profile, risk factors and outcome of cerebral venous sinus thrombosis. (CVST). J Clin Sci Res 2014;3(Suppl 2):S21.

## Abstracts of Platform Presentations (AP APICON 2014)

### Ischemic stroke prognosis by clinical and transcranial doppler study

Madhusudahanbabu M, Srinivas V, Ravikumar N, Vikram Vardhan, Padmalatha, Venkatsimha P  
*Andhra Medical College, Visakhapatnam*

#### ABSTRACT

**Back ground :** The purpose of our study is to evaluate the prognostic value of transcranial Doppler (TCD) in relation to clinical and radiological parameters in patients presented with recent ischemic stroke.

**Methods:.** A prospective study conducted on 30 patients of ischemic cerebrovascular accident admitted in KGH Hospital, Visakhapatnam attached to Andhra Medical College and study was done between March 2013 to January 2014.

**Results:** The relation between clinical subgroups of the ischemic stroke patients and the functional outcome is significant (Chi-square = 13.3;  $p = 0.0014$ ). There is significant relation between the neurological scale (the unified neurological stroke scale) and the outcome with  $p$  value 0.005. The relation of the size of the infarct dedicated by the CT scanning and the functional outcome is significant (Chi-square = 12.57;  $p = 0.0018$ ). The relation of transcranial Doppler study initially at the scene of insult and the outcome is significant (Chi-square = 6.7;  $p = 0.03$ ). Transcranial doppler study after recanalization (a week after the occurrence of the insult) in relation to outcome is significant (Chi-square = 8.67;  $p = 0.03$ ). There is significance between clinical subgroups and the outcome of the ischemic stroke. There is significance between CT findings (size of infarction) and the outcome of the ischemic stroke. There is no significance between the carotid system Duplex study and the outcome because of the anastomotic routes at circle of Willis. There is significance between the TCD findings and the outcome of our patient group. TCD performed a few hours after stroke onset may help to predict the clinical course of the patient.

**Conclusions:** TCD is a strong independent predictor of poor outcome by revealing an MCA occlusion or its failure to recanalize

Madhusudahanbabu M, Srinivas V, Ravikumar N, Vardhan V, Padmalatha, Venkatsimha P. Ischemic stroke prognosis by clinical and transcranial doppler study. J Clin Sci Res 2014;3(Suppl 2):S22.

## Abstracts of Platform Presentations (AP APICON 2014)

### Arnold-Chiari malformation masquerading as leprosy

Nilam Singh, Reddy JV, Irshad  
*PESIMSR , Kuppam*

#### ABSTRACT

A 35-year-old male from West Bengal, car mechanic presented with h/o chronic progressive weakness and wasting of upper limbs (right>left) and clawing of hands of 4 years. Pain in neck radiating to upper limbs on doing work -3 years. Decreased sensation over both upper limbs and in back of neck -1 ½ years. Weakness in distal Rt lower limbs- 6 months. No symptoms of cranial nerve dysfunction/ Gait abnormality. No family history of similar illness/Hansen's. Patient had consulted many doctors and misdiagnosed as Hansen's and treated for 1 year but his condition worsened. He was also diagnosed as Anterior horn cell disease by a neurologist. O/E: Vitals:Normal ,well built and nourished, no neurocutaneous markers. HMF and cranial nerves normal upper limbs examination area of hypopigmentation, burn, scars ,clawing of both hands, wasting of whole limbs more in thenar and hypothenar. Power-bilateral hand grip-1/5,bilateral wrist drop present, hypotonia, DTRs-supinator-absent, biceps and triceps-1+/absent. Synkinesia of both hand +. Lower limbs exam-power/tone/bulk-normal, DTRs- brisk.Plantar-bilateral extensor. Sensory system-upper limbs dissociate sensory loss also in nape of neck. No thickened Peripheral nerves. No cerebellar signs, spine-normal. Investigation hemogram-normal, liver function test, renal function test-normal, vitamin B12,TSH, diabetic panel-normal. Serology nonreactive.Dermatology (biopsy of skin) no signs of Hansen. Nerve conduction study normal. X-ray cervical spine occipitalisation of Atlas. MRI cervical spine Arnold Chiari malformation type 1 with syringomyelia.Surgical management-Foramen magnum decompression and lax duroplasty done. Arnold-Chiari malformation type I-congenital defect, involves the herniation of the cerebellar tonsils into the foramen magnum, without involving the brain stem. Approximately 50% of patient with this condition develop syringomyelia. Early and correct diagnosis is crucial in case of young adults to prevent/reduce the disability.

Nilam Singh , Reddy JV, Irshad. Arnold-Chiari malformation masquerading as leprosy. J Clin Sci Res 2014;3(Suppl 2):S23.

## Abstracts of Platform Presentations (AP APICON 2014)

### Clinical profile of rapidly progressive renal failure

Pratyusha R, Srilatha V

*NRI Medical College, Chinakakani*

#### ABSTRACT

**Background:** To study the clinical profile and factors predicting outcome in patients with rapidly progressive renal failure.

**Methods:** This is a retrospective study of 28 cases with clinical diagnosis of rapidly progressive renal failure who presented to nephrology department, NRIGH, Chinakakani, from March 2011 to December 2012. Clinical information and pathological data are correlated. Univariate analysis is performed using Chi-square test. A p-value of  $< 0.05$  is considered significant.

**Results:** Results revealed a median age of 38.03, female preponderance with M:F 6:7, hypertension present in 69% cases. Thrombotic microangiopathy is the leading cause affecting 21%, followed by lupus nephritis and others presence of chronicity as evidenced by tubular atrophy, interstitial fibrosis: fibrous crescents in biopsy ( $p=0.0001$ ) predicted poor prognosis.

**Conclusions:** Underlying disease and time to diagnosis are the important factors predicting outcome in patients with rapidly progressive renal failure. Early treatment with immunosuppressants improves outcome in these patients.

Pratyusha R, Srilatha V. Clinical profile of rapidly progressive renal failure. *J Clin Sci Res* 2014;3(Suppl 2):S24.

## Abstracts of Platform Presentations (AP APICON 2014)

### Contrast induced nephropathy in post-percutaneous transluminal coronary angioplasty patients - predisposing factors

Mounika S, Ramanamurthy SV, Anupam J

*GSL Medical College, Rajahmundry*

#### ABSTRACT

**Background:** Contrast induced nephropathy(CIN) is the third most leading cause of acquired renal insufficiency. Among all contrast medium interventions, percutaneous coronary interventions are associated with high rates of CIN. Predisposing factors like hypertension, diabetes mellitus, age, are proven to be associated with high incidence of CIN.

**Methods:** Patients admitted in GSL Medical college and General hospital for PTCA. Period of study January 2014 – June 2014. Inclusion criteria: Patients who were admitted for PTCA and who have more than 25% or 0.5 mg/dl of serum creatinine than base line 48-72 hours after PTCA. Exclusion criteria: patients on nephrotoxic drugs, pre-existing renal disease. Sample size: 50.

**Results:** Out of 50 patients, 25 were hypertensive and 15 were diabetic, 12 had both diabetes and hypertension. Out of 50 patients, 9 patients developed CIN, out of which 4 patients had both hypertension and diabetes, 5 patients who were diabetic, 5 patients who were hypertensive.

