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43rd Annual Conference of AP Chapter of API 2015 (AP APICON 2015)

Editors' Message **xvii**

Scientific Programme **xviii**

Scientific Abstracts

AWARDS PAPERS

Corelation of pulmonary function tests and duration of type2 diabetes mellitus **S1**
Gurram Sreeram, Rampure DM

Aetiologial causes and outcome in patients with sepsis and related syndromes: a prospective study **S2**
Challa SN, Mohan A, Harikrishna J, Sarma KVS, Kumar BS

Study of thyroid dysfunctions in patients with chronic renal failure **S3**
Prudhvi Raj Attada , Sreenivas S, Rambabu K, Vijayababu, Kathyayani MKM

A study on serum amylase levels in acute organophoshorous poisoning and its Relationshipwith clinical severity and outcome **S4**
Ramprasad, Rampure DM, Venugopal L

A study of the predictors of six-month survival in 64 patients with end-stage liver disease **S5**
Likhitha B, Satyanarayana VV, Purushoththam B, Santhosh K

Clinical spectrum of precipitating factors of hepatic encephalopathy in cirrhosis of liver **S6**
Suresh Reddy M, Sridhar MS, Suresh P, Thulasiram K

PLATFORM PRESENTATIONS

Prevalence of asymptomatic peripheral vascular disease in patients with type-2 diabetes mellitus by colourdoppler study **S7**
Srikrishna S, Ramakrishna C, Rampure D

Endothelial dysfunction in type 2 diabetes mellitus compared to healthy subjects **S8**
Surekha K, Vijay Babu D, Katyayini M, Rambabu K, Srinivas S

Study of clinical profile of dilated cardiomyopathy	S9
<i>Rajeswari T, Venkatakrishna P, Sudhakar, Nirmal Kumar</i>	
A study of cardiovascular changes in newly detected hypothyroid patients	S10
<i>Ramesh G</i>	
A study on microalbuminuria in newly diagnosed hypertensive patients	S11
<i>HariPriya V, Padhy PK, Sastry AS</i>	
Clinical and etiological profile of patients with acute heart failure	S12
<i>Jaya Madhuri GL, Deepak YC, Sriharibabu M</i>	
Assessment of cardiometabolic risk profile in different age groups of subjects with coronary artery disease	S13
<i>Nageswararao CHV, Ramana Murthy SV, Deepak YC, Spoorthy K</i>	
Study of detection of left atrial enlargement by echocardiography and correlation in cardiac and non cardiac cases	S14
<i>Komma S, Ramesh</i>	
Study of tissue doppler imaging (TDI) in low ejection fraction heart failure and normal ejection fraction heart failure and comparison with conventional colour doppler echocardiography	S15
<i>Rajshekhar Reddy J, RamaKrishna MR</i>	
Significance of Micro-Albuminuria in essential hypertension-one year cross sectional study	S16
<i>Make NC, Ande KM, Vasavilatha G, SrinivasRao B, Srinivas Reddy VC</i>	
Spirometric assessment of pulmonary function in the elderly with ischaemic heart disease	S17
<i>Cheekoti SK, Rampure DM, Rajashekarappa</i>	
Prognostic significance of arrhythmias in myocardial infarction	S18
<i>Krishna Murthy A, Vasavilatha G, SrinivasRao B, Srinivas Reddy VC, Rajesh Kumar Palaparthi</i>	
Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease	S19
<i>SreekanthThota, DilipRampur, Venugopal</i>	
Correlation between carotid intima media thickness in type 2 diabetes patients with silent ischemic heart disease	S20
<i>Ravi TejM, MadhusudhanaBabu M, Srinivas V, Ravi Kumar N, VikramVardhan R, Gandhi</i>	

Estimation of cardiac troponin-t levels in acute myocardial infarction with reference to short term prognosis <i>RamyaSubhashini Y, Lakshmi MSR</i>	S21
Correlation of serum uric acid levels and Killip functional class in patients of acute myocardial infarction <i>CharithaKoneru, Ashok Kumar KS, Keerthika C</i>	S22
A comparative study of coronary artery disease in diabetics and non-diabetics <i>VechalapuRavindraDev, Satyanarayana VV, PurusothamRao B, Santosh Kumar K, Surya PrakashRao</i>	S23
Risk stratification of patients predisposed to ventricular tachyarrhythmias using ECG T wave variables <i>Chandrashekar V, Ravi Kiran G</i>	S24
Serum uric acid in acute myocardial infarction <i>Duggineni A, Anjaneya Prasad, Phani Kumar RLV</i>	S25
A study of clinical characteristics, risk factors and subtypes of posterior circulation ischaemic stroke in a tertiary care hospital <i>Sravanthi U, Rampure DM, Rajashekharappa G</i>	S26
Predictors of early mortality in anterior circulatory stroke <i>Sriharsha G, RavikumarNavsk, MadhusudhanaBabu M, Srinivas V</i>	S27
A retrospective study of etiology, clinical and neuroimaging in patients with cerebral sinus venous thrombosis <i>Anjaneya Prasad V, KeerthiVyas KS, Sai Krishna</i>	S28
A clinical study of electrocardiographic changes in acute cerebrovascular accidents in elderly <i>Gottipati BN, Satyanarayana VV, PurusottamRao B, Santhosh Kumar K</i>	S29
Drug resistant epilepsy is associated with irrational food restrictions <i>Aruna K, Sridhar A, Sundarachary NV, Veeramma U, Rama Krishna G</i>	S30
Study of cardiac enzymes in stroke <i>Potharlanka P, Eswari B, Mohan Rao, Sukaveni V</i>	S31
Study on cerebrovascular accident (stroke) clinical correlation with computed tomography scan brain findings <i>Avinash B, Suryateja P, EswarNaik D, Ramanamurthy SV</i>	S32

A cross sectional study of metabolic syndrome in stroke patients <i>Chandrakala BV, Indira Devi K, Naveen SNR, Kanakamahalakshmi A, Lakshmi Sowjanya S</i>	S33
To study the pattern of dyslipidemia in strokes <i>Siddeswari R, Srinivas, Sudarsi B, Suryanarayana B, Shravan Kumar P, Anusha Rani T</i>	S34
A study of plasma fibrinogen in ischemic stroke <i>Israel J, Keerthana</i>	S35
A study of clinical profile of cerebral infarction and it's correlation to glycemic status on presentation, in patients attending ASRAM Hospital, Eluru <i>Rama Naidu MVE, Dasarathi G, Swarnalatha Devi G</i>	S36
A study of the CT angiography and clinical correlation in stroke patients <i>Hari Krishna GV, Indira Devi K, Naveen SNR, LakshmiSowjanya K, Kanakamahalakshmi A</i>	S37
Clinical profile and aetiological evaluation of new onset seizures in adults <i>Deepthi, Rajesh, Sukaveni V</i>	S38
Headache's headache <i>Manolasya V, Sujatha S, Senthil N, Thomas S, Giridhar</i>	S39
Acute stroke assessment by clinical scoring systems and correlation with plaincomputed tomography of brain <i>Venkatesh P, Naga Karthik V, RaghavaRao G</i>	S40
Valvular heart diseases in association with patients with acute ischemic stroke <i>NavyaManasa V, Ramana Murthy SV, Srinivas S</i>	S41
Electrocardiography and echocardiography in cerebrovascular accident <i>SambasivaRao, Dasu</i>	S42
Clinical profile of 25 cases of parkinsonism from a tertiary hospital, South India <i>SambasivaRao, Dasu</i>	S43
Validation of National Early Warning Score(NEWS) in medical admissions attertiary care centre <i>Nagamani G, DilipRampure, Venugopa</i>	S44
Prevalence of nephropathy in patients with diabetes mellitus <i>EswarNaik D, Suryateja P, Ramanamurthy SV, Deepak YC</i>	S45
A clinical study of diabetes mellitus in the elderly with special emphasis on its complications <i>Surya Teja P, Eswar D, Deepak YC, Ramanamurthy SV</i>	S46

Prevalence of microalbuminuria in type 2 diabetics and to determine its utility as an predictive marker for essential hypertension <i>Reddy H, Krishna Prasad</i>	S47
Clinical study of cardiovascular manifestations in hypothyroidism <i>Nikhil Praveen E, Jaya Bhaskar C, Rama Devi M</i>	S48
Prevalence of overweight in medical students of diabetic and non-diabetic parents <i>Rudra GN, Rampure DM, Ganiger IB</i>	S49
Prevalence of vitaminD deficiency in diabetes mellitus in adults <i>Chirag R, Sridhar</i>	S50
Study of clinical profile and complications in lean type 2 diabetes mellitus <i>VamsiChaitanyaGude, Vikramsimha Reddy, Nagasumanth, Vijaya Kumar G</i>	S51
Study of c-reactive protein levels in overweight and obese individuals in comparison to healthy subjects <i>AasrithaMekala, Ramana Murthy SV, KarumanchiSaradaPrasuna, VeeraAbhinavChinta</i>	S52
Study of serum magnesium and HbA1c in type 2 diabetes mellitus patients <i>Rahul Valisetty, Prabhakar K, Reddy Prasad K, Gupta U</i>	S53
Prevalence of hypomagnesemia in type 2 diabetics and its association with microvascular complications <i>Raneeth Kumar M, Venkata Krishna P, SaiLaxmi, Naresh T</i>	S54
A study on clinical and biochemical profile of diabetic ketoacidosis <i>SuvarnaSathri, Imroz SM, Balasubramanyam P</i>	S55
Effect of iron deficiency anaemia on glycation of hemoglobin in non diabetics <i>Chandra Sekhar V, Sukumar, Srujana T</i>	S56
Comparative evaluation of stroke in diabetic & non diabetic and the study of effect of glycemic levels on the outcomes of stroke <i>Ateeq Akbar, SasiKiran NOA, SubbaRao P</i>	S57
A study of insulin resistance in offspring of type 2 diabetics with those of non diabetic parents <i>Turpatisravanthi, Vijay Kumar NB, Ramakrishnam Naidu, Padmalata, Sreedevi</i>	S58

Study of lipid profile in hypertensive patients <i>VenkataRamanaNaik, Imroz SM, Suresh Kumar P</i>	S59
Clinical profile and surgical outcome of acromegaly <i>Shalini P, Sachan A, Suresh V, SrinivasRao CH, Sangeetha S, Vijayalakshmi B, Prasad BCM</i>	S60
A study on clinical profile of Addison's disease <i>Bharath B, SrinivasaRaoCh, Sangeetha S, Ravi P, Lakshmi AY, Rukmangadha N, SrinivasaRao PVLN, Suresh V, Sachan A</i>	S61
Intestinal tuberculosis <i>Sujatha S, Pujamadala, Sneha Thomas, Giridhar</i>	S62
Study of prevalence and pattern of hyperbilirubinemia in patients undergoing open heart surgery <i>Deepak YC, SwargamVenu, ManneSriharibabu, Vijaya Kumar P, NavyaManasa V, GadiLeela Jaya Madhuri</i>	S63
Haematological abnormalities in decompensated chronic liver disease <i>SatyarajuPappala, Sagar MK, Sahoo AK, Sastry AS</i>	S64
Spontaneous bacterial peritonitis in cirrhosis of liver with ascites with special reference to serial ascitic fluid cell count as prognostic marker <i>SirishaKodem, Sagar MK, Sahoo AK, Sastry AS</i>	S65
A clinical study of dyspepsia in tertiary care hospital <i>SatyaTeja R, Chakravarthy DJK, Murthy SVR</i>	S66
Cirrhosis of liver – clinical profile at a tertiary care hospital, S.V.R.R.G.G.H, Tirupati <i>Jatin PV, Tulsiram K, Suresh P, Sridhar MS</i>	S67
Clinical profile of ascites in females <i>Spoorthy, Thrilok, Rushendra, Narasimhulu, Narendra M</i>	S68
Validation of Glasgow-Blatchford scoring as a sensitive method to predict endoscopic severity and adverse outcome in cases of upper GI bleed <i>SrikanthYadavBoini, SatyanarayanaRao K, Jagan Mohan</i>	S69
Portal vein thrombosis - a study of risk factors, clinical profile, complications and management <i>SasiSekhar TVD, Bharati Devi G, Avinash J</i>	S70

Etiological and metabolic profile of hypokalemic periodic paralysis <i>Kalluri C, MadhusudanaBabu</i>	S71
Study of clinical profile of urinary tract infections in diabetics and non-diabetics <i>Gude VC, Pavan Kumar Reddy, Nagaraj S, Vijaya Kumar G</i>	S72
Postpartum kidney injury in KGH, Visakhapatnam <i>Prasad G, Krishna Murthy A, Vasavilatha, Srinivasa Reddy VC, SrinivasRao, Naga Srinivas, Pranoy G</i>	S73
A study of acute kidney injury secondary to gastroenteritis <i>Madhavaram NR, Chiluka S, Sathyam G, Sathish G</i>	S74
A study of clinical profile in patients with acute renal failure <i>Nithin K</i>	S75
A study on electrocardiographic and echocardiographic changes in chronic kidney disease <i>Gopagoni S, Sathish G, Madhavaram NR, Chiluka S</i>	S76
Study of cardiac dysfunction by 2D echocardiography in patients of chronic kidney disease <i>Ravi Kumar C, Ramakrishna C, Rampure DM</i>	S77
A study of microalbuminuria in essential hypertension <i>KeerthiPriyanka I, Vijay Kumar NB, SrinivasRao PSS, Ramakrisham Naidu A, K, Shilpa K, Jagannadham R</i>	S78
Study on clinical profile of Anaemia in CRF in a tertiary care hospital <i>Rajesh Naik S, RamachandraRao IV, Vijay Kumar</i>	S79
Study of thrombocytopenia in malaria and its prognostic significance <i>Sarath Kumar Reddy B, BalaSubrahmanyam, Nagasumanth Reddy G, Vijaya Kumar G</i>	S80
A clinical study of dengue fever cases NRI Medical College, Chinakakani, Andhra Pradesh, South India <i>Dharmateja D, Gopidi A</i>	S81
Incidence of multidrug-resistant tuberculosis in Category 1 and Category 2 patients presenting to Narayana Medical College <i>Jangam A, Venkata Krishnan</i>	S82
Study of cognitive functions in HIV patients <i>Allampati RR, Rampure DM</i>	S83