**Conclusions:** 18% of PTCA patients developed significant CIN. 33% of diabetics, 17% hypertensives developed CIN. 6% of study group were found to have developed CIN without predisposing factors.

Mounika S, Ramanamurthy SV, Anupam J. Contrast induced nephropathy in post percutaneous transluminal coronary angioplasty patients - predisposing factors. J Clin Sci Res 2014;3(Suppl 2):S25.

## Abstracts of Platform Presentations (AP APICON 2014)

### Exertional rhabdomyolysis induced acute kidney injury

Soumya Reddy A, Dharma Rao V, Dilip M

*Mamata Medical College, Khammam*

#### ABSTRACT

**Background:** Acute kidney injury is potential complication of severe rhabdomyolysis regardless of the cause and prognosis is poor if renal failure develops.

**Methods:** The aim of our study is to study the clinical profile and predisposing factors in patients with exertional rhabdomyolysis induced acute kidney injury. It is a prospective study, conducted at mamata general hospital, khammam from August 2013-July 2014. This study encompassed a total 14 cases with precipitating event i.e, physical events for police recruitment presenting with varied symptoms.

**Results:** All were male patients. Mean period of presentation to hospital after the precipitating event- six±three days. Mean serum creatinine at discharge 2.5±0.5 mg/dl. Mean serum CPK levels 1,50,000±40,000. Mean serum potassium-6±0.5. Mean serum uric acid 8.4±1.4. Mean period for recovery 14±5 days. All the patients recovered and there was no mortality reported. Nine patients who had severe renal failure underwent hemodialysis. Five patients who had moderate renal failure did not need hemodialysis and were managed conservatively.

**Conclusions:** Exertional rhabdomyolysis is a preventable cause of acute kidney injury. Adequate training for atleast six months, avoidance of NSAIDs, adequate hydration can prevent exertional rhabdomyolysis induced acute kidney injury.

Reddy AS , Dharma Rao V , Dilip M. Exertional rhabdomyolysis induced acute kidney injury. J Clin Sci Res 2014;3(Suppl 2):S26.



## Abstracts of Platform Presentations (AP APICON 2014)

### Study of 50 cases of acute kidney injury in snake bite

Piyush Kumar A, Thirumalarao MV  
*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Snake bite poisoning is known to man since antiquity. The complications related to kidneys are observed in majority of patients with poisonous snake bite. This study is an attempt to study the clinical profile of snake bite patients and evaluation of acute kidney injury in them.

**Methods:** Fifty patients with snake bite induced acute kidney injury were selected randomly and their clinical profiles were assessed. AKI was evaluated using noninvasive methods.

**Results :** Out of 50 patients in the study, majority were males [62%] with mean age of presentation  $43.8 \pm 12.63$  years. The mean interval between snakebite and presentation to Hospital was 15.37 hours. 98% patients presented with local signs of inflammation, 52% of patients presented with coagulation abnormality and 60% with decreased urine output.

**Conclusions:** Common manifestations of poisonous snake bite include cellulitis, abnormal coagulation profile and decreased urine output. Overall mortality due to snake bite induced AKI is 6%. Lapse of time in presenting to the hospital and abnormal coagulation profile are the predictors of poor outcome

Piyush Kumar A, Thirumalarao MV. Study of 50 cases of acute kidney injury in snake bite. J Clin Sci Res 2014;3(Suppl 2):S27.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of autoimmune spectrum of young diabetics

Giri P, Rajiv Kumar B, Mubhasheer Ali  
*MNR Medical College, Sangareddy*

#### ABSTRACT

**Background:** There is no study till date on prevalence of autoimmune markers in young adults.

**Methods:** Inclusion criteria: 13 patients of age group 11-45 years at corporate hospital, Hyderabad who presented with classical symptoms of diabetes or found to have nonspecific complaints were evaluated. It is an on-going study from March 2013 and consent has been obtained from all. Lab investigations were carried out in collaboration with Diabetomics (India and USA) using chemiluminiscent immunoassay (CLIA). Tests done were insulin antibody (IAA), islet antigen 2 (IA2), glutamate decarboxylase (GAD65), C-peptide, thyroid stimulating hormone (TSH), thyroid peroxidase antibody (TPO), thyroglobulin antibody, tissue transglutaminase antibody (TTG) and HbA1c. Exclusion criteria: diabetic ketoacidosis, pancreatic surgeries, chronic pancreatitis, previous diagnosis of other autoimmune diseases.

**Results:** 13 patients have been evaluated. Mean age of patients tested is 28 years with a range of 11-45. 54% belong to male sex. Out of 13 patients, 6 had at least one abnormal autoimmune marker for diabetes. Most common among those were IAA (23%) and IA2 (23%), followed by GAD65 (15%). We also found that 38.5% had abnormal TPO titres and 31% had elevated TTG Ab titres. Subnormal C peptide levels (< 1 ng/ml) were noticed in 54%. HbA1c was abnormal in all. This selective screening of young adults with diabetes shows antibody prevalence of 46% and simultaneous subnormal C peptide levels indicating potential higher glycaemic variability which demands close supervision of management. We found higher prevalence of associated autoimmune markers of thyroid (TPO) and celiac disease (TTG).

**Conclusions:** Selective screening of young adults with diabetes for autoimmune markers might aid in instituting appropriate treatment.

Giri P, Rajiv Kumar B, Mubhasheer Ali. To study the autoimmune spectrum of young diabetics. *J Clin Sci Res* 2014;3(Suppl 2):S28.

## Abstracts of Platform Presentations (AP APICON 2014)

### Lipid profile in relation to anthropometric measurements

Spoorthy K, Ramanamurthy SV  
*GSL Medical College, Rajahmundry*

#### ABSTRACT

**Background:** The associations between obesity and many diseases have been established. Body-fat distribution could possibly identify subjects with the highest risk of disturbed lipid profile and hypertension. Disturbed lipid profile has always been associated with cardiovascular diseases. Intra-abdominal fat has been identified as being the most clinically relevant type of fat in humans.

**Methods:** This observational study tries to study the lipid profiles of patients with bad anthropometric profile. The study was done on fifty patients aged 18-70 years with abnormal body mass index, waist hip ratio or waist circumference. BMI  $>25$  kg/m<sup>2</sup> was considered abnormal. Waist circumference  $>85$  cm in women and  $>95$  cm in men was considered abnormal. Waist hip ratio  $>0.90$  in men and  $>0.85$  in women were considered abnormal. The abnormalities in lipid profiles were identified according to the ATP4 guidelines.

**Results:** 18 patients had abnormal BMI. 23 patients had abnormal waist circumference. 33 patients had abnormal waist hip ratio. Only 5 of the 40 patients had abnormal LDL cholesterol levels which showed that there was no relation of lipid profile to abnormal anthropometric measurements.

**Conclusion:** This study concluded that there was no relation between lipid profile and abnormal anthropometric measurements.

Spoorthy K, Ramanamurthy SV. Lipid profile in relation to anthropometric measurements. J Clin Sci Res 2014;3(Suppl 2):S29.

## Abstracts of Platform Presentations (AP APICON 2014)

### Clinical profile of 75 cases of hepatic encephalopathy diagnosed in Government general Hospital Kakinada in a period of one year from June2013-June2014

Ramesh B, Seshu Kumari, Bhimeswar Rao SK

*Rangaraya Medical College, Kakinada.*

#### ABSTRACT

**Background:** Hepatic encephalopathy is the spectrum of potentially reversible neuropsychiatry abnormalities seen in the patients with liver dysfunction after exclusion of correlated Neurological or Metabolic disorders. It is characterised by accumulation of toxic products of ammonia in the body. It occurs due to hepatocellular damage or portal-system bypass without hepatocellular damage, and cirrhosis with portal hypertension.

**Methods:** A study of 75 cases presented with jaundice and elevated liver enzymes with altered sensorium to Medical wards in General Hospital Kakinada in a period of one year from June 2013-June2014.

**Results:** In this study, the mean age of presentation was in the range of 41-50 years. 75 % of male preponderance (75 cases) are chronic alcoholics, 25% were acute hepatic encephalopathy presented with altered sensorium. Clinical examination revealed edema feet, yellowish discoloration of eye, haemetemesis, spider nevi, palmar erythema, testicular atrophy, Dupuytren's contracture seen in chronic cases. Estimation of serum bilirubin, SGPT, SGOT, alkaline phosphatase, prothrombin time, serum creatine, blood urea, blood ammonia raised in hepatic encephalopathy. Hypokalemia diuretics, infection were the most precipitating factor of hepatic encephalopathy.

**Conclusions:** Hepatic encephalopathy is the treatable condition which is not rare in India. Early diagnosis and treatment can prevent devastating consequences of disease.

Ramesh B, Seshu Kumari, Bhimeswar Rao SK. Clinical profile of 75 cases of hepatic encephalopathy diagnosed in Government general Hospital Kakinada in a period of one year from June 2013-June2014. J Clin Sci Res 2014;3(Suppl 2):S30.

## Abstracts of Platform Presentations (AP APICON 2014)

### A rare case of haemophagocytic syndrome

Swamy M, Srinivas M, Rekha Bansal

*Kamineni Hospital, Hyderabad*

#### ABSTRACT

A 54-year-old lady with no co-morbidities presented with high grade fever with chills from a week. She was extensively evaluated for the cause of fever but all the investigations were inconclusive (high erythrocyte sedimentation rate). She was worked up to rule out any connective tissue disease, was found to have antinuclear antibody positive. With a provisional diagnosis of unidentified connective tissue disease (UCTD), she was started on oral steroids and chloroquine. Over the hospital course, she developed anaemia, work-up of which revealed a very high ferritin level (9543ng/ml) With a suspicion of haemophagocytic syndrome, serum triglycerides(1452mg/dl), Serum Lactate Dehydrogenase (3471U/L) were done which were found to be elevated. Bone marrow biopsy was done which showed evidence of haemophagocytosis and Leukaemia. She was diagnosed with large B cell lymphoma after the Immuno-histochemistry studies. She was started on chemotherapy with etoposide and on i.v. steroids. She succumbed to infection and septic shock due to marrow suppression.

Swamy M, Srinivas, M, Bansal R. A rare case of haemophagocytic syndrome. J Clin Sci Res 2014;3(Suppl 2):S31.

## Abstracts of Platform Presentations (AP APICON 2014)

### A comparative clinicopathological analysis of Hodgkin's lymphomas and Non-Hodgkin's lymphomas - a single institutional experience

Bhargavi D, Vindhya A, Ananth Pai, Balambika RG, Manilal B, Muralidhar, Manickavasagam M

*Sri Venkateswara Institute of Medical Sciences, Tirupati*

#### ABSTRACT

**Background:** Among the Indian population lympho-hemopoietic malignancies constitute 9.5% of cancers in men and 5.5% in women. The distribution of different subtypes of lymphomas varies across different geographic regions of the country. The aim of the present study is to compare the clinic-pathological profile of HL and NHL and to assess the demographic pattern of the disease in this tertiary health care center.

**Methods:** All histopathologically confirmed lymphoma patients diagnosed during January 2013 to December 2013 were included. Patients were prospectively analyzed for age, sex distribution, clinical presentation, and staging. A detailed clinical history recorded and a systematic clinical examination was done in all cases. The pathological investigations included routine hematological and biochemical investigations. Bone marrow aspiration and biopsy were done in all cases to assess the marrow involvement by the neoplastic cells. The radiological studies included whole body 18F FDG PET – CT. The staging of the patients were done by Ann Arbor staging system.

**Results:** A total of 50 cases of lymphomas were diagnosed during the study period, of them 15 were (30%) diagnosed as HL and 35 cases (70%) were NHL. In HL 22% were males and 39% were females, 78% were males and 61% were females in NHL. A lower mean age of onset (29.8 vs 50.4) was noted in HL compared to NHL. The most common histological subtype in HL was mixed cellularity. The commonest symptom was neck swelling (38% vs 62%). B symptoms, extra nodal involvements were prominent in NHL (72% vs 28% and 92% vs 8% respectively).

**Conclusions:** A distinct clinicopathological profile was noted in HL and NHL.

Bhargavi D, Vindhya A, Pai A, Balambika RG, Manilal B, Muralidhar, Manickavasagam M. A comparative clinicopathological analysis of Hodgkin's lymphomas & Non-Hodgkin's lymphomas - a single institutional experience. J Clin Sci Res 2014;3(Suppl 2):S32.

## Abstracts of Platform Presentations (AP APICON 2014)

### Salmonella infection in systemic lupus erythematosus

Prasanna PV, Varaprasad IR, Rajasekhar L

*Nizam Institute of Medical Sciences, Hyderabad*

#### ABSTRACT

**Background:** Systemic lupus erythematosus is an autoimmune disease that typically affects multiple organs in the body. Infection is the predominant cause of mortality in lupus patients due to immunocompromised state both due to disease activity and due to drugs used to control disease activity. Among the pathogens, salmonella remains the considerable threat and causes significant morbidity and mortality. Gastrointestinal tract is the primary site of involvement. In lupus extra intestinal bacteraemia is most common in majority.

**Methods:** Retrospective analysis of lupus patients with salmonella infection from a tertiary care centre, South India. In patient records of lupus patients between January, 2003 to June, 2014 were retrieved and details of demography, clinical manifestations, disease activity, site of salmonella infection were analysed.

**Results:** We report 14 cases of lupus patients with salmonella infection involving gastrointestinal tract, blood, urinary tract, joints. Among these, one had GI involvement, one had urinary tract involvement, four had septic arthritis, eight had bacteremia, two had septicemia where in salmonella was isolated from blood, urine, synovial fluid. All these patients were on immunosuppression for their disease activity. Antibiotics were given according to culture sensitivity. Patients with septic arthritis and bacteremia had significant morbidity and death was end result in septicemic patients.

**Conclusions:** Lupus patients are more susceptible to infections particularly to salmonella which carries high morbidity and mortality. In view of this high mortality and morbidity associated with salmonella, early recognition and aggressive management is required in lupus patients.

Prasanna PV, Varaprasad IR, Rajasekhar L. Salmonella infection in systemic lupus erythematosus. *J Clin Sci Res* 2014;3(Suppl 2):S33.