Course of the disease, modes of presentation of swine flu and efficacy and side effects of oseltamivir in swine flu (H1N1) suspects reporting to the department of pulmonary medicine, S.V.R.R.G.G. Hospital, Tirupati <i>Reddy R, Chandra N</i>	S84
Evaluation of febrile patients with thrombocytopenia <i>Sravan Kumar Reddy V, Padmaja N, Lepakshi G</i>	S85
Acute undifferentiated febrile illness in adult hospitalized patients: the disease spectrum and diagnostic predictors - an experience from a tertiary care hospital <i>Matam SA, Ramesh R, Muneeswara Reddy T, Chandra Sekhar K</i>	S86
Study of lipid profile abnormalities in HIV1 patients who are using second line ART <i>Vidyasagar Naidu K, Satyanarayana Rao K, Sesaiah KV, Anuradha K</i>	S87
Variation in common lipid parameters in malaria infected patients - a one year cross sectional study <i>Konda MK, Gubba P, Gandiah P, Nandyala V</i>	S88
The various clinical and laboratory manifestations of dengue fever <i>Lalitha Kumari V, Ramachandra Rao IV</i>	S89
Evaluation of liver function in patients on Anti-Tuberculous Therapy <i>Sankar B, Vijay Kumar NB, Srinivas PSS, Ramakrishnam Naidu A, Sridevi</i>	S90
Correlation of jaundice with hepatic dysfunction in Plasmodium falciparum malaria and its prognostic significance <i>Sunil Kumar P, Sreenivas S, Rambabu K, Kathyayani MKM, Vijay Babu D</i>	S91
Cerebral malaria – a clinical review in a rural based Medical College in Telangana <i>Venkateshwarlu N, Gandiah P, Sandeep Kumar</i>	S92
Etiology and clinical characteristics of bacterial pneumonia in patients with type 2 diabetes mellitus <i>Ashok Vardhan P, Purushotham Rao, Santosh Kumar K, Suryaprakash Rao</i>	S93
Clinical profile of H1N1 influenza & it's awareness: experience at a tertiary care centre in South India <i>Harikrishna A, Chandrashekar V, Gururaj N, Srilatha</i>	S94
Do doctors overuse antibiotics in tertiary care hospital for acute febrile illness? <i>Shafi P, Ramesh R, Muneeswar Reddy, Chandra shekhar, Matam SA</i>	S95

A study on etiological profile of non traumatic state of altered sensorium <i>Lekya V, Ramesh R, Muneeshwar Reddy T, Chandrashekar</i>	S96
Profile of acute emergencies presenting to medical intensive care unit (MICU) at a tertiary care hospital, Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa <i>Kavitha S, Arjun Kumar A, Venkataravikumar C</i>	S97
A clinical Study of hypertensive emergencies in 50 patients admitted in tertiary care hospital <i>Zameer Ahmad, Imroz SM, Balasubramanyam B</i>	S98
Performance of apache IV score, SOFA score, SAPS III & MPM III admission scores, as predictors of ICU mortality in an indian tertiary care center <i>Chandrashekar V, Ravi Kiran G</i>	S99
A study on mortality in patients admitted in acute medical care in a tertiary care centre <i>Alekya K, Sridhar MS, Suresh P, Thulasi Ram K</i>	S100
Acute renal failure in snake bite <i>TirupatiKedar, Purushottam B, Santhosh K, MadhusudhanBabu M</i>	S101
A descriptive study of the risk factors for catheter-associated bacteriuria in a medical intensive care unit <i>Tirupatikedar, PurushottamRao B, Santhosh K, MadhusudanBabu M</i>	S102
Comparision of clinical outcome of paraquat poisoning in patients treated with and without methyl prednisolone <i>Harikrishna A, Chandrashekar V, Gururaj N, Srilatha</i>	S103
Clinical profile of pesticide poisoning in the coastal villages of East Godavari district of Andhra Pradesh <i>Mula.Joginaidu, Surisetty. SuriAppaRao, Sarma MBR</i>	S104
A prospective study of incidence of arf in cases of supervasmol consumption <i>Asha Mohan, Venkataravikumar C</i>	S105
A study on the need for ventilator support in organophosphorous compound poisoning <i>Prem Kumar Aluka, Dilip M Rampure, Ramakrishna C</i>	S106
Serum cholinesterase estimation as prognostic marker in organo phosphorous poisoning <i>Razia S, Dilip M Rampure</i>	S107
Snake bite- induced arf: a study of clinical profile and predictors of poor out come <i>Naga Alekhya B, Imroz S, BalaSubramanyam B</i>	S108

A clinical study of cleistanthuscollinus poisoning <i>Mani Krishna SVV, Jaya Bhaskara C, M. Rama Devi</i>	S109
Paraquet – Fatal poison – A prospective case study of clinical & prognostic factors of 40 cases admitted in GGH, Kakinada during period of October 2012-September 2014 <i>NagoorBashaShaik, Benhur NVA, Sarma CSS</i>	S110
Clinical Profile of Rheumatoid Arthritis with Special Emphasis on Pulmonary Manifestations <i>Gandhi P, Krishna Murthy A, Vasavilatha, SrinivasRao B, Srinivasa Reddy VC</i>	S111
Efficacy and Safety of Azathioprine in patients with systemic lupus erythematosus (SLE) with special reference to clinical outcome in SLE patients with leucopenia <i>Aparna Reddy S,.Varaprasad IR, .RajasekharL Radhika S</i>	S112
Study of rheumatologic emergencies in a tertiary care centre in South India <i>Sunitha K, Varaprasad IR, Rajasekhar L</i>	S113
A study to evaluate conventional inflammatory markers in assessment of disease activity in Takayasu arteritis <i>Phanikumar D, VaraprasadI R, Rajashekar L</i>	S114
Haematological manifestations in patients with systemic lupus erythematosus presenting to gandhi hospital <i>Priyadarshini,.Sastry P KBR, Anuradha P, Suneel Kumar, Manjula</i>	S115
Retrospective study on morbidity and mortality of in-patients admitted in tertiary care hospital Tirupati, based on ICD code <i>Ujjwala V, Tulasi Ram K, Suresh P, Shankar Reddy D, Sridhar MS</i>	S116
A comparative study of the clinico-aetiological profile of hyponatremia at presentation with that developing in the hospital <i>Rahul Chirag, Sridhar</i>	S117
Understanding adolescent sexual and reproductive health needs in rural India <i>Shafi P, Ramesh R, Muneeswar Reddy, Chandrashekhar</i>	S118
A study on clinical profile of patients attending field practice area of S.V. Medical College, Tirupati <i>Sindhu Sree R, Thulasi Ram K, Suresh P, Sridhar MS</i>	S119
A study of thrombocytopenia with reference to aetiology <i>Suresh G, Praveen Kumar B, Ashok Kumar M, Manjula BSV</i>	S120

Clinicohaematological study of 100 cases of pancytopenia:study in a tertiary care center	S121
<i>Alluru Manoj Bharath, Satyanarayanarao K, SrinivasaRao D, Raghu TVS</i>	
Clinico-aetiological profile and management of deep vein thrombosis (DVT) in a tertiary care hospital	S122
<i>Yadlapalli C Deepak, DanetiDharaneshBabu, Murthy SVR, Aashritha M</i>	
Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease	S123
<i>Srivani NM, Rampure DM, Rajashekharappa G</i>	
Study of prothrombotic and systemic inflammatory state in COPD - plasma fibrinogen and platelet mass as indicators	S124
<i>Shaheed Abdul Ansar B, Krishna Prasad</i>	
A cross sectional study of electorcardiographic and echocardiographic profile of COPD patients	S125
<i>Chiluka AS, NiteeshRao M, Sathyam G, Sathish G</i>	

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Tours/Accommodation/Darshan Committee	:	Dr T. M. Reddy Dr Alok Sachan Dr B. Balasubramanyam Dr A. Satheesh Kumar Dr P. Suresh Dr D. Prabath Kumar
Cultural events, Stalls, Venue Management	:	Dr S.M. Imroz Dr D. Prabath Kumar Dr K Thulasiram Dr M. Rama Devi Dr S. Pavani Dr K. Chandra Sekhar
Registration and Reception	:	Dr CH. Indira Priyadharshini Dr N. Padmaja Dr B. Giri Prasad Dr D. Padma Dr M. Ramadevi Dr C. Satheesh Chandra Reddy
Workshop and Quiz Committee	:	Dr Alladi Mohan Dr K. Thulasi Ram Dr P. Suresh Dr V. Sreenivasulu Reddy Dr B.Giri Prasad

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 43rd Annual Conference (AP APICON 2015) on 26th and 27th September, 2015 at S.V. Medical College, Tiruapti. 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 2015 to its readers as a Supplement to Vol. 4(3) of the journal.

Dr P.V.L.N. SrinivasaRao
Executive Editor-in-Chief

Dr B. Vengamma
Honorary Editor-in-Chief

SCIENTIFIC PROGRAMME

**43rd Annual Conference of Andhra Pradesh Chapter of Association of
Physicians of India, 2015**

**Workshop on “How to write a manuscript for publication in a journal?”
25 September, 2-6 PM**

**Venue: Medical Education and Training Unit, Paediatric Block,
S.V. Medical College, Tirupati**

Time	Topic	Speaker
2:00-2:20 PM	Overview regarding scientific writing, parts of a scientific manuscript	Alladi Mohan
2:20-2:40 PM	Introduction	Ravi Prabhu
2:40-3:10 PM	Material and methods	Alladi Mohan
3:10-3:25 PM	Reporting Statistical methods	KVS Sarma
3:25-3:45 PM	Results	AlokSachan
3:45-3:55 PM	Reporting statistical aspects of results	KVS Sarma
3:55-4:25 PM	Discussion	AlokSachan
4:25-4:40 PM	Citing References	Alladi Mohan
4:40-5:00 PM	Tables and Figures	J. Harikrishna
5:00-5:30 Pm	Writing the “Abstract”	Ravi Prabhu
5:30-6:00 PM	Interactive session	All panelists

SCIENTIFIC PROGRAMME
43rd Annual Conference of Andhra Pradesh Chapter of Association of
Physicians of India, 2015

Saturday, 26th September, 2015

Hall A , New Auditorium

8.00am-9.00am	Registration	New Auditorium
9.00 am-9.30 am	Inauguration of Scientific Programme	
Session 1	AP-API Chairman Oration	Chairpersons
9.30am-10.00 am	Neurological problems in elderly–physician update Y.S.N. Raju	Alladi Mohan, P. Suresh
Session 2	I. JogaRao Memorial Oration	Chairpersons
10.00am-10.30am	Approach to infective disorders of nervous system K. Venkateswarulu	S.V.Ramanamurthy, T. Muneeswar Reddy
Session 3		
10.30am-11.00am	Hands on experience with insulins B. Ramachandra Reddy	Chairpersons Alok Sachan, V. Siva Kumar
11.00am-11.30am	CKD surveillance, global perspective: an Australian experience V. Sree Krishna	
Session 4		
11.30am-12.00am	Hepatitis C, how much do we know? M. Asha Subbalakshmi	Chairpersons B. Ramachandra Reddy, C. Jaya Bhaskar
12.00pm-12.30pm	Hypothyroidism – atypical scenario AlokSachan	
12.30pm-1.15pm	Conference Inauguration	
1.15pm-2.00pm	Lunch	Conference Dining Hall
Session 5		
2.00pm-2.30pm	Approach to fevers M.B.R. Sarma	Chairpersons K. Raja Reddy P. Rajasekhar
2.30pm-3.00pm	New onset of fevers during ICU admissions Dedeepiya Devaprasad	
Session 6		
3.00pm-3.30pm	Antibiotic resistance & antibiotic selection with reference to culture reports D. Suresh Kumar	Chairpersons P. Venkata Krishna, I.V. Ramachandra Rao
3.30pm-4.00pm	Acute Lung injury /ARDS G. Lepakshi	
Session 7		
4.00pm-4.30pm	Acute kidney injury in ICU and management R. Ram	Chairpersons G. Narsimulu, C. Hithaishi
4.30pm-5.00pm	Infections and Arthritis Liza Rajasekhar	

Session 8

5.00pm-6.00 p.m

Award Papers**Chairpersons**R. Prabhakar Rao,
M.B.R Sarma,
K. Manohar

6.00pm-7.00pm

General Body Meeting

7.00pm-8.00pm

Medical Quiz for PG students

8.00pm-10.30pm

Dinner**Cultural Events****27th September ,2015****Hall A, New Auditorium****Session 1**

9.00am-9.30am

AP-API Chairman Elect Oration**Sarcoidosis-treatment options**

Y. Bhaskar

ChairpersonsI. V. Rao,
P. Raghuramulu**Session 2**

9.30am -10.00am

Gumda I Veeraiah Memorial Oration**Miliary tuberculosis in adults**

Alladi Mohan

ChairpersonsG. Aruna,
Y.S.N. Raju**Session 3**

10.00am-10.30am

Electrical storm of heart

S. Guru Prasad

ChairpersonsM. S. Sridhar,
C. Venkataramana

10.30am-11.00am

Entrepreneurship for young doctors

K. Ravindra Nath

Session 4

11.00am-11.30am

**Role of metastasis associated protein 1 in
inflammation and cancer**

P. Suresh Babu

ChairpersonsK.V.G. Tilak,
P. Krishna Prasanthi

11.30am-12.00am

Targetted drug delivery & nanotechnology

B. Viswanath

Session 5

12.00pm-12.30pm

Stroke mimics and chameleons

V. Sreekanth

ChairpersonsY.J. Visweswara Reddy
K. Narasimhulu

12.30pm-1.00pm

Human mind and quantum healing

B.M. Hegde

1.15pm-2.00pm

Lunch**Session 6**

2.00pm-2.30pm

NAFLD: recent advances

Shelly, C. Paul

ChairpersonsB. Siddartha Kumar,
B. Ramachandra Reddy

2.30pm-3.00pm

Male infertility

Amaresh Reddy

Session 7

3.00pm-3.30pm

Biologicals and rheumatoid arthritis

G. Narsimulu

ChairpersonsC.S.S. Sharma,
M. Sai Kumar

3.30pm-4.00pm

**Role of clinical pharmacology in clinical trials
and research**

P. Ram Mohan

4.00pm-5.00pm

Valedictory Function

Abstracts of Awards session Platform Presentations (APAPICON 2015)

Corelation of pulmonary function tests and duration of type2 diabetes mellitus

Gurram Sreeram, Dilip.M.Rampure

Mamata Medical College and General Hospital, Khammam

ABSTRACT

Aim: This study is carried out to know the relation between duration of Diabetes mellitus and PFTs in T2 DM patients.

Material and Method: 90 patients with different duration of T2DM (age, sex, ht, wt match) attending Mamata General Hospital OPD/In patient ward KMM, divided into two groups;

1.) Duration < 5 yrs, 2.) Duration > 5 yrs.

PFTs measured by MEDSPIROR, patients were made to undergo PFTs for 3 times, every 15 min interval and best of three readings was taken. Data was statistically analysed with descriptive statistics and chi square test.

Inclusion criteria: T2DM patients, non-smokers, no previous h/o respiratory/cardiovascular diseases.

Exclusion criteria: Smokers, Non-Diabetics, pts with previous /present cardio-respiratory disease, pts not willing for test. PFTs done using MEDSPIROR (computerised spirometer self calibrating, fulfills the criteria for standardised lung function test).

Result: Out of 90 pts: 50 pts- Restrictive type pattern (55.56%), 28 pts- Normal Spirometry pattern, (31.11%), 12 pts – Obstructive type pattern (13.33%).

Conclusions: Though T2DM pts did not have any respiratory symptoms they did have underlying subclinical restrictive pattern of respiratory abnormality.

As duration of Diabetes increases Restrictive profile is more significant and requires further research.

Gurram Sreeram, Rampure DM. Corelation of pulmonary function tests and duration of type2 diabetes mellitus. J Clin Sci Res 2015;4(Suppl 1):S1.

Aetiological causes and outcome in patients with sepsis and related syndromes: a prospective study

S.N.Challa, Alladi Mohan, J.Harikrishna, K.V.S. Sarma, B.S. Kumar

Sri Venkateswara Institute of Medical Sciences, Tirupati

ABSTRACT

Background: Sparse reliable published epidemiological data are available from India regarding the aetiology and outcome in patients with sepsis and related syndromes

Methods: Prospective study of aetiology and outcome in patients with sepsis and related syndromes (Intensive Care Med 2013;39:165-228) admitted to medical intensive care unit (MICU) at our tertiary care teaching hospital in South India.