## Abstracts of Platform Presentations (AP APICON 2014)

### Comparison of DAS28, CDAI, HAQ-DI and RAPID3 as tools to assess disease activity in patients with rheumatoid arthritis

Suneetha P, Siddartha Kumar B, Alladi Mohan, Katyarmal DT, Sarma KVS

*Sri Venkateswara Institute of Medical Sciences, Tirupati*

#### ABSTRACT

**Background:** In patients with rheumatoid arthritis (RA) disease severity assessment is done using Disease Activity Score in 28 joints with ESR (DAS28). However, computing DAS28 is time consuming, requires laboratory testing and an online calculator. There is a need to validate rapid methods of disease severity assessment for routine daily use.

**Methods:** We prospectively studied the utility of Clinical Disease Activity Index (CDAI), Health Assessment Questionnaire-Disability Index (HAQ-DI) and Routine assessment of patient index data (RAPID3) scoring in 100 adult newly diagnosed patients with RA who were disease modifying antirheumatic drugs (DMARDs) naïve seen during the period January 2013 and June 2014 at our tertiary care teaching hospital in Tirupati, South India.

**Results:** Their mean age was  $42.1 \pm 11.6$  years, there were 82% females. Their median [interquartile range (IQR)] symptom duration was 6 (4-12) months. The median (IQR) DAS28, CDAI, HAQ-DI and RAPID3 scores at presentation were 7 (6-7), 36 (28-43), 2 (1-2) and 17 (13-19) respectively. A significant positive correlation was observed between DAS28 and CDAI ( $r=0.568$ ;  $p<0.001$ ); DAS28 and HAQ-DI ( $r=0.304$ ;  $p=0.002$ ); and DAS28 and RAPID3 ( $r=0.404$ ;  $p<0.001$ ). A 'slight-to-fair' agreement was observed in between DAS28 and CDAI (kappa-statistic = 0.296). The agreement between DAS28 and HAQ-DI (Kappa-statistic = 0.007) and RAPID3 (Kappa-statistic = 0.072) was less robust.

**Conclusions:** In South Indian adult patients with RA, CDAI appears to be the most useful tool for rapid assessment of severity at the time of initial presentation.

Suneetha P, Kumar BS, Mohan A, Katyarmal DT, Sarma KVS. Comparison of DAS28, CDAI, HAQ-DI and RAPID3 as tools to assess disease activity in patients with rheumatoid arthritis. J Clin Sci Res 2014;3(Suppl 2):S34.



## Abstracts of Platform Presentations (AP APICON 2014)

### Clinical study of community acquired pneumonia – a hospital based study

Sonal Jain

*MNR Medical College, Sangareddy*

#### ABSTRACT

**Background:** Community acquired pneumonia (CAP) is one of the commonest pulmonary infection in adults. There are various studies conducted to describe its clinical, bacteriological and radiological features in different population group and their complications, whether these inferences hold good for our population is a pertinent question. In view of this, we need to study community-acquired pneumonia in our setting.

**Methods:** The study was conducted in MNR medical college and Hospital, Sangareddy Medak district (Telangana) from June 2012 to July 2013. About 50 cases have been studied. Patients with aspiration pneumonia, hospital acquired pneumonia and PCP in HIV infected patients have been excluded. All adult patients diagnosed to have CAP who were admitted in the hospitals were included.

**Results:** CAP was more common in elderly males (>50 years = 48%) patients. Commonest predisposing factors were COPD ( $p < 0.001$ ). Streptococcal (pneumococcal) pneumonia being more common constitutes about 46%,. Next commonest is staphylococci with 24%. Klebsiella with 14% found to have prevalence over other organisms like pseudomonas, and E. coli. With regard to lobes involved, middle and lower lobes of right lung (about 40%) is more common.

**Conclusions:** In our study, CAP was found more commonly between 3rd and 5th decade of lifewith male : female, 8.6:1.4. Most common presenting symptoms were acute onset of fever with cough with expectoration about 100% present. COPD was most common.

Jain S. Clinical study of community acquired pneumonia – a hospital based study. J Clin Sci Res 2014;3(Suppl 2):S35.

## Abstracts of Platform Presentations (AP APICON 2014)

### Step care treatment for bronchial asthma

Hanumaiah A

*Mamata General Hospital, Khammam*

#### ABSTRACT

**Background:** To describe various clinical modalities of treatment in step wise manner for bronchial asthma.

**Methods:** 500 cases of bronchial asthma treated and followed during the period of January 2010 to January 2014.

**Results:** 390 patients responded well, 60 refractory. They responded with high doses of oral corticosteroids or by nebulisation with other drugs.

**Conclusions:** No definite treatment suits for each and every patient. For 60 patients with acute severe asthma 10 steps are derived in treatment.

Hanumaiah A. Step care treatment for bronchial asthma. J Clin Sci Res 2014;3(Suppl 2):S36.

## Abstracts of Platform Presentations (AP APICON 2014)

### Assessment of breath carboxy haemoglobin in smoking and non-smoking shopkeepers, autodrivers and vendors

Saifuddin M, Naseemuddin S, Prasad CE, Ramaswamy M  
*Shadan Institute of Medical Sciences and Research Centre, Hyderabad*

#### ABSTRACT

**Background:** The Global Alliance on tobacco related diseases reported that 50% of Indian population has tobacco habits. Many of them deny smoking. One of the objective ways in assessing current smoking status is by measuring carboxyhemoglobin (COHb) in the breath by a monitor known as Carboxyhemoglobin Breath Analyzer. COHb is a stable complex of carbonmonoxide, that forms in RBC. This test along with spirometry, education and motivation is likely to be helpful in Anti Tobacco strategy.

**Methods:** The present study was conducted in a highly polluted urban zone of langer-houz near the institute. As a pilot study, it was performed in the afternoon between 3 pm to 5 pm at the workplace of 3 groups under study (vendors, autodrivers, shopkeepers). Overall, 92 individuals of the 3 groups were subjected to breath analyzer. Subjects with  $\geq 20$  ppm were considered in high COHb group.

**Result:** Among the 92 patients 72 were smokers and 20 were no smokers. COHb was higher among smokers (mean=18.58) than non-smokers (mean=7.5), COHb was higher among smoking vendors (mean=20.54) compared to smoking autodrivers (mean=17.28) and smoking shopkeepers (mean=18.05), COHb among non-smokers has not exceeded above 20ppm.

**Conclusions:** This shows that smokers have higher COHb as do vendors who stay on roads with traffic exhaust pollutants. Smoking and vehicular exhaust pollution have additive effect. Citizen and regulation authorities( such as pollution control board, traffic police) has a public private mix responsibility in improving the situation.

Saifuddin M, Naseemuddin S, Prasad CE, Ramaswamy M. Assessment of breath carboxy haemoglobin in smoking and non-smoking shopkeepers, autodrivers and vendors. J Clin Sci Res 2014;3(Suppl 2):S37.

## Abstracts of Platform Presentations (AP APICON 2014)

### A rare case series report of multiorgan failure following consumption of tubers of *Gloriosa superba*

Shafi P

*Sri Venkateswara Medical College, Tirupati*

#### ABSTRACT

**Background:** *Gloriosa superba* often called Glory lilly is one of the Medicinal plants growing in India especially Andhra Pradesh and Tamil Nadu. It is the national flower of Zimbabwe, and the state flower of Tamil Nadu. It contains potent alkaloid such as colchicine which binds to tubulin and prevents it from forming microtubules that are part of the cytoskeleton in human cells. Ingestion of *Gloriosa superba* tubers causes severe and potentially fatal toxic effects within hours of ingestion. 5 cases of intoxication caused by tubers of *Gloriosa superba* are reported.

**Methods:** Observational Study of cases admitted at SV Medical College emergency medical care for 6 months.

**Results:** Out of 5 cases of *Gloriosa Superba* Tubers poisoning 3 suicidal, 2 accidental. All were males. 4 died with multiorgan failure, 1 survived with reversible alopecia.

**Conclusions:** Though poisoning with *Gloriosa Superba* is rare and accidental, it is often fatal.

Shafi P. A Rare case Series report of multiorgan failure following consumption of tubers of *Gloriosa superba*. J Clin Sci Res 2014;3(Suppl 2):S38.

## Abstracts of Platform Presentations (AP APICON 2014)

### A prospective study of 159 patients with acute poisoning admitted in medical intensive care unit

Arun Raja V, Alladi Mohan, Harikrishna J, Sarma KVS

*Sri Venkateswara Institute of Medical Sciences, Tirupati and Sri Venkateswara University, Tirupati*

#### ABSTRACT

**Background:** Sparse published data are available regarding the aetiology and outcome in patients with acute poisoning admitted to medical intensive care unit (MICU) from India.

**Methods:** Prospective study of 159 patients admitted to the MICU at our territory care teaching hospital in South India during the period January 2013 to June 2014. All patients were treated with appropriate antidote where indicated; others received symptomatic treatment.

**Results:** Their mean age was  $33.1 \pm 13.8$  years; there were 94 (59.1%) males. Organophosphorus pesticides (n=85; 53.5%); hair dye (n=21; 13.2%); drug over-dosage (n=17; 11.9%); pyrethroids (n=17; 10.7%) were among the most frequent causes of poisoning. Multiple poisoning was noted in 10 (6.2%) patients. Poor outcome was observed in 26 (16.4%) patients (death=19; left against medical advice=7). On univariate analysis mean older age (years), ( $39.7 \pm 15$  Vs  $31.9 \pm 13.3$ ,  $p=0.009$ ); higher median [interquartile range (IQR)] APACHE II Score [ $15.5$  (12-22.5) Vs  $7$  (3-12,  $p<0.001$ )] ; higher median (IQR) SOFA score [ $6$  (5-9) Vs  $2$  (2.5-5);  $p<0.001$ ] need for mechanical ventilation (23/26 Vs 58/75,  $\chi^2=17.507$ ;  $p<0.001$ ); acute kidney injury (19/26 Vs 120/133,  $\chi^2=5.816$ ;  $p=0.025$ ); shock (21/26 Vs 127/133,  $\chi^2=7.317$ ,  $P=0.018$ ); multiple organ dysfunction syndrome (15/26 Vs 119/133;  $\chi^2=16.578$ ;  $p<0.001$ ) and occurrence of complications (16/26 Vs 117/113;  $\chi^2=11.108$ ,  $p=0.002$ ) emerged as predictors of poor outcome. Multivariable analysis with stepwise binary logistic regression (forward-conditional method) revealed APACHE II score  $> 15$  [odds ratio (OR) 4.066; 95% confidence intervals (CI) (2.072-7.981),  $p<0.001$ ] and need for mechanical ventilator support [OR 6.584; 95% CI (1.771-24.486)  $p=0.005$ ] at presentation are independent predictors of death.

**Conclusions:** Patients with acute poisoning admitted to the MICU with APACHE II  $>15$  and need for mechanical ventilator support should be carefully monitored and aggressively treated.

Arun Raja V, Mohan A, Harikrishna J, Sarma KVS. A prospective study of 159 patients with acute poisoning admitted in medical intensive care unit. J Clin Sci Res 2014;3(Suppl 2):S39.

## Abstracts of Platform Presentations (AP APICON 2014)

### Presentation of two rare cases of scorpion sting

Gandaiah P, Venkateshwarlu N , Sandeep Kumar G

*Sri Venkata Sai Medical College and Hospital, Mahaboobnagar*

#### ABSTRACT

**Back ground:** Scorpion sting is a common emergency encountered in every day practice. Usual symptoms include local excruciating pain, with profuse sweating palpitations, tachycardia, hypertension ,hypotension , (known as autonomic storm ) myocarditis , pulmonary odema, ARDS.

**Methods:** All the scorpion sting patients admitted to SVS Medical College and hospital during 2008-13 ( 6 yrs ) were analyzed, and two distinctly different presentations of the common disease are presented.

**Results:** Case 1 : patient was brought to the SVS Medical College and hospital after 26 of hours scorpion sting with left sided hemiplegia , other possible causes for ischemic stroke was ruled out with appropriate test . patient recovered after 1 week with heparin and antiplatelets drugs. Case 2 : A 63 yrs old non diabetic , non hypertensive and occasional alcoholic social drinker with no apparent past and family history was stung by scorpion around 5 am. He had one episode of GTCS with tongue bite and unconsciousness , gastric secretions were hemorrhagic . patient was unconscious with planters bilateral extensors . CT scan brain showed intracerebral bleed.

**Conclusions:** Two cases of stroke one ischemic and another fatal hemorrhagic stroke two grave unusual complications of scorpion sting are being highlighted along with literature review.

Gandaiah P, Venkateshwarlu N , Sandeep Kumar G. Presentation of two rare cases of scorpion sting. J Clin Sci Res 2014;3(Suppl 2):S40.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of 86 patients with snake bite admitted to medical intensive care unit (MICU)

Raga Deepthi B, Harikrishna J, Alladi Mohan, Prabath Kumar D, Sarma KVS

*Sri Venkateswara Institute of Medical Sciences, Tirupati*

#### ABSTRACT

**Background:** Little recent published data are available regarding the clinical manifestations, predictors for mechanical ventilation, dose of snake antivenom (SAV) used and outcome in patients with snake bite admitted to a medical intensive care unit (MICU).

**Methods:** Retrospective case-record review of 86 patients (Elapidae 62, Viperidae 24) with snake bite admitted to MICU at our tertiary care teaching hospital during the period January 2010 to June 2014. All patients with evidence of envenomation were treated with 100ml of SAV at presentation followed by 50-100ml of ASV at 6 hours interval based on clinical response, 20 minutes whole blood clotting time and coagulation profile. Atropine and neostigmine, haemodialysis and mechanical ventilator support were instituted as indicated.