Results: During February 2014 and June 2015, 248 patients (mean age 43.8 ± 17.3 years; 57.8% males) were admitted to MICU with sepsis and related syndromes. At the time of initial presentation, 22 (8.9%), 169 (68.1%), and 57 (23%) patients presented with sepsis, severe sepsis and septic shock respectively; multiple organ dysfunction syndrome (MODS) was evident in 163 (65.7%) patients. In 28 (11.3%) focus of sepsis was not evident. In the remaining 220 patients, most frequent aetiological causes included scrub typhus (n=45, 20.5%); leptospirosis (n=40, 18.2%); meningitis (n=30, 13.6%); dengue fever (n=29; 13.2%); malaria (n=24, 10.9%, *P.falciparum* 14, *P.vivax* 10); community acquired pneumonia (n=16, 7.3%); urinary tract infection (n=14, 6.4%); co-infection with scrub typhus and leptospirosis (n=10, 4.5%); and others (n=12). The median [interquartile range (IQR)] hospital stay was 8 (4-13) days; 78 (31.5%) patients [5/22 (22.7%) in sepsis, 38/169 (22.5%) in severe sepsis and 35/57 (61.4%) in septic shock died.

Conclusions: The present study provides for the first time, reliable epidemiological data regarding aetiology and outcome of sepsis and related syndromes from Andhra Pradesh and highlights the importance of careful search for emerging infections as aetiological causes of sepsis and related syndromes in MICU.

Challa SN, Mohan A, Harikrishna J, Sarma KVS, Kumar BS. Aetiological causes and outcome in patients with sepsis and related syndromes: a prospective study. J Clin Sci Res 2015;4(Suppl 1):S2.

Study of thyroid dysfunctions in patients with chronic renal failure

Prudhvi Raj Attada , S.Sreenivas, K. Rambabu, Vijayababu, M.K.M.Kathyayani

Andhra Medical College, Visakhapatnam

ABSTRACT

Background:Chronic renal failure (CRF) refers to an irreversible deterioration in renal function which classically develops over a period of years. Serum hormonal concentration may be altered by changes in the binding capacity of serum proteins. In CRF there is massive proteinuria mainly albuminuria. To study the thyroid dysfunctions in patients with chronic renal failure

Methods:The study subjects are divided into 2 groups as cases & controls. Cases: 30 Male patients aged between 40-70 years of having history of chronic kidney disease with serum creatinine > 5.5 mg/dl and urea > 55mg/dl and dipstick test positive for protein with symptoms of chronic renal failure. Controls: 30 Healthy men aged between 40 -70 years

Patients with diabetic nephropathy, patients on treatment with estrogen, corticosteroids, sulphonylurea, phenobarbitones & β -blocker, Female & children's are excluded from the study. Serum urea estimation by diacetyl monoxide method. Estimation of serum creatinine by Jaffe's method. Estimation of T3, T4 & TSH by chemiluminescence immunoassay

Results:Mean of T3 among cases is 81.67 ± 15.07 and in controls is 111.96 ± 10.17 (ng/dl). P value is <0.001 which is statistically significant. P value is <0.001 which is statistically significant. Mean of TSH in cases increases compared to controls. P value is <0.001. which is statistically significant. The incidence of hypothyroidism is 10% in renal failure cases when compared to controls. P value is 0.237 which is positive correlation between CRF and hypothyroidism. There is no hyperthyroidism found in both cases and controls.

Conclusions:Mean of T3, T4 decreases TSH increases significantly in cases compared to controls. TSH increases as T3, T4 decreases which suggests the maintenance of pituitary thyroid axis. The levels of thyroid profile i.e T3, T4 decreases TSH increases as severity of renal failure increases (i.e., as serum creatinine increases).

Prudhvi Raj Attada , Sreenivas S, Rambabu K, Vijayababu, Kathyayani MKM. Study of thyroid dysfunctions in patients with chronic renal failure. J Clin Sci Res 2015;4(Suppl 1):S3.

A study on serum amylase levels in acute organophosphorous poisoning and its relationship with clinical severity and outcome

Ramprasad, Dilip M. Rampure, L Venugopal

Mamata General and Super Speciality Hospital, Khammam

ABSTRACT

Background: India being an agricultural country, insecticides and pesticides are used abundantly during cultivation and are easily accessible. There are several case reports and studies regarding the increased incidence of acute pancreatitis and clinical severity correlated with levels of serum amylase. Presently serum amylase being recommended as a better indicator of severity. Hence in this study correlation between serum amylase levels and clinical severity of acute OP compound poisoning.

Methods: A prospective study was conducted on 50 patients admitted to emergency ward within 24 hours of OP intoxication in Mamata General Hospital, Khammam who met the inclusion criteria. Estimation of serum amylase was done at the time of admission and at 24 hours. 50 age matched individuals are kept as controls.

Results: This study revealed significant elevation of serum amylase levels at admission in OP poisoning patients which showed significant decrease with treatment. The overall mean value for amylase was (174.26 in cases U/L Vs 32.08 in controls, $p < 0.0001$) at admission. The bad prognostic factors are very well correlated with serum amylase levels are Fasciculations-311 U/L, Severe secretions-333 U/L, CNS depression-340 U/L, Respiratory failure-368 U/L and Convulsions-441 U/L. The overall mean value of serum amylase is significantly higher in non-survivors Vs survivors (318.4 U/L Vs 75.87 U/L, $p < 0.0001$).

Conclusions: Hyperamylasemia in OP intoxicated patients can provide a high degree of suspicion of subsequent respiratory failure and other complications. In such cases quick transfer of the patient to a intensive care unit will reduce the degree of mortality associated with OP poisoning.

Ramprasad, Rampure DM, Venugopal L. A study on serum amylase levels in acute organophosphorous poisoning and its relationship with clinical severity and outcome. J Clin Sci Res 2015;4(Suppl 1):S4.

A study of the predictors of six-month survival in 64 patients with end-stage liver disease

B. Likhitha, V.V. Satyanarayana, B. Purushotham, K. Santhosh
Andhra Medical College, Visakhapatnam

ABSTRACT

Background:scarce published data are available regarding the predictors of survival in patients with end stage liver disease(ESLD) especially in india

Methods: six-month follow up study of 64 adult patients with ESLD, who attended general medicine out-patient department in our tertiary care teaching hospital in Visakhapatnam, South India

Results: During the period February 2014 and June 2015, 64 adult patients [mean age 54 ± 8 years; males 50(78.1%)] with ESLD were included in the study, out of which 18 (28.12%) patients died during 6-month follow-up period. The aetiological causes of cirrhosis of liver are alcoholism in 30 (46.8%) patients, viral hepatitis in 19 (29.6%), both alcoholism and viral hepatitis in 7 (10.9%) and 8 (12.5%) patients had no known aetiology. On univariate analysis, mean serum bilirubin in mg/dl (alive 4.5 ± 2 vs dead 6.4 ± 3 ; $p=0.005$), INR (alive 1.8 ± 0.6 vs dead 2.3 ± 0.9 ; $p=0.042$), eGFR in ml/min/1.73m² (alive 67 ± 11 vs dead 53 ± 10 ; $p=0.021$), MELD score (alive 20.6 ± 5 vs dead 24.5 ± 7 ; $p=0.005$), serum sodium in mEq/L (alive 136 ± 6 vs dead 129 ± 7 ; $p=0.001$) and MELD-Na (alive 22 ± 4.3 vs dead 26.8 ± 5.2 ; $p<0.001$) were found have significant influence on the outcome in patients with end-stage liver disease. On univariate and multivariate Cox regression analysis, the model score comprising serum bilirubin, INR, eGFR and serum sodium (C-static=0.816; $\chi^2=104.7$; $p<0.001$), MELD-Na (C-static=0.805; $\chi^2=102.8$; $p<0.001$), hyponatraemia (hazard ratio=2.49; C-static=0.68; $\chi^2=96.5$; $p=0.001$) and MELD score (hazard ratio=1.21; C-static=0.75; $\chi^2=92.4$; $p=0.02$) emerged as predictors of survival in patients with ESLD

Conclusions:: eGFR is a better predictor of survival than serum creatinine. The model score (INR, eGFR, serum sodium and serum bilirubin), MELD-Na score are better predictors of survival than MELD score alone in patients with ESLD

Likhitha B, Satyanarayana VV, Purushotham B, Santhosh K. A study of the predictors of six-month survival in 64 patients with end-stage liver disease.J Clin Sci Res 2015;4(Suppl 1):S5.

Clinical spectrum of precipitating factors of hepatic encephalopathy in cirrhosis of liver

M. Suresh Reddy, M.S.Sridhar, P. Suresh, K.Thulasiram
S.V. Medical College, Tirupati

ABSTRACT

Background: Hepatic encephalopathy is an extra hepatic complication of impaired liver function and is manifested as neuropsychiatric symptoms and signs associated with acute or chronic liver disease in the absence of other neurological disorders. The study aims to ascertain the spectrum of precipitating factors of hepatic encephalopathy in patients with cirrhosis.

Methods: 50 cases of cirrhosis of liver who presented with hepatic encephalopathy admitted to SVRRGGH, TIRUPATI between 2014 november to 2015 july were studied. All patients of more than 18 years of age manifesting with signs of hepatic encephalopathy were included and those who had acute fulminant hepatitis or non cirrhotic portal hypertension were excluded from the study. Detailed history, clinical examination and thorough investigations were done to look for any precipitating factor and the findings were recorded on a proforma and prognostic stratification through CHILD PUGH score was done.

Results: Out of 50 patients upper gi bleed (51%) constipation (41%) electrolyte imbalance (38%) and infection (22%) stood out as the most common precipitating factors. Usage of diuretics, sedatives and excess dietary protein were the other factors. Most patients were in grade 3 (30%) and grade 4 (37%) of hepatic encephalopathy.

Conclusions: upper gi bleed, constipation, electrolyte imbalance, infection were the most common precipitating factors of hepatic encephalopathy in this study.

Suresh Reddy M, Sridhar MS, Suresh P, Thulasiram K. Clinical spectrum of precipitating factors of hepatic encephalopathy in cirrhosis of liver. J Clin Sci Res 2015;4(Suppl 1):S6.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of asymptomatic peripheral vascular disease in patients with type-2 diabetes mellitus by colour doppler study

S. Srikrishna, C. Ramakrishna, Dileep Rampure
Mamata Medical College, Khammam

ABSTRACT

Background: The current study is intended to study the prevalence of asymptomatic PAD in patients with DM-2 by Color Doppler study and to correlate it with risk factors and ischemic heart disease.

Methods: A total number of 40 patients of DM-2 patients attending outpatient department at Mamata General Hospital, Khammam, during the period of December 2014 to August 2015, were selected randomly and a cross-sectional analysis was done.

Inclusion Criteria: 1) All DM-2 Patients with duration of Diabetes e" 7 years.**Exclusion Criteria:** 1) Patients with Type-1 Diabetes mellitus; 2) Patients with DM-2 with symptomatic Peripheral vascular disease.

Results: In the present study, among 40 patients of DM-2, 10 patients were found to have asymptomatic PAD through Color Doppler evaluation. The Prevalence of Asymptomatic PAD in DM-2 is 25%.

Conclusions: Among patients with PAD detected by Color Doppler Study, only 20% of patients were having abnormal peripheral pulses on examination. This shows the higher sensitivity of Color Doppler scanning in detecting PAD.

Srikrishna S, Ramakrishna C, Rampure D. Prevalence of asymptomatic peripheral vascular disease in patients with type-2 diabetes mellitus by colour doppler study. J Clin Sci Res 2015;4(Suppl 1):S7.

Abstracts of Platform Presentations (APAPICON 2015)

Endothelial dysfunction in type 2 diabetes mellitus compared to healthy subjects

K. Surekha, D. Vijay Babu, M. Katyayini, K. Rambabu, S. Srinivas

Andhra Medical College, Visakhapatnam

ABSTRACT

Background: Endothelial Dysfunction is an early event in atherosclerosis and is known to appear long before the formation of atherosclerotic changes. Assessment of endothelial function can be used as an early marker of future Atherosclerotic disease. Flow mediated dilatation (FMD) is known to depend on ability of endothelium to release nitric oxide (NO) in response to sheer stress and can be used reliably as an estimate of endothelial function in various disease states. The aim of study is to identify the prevalence of endothelial dysfunction in type 2 diabetes mellitus and healthy subjects and to correlate the endothelial dysfunction with duration of diabetes.

Methods: Endothelial function was assessed non-invasively by high resolution Duplex Doppler Ultrasound in brachial artery in fifty cases of type 2 diabetes with or without micro vascular or macro vascular complication and twenty controls who are healthy subjects. FMD was calculated.

Results: In this study, it is observed that among 50 diabetics, endothelial dysfunction was seen in 10 (20%) diabetics; where as none of the control had endothelial dysfunction.

Conclusions: Endothelial dysfunction as assessed by FMD is significantly impaired in diabetics compared to healthy subjects.

Surekha K, Vijay Babu D, Katyayini M, Rambabu K, Srinivas S. Endothelial dysfunction in type 2 diabetes mellitus compared to healthy subjects. J Clin Sci Res 2015;4(Suppl 1):S8.

Abstracts of Platform Presentations (APAPICON 2015)

Study of clinical profile of dilated cardiomyopathy

T. Rajeswari, P.Venkatakrishna, Sudhakar, Nirmal Kumar

Siddhartha Medical College, Vijayawada

ABSTRACT

Background:Cardiomyopathy refers to heterogeneous group of diseases of myocardium with mechanicaland/or electrical dysfunction and ventricular hypertrophy or dilatation , accounting for 5–10% of the heart failure.

Methods:Study conducted with 100 patients of Idiopathic Cardiomyopathy (IDC)from General medicine and cardiology departments of GGH Vijayawada.

Results:Age range of patients is 25-70 years.Males 72 and females 28. Most common symptom was dyspnea (88%) and cough (70%). 65% subjects had sinus tachycardia, 36% had ventricular ectopics and 30% had left bundle branch block.ejection fraction was $26\pm 11\%$. 80% people developed heart failure. 75% has alcohol consumption history.

Conclusions:Alcohol may be one of etiological factors for IDC and IDC usually missed in Indian setting and only diagnosed when patients already developed heart failure.,Regular cardiac check up and early treatment may be beneficial in few patients of IDC.

Rajeswari T, Venkatakrishna P, Sudhakar, Nirmal Kumar. Study of clinical profile of dilated cardiomyopathy.J Clin Sci Res 2015;4(Suppl 1):S9.

Abstracts of Platform Presentations (APAPICON 2015)

A study of cardiovascular changes in newly detected hypothyroid patients

G.Ramesh

MNR medical college, Sangareddy

ABSTRACT

Background: Hypothyroidism has significant cardiovascular manifestations. Overt and subclinical hypothyroidism both are associated with cardiovascular disease

Methods: Newly detected hypothyroid patients were subjected to detailed cardiovascular examination, ECG, Echocardiography and TMT has been done.