**Results:** Their median [interquartile range (IQR)] age was 20 (11-30) years; there were 69 (80.2%) males. Most frequent site of bite was over the feet (69/88, 78.4%). Major presenting clinical manifestations were local cellulitis at the site of bite (73.3%), ptosis (70.9%), bleeding from site of bite (38.4%), diplopia (37.2%) and breathlessness (24.4%). Evidence of coagulopathy was seen in 38 (44.2%), acute kidney injury (AKI) requiring haemodialysis was evident in 23 (26.7%) patients. Mechanical ventilation was required in 22 (25.6%) patients, Median dose of SAV used was 200 (110-300ml). On univariate analysis the following emerged as predictors of need for mechanical ventilation. Single breath count ( $11.6 \pm 3.1$  Vs  $28.1 \pm 8$ ;  $p < 0.001$ ). Median (IQR) APACHE II score [ $15(8.75-18.25)$  Vs  $9(7-14.75)$ ,  $p = 0.030$ ], ptosis (21/22 Vs 42/64;  $\chi^2 = 8.623$ ,  $p = 0.005$ ), breathlessness (15/22 Vs 6/64;  $\chi^2 = 30.678$ ,  $p < 0.001$ ), dysphagia (6/22 Vs 5/64),  $\chi^2 = 5.558$ ,  $p = 0.028$ ), dysarthria (4/22 Vs 1/64),  $\chi^2 = 8.258$ ,  $p = 0.014$ ), metabolic acidosis (13/22 Vs 17/64,  $\chi^2 = 7.626$ ,  $p = 0.009$ ).

**Conclusions:** Careful monitoring of respiratory status using a simple bed-side tool, the single breath count in predicting need for mechanical ventilation in snake bite victims. At a median dose of 200 mL anti snake venom treatment resulted in low mortality of 3.4%.

Raga Deepthi B, Harikrishna J, Mohan A, Prabath Kumar D, Sarma KVS. A study of 86 patients with snake bite admitted to medical intensive care unit (MICU). J Clin Sci Res 2014;3(Suppl 2):S41.

## Abstracts of Platform Presentations (AP APICON 2014)

### Primary cutaneous aspergillosis due to *Aspergillus tamarii* in an immunocompetent host

Sadhna Sharma, Sujeet Kumar  
*NRI Medical College, Chinnakakani*

#### ABSTRACT

Primary cutaneous aspergillosis is a rare disease usually caused by *Aspergillus fumigatus*, *Aspergillus flavus*, *Aspergillus terreus* and *Aspergillus ustus*. It is usually seen in immunocompromised hosts, though some cases are also reported in immunocompetent hosts. We present a case of an immunocompetent farmer who presented with generalised nodules and plaques, mimicking erythema nodosum leprosum but turned out to be cutaneous aspergillosis caused by *Aspergillus tamarii*. The characteristic ascospores of *Aspergillus* species were found in skin lesions on fungus isolated in culture. Cutaneous aspergillosis in immunocompetent hosts is rare; however, one may come across such cases in individuals with skin exposure to soil. Lesions can be widespread and generalised. Morphology and distribution of lesions are not enough for making a diagnosis. Lesions can be clinically mistaken for erythema nodosum leprosum.

Sharma S, Kumar S. Primary cutaneous aspergillosis due to *Aspergillus tamarii* in an immunocompetent host. *J Clin Sci Res* 2014;3(Suppl 2):S42.



## Abstracts of Platform Presentations (AP APICON 2014)

### A study on cerebrospinal fluid C-reactive protein and adenosine deaminase levels in meningitis in adults

Kiran Kumar G, Sarma CSS, Hari Vijay Kumar, Subbarao A, Benhur

*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** A number of recent studies strongly suggest that ADA activity in CSF is elevated in tuberculous meningitis. Two rapid diagnostic tests CSF ADA activity and CRP levels can help in the differential diagnosis of tubercular, pyogenic and viral meningitis. However, they should be interpreted judiciously in the lights of the patient's clinical manifestations and the CSF characteristics.

**Methods:** CSF samples were obtained from 50 patients of clinically suspected cases of meningitis, who are admitted in Medicine department of Government General Hospital, Kakinada during the period from Oct 2012 and Feb 2014.

**Results:** In our study, a total of 36 patients were diagnosed as tuberculous meningitis, 5 were pyogenic and 9 were viral meningitis based on the clinical features and CSF analysis. The mean ADA activity was  $14.17 \pm 11.2$  U/l in the tuberculous meningitis group;  $3.4 \pm 3.03$  U/l in the pyogenic meningitis group;  $1.96 \pm 0.99$  U/l in the viral meningitis group. Comparing the ADA activity in the 3 groups, the difference was found to be statistically significant ( $p < 0.05$ ) in the tuberculous meningitis group compared to the other groups. The sensitivity and specificity was 67% and 92% respectively when a cut-off value of ADA of 9 U/l was used. ADA levels did correlate with the severity of clinical manifestations. However, it did not show any correlation in terms of mortality. We found that CSF-CRP is significantly higher in pyogenic meningitis compared to non-pyogenic meningitis. This result remained statistically significant with  $p < 0.05$ . The sensitivity and specificity of the test was 100% and 97% respectively with an accuracy of 98%.

**Conclusions:** CSF ADA activity was higher in patients with tubercular meningitis when compared to pyogenic and viral meningitis. CSF-CRP levels were higher in pyogenic meningitis than in non-pyogenic meningitis. Both CRP and ADA levels are not raised in viral meningitis. ADA can be used to assess the severity of TBM. ADA levels did not correlate with the outcome of tubercular meningitis.

Kiran Kumar G, Sarma CSS, Hari Vijay Kumar, Subbarao A, Benhur. A study on cerebrospinal fluid c-reactive protein and adenosine deaminase levels in meningitis in adults. *J Clin Sci Res* 2014;3(Suppl 2):S43.

## Abstracts of Platform Presentations (AP APICON 2014)

### Prognostic study of thrombocytopenia in malaria

Shilpa Chikati, Lakshmi Prasad B, Swarnalatha G  
*Alluri Sita Ramaraju Academy of Medical Sciences, Eluru*

#### ABSTRACT

**Background:** Malaria remains one of the major health problems in the tropics with increased morbidity and mortality. Thrombocytopenia is a common finding in malaria, but its correlation with the type of malaria and prognostic implications are mentioned here.

**Methods:** A total of 60 patients diagnosed to have Malaria over a period of two years admitted in ASRAM hospital were studied. All study subjects were identified positive for Malaria parasite on peripheral smear examination with conventional microscopy, P.falciparum antigen test was done. Platelet count was estimated on a fully automated, quantitative analyzer. Daily platelet count was repeated for all those admitted with malaria.

**Results:** In our study, a total of 60 patients were found to have malaria, 37 were P.vivax, 21 were P.falciparum and 2 were mixed. 48 patients had thrombocytopenia. 14 developed complicated malaria. Severe thrombocytopenia ( $<50,000$ ) was noted in 12 cases of complicated malaria. 10 patients persisted to have thrombocytopenia on 6th day even after adequate therapy. 7(70%) patients out of 10 recovered and 3(30%) died in which one was P.falciparum and 2 were mixed infection.

**Conclusions:** Thrombocytopenia is a common association of malaria with incidence of 81.1%. Severe thrombocytopenia is commonly seen in P.falciparum. Platelet count  $<25,000$  was not seen in P.vivax. Severe thrombocytopenia( $<50,000$ ) in malaria are more prone to develop complications. Patients who persisted to have thrombocytopenia even after 6th day of therapy, their mortality increased by 30%.

Shilpa Chikati, Lakshmi Prasad B, Swarnalatha G. Prognostic study of thrombocytopenia in malaria. J Clin Sci Res 2014;3(Suppl 2):S44.

## Abstracts of Platform Presentations (AP APICON 2014)

### HIV-tuberculosis (pulmonary and extra-pulmonary) coinfection with CD4 correlation

Abhilash T

*Osmania Medical College, Hyderabad*

#### ABSTRACT

**Background:** Tuberculosis is the most common opportunistic infection in HIV/AIDS and is the most common cause of death in HIV/AIDS patients. Early diagnosis and treatment can decrease the mortality. The present study aims to find a correlation between sputum positivity and CD4 cell count in patients with HIV/AIDS-tuberculosis coinfection.

**Methods:** It was as a retrospective hospital based study. Data was collected over a period of one year in the ART Centre, Department of Medicine, Osmania General Hospital. We included 350 HIV/AIDS infected patients on ART with tuberculosis coinfection. Investigations include complete blood picture, serum creatinine, blood urea, serum electrolytes, liver function tests, sputum for acid fast bacilli smear, chest radiography, CD4 cell count, fine needle aspiration and biopsy (if necessary), magnetic resonance imaging (if necessary), computed tomography (if necessary), colonoscopy (if necessary). Patients were treated based on RNTCP and NACO Guidelines.

**Results:** Out of 350 patients, 228 were male and 122 were female. Of which most of them are falling between age groups 20-29 years [males 42, females 33], 30-39 years [males 86, females 55], 40-49 years [males 72, females 29]. Total 71 (20.3%) cases were sputum positive. Sputum negative cases included both sputum negative pulmonary tuberculosis and extrapulmonary which included 279 cases (79.7%). CD4 cell count in sputum positive cases with CD4 cell Count < 200/mm<sup>3</sup> 37 (52.1%), 200-400 cells/mm<sup>3</sup> 23 (32.4%), >400 cells/mm<sup>3</sup> 11 (15.5%). In sputum negative pulmonary tuberculosis cases, CD4 cell count < 200 cells/mm<sup>3</sup> 80 (28.7%), 200-400 cells/mm<sup>3</sup> 26 (9.3%), >400 cells/mm<sup>3</sup> 5 (1.8%). Extrapulmonary tuberculosis cases with CD4 cell count < 200 cells/mm<sup>3</sup> 111 (39.7%), 200-400 cells/mm<sup>3</sup> 41 (14.4%), >400 cells/mm<sup>3</sup> 17 (6.1%).

**Conclusions:** Even though sputum positivity did not correlate well with CD4 cell count, sputum negativity increased with decrease in CD4 cell count. With arbitrary cut-off of CD4 cell count of < 200 cells/mm<sup>3</sup>, the incidence of extrapulmonary tuberculosis was higher. If CD4 cell count is maintained above 200 cells/mm<sup>3</sup>, the morbidity and mortality would drastically improve.

Abhilash T, HIV-Tuberculosis (pulmonary and extra-pulmonary) coinfection with CD4 correlation. J Clin Sci Res 2014;3(Suppl 2):S45.

## Abstracts of Platform Presentations (AP APICON 2014)

### A correlational study of low T3 syndrome in chronic heart failure

Nagoor Basha Shaik, Deepak YC, Sharma CS  
*Rangaraya Medical College, Kakinada*

#### ABSTRACT

**Background:** Thyroid abnormalities are common in chronic heart failure. Severity of heart failure rises by several fold in patients with thyroid dysfunction. The purpose of this prospective study is to determine the correlation between low T3 syndrome and chronic heart failure and predicting the severity of chronic heart failure.

**Methods:** Study of patients with chronic heart failure who presented to Government General Hospital, Kakinada over a period of one year.

**Results:** The mean age of low T3 chronic heart failure patients was higher [ $60.50 \pm 6.15$ (SD) years]. Higher number of diabetes mellitus patients were seen in low T3 chronic heart failure (50%). Higher number of hypertensives were seen in low T3 chronic heart failure patients. Idiopathic etiology was common etiology with low T3 chronic heart failure patients (60%) and all patients were seen in the age group of 55-65 years. The systolic dysfunction on 2D-Echo was more in hypothyroid chronic heart failure group (31.03%), diastolic dysfunction on 2D-Echo was more in low T3 chronic heart failure group (30%) and pericardial effusion was seen in lower number of patients with low T3 chronic heart failure (10%). The mean ejection fraction was lower in low T3 chronic heart failure [ $34.8 \pm 3.29$ (SD)%].

**Conclusions:** There is significant percentage of chronic heart failure patients having low T3 alone as biochemical parameter. It is important to recognize this condition in patients with chronic heart failure as it is associated with increased severity of heart failure, increase in evidence of renal failure which may need additional support of thyroid hormone administration to have a better outcome in patients with chronic heart failure.

Shaik NB, Deepak YC, Sharma CS. A correlational study of low T3 syndrome in chronic heart failure. *J Clin Sci Res* 2014;3(Suppl 2):S46.

## Abstracts of Platform Presentations (AP APICON 2014)

### Prognostic factor in leptospirosis – a study

Ragini Rao, Narayana P, Venkatrajiah N

*Chalmeda Anandarao Institute of Medical Sciences (CAIMS), Bommakal Village, Karimnagar*

#### ABSTRACT

**Background:** To study prognostic factors in leptospiral cases in our institution during the epidemic of 2013.

**Methods:** 233 patients suspected to have leptospirosis, with different presentations were studied by clinical examination, laboratory investigations and leptospirosis serology. In 233 cases, seropositive cases were 101. These cases were analysed for prognostic factors.

**Results:** Leptospiral cases with seropositive cases were 101. In that 61.6% were men. Majority of the cases have Weils syndrome with hepatic involvement(68.7%) and renal involvement (48.4%) with thrombocytopenia in common(75.75%). The mortality rate was 17.82%. Patients having history of haemorrhagic manifestations(15.1%), need of dialysis(34.3%), presented as MODS (8.08%), ventilatory support cases (6.06%) and meningitis (3.03%) were main causes of death.

**Conclusions:** Patients having history of haemorrhagic manifestations, underwent dialysis, MODS, ventilatory support case, meningitis cases were main causes of death, rather than fever, jaundice, hypotension, AKI, thrombocytopenia. Therefore patients presented with above history on admission might provide useful selection for patients who need early intervention, to reduce the morbidity mortality in leptospirosis cases.

Rao R, Narayana P, Venkatrajiah N. Prognostic factor in leptospirosis – a study. J Clin Sci Res 2014;3(Suppl 2):S47.

## Abstracts of Platform Presentations (AP APICON 2014)

### A study of clinical, biochemical and hematological parameters in dengue fever

Ayyappa A, Manohar K, Sudhakar P, Krishna M  
*Kakatiya Medical College, Warangal*

#### ABSTRACT

**Background:** Dengue is a major health problem in many parts of India and is one of the endemic areas for dengue. Dengue virus infection can cause spectrum of three clinical syndromes, classic dengue fever, dengue hemorrhagic fever and dengue shock syndrome.

**Methods:** 100 Patients Admitted In Mahatma Gandhi Memorial Hospital, Warangal with Fever  $>38.5^{\circ}\text{C}$  and IgM positive dengue were selected.