Results: Hypothyroidism was newly diagnosed more in females and maximum in age group 17-47 years (69.9%) of age group. Out of 30 patients, 63.3% had symptoms less than 3 months duration. Cardiovascular symptoms were present in less number of patients. Bradycardia was observed in 7% of the patients. Stage 1 hypertension was noticed in 13.3% (diastolic blood pressure). Low voltage complexes in electrocardiogram were present in 40% study group. Pericardial effusion was present in 16.6% patients. Treadmill test was positive for inducible ischaemia in one patient. Systolic and diastolic dysfunction were noticed respectively in 6.7% and 3.3% study group. Altered lipid profile was present in 16.7% (S. cholesterol) and 53.4% (S. Triglycerides).

Conclusions: Observed cardiovascular changes were ECG abnormalities, pericardial effusion and diastolic blood pressure. Early detection and initiation of hormone replacement therapy can minimize associated cardiovascular changes.

Ramesh G. A study of cardiovascular changes in newly detected hypothyroid patients. J Clin Sci Res 2015;4(Suppl 1):S10.

Abstracts of Platform Presentations (APAPICON 2015)

A study on microalbuminuria in newly diagnosed hypertensive patients

V.Hari Priya,P.K.Padhy, A.S.Sastry

Maharajah's Institute of Medical Sciences, Vijayanagaram

ABSTRACT

Background:Hypertension is one of the most common diagnosis in hospitalised/outpatients in our country. Microalbuminuria is defined as excretion of urine albumin of 30-300mg/24hrs. Microalbuminuria is an important independent risk indicator of target organ damage like hypertensive retinopathy, left ventricular abnormalities, cerebrovascular accidents compared to normotensive patients. It also indicates severity of disease and is considered as important prognostic marker.

Methods:The present study was conducted in MIMS during the period June 2014 to July 2015. 50 hypertensive patients were evaluated for microalbuminuria using urine albumin:creatinine ratio.

Results:Significant microalbuminuria was found to occur in hypertensive patients.

Conclusions:Significant microalbuminuria was found in newly diagnosed hypertensive patients. A positive correlation between microalbuminuria and target organ damage was found in these patients.

Hari Priya V, Padhy PK, Sastry AS. A study on microalbuminuria in newly diagnosed hypertensive patients. J Clin Sci Res 2015;4(Suppl 1):S11.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical and etiological profile of patients with acute heart failure

Gadi Leela Jaya Madhuri, Yadlapalli C Deepak, Manne Sriharibabu

GSL Medical College and Hospital, Rajahmundry

ABSTRACT

Background: Acute heart failure(AHF) is defined as rapid onset or change in symptoms and signs of HF,resulting in need for urgent therapy.Patients with AHF are characterised by elevated LV filling pressures or low CO resulting in pulmonary and systemic congestion,which manifests clinically by dyspnea,jugular venous distension and edema.

Aim: To study the clinical and etiological profile of patients with AHF. To study its outcome.

Methods: 50 patients admitted in GSL general hospital cardiology department over a period of 1 year were assessed.

Results: ACS(46%),valvular dysfunction(24%),arrhythmias(25%)were most common precipitating factors.Results from our study indicate that first episode of AHF is deadly.Decompensated HF(60%)was most common clinical presentation.New onset of HF(54%)mostly attributed to ACS.Mortality for patients with cardiogenic shock(45%)was highest.Adherence to treatment guidelines and use of HF medication(65%)have improved the outcome.

Conclusions This study provides information on demographics,characteristics and underlying conditions as well as etiology,investigations and treatment practices of AHF.

Jaya Madhuri GL, Deepak YC, Sriharibabu M. Clinical and etiological profile of patients with acute heart failure. J Clin Sci Res 2015;4(Suppl 1):S12.

Abstracts of Platform Presentations (APAPICON 2015)

Assessment of cardiometabolic risk profile in different age groups of subjects with coronary artery disease

C.H.V. Nageswararao, S.V. Ramana Murthy, Y.C. Deepak, K. Spoorthy

GSL Medical College and Hospital, Rajahmundry

ABSTRACT

Background: Ischemic heart disease is the leading cause of death world wide. The indian subcontinent is home to 20% of the world's population with CAD. This study aims to find risk factors causing CAD in Indian scenario.

Methods: 100 subjects were studied from **GSL General Hospital**. 50 patients admitted with MI in the ICCU were taken as cases. 50 patients from OPD with normal ECGs or with normal CAG were taken as controls. Factors such as age, addictions, hypertension, diabetes, family history, abnormal lipid profile, physical activity, stress, abdominal obesity were studied and differences between both were noted.

Results: Results showed significant between age($p=0.018$), smoking($p=0.0001$), hypertension ($p=0.001$), diabetes($p=0.001$), high LDL-C($p=0.0001$) and CAD. Physical activity(0.0001) and high HDL-C ($p=0.001$) were found to be protective for CAD.

Conclusions: The risk factors concept implies that a person with one risk factor is more likely to develop atherosclerosis event and more likely to do so earlier than a person with no risk factor. Presence of multiple risk factors in patients further accelerates the incidence of atherosclerosis.

Nageswararao CHV, Ramana Murthy SV, Deepak YC, Spoorthy K. Assessment of cardiometabolic risk profile in different age groups of subjects with coronary artery disease. *J Clin Sci Res* 2015;4(Suppl 1):S13.

Abstracts of Platform Presentations (APAPICON 2015)

Study of detection of left atrial enlargement by echocardiography and ecg correlation in cardiac and non cardiac cases

Spandana Komma, Ramesh
Kakathiya Medical College, Warangal

ABSTRACT

Background: LAE (Left atrial enlargement) is an important pathologic change in many forms of heart disease. In this context, this study was undertaken

Methods: A 2 years prospective study was done and 60 cases of LAE were studied using 2D Echocardiography and it was compared with ECG.

Results: Rheumatic mitral and aortic valve disease was most common cause of LAE 26.67% with mean LA size 75mm. Echocardiography detected 100% of LAE patients. When 'P' wave duration in lead II alone considered, ECG able to predict LAE in 85.41% patients. When Morris and Macruz index were considered individually, ECG prediction was 79.15% in both. Severity of LAE significantly associated with CCF ($P < 0.025$), neurological deficits ($P < 0.05$) and highly significantly in mortality ($P < 0.005$).

Conclusions: ECHO was able to pick up all LAE cases, ECG is an useful but not specific investigation in the diagnosis of LAE. There was a significant association between left atrial enlargement and development of stroke, AF, CCF and mortality.

Komma S, Ramesh. Study of detection of left atrial enlargement by echocardiography and ecg correlation in cardiac and non cardiac cases. J Clin Sci Res 2015;4(Suppl 1):S14.

Abstracts of Platform Presentations (APAPICON 2015)

Study of tissue doppler imaging (TDI) in low ejection fraction heart failure and normal ejection fraction heart failure and comparison with conventional colour doppler echocardiography

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ABSTRACT

Background: Heart failure is a major cause disability and morbidity all over the globe and there is no sign of slowing down in the near future. So TDI is a non-invasive method to assess the left ventricular dysfunction. Hence TDI can be helpful as a diagnostic, prognostic and therapeutic procedure in patients with HF

Methods: Prospective Study :100 cases (72 male and 28 female) admitted to NMCH with heart failure.

Results: In Patients with heart failure, TDI parameters Ea use of diastolic dysfunction were statistically significant when compared with conventional Doppler echocardiography 79 % and 67 % respectively ($P < 0.01$). DI parameters 'Sa' used for systolic dysfunction were less significant 66% correlated with LVEF which showed 89%

Conclusions: TDI parameter 'Ea' was the most powerful predictor of LV diastolic dysfunction when compared to 'E/A' Doppler echocardiography. TDI 'Ea' and 'Sa' parameters can be helpful as diagnostic, prognostic, therapeutic markers in patients with low ejection and normal ejection fraction

Rajshekhar Reddy J, RamaKrishna MR. Study of tissue doppler imaging (TDI) in low ejection fraction heart failure and normal ejection fraction heart failure and comparison with conventional colour doppler echocardiography. J Clin Sci Res 2015;4(Suppl 1):S15.

Abstracts of Platform Presentations (APAPICON 2015)

Significance of Micro-Albuminuria in essential hypertension-one year cross sectional study

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ABSTRACT

Background: The study was undertaken to determine the prevalence of microalbuminuria in patient with essential hypertension and to study the correlation of microalbuminuria with clinical profile and complications.

Methods: 100 cases of essential hypertension admitted to medical ward of king George hospital ,for a period of one year are evaluated. Hypertension was defined according to joint national committee (JNC 7) criteria by the presence of elevated BP as on at-least three occasions or by the presence of antihypertensive treatment. Microalbuminuria was detected in 24 hours urine sample by immunoturbidimetric assay.

Results: Micro-albuminuria showed significant correlation with duration and severity of hypertension especially with systolic hypertension. It also showed significant correlation with grades of retinopathy ,left ventricular hypertrophy ,cerebrovascular disease and ischemic heart disease. Microalbuminuria showed no significant correlation with diastolic blood pressure in present study.

Conclusions: Hypertensives with microalbuminuria were found to have significantly higher prevalence of hypertensive retinopathy, ischemic heart disease, cerebrovascular disease , vascular damage when compared to their normoalbuminuric counter parts.

Make NC, Ande KM, Vasavilatha G, Srinivas Rao B, Srinivas Reddy VC. Significance of Micro-Albuminuria in essential hypertension-one year cross sectional study. J Clin Sci Res 2015;4(Suppl 1):516.

Abstracts of Platform Presentations (APAPICON 2015)

Spirometric assessment of pulmonary function in the elderly with ischaemic heart disease

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ABSTRACT

Background: This impairment of lung function in the elderly with ischaemic heart disease has not been adequately studied in India. Hence, the need for this study.

Methods:- Prospective study . Pulmonary function testing by spirometry was performed in elderly patients with ischaemic heart disease visiting Mamata Medical hospital between September 2014 and June 2015.

Results: The study involved 56 asymptomatic elderly non-smokers, 41 males (73.2%) aged above 60 years had ischaemic heart disease. Mean age 69.29 ± 5.66 years. FVC, FEV₁ and PEF were less than predicted and FEV₁/FVC ratio greater than 100% of predicted in a significant number of subjects. The predominant defect was of restrictive type (57.14%). The other patterns noted were normal (12.51%), obstructive (13%) and combined (7.14%). A significant decline in FVC ($p < 0.001$), FEV₁ ($p < 0.001$), and PEF ($p = 0.004$) respectively as percentages of predicted was noted as the number of coronary vessels involved increases. A significant increase in FEV₁ ($p = 0.015$), FVC ($p = 0.004$) and PEF ($p = 0.009$) respectively, as a percentages of predicted was noted with increases in cardiac ejection fraction. Neither number of coronary vessels involved nor cardiac ejection fraction had any significant influence on the FEV₁/FVC ratio as a percentage of predicted.

Conclusions: Subnormal pulmonary function, as evidenced by FEV₁, FVC and PEF values which were significantly lower than that predicted for normal subjects, was detected in elderly individuals with ischaemic heart disease; restrictive pattern was seen in majority.

Cheekoti SK, Rampure DM, Rajashekarappa. Spirometric assessment of pulmonary function in the elderly with ischaemic heart disease. J Clin Sci Res 2015;4(Suppl 1):S17.

Abstracts of Platform Presentations (APAPICON 2015)

Prognostic significance of arrhythmias in myocardial infarction

A.krishna Murthy, G.Vasavilatha, B. Srinivas Rao, V.C. Srinivas Reddy,
Rajesh Kumar Palaparthi

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ABSTRACT

Background: Arrhythmias are common occurrence in ACS. This study was undertaken to analyse the incidence and Frequency and Type of Arrhythmia in relation to the Site of infarction to Aid in Anticipation and a timely intervention So as to significantly modify the outcome in MI. Also to study the significance of reperfusion arrhythmias to know whether they are of serious concern or Sign of successful Reperfusion.

Methods: 100 cases of Acute Myocardial Infarction admitted in ICCU of Andhra medical College, Visakhapatnam, King George hospital were Studied all patients were evaluated for Risk factors. 12 lead ECG and enzyme estimation were done. arrhythmias complicating AMI in terms of their incidence, timing, severity, type, relation to the involved site, reperfusion and end Result were Studied

Results: Of the 100 cases 74% were Male. Incidence being more common between 4th to 7th decade of life. Incidence of AMI was more common in Patients with diabetes and Hypertension (23% Each). Incidence of AMI (53%) is higher than IWMI (40%). Out of all Arrhythmias VT was seen in more Cases with 50% Mortality and more preponderance to ALMI. Sinus Tachycardia was seen in 23% of cases with Preponderance to ALMI and Persistence of Sinus tachycardia acted as Bad prognostic sign, Mortality being 22%. CHB and Sinus Bradycardia were Commonly seen with IWMI Incidence being 53.8% and 100% respectively. BBB was More common in AAMI (31%) than IWMI (10%). Among 64 thrombosed cases 21 had reperfusion arrhythmias (RA) without any mortality, Whereas remaining 43 without RA had Mortality of 18.6%.

Conclusions: According to the Study Tachyarrhythmias are More common with AAMI and Bradyarrhythmias in IWMI. RA are benign phenomenon and good indicator of successful reperfusion.

Krishna Murthy A, Vasavilatha G, Srinivas Rao B, Srinivas Reddy VC, Rajesh Kumar Palaparthi. Prognostic significance of arrhythmias in myocardial infarction. J Clin Sci Res 2015;4(Suppl 1):S18.

Abstracts of Platform Presentations (APAPICON 2015)

Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease

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ABSTRACT

Background: C.O.P.D is a leading cause of death and disability worldwide. C.O.P.D is associated with significant extrapulmonary (systemic) effects among which cardiac manifestations are most common. C.O.P.D affects pulmonary blood vessels, right ventricle, as well as left ventricle leading to developments of pulmonary hypertension, cor pulmonale, right ventricular dysfunction and left ventricular dysfunction too. Echocardiography provides a rapid noninvasive, portable and accurate method to evaluate the right ventricle function, right ventricle filling pressure, tricuspid regurgitation, left ventricular function and valvular function

Methods: Inclusion criteria- 40 patients of c.o.p.d confirmed by clinical history, radiology of chest, and pulmonary function test were selected

Exclusion criteria- Patients with Chronic lung disease other than C.O.P.D, hypertension, cardiac disease, any systemic disease that can cause pulmonary hypertension (PH), patients who were unable to perform spirometry. All the patients were classified according to GOLD guidelines

Conclusions: Prevalence of PH has a linear relationship with severity of C.O.P.D. Severe PH is almost always associated with cor-pulmonale. Echocardiography helps in early detection of cardiac complications in C.O.P.D cases giving time for early interventions.

Sreekanth Thota, Dilip Rampure, Venugopal. Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease. J Clin Sci Res 2015;4(Suppl 1):S19.

Abstracts of Platform Presentations (APAPICON 2015)

Correlation between carotid intima media thickness in type 2 diabetes patients with silent ischemic heart disease

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ABSTRACT

Background: Study to find out prevalence of silent CAD in type2 diabetics using ECG,TMT, Echocardiography and correlate with carotid intima media thickness using Doppler ultrasonography to determine the usefulness of CIMT in assessing generalized atherosclerosis and risk of getting IHD

Methods: Study conducted among 50 type2 diabetes patients who were subjected to stress with treadmill testing to identify silent IHD followed by carotid IMT measurement in these patients ,which was compared with controls (15 nondiabetic patients and 15 symptomatic IHD patients)

Results: Carotid IMT of type2 diabetics with silent IHD as evidenced by treadmill testing was 1.22 ± 0.182 mm which is higher than carotid IMT of type2 diabetics with no silent IHD which was 0.799 ± 0.132 mm

Conclusions: Carotid intima media thickness can serve as surrogate marker in assessing generalized atherosclerosis . Patients having higher CIMT have greater risk of IHD

Ravi Tej M , Madhusudhana Babu M, Srinivas V, Ravi Kumar N, Vikram Vardhan R, Gandhi. Correlation between carotid intima media thickness in type 2 diabetes patients with silent ischemic heart disease. J Clin Sci Res 2015;4(Suppl 1):S20.