**Results:** Total of 100 dengue IgM seropositive cases were studied from November 2012 to November 2013. 81 cases were classical dengue fever (CDF), 10 dengue hemorrhagic fever (DHF) and 9 dengue shock syndrome (DSS). Mean age was  $36.6(\pm 15.4)$ . Male to female ratio 1.23:1. Fever was most predominant symptom (100%) followed by myalgias (71%), joint pains (65%), headache (61%), pain abdomen (56%), vomiting (48%), rash (40%), bleeding (20%), shock (9%) and shortness of breath (7%). Malena was the most common bleeding manifestation followed by gum bleeding, petechiae, epistaxis and eye hemorrhage. Signs of plasma leakage such as pleural effusion (15%), ascites (16%) and pedal edema (8%). Thrombocytopenia found in 61% of cases. Torniquet test positive in 26% of cases, leucopenia in 18% and leukocytosis in 10% of cases. Bradycardia in 25% of case. Mortality observed in 1% of cases.

**Conclusions:** Positive Hess test prompts close observation and early hospital referral, negative test does not exclude dengue infection. Bleeding tendencies and features of plasma leakage patient should be closely watched for and should be immediately managed. The treatment of dengue is mainly supportive, appropriate fluid management plays major role in outcome of the disease.

Ayyappa A, Manohar K, Sudhakar P, Krishna M. A study of clinical, biochemical and hematological parameters in dengue fever. J Clin Sci Res 2014;3(Suppl 2):S48.

## Abstracts of Platform Presentations (AP APICON 2014)

### Clinical spectrum of fluorosis in Medchal, Andhra Pradesh

Prathyusha Rao J, Ashok Kumar EA  
*Mediciti Institute of Medical Sciences, Ghanpur*

#### ABSTRACT

**Background:** Clinical spectrum of fluorosis in Medchal Mandal, Ranga Reddy District.

**Methods:** Clinical spectrum of 8 patients with skeletal fluorosis, confirmed with radiology were studied at Mediciti Institute of Medical Sciences from July 2012 to July 2013.

**Results:** Presenting features were neurological manifestations of weakness of limbs (6), tingling and numbness (3), all patients had stiffness of joints (8) with restricted movements, loss of normal spine curvature (6) and dental fluorosis (1). The manifestations of hypothyroidism, hyperparathyroidism and hypocalcemia were all found in 1 patient. Radiological findings were present in all the patients. Chronic kidney disease was present with small sized kidneys and elevated urea and creatinine levels in 5 patients.

**Conclusions:** Fluorosis is prevalent not only in Nalgonda, Prakasam and Anantapur districts of AP, but also prevalent in Ranga Reddy District. Supply of fluoride free portable water should be made available. The government should take initiative to supply the same as these communities are very poor.

Prathyusha Rao J, Ashok Kumar EA. Clinical spectrum of fluorosis in Medchal, Andhra Pradesh. J Clin Sci Res 2014;3(Suppl 2):S49.

## Abstracts of Platform Presentations (AP APICON 2014)

### Review of management strategies for purpura fulminans and series of two cases

Spandana R, Rajendar, Chandrasekhar V  
*Kakatiya Medical College, Warangal*

#### ABSTRACT

Purpura fulminans is a rare syndrome of intravascular thrombosis and hemorrhagic infarction of the skin that is rapidly progressive and is accompanied by disseminated intravascular coagulation and vascular collapse. It usually occurs in children but also reported in adults. A 30 year old female presented with complaints of fever since 10 days purpuric rash on upper and lower limbs and disorientation since 1 day pulse: 110/min, BP: 70/50 mm of Hg. Provisional diagnosis was PF (Purpura fulminans) with shock. She was resuscitated with fluids and inotropic support. Blood sample was sent for culture and empirical antibiotics started. She developed gangrene of fingers and toes on the next day. Hb: 11 gm%, WBC count: 13,000, platelet count: 43,000, Bld urea: 60 mg/dl, serum creatinine 1.7 mg/dl, fibrinogen: 120 mg/dl (ref 200-400 mg/dl), prothrombin time: 21.2 sec (ref 9.46-13.24 sec) APTT: 46 sec, (ref 26.6-37 sec); blood culture was sterile, fibrin degradation products: 50 mg/ml (normal <10 mg/ml). Anti thrombin 3, protein C and S are normal. She was managed with replacement of blood components, fresh frozen plasma, glucocorticoids, heparin, nitroglycerin cream, necrotic tissue was debrided and gangrenous digits were amputated. On follow up wound healing was normal. 42 year old male presented with similar complaints in the next month and managed in the similar way. Two cases of idiopathic purpura fulminans presented with disseminated intravascular coagulation and shock were managed as above mentioned. PF is a potentially disabling life threatening disorder but fatality of PF can be reduced with early and prompt treatment. Idiopathic PF is mostly confined to skin and tends not to recur. treatment strategies are protein C and antithrombin 3 replacement if deficient, epoprostenol (prostacyclins, antiplatelet aggregatory and potent vasodilator), infusion of tissue-plasminogen activator, plasmapheresis, intravenous dextran, ketanserin, regional anaesthesia with epidural block, glucocorticoids, leech saliva (which contains hirudin anti thrombotic action), vitamin K, warfarin, epsilon amino caproic acid.

Spandana R, Rajendar, Chandrasekhar V. Review of management strategies for purpura fulminans and series of two cases. *J Clin Sci Res* 2014;3(Suppl 2):S50.



## Abstracts of Platform Presentations (AP APICON 2014)

### A clinical study of ventilator associated pneumonia in Osmania General Hospital, Hyderabad

Swetha P, Ashok Kumar S, Balraj G

*Osmania Medical College, Hyderabad*

#### ABSTRACT

**Background:** Ventilator Associated Pneumonia (VAP) is a form of Nosocomial Pneumonia that occurs in patients receiving Mechanical Ventilation (MV) for more than 48 hours. My study was to find incidence, commonest causative organism, commonest culture sensitive antibiotic and clinical profile of VAP patients in Osmania General Hospital (OGH).

**Methods:** All patients on MV admitted in Medical Intensive Care Unit (MICU) and Respiratory Intensive Care Unit (RICU) of OGH for approximately 2 years from September 2012 to June 2014 and who developed VAP, satisfying inclusion criteria i.e., those on mechanical ventilation for > 48 hrs and with a Clinical Pulmonary Infection Score (CPIS) of  $\geq 6$ , were studied. Detailed history taking, physical examination and investigations with chest xray and culture of endotracheal aspirate were done.

**Results:** Totally 48 patients developed VAP with incidence being 10.45%. Out of which 22 developed early onset VAP (eVAP) and 26 developed late onset VAP (IVAP). The most common sign in eVAP was crepitation and in IVAP were fever and tachycardia. The commonest organisms isolated in eVAP were MRSA and Acinetobacter and in IVAP were Klebsiella and Pseudomonas. The commonest culture sensitive antibiotic in eVAP was Vancomycin and in IVAP were imipenem and piperacillin / tazobactam. The commonest risk factor in eVAP was aspiration in comatose patients and in IVAP was RT feeding in supine position. The mortality rate in eVAP was 17% and in IVAP was 74%.

**Conclusions:** The incidence of 10.45% is significant for VAP in my study. The commonest causative organism was Klebsiella and sensitive antibiotic was imipenem. Mortality in IVAP of 74% is highly significant as compared to eVAP (17%). The only strategy which decreases the incidence of VAP is preventive measures.

Swetha P, Ashok Kumar S, Balraj G. A clinical study of ventilator associated pneumonia in Osmania General Hospital, Hyderabad. J Clin Sci Res 2014;3(Suppl 2):S51.