Abstracts of Platform Presentations (APAPICON 2015)

Estimation of cardiac troponin-t levels in acute myocardial infarction with reference to short term prognosis

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KIMS and R , Amalapuram

ABSTRACT

Background and Objectives : Present study was done to evaluate the short term prognostic significance of cardiac Troponin-T in patients with acute myocardial infarction.

Methodology: 50 patients with diagnosis of acute myocardial infarction were randomly selected for this prospective study between October 2013 to July 2015.

The patients were categorized as ST Segment Elevation Myocardial Infarction (STEMI) and Non-ST Segment Elevation Myocardial Infarction (NSTEMI) as per the ESC/ACC/AHA guidelines. Patients with symptoms of acute myocardial infarction of less than 6 hours were taken for study and at admission cardiac Troponin-T was estimated. Patients were examined, investigated and were managed as per ACC/AHA guidelines. Patients were closely monitored during hospital stay and subsequently for 4 weeks on OPD basis for any of the pre-defined complications like postinfarction angina, re infarction, heart failure and death.

Results: 42 (84%) patients had elevated cardiac Troponin-T and 8 (16%) patients had normal Troponin-T values. Most common symptom was chest pain (92%) followed by sweating (80%). Major risk factors were smoking (81.6%), hypertension (48%), diabetes Mellitus (42%), dyslipidemia (40%) and family history of IHD (16%). Among those with elevated cardiac Troponin-T levels 50% of patients developed complication whereas 12.5% of patients with normal Troponin-T developed complications. In these patients 84% of them had elevated Cardiac Troponin-T levels and 16% had normal Troponin -T levels. Among these with elevated Troponin-T levels 50% of the patients experienced one or more predefined complications, whereas 12.5% of those with normal Troponin-T levels had predefined complications.

Conclusion: Across the spectrum of myocardial infarction those with elevated cardiac Troponin-T levels had increased risk of short term adverse outcome.

Cardiac Troponin-T is a good short term prognostic indicator in patients with acute myocardial infarction.

Ramya Subhashini Y, Lakshmi MSR. Estimation of cardiac troponin-t levels in acute myocardial infarction with reference to short term prognosis. J Clin Sci Res 2015;4(Suppl 1):S21.

Abstracts of Platform Presentations (APAPICON 2015)

Correlation of serum uric acid levels and Killip functional class in patients of acute myocardial infarction

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ABSTRACT

Background: High uric acid is a negative prognostic factor in patients with mild to severe heart failure. This study to show correlation between serum uric acid and Killip classification in patients of acute myocardial infarction.

Methods: We studied 50 patients with acute myocardial infarction and 50 controls. Serum uric acid level was measured on day 0, 3 & 7 of MI.

Results: There was a statistically significant higher level of serum uric acid concentration in patients of MI on day of admission as compared to controls. On all the days serum uric acid levels were higher in patients who were in higher Killip class. All the two patients who died after 3 days of hospital stay had serum uric acid level more than 7.0 gm/dL and both of them were in Killip class IV.

Conclusions: Serum uric acid levels are higher in patients of acute myocardial infarction correlated with Killip class. Combination of Killip class and serum uric acid level after acute myocardial infarction is a good predictor of mortality after AMI.

Charitha Koneru, Ashok Kumar KS, Keerthika C. Correlation of serum uric acid levels and Killip functional class in patients of acute myocardial infarction. J Clin Sci Res 2015;4(Suppl 1):S22.

Abstracts of Platform Presentations (APAPICON 2015)

A comparative study of coronary artery disease in diabetics and non-diabetics

Vechalapu Ravindra Dev, V.V.Satyanarayana, B.Purusotham Rao, K. Santosh Kumar, Surya Prakash Rao
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ABSTRACT

Background:Type 2 diabetes is most common type of diabetes. It has many complications of which coronary artery disease is most important, and it is the leading cause of death in diabetics.

Methods:The present study was undertaken in king George hospital, Visakhapatnam. 120 cases of CAD were taken of which 60 cases were diabetic CAD and 60 cases were non-diabetic CAD. Sample is drawn by simple random technique. Diabetic CAD group include CAD patients with previously known or newly diagnosed diabetic according to American diabetes association(ADA) criteria.

Results:In hospital mortality of diabetic CAD's is 30% and non- diabetic CAD's is 13.33% which is statistically significant($p<0.05$)

Conclusions:Diabetics have higher percent of typical&atypical presentations, higher risk factor profile, and a poor clinical outcome when compared to non-diabetic CAD.

Vechalapu Ravindra Dev, Satyanarayana VV, Purusotham Rao B, Santosh Kumar K, Surya Prakash Rao. A comparative study of coronary artery disease in diabetics and non-diabetics.J Clin Sci Res 2015;4(Suppl 1):S23.

Abstracts of Platform Presentations (APAPICON 2015)

Risk stratification of patients predisposed to ventricular tachyarrhythmias using ECG T wave variables

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ABSTRACT

Background: Ventricular Tachyarrhythmias (VT) are Major Cause of Mortality & Morbidity in STEMI patients causing Ischemia Related VT (IRVT) & Scar Related VT (SRVT), Recent Studies Validate T wave variables Tpe, Tpe/QTc are increased in various Malignant VT, however there are few studies which used these ECG markers for Risk Stratification, So we used these variables for risk stratification of STEMI post Thrombolysed patients (IRVT), old MI patients (Scar VT/SRVT), patients with Brugada Syndrome (BrS), VT in Patients with apparently Normal Hearts

Methods: A retrospective case-control study was performed from January 2013 to July 2015 on patients Admitted in Cardiology Department, of our Hospital, Patients with AIVR, VT, VF, BrS are identified. Necessary Inclusion & Exclusion Criteria are Employed, before Computing Patient's Data & T wave Variables. 1st baseline Normal Value data was computed from General Population (n=100), then the Data was Computed from these 4 sets of patients (n=c), these Data are expressed as mean values (M) + standard deviation (SD), Categorical data were analysed by the Pearson χ^2 test & r value calculated. The mean differences between the study groups were evaluated by calculating Student's t-test, Cutoffs are analysed by Linear Regression analysis, AUROC & Youden index (j). A P-value of 0.05 was considered to be statistically significant. Statistical Analysis is performed with Medcalc 12.3.0 free Version Software & Online Pearson's test calculators

Results: A baseline Value of Mean Tpe(T_0) = 82 +/- 3.1 ms, max Tpe(T_x) = 97 +/- 2.2 ms, Tpe/QTc (\hat{a}) = 0.20 +/- 0.27 are considered as Normal Range, A total (n) of 48 IRVT, 22 SRVT, 10 BrS, 12 No VT patients are included in study, the Coherence of Lead V2 (\hat{x} = + 0.85) & V3 (\hat{x} = +0.88) to Mean values is Excellent. In IRVT patients acutoff (J) T_0 = 86.6 ms, (j) T_x = 102.3 ms, (j) \hat{a} = 0.264 for High risk Patients (i.e. Value above which patients are categorized as High risk). In SRVT patients a cutoff (J) T_0 = 85.7 ms, (j) T_x = 101.6 ms, (j) \hat{a} = 0.260 for High risk Patients. In BrS patients cutoff (J) T_0 = 85.2 ms, (j) T_x = 100.9 ms, (j) \hat{a} = 0.252. for High risk Patients. In NoVT patients neither Tpe nor Tpe/QTc show Consistent Results

Conclusions: Further Studies with large Samples must be performed for accurate Validation.

Chandrashekar V, Ravi Kiran G. Risk stratification of patients predisposed to ventricular tachyarrhythmias using ECG T wave variables. J Clin Sci Res 2015;4(Suppl 1):S24.

Abstracts of Platform Presentations (APAPICON 2015)

Serum uric acid in acute myocardial infarction

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ABSTRACT

Background: To correlate the serum uric acid levels on day 0,3,7 and compare with Killip's class with coefficient of correlation and to study the morbidity and mortality of these patients.

Methods: A total of 75 cases of Acute MI were studied. Patients more than 18 years of age diagnosed to have acute MI who presented to hospital within 24 hours of onset of symptoms were included in the study. Serum UA level was measured on day 0, 3 and 7. Serum UA levels and Killip's class were compared.

Results: Out of 75 patients, 6 expired during 7 day follow up. All the patients who died had SUA level more than 7.0 mg/dl. Of these 6 patients one was in Killip's class III and 5 patients were in Killip's class IV at the time of admission. One patient shifted from Killip's class I to IV, one patient shifted from Killip's class II to IV, one patient of Killip's class III shifted to Killip's class IV on day 3. All these 6 patients had SUA level on higher side. It therefore shows that serum uric acid concentration is significantly correlated with Killip's class.

Conclusions : Patients of higher Killip's class have higher uric acid levels, Serum uric acid concentration and Killip's classification independently and significantly predicted poor prognosis after acute myocardial infarction.

Duggineni A, Anjaneya Prasad, Phani Kumar RLV. Serum uric acid in acute myocardial infarction. J Clin Sci Res 2015;4(Suppl 1):S25.

Abstracts of Platform Presentations (APAPICON 2015)

A Study of clinical characteristics, risk factors and subtypes of posterior circulation ischaemic stroke in a tertiary care hospital

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ABSTRACT

Background: Posterior circulation ischaemic stroke is a clinical syndrome associated with ischaemia related to stenosis, in situ thrombosis, or embolic occlusion of the posterior circulation arteries. Posterior circulation stroke accounts for 20-25% (range 17-40%) of ischaemic strokes

Aim: Analysis of risk factors, vascular territory involvement, infarct location and clinical characteristics in posterior circulation ischemic stroke.

Method: 31 patients who presented with clinical features and imaging findings suggestive of posterior circulation stroke were selected from the Mamata General Hospital during the period from September 2014 to June 2015, Khammam.

Results: Hypertension (81%) was the most common risk factor. Ataxia (48%) was the most common presenting feature. Distal territory involvement was most common in our study. Mortality in the present study was 4/31 (13%).

Conclusion: Study conclusions are -Hypertension was the most common risk factor, Ataxia was the most common presenting feature, Distal territory involvement was most common among posterior circulation patients in our study.

Sravanthi U, Rampure DM, Rajashekharappa G. A study of clinical characteristics, risk factors and subtypes of posterior circulation ischaemic stroke in a tertiary care hospital. *J Clin Sci Res* 2015;4(Suppl 1):S26.

Abstracts of Platform Presentations (APAPICON 2015)

Predictors of early mortality in anterior circulatory stroke

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ABSTRACT

Background: Annual incidence of stroke in India is 145-152/100000 population. Several factors influence the prognosis. Improvement is the rule if patient survives. It becomes necessary to identify the predictors of early mortality in a patient with stroke.

Methods: one hundred patients 51 male, 49 female were studied. All patients who presented within 24hrs and satisfied WHO stroke criteria were included. All patients were submitted to scoring using Rodrigues and Joshi's, Bandolier's, CT scoring.

Results: Out of 100 patients 83.13% had infarction and 16.88% had hemorrhage. 8/17(48.1%) in hemorrhagic and 10/83 (12%) in infarct group died-significant association between hemorrhage and death. Increasing age, diabetes mellitus, hypertension, previous stroke, level of consciousness on admission, persistence of altered sensorium, complete hemiplegia, seizures, aspiration, dysphagia, urinary incontinence, increased body temperature and hyperglycemia are all associated significantly with death.

Conclusions: Elevated body temperature and hyperglycemia on admission have poor outcomes. Besides risk factors hypertension and diabetes are also prognostic factors, so is increasing age.

Sriharsha G, Ravikumar Navsk, Madhusudhana Babu M, Srinivas V. Predictors of early mortality in anterior circulatory stroke. J Clin Sci Res 2015;4(Suppl 1):S27.

Abstracts of Platform Presentations (APAPICON 2015)

A retrospective study of etiology, clinical and neuroimaging in patients with cerebral sinus venous thrombosis

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ABSTRACT

Background:Cerebral sinus venous thrombosis(CSVT) is a rare multifactorial phenomenon predominantly affecting young patients. Diagnosis is often missed because of heterogeneity in etiological factors, variable clinical spectra that requires high suspicious index.

Methods:A retrospective study of 45 cases admitted from november 2013 to april 2015 with clinically suspected CSVT and diagnosis confirmed by CT scan or conventional MRI or MRvenogram.

Results:Of the 45 patients 55.5% were females and 44.5% were males and mean age was 29.7 years, with maximum incidence in age group 20-40 years. Most common symptoms were headache 88%, seizures 58%, focal deficits 53%, altered sensorium 48% and mode of presentation was subacute in 46% cases. Radiologically most common sinus 70% involved was superior sagittal and transverse sinus.

Conclusions:The present study emphasizes that CSVT is not an uncommon condition and is one of the common causes of stroke in young. Prognosis was good in early detection of CSVT, correcting the underlying cause, effective management with heparin/oral anticoagulants and generally preventing the complications.

Anjaneya Prasad V, Keerthi Vyas KS, Sai Krishna.A retrospective study of etiology, clinical and neuroimaging in patients with cerebral sinus venous thrombosis.J Clin Sci Res 2015;4(Suppl 1):S28.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical study of electrocardiographic changes in acute cerebrovascular accidents in elderly

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ABSTRACT

Background: Stroke is a major cause of death worldwide. People with Cerebrovascular accident (CVA) also have abnormality in heart's electrical cycle. This study is conducted for Electrocardiographic (ECG) abnormalities in patients with CVA.

Methods: Prospective study of 100 patients admitted in Medicine Department, King George Hospital, Visakhapatnam with 1st episode of CVA and age >60yrs.

Results: 59 males, 41 females. Cerebral thrombosis in 53%, Cerebral Hemorrhage in 31%, Sub-Arachnoid Hemorrhage in 6%, Cerebral Embolism 10%. ECG changes were seen in 82% patients. QTc prolongation-30%, ST segment changes-28%, T wave changes-44%, U wave changes-10%, Left Ventricular Hypertrophy-36%, Sinus bradycardia-10%, Sinus Tachycardia-21%. These changes are common with hemorrhage than with infarct.

Conclusion: Patients with CVA have abnormal ECG changes in absence of known organic heart disease or electrolyte imbalance. Most common changes are QTc prolongation, T wave & ST segment changes and are more common with hemorrhage than with infarct.

Gottipati BN, Satyanarayana VV, Purusottam Rao B, Santhosh Kumar K. A clinical study of electrocardiographic changes in acute cerebrovascular accidents in elderly. *J Clin Sci Res* 2015;4(Suppl 1):S29.

Abstracts of Platform Presentations (APAPICON 2015)

Drug resistant epilepsy is associated with irrational food restrictions

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ABSTRACT

Background: Epilepsy is a common neurological condition that is often linked to many irrational practices. We purported to see whether the restriction of certain foods due to superstitious beliefs effect the profile of the disease.

Methods: As a case control model, we gathered data regarding the epilepsy patterns of 71 patients practicing food restrictions (PFR) and compared them with 171 patients who had no food restrictions (NFR) by clinical history taking, in the OPD of the Department of Neurology, Guntur Medical College from Nov 2014 to Aug 2015.

Results: Drug resistance was more in PFR [12/21] than in NFR [9/21][Odds ratio=4.9(1.8-13.3)(p=0.001)]. The one year mean seizure frequency was more (clinically significant) in PFR than in NFR [10 vs 7(p=0.22)]. But the usage of poly anti epileptic drug therapy was lower in PFR than in NFR [17/43 vs 26/43][Odds ratio=4.3(p=0.03)]. The two groups were similar with respect to age and sex distribution, % of rural population, type of seizures and presence of abnormalities in Neuroimaging and EEG.

Conclusions: Epileptic patients practicing irrational food restrictions appear to have a complex pattern of clinical features. While drug resistance and seizure frequency seems to be higher in this cohort, polytherapy appears to be lower in them.

Aruna K, Sridhar A, Sundarachary NV, Veeramma U, Rama Krishna G. Drug resistant epilepsy is associated with irrational food restrictions. J Clin Sci Res 2015;4(Suppl 1):S30.

Abstracts of Platform Presentations (APAPICON 2015)

Study of cardiac enzymes in stroke

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ABSTRACT

Background: Stroke is second leading cause of death worldwide. The present study is to know the relationship between serum cardiac enzymes and ECG changes in CVA and to elucidate a possible association with abnormalities of cardiac function.

Methods: Patients presented with acute CVA admitted to the department of Medicine and Neurology during period from Dec 2014-June 2015. Cardiac enzymes like CK, CKMB, SGOT, LDH, ECG were analysed.

Results: The present study includes 50 patients (33 infarct and 17 hemorrhage cases). Patients with infarct has significant elevation in SGOT (47.91 ± 32.5) and LDH (592.40 ± 321.4) when compared with CK (284.0 ± 487.0) and CKMB (54.21 ± 65.5). Patients with hemorrhage has significant elevation in all 4 enzymes. ECG changes in infarct group (66.6%) with 9% mortality, QTc prolongation and ST depression, in hemorrhage group (76.47%) with 23% mortality, LVH and QTc prolongation and arrhythmias.

Conclusions: Acute stroke was accompanied by acute myocardial ischemia or infarct, cardiac arrhythmias which is the main cause of death.

Potharlanka P, Eswari B, Mohan Rao, Sukaveni V. Study of cardiac enzymes in stroke. J Clin Sci Res 2015;4(Suppl 1):S31.

Abstracts of Platform Presentations (APAPICON 2015)

Study on cerebrovascular accident (stroke) clinical correlation with computed tomography scan brain findings

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ABSTRACT

Background: Stroke is defined as a sudden onset of neurological deficit due to a focal vascular cause. The incidence of stroke increases with age and they cause about 200,000 deaths each year and was a major cause of disability.

Methods: Hospital based cross-sectional study in patients having neurological deficit attending GSL general hospital from 1st DEC 2013 to 30th AUG 2015.

Results: Number of patients-102, mean age of incidence-62, male-61.8%, female, 39.2%, hypertension 49.01%, diabetes-27.4%, smoking-22%, dyslipidemia-20.5%, ischemic stroke-71.3%, hemorrhagic stroke-28.6%, Capsuloganglionic-47, Brain stem-3, Lobar-11.

Conclusions: CT Scan was positive in 84%, Clinical localization correlated well in majority (70%), most common site of lesion in CT Scan was found to be capsuloganglionic region.

Avinash B, Suryateja P, Eswar Naik D, Ramanamurthy SV. Study on cerebrovascular accident (stroke) clinical correlation with computed tomography scan brain findings. J Clin Sci Res 2015;4(Suppl 1):S32.

Abstracts of Platform Presentations (APAPICON 2015)

A cross sectional study of metabolic syndrome in stroke patients

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ABSTRACT

Background: Stroke is a leading cause of death and disability and its occurrence rises with the number and severity of vascular risk factors. An emerging entity is Metabolic syndrome which is a constellation of risk factors including atherogenic dyslipidemia, hypertension, insulin resistance and obesity. Together they promote development of atherosclerotic vascular disease. This syndrome is highly prevalent worldwide and several studies have suggested that individuals with metabolic syndrome are at high risk for experiencing first and recurrent stroke.

Methods: A cross sectional study was conducted in 100 patients consisting of 70 males and 30 females with cerebrovascular disease admitted in Medical wards at King George Hospital, Visakhapatnam.

Results: Out of 100 cases 80% had ischemic stroke and 20% had haemorrhagic stroke. Prevalence of metabolic syndrome was 53%. In females (73%) and in males (44%). Hypertension is most common in 80% to metabolic syndrome followed by decreased HDL cholesterol (62%) and fasting hyperglycemia (56%).

Conclusions: Ischemic stroke was most common stroke pattern seen. Along with hypertension, diabetes and low HDL levels, sedentary life style and waist circumference are also strongly associated.

Chandrakala BV, Indira Devi K, Naveen SNR, Kanakamahalakshmi A, Lakshmi Sowjanya S. A cross sectional study of metabolic syndrome in stroke patients. J Clin Sci Res 2015;4(Suppl 1):S33.

Abstracts of Platform Presentations (APAPICON 2015)

To study the pattern of dyslipidemia in strokes

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ABSTRACT

Aim: to study the pattern of dyslipidemia in strokes.

Methods: This a retrospective descriptive study, which included 100 patients who were admitted in Osmania General Hospital with stroke. History, physical examination and out come details of the patients were collected. Fasting Lipid profile reports and CT/MRI brain reports were also obtained and studied for pattern of dyslipidemia associated with strokes.

Results: A total of 100 patients were studied –males 72 –females-28. age <40 years n=4 age between 40- 60 years n=63 and age >60years n=33 with mean age (x): 57.6 +/- 12.15. Out of 100 stroke patients, number of ischemic strokes were n=82 and hemorrhagic strokes were n=18. In our study high LDL was found in n= 21 with mean LDL : 93.28 +/- 38.26, high Total Cholesterol was found in n= 20 with a mean (x): 151.73 +/- 47.65, Low HDL Cholesterol in n=66 with mean (x): 35.29 +/- 11.26, high Triglycerides n=8 with a mean 119.43 +/- 58.09. 59.24% 68.19% 13%. Dyslipidemia (LDL >130; TC >200; HDL <40) as per ATP III guidelines was present in n=14 patients. Risk factors which were included are hypertension n= 65 diabetes n=23, both diabetics and hypertensives n=15 smoking n= 39, alcoholism n= 39 and > 2 risk factors n=23. Number of deaths n=6.

Conclusion: In our study dyslipidemia as per ATP III guidelines was present in 14% of stroke patients. Most of the patients were having low HDL (<40mg/dL) which is a risk factor for stroke. Even though high LDL is a significant risk factor for stroke, this study enlightens the role of HDL in development of stroke which is having a protective role in preventing stroke. Our study upholds the importance of hypertension control and life style modifications to cut down the risk factors in development of stroke.

Siddeswari R, Srinivas, Sudarsi B, Suryanarayana B, Shravan Kumar P, Anusha Rani T. To study the pattern of dyslipidemia in strokes. J Clin Sci Res 2015;4(Suppl 1):S34.

Abstracts of Platform Presentations (APAPICON 2015)

A study of plasma fibrinogen in ischemic stroke

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ABSTRACT

Background: hyperfibrinogenemia is emerging as independent risk factor for stroke. many studies in western population show statically significant association. There is paucity of data in Indian population. so we wanted a study to identify the association between these variables.

Methods: this is a prospective observational study, a study of 30 patients. patients clinically diagnosed to have ischemic stroke on ct scan were selected. traumatic, haemorrhagic stroke and space occupying lesions of cerebro vascular disease, previous MI, liver diseases, renal failures are excluded from study.

Results: the blood sample for fibrinogen were taken within 24hrs of admission and repeated after 15 days with all the routines. there is an increase of plasma fibrinogen level in ischemic stroke.

Conclusions: the study showed that plasma fibrinogen level increased in the acute phase of stroke, which may reflect antithrombotic defense mechanism of the human body.

Israel J, Keerthana. A study of plasma fibrinogen in ischemic stroke. J Clin Sci Res 2015;4(Suppl 1):S35.

Abstracts of Platform Presentations (APAPICON 2015)

A study of clinical profile of cerebral infarction and it's correlation to glycemic status on presentation, in patients attending ASRAM Hospital, Eluru

M.V.E. Rama Naidu, G. Dasarathi, G. Swarnalatha Devi

Alluri Sita Rama Raju Academy of Medical Sciences(ASRAM), Eluru

ABSTRACT

Background: The correlation of glycemic status to clinical severity and infarct size was studied in newly diagnosed CT proven cases of cerebral infarction.

Methods: 60 patients who presented with clinical features and imaging studies suggestive of ischemic stroke to the department of Medicine and Neurology of ASRAM hospital, were studied during the period of January-June 2015. Patients are classified into euglycemia, stress hyperglycemia and diabetic group based on the admission blood glucose, HbA1C and past history of diabetes. Neurological assessment was done on admission and day 10 of the illness using NIHSS scale.

Results: Stress hyperglycemia and diabetes groups had higher percentage of medium sized and large sized infarcts, respectively. Increased admission glucose was associated with severe presentation and high NIHSS.

Conclusion: Admission blood glucose correlated with infarct size and clinical severity. This study shows that hyperglycemia should be considered a marker for poor clinical outcome in acute ischemic stroke and warrant's strict glycemic control

Rama Naidu MVE, Dasarathi G, Swarnalatha Devi G. A study of clinical profile of cerebral infarction and it's correlation to glycemic status on presentation, in patients attending ASRAM Hospital, Eluru. J Clin Sci Res 2015;4(Suppl 1):S36.

Abstracts of Platform Presentations (APAPICON 2015)

A study of the CT angiography and clinical correlation in stroke patients

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ABSTRACT

Background: The study is done to assess the role of vascular imaging in acute stroke patients utilizing CT angiography in addition to routine noncontrast CT.

Methods: Six-months study of 77 patients diagnosed to have stroke, admitted to medical wards in King George Hospital, Visakhapatnam.

Results: During the period December 2014 and May 2015, 77 patients [males 50 (64.0%), females 27 (36.0%)] with stroke were included in the study. Among them 72% had ischemic stroke, while 28% had hemorrhagic stroke. The overall sensitivity of noncontrast CT is 74% in detecting the pathology. In this study CT angiography was performed within 24 to 48 hrs after admission in the hospital. CT angiography was 96% sensitive in identifying the underlying vascular lesions in patients with CVA.

Conclusions: CT angiography is superior to noncontrast CT alone in stroke patients in identifying the vascular territory involved owing to the lack of signs of infarction in patients who present within 24 to 48 hrs of onset to the casualty.

Hari Krishna GV, Indira Devi K, Naveen SNR, Lakshmi Sowjanya K, Kanakamahalakshmi A. A study of the CT angiography and clinical correlation in stroke patients. J Clin Sci Res 2015;4(Suppl 1):S37.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile and aetiological evaluation of new onset seizures in adults

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ABSTRACT

Background: Seizure is paroxysmal event due to abnormal excessive synchronous activity in brain. With Clinical features and investigations if proper analysis of etiology is made, epilepsy can be treated accordingly thus reducing morbidity and mortality associated with it.

Methods: 100 Patients admitted to medical wards and ICU of ASRAM hospital, during period November 2014-July 2015 with age ≥ 18 years with new onset seizures are included. Patients with previous history of seizures, seizures secondary to trauma, antepartum or peripartum seizures are excluded. History of type of seizure, relevant neurological & nonneurological symptoms, substance abuse, clinical examination was done. All patients underwent a panel of tests CBP, Blood sugar, RFT, LFT, Electrolytes, Brain imaging, CSF analysis, EEG (in some patients). Categorical variables were expressed as numbers, continuous variables as mean, SD, Descriptive statistics using bar chart, pie diagrams.

Results: Most common cause of new onset seizure among adults- CNS Infections (28%), Metabolic Abnormalities (23%), Stroke (20%), Tumors (6%). Most common metabolic cause of seizures was uremia (9%), hyponatremia (7%), hypoglycemia (4%), hyperglycemia (3%).

Conclusions: Seizures due to infectious etiology were common in young and metabolic conditions and stroke were common in older patients.

Deepthi, Rajesh, Sukaveni V. Clinical profile and aetiological evaluation of new onset seizures in adults. J Clin Sci Res 2015;4(Suppl 1):S38.

Abstracts of Platform Presentations (APAPICON 2015)

Headache's headache

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ABSTRACT

Background: Pseudotumor cerebri describes patients with isolated raised ICP, not related to an intracranial disorder; a meningeal process, cerebral venous thrombosis. Females more affected. Diagnostic process is one of exclusion based on clinical symptoms, neurological, ophthalmic, radiological, and CSF findings. Following diagnosis patients have to be on regular follow-up for the neuro-ophthalmological assessment.

Methods: We had 23 such cases. Routine laboratory investigations, ESR, MRI brain with MR Venogram; CSF opening measure and analysis; Perimetry done

Results: Laboratory results normal. 10 patients had optic nerve involvement, 9 of their Brain- imaging showed tortuosity of optic nerve with thickening, 1 was normal. 5 had gait abnormality, 3 had thickening of optic nerve, 2 normal. 8 had normal neurological examination, MRI brain with MRV normal. Perimetry done in all- loss of temporal field of vision. CSF analysis were normal; had high opening pressure >25mmH₂O. The patients were started on Acetazolamide, NSAIDs.

Conclusions: If patient presents with headache, all other causes ruled out, conditions that result in elevated ICT are excluded, Dandy's criteria should be satisfied to diagnose Pseudotumor Cerebri.

Manolasya V, Sujatha S, Senthil N, Thomas S, Giridhar. Headache's headache. J Clin Sci Res 2015;4(Suppl 1):S39.

Abstracts of Platform Presentations (APAPICON 2015)

Acute stroke assessment by clinical scoring systems and correlation with plain computed tomography of brain

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ABSTRACT

Background: Stroke is second most common cause of death after heart disease and 9% of all deaths world wide with incidence of 100 per 100000. Differentiation of cerebral infarction from haemorrhage is the most important step in management of acute stroke as these two disorders differ substantially.

Methods: Sixty cases of acute stroke cases admitted in department of general medicine at NRI general hospital were studied. Both Siriraj stroke score and Guy's hospital stroke score were calculated and correlated with CT brain

Results: CT Brain showed hemorrhage in 20 patients and infarction in 40 patients. The sensitivity of Guy's score(100%) was more when compared to Siriraj score (96.3%, 85.71%). We can rely on Siriraj stroke to start anti-thrombotic treatment instead of waiting for the CT scan report as the sensitivity is higher to Guy's score

Conclusions: Scoring systems can be useful as a screening test in epidemiological studies and large scale trials of low risk treatment for secondary prevention of stroke.

Venkatesh P, Naga Karthik V, Raghava Rao G. Acute stroke assessment by clinical scoring systems and correlation with plain computed tomography of brain. J Clin Sci Res 2015;4(Suppl 1):S40.

Abstracts of Platform Presentations (APAPICON 2015)

Valvular heart diseases in association with patients with acute ischemic stroke

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ABSTRACT

Background: Cardioembolic events account for 15-20% of all cases of ischemic stroke and therefore embolism from heart is important cause of stroke. Embolism due to valvular heart diseases is topic of interest for this study

Methods: 165 subjects were studied from GSL General Hospital. Patients admitted in casualty after a detailed nervous and cardiovascular examination were subjected to CT (for all cases)/MRI (21 cases) imaging and 2D-echo -investigations in the interest of study other than routine investigations

Results: Results showed out of 165 patients-112(68%) were males, 53(32%) were females. Among different age groups 33% had clinical cardiologic findings and on 2D-echo, mitral stenosis was seen in 3 cases(2%), mitral regurgitation in 50(30%), aortic valvular sclerosis in 33(20%), aortic stenosis in 5(3%), aortic regurgitation in 34(21%) and tricuspid regurgitation in 27 cases(16%).

Conclusions: Above study show that clinical and imaging of cardiovascular system along with nervous system are important in evaluating the underlying cause of stroke, other than atherosclerosis, arrhythmias, carotid artery stenosis etc. This will help in establishing the cause of stroke due to undiagnosed valvular heart disease leading to thromboembolism either due to rheumatic/ myocardial infarction/other etiologies.

Navya Manasa V, Ramana Murthy SV, Srinivas S. Valvular heart diseases in association with patients with acute ischemic stroke. J Clin Sci Res 2015;4(Suppl 1):S41.

Abstracts of Platform Presentations (APAPICON 2015)

Electrocardiography and echocardiography in cerebrovascular accident

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ABSTRACT

Objectives: To study the different changes in ECG and echocardiographic patterns in the cases of cerebrovascular accidents and to assess whether these different changes have got any prognostic significance in these cases.

Method: 100 patients of acute stroke were considered and ECG and 2D echo of these patients was done within 24 hours of admission. In hospital follow-up was done to know the prognosis of all the patients.

Results: ECG abnormalities noted among cerebral infarct group were presence of U-waves (51.47%), prolonged QTc (36.76%) were most common followed by T-wave inversion (30.88%), and ST segment depression (30.88%). In cases of hemorrhagic stroke, ST depression (56.26%) and U-wave (56.26%) were the most common abnormalities. LV dysfunction was the most common 2D echo abnormality in both the stroke types – 23.53% and 56.26% i.e., in infarct and hemorrhage groups respectively.

Mortality was high in patients with abnormal ECG (79%) ($p > 0.5$). 79% of patients survived with abnormal ECG. So was statistically insignificant ($p > 0.5$). Mortality was high in patients with abnormal 2D echocardiography (90.91) ($p < 0.001$).

Conclusion: ST segment depression, QTc prolongation and U-waves are the common ECG abnormalities in hemorrhagic strokes. QTc prolongation and U-waves are the common ECG abnormality in ischemic stroke. LV dysfunction is the most common 2D echocardiographic abnormality in stroke patients. ECG abnormalities in stroke patients do not have any prognostic significance. LV dysfunction has prognostic significance in predicting mortality in CVA.

Sambasiva Rao, Dasu. Electrocardiography and echocardiography in cerebrovascular accident. *J Clin Sci Res* 2015;4(Suppl 1):S42.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile of 25 cases of parkinsonism from a tertiary hospital, South India

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ABSTRACT

Introduction: Parkinsonism is one of the most common debilitating movement disorder across the world, it's clinical features, it's presentation vary in different geographical regions

Objective : we present a clinical profile of 25 cases of patients with parkinsonism

Methods: we collected clinical data of 25 consecutive parkinsonism patients presented to dept. of medicine katuri medical college, Tertiary referral center in south India .The data was collected from 20-3-2014 to 20-3-2015

Results: Mean Age of Presentation is 65years , male preponderance , rural back ground , daily labourer , Tremor 80 % and rigidity 92% and the treatment given are levodopa , rasagiline , pacetane etc

Conuclusion: Typical Parkinsonism patients in India will be a male of 65 years or more likely from rural back ground and he will have tremor and rigidity aong with brady kinesia .principal modalities of treatment in this region are levodopa ,rasagiline and pacetane etc.

Sambasiva Rao, Dasu. Clinical profile of 25 cases of parkinsonism from a tertiary hospital, South India. J Clin Sci Res 2015;4(Suppl 1):S43.

Abstracts of Platform Presentations (APAPICON 2015)

Validation of National Early Warning Score(NEWS) in medical admissions at tertiary care centre

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ABSTRACT

Background: Early detection, timeliness and competency of clinical response are a triad of clinical outcomes in people with acute illness. Numerous recent national reports on acute clinical care have advocated the use of so-called 'early warning scores (EWS)', ie 'track and trigger systems' to efficiently identify and respond to patients who present with or develop acute illness. In 2007 Royal College of Physicians, London, commissioned a multidisciplinary group to develop a NEWS score.

Methods: Data was collected from 150 medical emergency admissions at MGH, Khammam, during March-April 2015. NEWS score was determined from 6 physiological parameters recorded at the time of admission and for up to 5 days. Individual parameter score was combined to derive the aggregate of NEWS score. According to the score we graded three trigger levels: these are low, medium, high score in order to alert clinician assessment.

Results: Data collected from 150 pts. Overall 52.6% were male, 47.3% were female. Pts reaching ICU were 43 (28%) in them 21 (48%) were female, 22 (51%) were males. In them 33 (81%) patients died. In 16 (45%) were females, 19 were males (54%). 8 (19%) patients died. In 55 (37%) score was not changed. In 38 patients score was not changed. In 38 patients score was 0. In 77 (51%) score improved. Relative risk - 0.6488. 95% CI - 0.56551 to 0.7450. P value < 0.0001.

Conclusions: Potential of NEWS score to drive a step change improvement in safety and clinical outcome of acutely ill patients in our hospital by standardising the assessment and scoring of simple physiological parameters. We regard P value < 0.001 as statistically significant. NEWS grading system should be considered as a need to clinical assessment and judgement.

Nagamani G, Dilip Rampure, Venugopal. Validation of National Early Warning Score(NEWS) in medical admissions at tertiary care centre. J Clin Sci Res 2015;4 (Suppl 1):S44.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of nephropathy in patients with diabetes mellitus

D. Eswar Naik, P. Suryateja, S.V. Ramanamurthy, Y.C. Deepak

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ABSTRACT

Background: According to International diabetes federation (IDF) the number of diabetics in India was 50.8 million in the year 2010. This number may reach 70 million in 2025. Diabetic nephropathy is the leading cause of ESRD requiring haemodialysis in 20% of cases above 50 yrs of age.

Methods: Hospital based crosssectional study in diabetic patients admitted to The department of General medicine, GSL general hospital from DEC 2013 to NOV 2014 were included based on prospective registration.

Results: Number of patients-167, prevalence of nephropathy (67.3%), males- 37.8%, females-28% ($p=0.537$), Duration of diabetes-increased prevalence of nephropathy ($p=0.0001$), Nephropathy amongst diabetics with hypertension ($p=0.0001$), (BMI 23.68 ± 4.22), average HbA1C was 8-10, All patients with grade 4 nephropathy had retinopathy and most of grade 3 nephropathy had retinopathy too.

Conclusions: The prevalence of nephropathy-64.3% had stage 3 nephropathy and 2.9 % had stage 4 nephropathy. Hypertension predisposed to nephropathy earlier. Early detection of risk factors and preventive measures reducing the kidney disease burden and preventing ESRD.

Eswar Naik D, Suryateja P, Ramanamurthy SV, Deepak YC. Prevalence of nephropathy in patients with diabetes mellitus. J Clin Sci Res 2015;4(Suppl 1):S45.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical study of diabetes mellitus in the elderly with special emphasis on its complications

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ABSTRACT

Background: Diabetes mellitus has taken epidemic form both in younger and adult age groups. The clinical profile of elderly diabetics is not the same as middle aged diabetics due to comorbidities. So it is important to screen the elderly for the co-morbidities.

Methods: Hospital based crosssectional study. Elderly diabetic patients aged attending GSL general hospital from 1st Dec 2013 to 30 Aug 2014 are examined and information was collected pre structured study proforma.

Results: Duration of diabetes shows a statistical significant association with incidence of microvascular complications namely retinopathy ($p=0.000<0.001$), nephropathy ($p=0.000<0.001$) and neuropathy ($p=0.001<0.01$), and macrovascular complications namely Ischemic heart disease ($p=0.034<0.05$), Stroke ($p=0.007<0.01$) and Peripheral vascular disease ($p=0.023<0.05$).

Conclusions: Statistical significant association between duration of diabetes and incidence of both micro and macro vascular complications.

Surya Teja P, Eswar D, Deepak YC, Ramanamurthy SV. A clinical study of diabetes mellitus in the elderly with special emphasis on its complications. J Clin Sci Res 2015;4(Suppl 1):S46.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of microalbuminuria in type 2 diabetics and to determine its utility as an predictive marker for essential hypertension

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ABSTRACT

Background: Diabetes Mellitus is a major cause disability and morbidity all over the globe. microalbuminuria is an independent risk factor for cardiovascular disease in diabetics & hypertension. screening for it is essential for the early prediction of cardiovascular damage and early therapy prevent further complications from cardiovascular diseases.

Methods: Prospective Study : A total of 100 type 2 DM out patients in the Dept. of General Medicine

Results: The prevalence of microalbuminuria and over proteinuria was 46.0% and 11%, respectively. Subjects with microalbuminuria had significantly higher blood pressure and duration of diabetes compared with normoalbuminuric subjects ($p < 0.05$). High density lipoprotein was found to be significantly lower in subjects with microalbuminuria whereas fasting blood sugar, triglyceride, total cholesterol and very low density lipoprotein were marginally higher in microalbuminuric than in normoalbuminuric subjects

Conclusions: Screening for microalbuminuria is essential for the early prediction of hypertension and early therapy prevent further complications from hypertensive heart diseases.

Reddy H, Krishna Prasad. Prevalence of microalbuminuria in type 2 diabetics and to determine its utility as an predictive marker for essential hypertension. J Clin Sci Res 2015;4(Suppl 1):S47.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical study of cardiovascular manifestations in hypothyroidism

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ABSTRACT

Background: Hypothyroidism is the clinical syndrome that results from decreased secretion thyroid hormone. Cardiovascular manifestations of hypothyroidism include bradycardia, diastolic hypertension, diastolic and systolic dysfunction, pericardial effusion. Degradation of lipids are depressed in hypothyroidism. The objectives are to study various cardiovascular manifestations and abnormalities in lipid profile in relation with the TSH levels in hypothyroidism patients.

Methodology: In this study, a total of 50 newly detected hypothyroid patients presenting to the department of medicine, SVRRGG Hospital, Tirupati were studied for various cardiovascular abnormalities

Results: In this study Most common symptom was weight gain(62%) , most common sign was delayed ankle jerk(64%), Common cardiovascular signs are Bradycardia (42%), Diastolic Hypertension(32%) ,ecg abnormalities are Bradycardia(42%), low voltage complexes (34%) echo abnormalities are Pericardial effusion(32%), Grade I diastolic dysfunction (14%), Grade II diastolic dysfunction (10%) and increased interventricular septal thickness(6%)

Conclusions: Patients with increasing levels of TSH values had more abnormal ECG and ECHO findings and more dyslipidemia.

Nikhil Praveen E, Jaya Bhaskar C, Rama Devi M. Clinical study of cardiovascular manifestations in hypothyroidism. J Clin Sci Res 2015;4(Suppl 1):S48.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of overweight in medical students of diabetic and non-diabetic parents

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ABSTRACT

Background: The prevalence of both obesity and diabetes is increasing among adolescents in many middle income countries. While obesity is the strongest and independent predictor of diabetes there is less information on whether parental diabetes is related to obesity in their children.

Aim : To Compare the prevalence of overweight in medical students of diabetic and non-diabetic parents.

Methods: A total number of 194 students between the age group of 18-22 years attending Mamata medical college were studied. Students with a positive family history of diabetes were included in study group. Students without a family history of diabetes are included in control group. Differences in the prevalence of overweight between both groups were tested using chi-square and Logistic regression analysis was used.

Results: 25% of the students in the study group were overweight compared to 8% in the control group.

Conclusions: This study showed children born and living in families with type 2 diabetes mellitus was more likely to be overweight than children with non-diabetic parents. The independent association between parent's diabetes and overweight in children implies for early prevention of diabetes within diabetic families.

Rudra GN, Rampure DM, Ganiger IB. Prevalence of overweight in medical students of diabetic and non-diabetic parents. J Clin Sci Res 2015;4(Suppl 1):S49.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of vitamin D deficiency in diabetes mellitus in adults

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ABSTRACT

Background: Several studies have shown an association between vitamin D deficiency and diabetes mellitus. We intend to bring out the prevalence of vitamin D deficiency in our local population of diabetics. The aim of this study is to estimate the prevalence of vitamin D deficiency in adult diabetics and compare this with healthy comparison group.

Methods: This is a cross sectional observational study conducted in 50 adult (age more than 18 years) diabetic patients who are admitted to the medical wards in Navodaya Medical College between 2013 and 2015. The vitamin D values are estimated and compared with 50 healthy individuals.

Serum 25-hydroxy vitamin D3 is estimated by High-performance liquid chromatography (HPLC) method serum 25-hydroxy vitamin D3 value less than 20ng/ml is taken as deficient.

Results: In our study, 64% of the diabetic group are vitamin D deficient (<20g/ml) as compared to 36% of the comparison group ($p < 0.05$).

Conclusions: Our study shows that Vitamin D deficiency is significantly more prevalent in diabetics as compared to healthy individuals.

Chirag R, Sridhar. Prevalence of vitamin D deficiency in diabetes mellitus in adults. J Clin Sci Res 2015;4(Suppl 1):S50.

Abstracts of Platform Presentations (APAPICON 2015)

Study of clinical profile and complications in lean type 2 diabetes mellitus

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ABSTRACT

Background:Type 2 Diabetes Mellitus constitutes 95% of diabetics. Of these patients lean type 2 diabetics with Body Mass Index < 18.5 kg/m² constitute distinct entity. Their mode of presentation and prevalence of microvascular and macrovascular complications were studied.

Methods:Cross sectional study conducted over 2 years involving 50 Diabetics (diagnosed as per World Health Organization guidelines) with Body mass index <18.5 kg/m². Detailed clinical examination done in each patient.

Results:Males more affected. Majority are middle socio-economic class. They present with hyperglycemia, distal symmetrical sensory neuropathy (48%) or infections (18%). Prevalence of macrovascular complications like hypertension (10%), Ischemic heart disease (8%) and Peripheral vascular disease (4%) are low when compared to classical type 2 Diabetes. They have normal High density lipoprotein levels (42.54±8.57).

Conclusions:Lean type 2 Diabetic's presentation, biochemical profile, morbidity differ from classical obese type 2 Diabetes.

Vamsi Chaitanya Gude, Vikramsimha Reddy, Nagasumanth, Vijaya Kumar G. Study of clinical profile and complications in lean type 2 diabetes mellitus. J Clin Sci Res 2015;4(Suppl 1):S51.

Abstracts of Platform Presentations (APAPICON 2015)

Study of c-reactive protein levels in overweight and obese individuals in comparison to healthy subjects

Aasritha Mekala, S.V. Ramana Murthy, Karumanchi Sarada Prasuna, Veera Abhinav Chinta

GSL Medical College and Hospital, Rajahmundry

ABSTRACT

Background: Obesity or overweight is defined as a condition of abnormal or excessive fat accumulation that may impair health. It is a state of chronic low grade inflammation. Common biomarkers for inflammation include leptin, TNF, IL-6, adiponectin and C-reactive protein (CRP)

Methods: The study was a cross sectional study of 120 patients at GSL medical college & hospital. Participants were divided into obese, overweight and normal weight groups of 40 each based on BMI ($>30 \text{ kg/m}^2$ as obesity, $25\text{--}29.9 \text{ kg/m}^2$ as overweight and $< 24.9 \text{ kg/m}^2$ as normal weight).

Results: Out of 120 patients, 72.5% of overweight and obese have raised CRP levels and 2.5% of normal weight people had raised CRP levels

Conclusions: This study demonstrates that obesity as measured by BMI levels is significantly associated with elevated CRP ($p < 0.001$). In the study subgroups, significant associations were seen between age, BMI, visceral adiposity (as indicated by waist circumference and waist hip ratio) and CRP levels.

Aasritha Mekala, Ramana Murthy SV, Karumanchi Sarada Prasuna, Veera Abhinav Chinta. Study of c-reactive protein levels in overweight and obese individuals in comparison to healthy subjects. *J Clin Sci Res* 2015;4(Suppl 1):S52.

Abstracts of Platform Presentations (APAPICON 2015)

Study of serum magnesium and HbA1c in type 2 diabetes mellitus patients

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Sri Devaraj Urs Medical college, Kolar

ABSTRACT

Background: India is diabetes capital of the world with every fifth diabetic in the world an Indian. Hypomagnesemia has long been associated with diabetes mellitus. Serum magnesium has wide ranging impact on diabetic control and complications. In this study we compare serum magnesium level and HbA1c in type 2 diabetics with and without microvascular complications.

Methods: Fifty diabetic patients of age 40 to 70yrs were included. They were divided into two groups: Group I (25 diabetic patients without complications) and Group II (25 diabetic patients with microvascular complications). FBS, PPBS, serum magnesium and HbA1c were measured

Results: The average serum magnesium level were measured as 2.0 ± 0.2 , 1.4 ± 0.4 in Group I and Group II. The HbA1c (%) values were found to be higher in Group II.

Conclusions: Serum magnesium is low in diabetic patients who have microvascular complications. HbA1c was higher in diabetics with complications than those without any complications.

Rahul Valisetty, Prabhakar K, Reddy Prasad K, Gupta U. Study of serum magnesium and HbA1c in type 2 diabetes mellitus patients. J Clin Sci Res 2015;4(Suppl 1):S53.

Abstracts of Platform Presentations (APAPICON 2015)

Prevalence of hypomagnesemia in type 2 diabetics and its association with microvascular complications

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ABSTRACT

Background: Magnesium depletion has a negative impact on glucose homeostasis and insulin sensitivity in patients with type 2 diabetes. Reported high prevalence of low plasma magnesium concentrations among diabetic subjects and possible association of hypomagnesemia with diabetic complications prompted this study. Correlating serum magnesium concentrations with microvascular complications of type 2 diabetes mellitus-Retinopathy, nephropathy, neuropathy.

Methods: It is a prospective cross sectional study with sample size of 100 patients with type 2 diabetes admitted in govt general hosp, vja during may 2014-june 2015. Serum magnesium measured in all patients.

Results: Patients with diabetic retinopathy had a significantly higher prevalence of hypomagnesemia (p value 0.002) than without retinopathy and a marginally higher prevalence in patients with neuropathy.

Conclusions: Prevalence of hypomagnesemia is significantly higher in patients with microvascular diabetic complications compared to diabetes with no complications.

Raneeth Kumar M, Venkata Krishna P, Sai Laxmi, Naresh T. Prevalence of hypomagnesemia in type 2 diabetics and its association with microvascular complications. J Clin Sci Res 2015;4(Suppl 1):S54.

Abstracts of Platform Presentations (APAPICON 2015)

A study on clinical and biochemical profile of diabetic ketoacidosis

Suvarna Sathri, S.M.Imroz, P.Balasubramanyam

S.V. Medical College, Tirupati

ABSTRACT

Background: India is called as diabetic capital of the world as it is fast gaining the status of epidemic in India with 62 million diagnosed cases. DKA is an acute complication of diabetes, the biochemical hallmark of which are hyperglycemia, ketonuria and acidosis. It is the largest single cause of death in diabetics below the age of 20 years and 12% below age of 50 years. This study aims to know the clinical and biochemical profile of diabetic ketoacidosis patients.

Methods: It is a cross sectional observational study with sample size of 60 patients with diabetic ketoacidosis admitted in S.V.R.R.G.G.H, Tirupati during a period of 1 year. Precipitating factors, clinical and biochemical profile of all patients were studied.

Results: Out of 60 patients admitted for DKA 36 patients were type 2 diabetics and 14 were newly diagnosed cases. Average age at the time of presentation was 43.63 \pm 6 years. Commonest precipitating factor was infection followed by omission of insulin (60%) or irregular treatment (30%)

Conclusions: Mortality rate in diabetic ketoacidosis is 6.67% and most notable predictors of poor prognosis are severity of altered sensorium, severity of comorbid condition, severe dehydration, severe acidosis and doses and duration of insulin required for clearing urine ketone bodies.

Suvarna Sathri, Imroz SM, Balasubramanyam P. A study on clinical and biochemical profile of diabetic ketoacidosis. J Clin Sci Res 2015;4(Suppl 1):S55.

Abstracts of Platform Presentations (APAPICON 2015)

Effect of iron deficiency anaemia on glycation of hemoglobin in non diabetics

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Kakatiya Medical College, Warangal

ABSTRACT

Background: Glycated hemoglobin (HbA1c) is commonly used for diagnosing Diabetes Mellitus, for monitoring glycemic control and predictor of diabetes complications. However, elevated HbA1c levels have been documented in Iron Deficiency Anaemia (IDA) patients without any history of diabetes. The aim of this study is to determine the effect of IDA on HbA1c levels in non-Diabetics.

Methods: 63 non-diabetic, anaemic patients and 63 age-matched healthy subjects were enrolled in the study. The patients who had glucose intolerance, diabetes mellitus, hemoglobinopathies, hemolytic anaemia, chronic renal failure, pregnant females those with blood transfusion in the last three months were excluded from the study.

Results: The mean HbA1c ($6.13 \pm 0.6\%$) level in patients with IDA was higher than that in control group ($5.12 \pm 0.5\%$) ($p < 0.001$).

Conclusions: IDA, the most common deficiency in India, causes spuriously high HbA1c levels. Hence it is prudent to rule out IDA before making therapeutic decisions based on HbA1c levels.

Chandra Sekhar V, Sukumar, Srujana T. Effect of iron deficiency anaemia on glycation of hemoglobin in non diabetics. J Clin Sci Res 2015;4(Suppl 1):S56.

Abstracts of Platform Presentations (APAPICON 2015)

Comparative evaluation of stroke in diabetic & non diabetic and the study of effect of glycemic levels on the outcomes of stroke

Ateeq Akbar, N.O.A. Sasi Kiran, P. Subba Rao

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ABSTRACT

Background: Diabetes poses a major health problem globally and top five causes of death in most developed countries. Diabetes is also associated with both risk & increase in mortality from strokes

Methods: Prospective case control observational study with 100 patients of which 50 pt.'s were diabetic & 50 pt.'s were Non diabetic in KIMS from October 12, 2014 to August 15, 2015.

Results: Diabetic patients had greater percentage of ischaemic stroke (66%) as compared to non-diabetic patients (56%). Mean age of onset is 56.89 ± 9.74 & Non diabetic is 60 ± 30.51 . 64% had fair recovery in diabetic group as compared to 80% in non diabetic group. 24% had poor recovery in Diabetic & 10% had poor recovery in Non diabetic group. Death was seen in 12% of Diabetic & 10% in non diabetic patients.

Conclusion: Early Diagnostic treatment including lifestyle modification and prevention of diabetes may reduce the development of stroke and its complications.

Ateeq Akbar, Sasi Kiran NOA, Subba Rao P. Comparative evaluation of stroke in diabetic & non diabetic and the study of effect of glycemic levels on the outcomes of stroke. J Clin Sci Res 2015;4(Suppl 1):S57.

Abstracts of Platform Presentations (APAPICON 2015)

A study of insulin resistance in offspring of type 2 diabetics with those of non diabetic parents

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Andhra Medical College, Visakhapatnam

ABSTRACT

Background: To compare the insulin resistance in offspring of type2 diabetics with the offspring of Nondiabeticparents.

Methods: A prospective cross sectional study conducted in Medicine Department, Andhra medical college,Visakhapatnam between October 2013 to July 2015. Oral GTT , fasting plasma insulin levels and fastingplasma glucose levels were estimated and the HOMA-IR was calculated.

Results: A study of 119 subjects who were age, sex and BMI matched. The mean insulin levels, in casegroup were higher (23.01 ± 18.8 mU/L), than control group (8.98 ± 6.52 mU/L). Mean HOMA-IR index washigher in case group (5.16 ± 4.54), than control group (1.95 ± 1.42). Both were statistically significant($p=<0.001$).

Conclusions: :Insulin resistance is significantly more in offspring of diabetic parents when compared tooffspring of non-diabetic parents. Insulin resistance has a strong genetic predisposition. Offspring of type2diabetic parents are at high risk of developing overt diabetes in future.

Turpati sravanthi, Vijay Kumar NB, Ramakrishnam Naidu, Padmalata, Sreedevi.A study of insulin resistance in offspring of type 2 diabetics with those of non diabetic parents.J Clin Sci Res 2015;4(Suppl 1):S58.

Abstracts of Platform Presentations (APAPICON 2015)

Study of lipid profile in hypertensive patients

Venkata Ramana Naik, S.M. Imroz, P. Suresh Kumar
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ABSTRACT

Backgournd: Abnormalities in serum lipid levels are recognized as major modifiable cardiovascular disease risk factors, identified as independent risk factors for essential hypertension giving rise to the term dyslipidemic hypertension. Dyslipidemia is more common in hypertensives than normotensives, lipid levels increase as BP increases. No specific dyslipidemic pattern has been consistently reported.

Objectives: 1. A Study of lipid profile in hypertensive patients and normotensives to identify whether any association exist between age and sex. 2. Know the prevalence and type of dyslipidemia in hypertensives.

Methods: Analytical study of 100 Essential hypertensive patients & 100 normotensives studied at S.V.R.G.G.H, Tirupati for 1 year. Hypertensives difined as per JNC 8 guidelines, Dyslipidemia defined w.r.t. N.C.E.P (ATP III) guidelines. Study analysed as per Epi info-7 software and relevant statistical tests applied.

Results: The results concluded that total cholesterol, LDL-C, VLDL-c and triglycerides were higher and statistically significant in hypertensive subjects than normotensive subjects ($p < 0.05$)

Conclusions: Hypertensive patients have significant dyslipidemia compared to normotensive matched with age and sex.

Venkata Ramana Naik, Imroz SM, Suresh Kumar P. Study of lipid profile in hypertensive patients. J Clin Sci Res 2015;4(Suppl 1):S59.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile and surgical outcome of acromegaly

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ABSTRACT

Aim: Our aim was to study the clinical profile, associated comorbidities and surgical outcome of patients with Acromegaly treated at our Institute.

Methodology: 19 patients with Acromegaly treated at Department of Endocrinology and Neurosurgery were included in the study. Clinical and hormonal profiles, comorbidities, surgical outcome were reviewed. The cure rate was assessed according to the present consensus criteria.

Results: The study included 11 male and 8 female patients with mean age (\pm SD) of 38.6 ± 9 years at diagnosis. The most common presenting manifestations were acral enlargement and headache followed by visual deficits. The most prevalent comorbidities were diabetes mellitus (31.5%), Impaired glucose tolerance (31.5%), arthropathy (26.3%) and CAD (10.5%). Out of 19 patients 2 had microadenoma, 3 had giant adenomas while the rest harboured a macroadenoma. 3 (15.7%) patients had apoplexy at the time of diagnosis. Overall post surgical remission rate was 28.5% (4 out of 14 patients). The post surgical remission for microadenomas was 100%.

Conclusion: Acromegaly is a disabling disease. Our patients presented with advanced disease. Microadenoma was associated with higher cure rate and normal pituitary function after surgery highlighting the importance of early diagnosis.

Shalini P, Sachan A, Suresh V, Srinivas Rao CH, Sangeetha S, Vijayalakshmi B, Prasad BCM. Clinical profile and surgical outcome of acromegaly. J Clin Sci Res 2015;4(Suppl 1):S60.

Abstracts of Platform Presentations (APAPICON 2015)

A study on clinical profile of Addison's disease

B. Bharath, Ch Srinivasa Rao, S. Sangeetha, P. Ravi, A.Y. Lakshmi, N. Rukmangadha,
P.V.L.N. Srinivasa Rao, V. Suresh, A. Sachan

Sri Venkateswara Institute of Medical Sciences, Tirupati

ABSTRACT

Background: Addison's disease is a rare disorder and very few studies are available in India

Methods: A retrospective study by Department of Endocrinology and Metabolism, Sri Venkateswara Institute of Medical Sciences, Tirupathi. Medical records of patients bearing the diagnosis of Primary adrenal insufficiency were reviewed.

Results: (n=13) Hyperpigmentation, postural dizziness, weight loss, pubic and axillary hair loss in post pubertal women, hyperkalemia, hyponatremia, hyperthyrotropinemia and normocytic microcytic anemia were observed. Differing from other studies tuberculous etiology was less frequent in our study and etiological profile was diverse and included rarer diseases like Autoimmune polyglandular syndrome Type 2 in two cases, one case each of Autoimmune polyglandular syndrome Type 1, Allgrove syndrome, 3 β HSD deficiency and 21 hydroxylase deficiency respectively. Addison's crisis was found in 6 cases. All patients survived crisis and are on follow up.

Conclusions: Addison's disease etiology was diverse, prognosis was good with follow up and patient education in our centre.

Bharath B, Srinivasa Rao Ch, Sangeetha S, Ravi P, Lakshmi AY, Rukmangadha N, Srinivasa Rao PVLN, Suresh V, Sachan A. A study on clinical profile of Addison's disease. J Clin Sci Res 2015;4(Suppl 1):S61.

Abstracts of Platform Presentations (APAPICON 2015)

Intestinal tuberculosis

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ABSTRACT

Background: Tuberculous Enteritis, a form of extrapulmonary TB can involve any aspect of GIT. Ileocaecal region is the commonest site of intestinal involvement, due to stasis and abundant lymphoid tissue in this region.

Methods: We had 34 patients who presented with low grade fever, Abdominal pain, bowel alteration in the form of increased frequency of passing stools, of different durations.

Results: In the above cases, 28 of the patients had typical findings of Intestinal TB, and other 6 patients it was a diagnosis by exclusion were empirically started on TB. Diagnosis is mainly based on the colonoscopic findings.

Conclusions: There is subtle difference between IBD and Intestinal TB. When the diagnosis is not definitive with clinical and diagnostic methods, empirical ATT should be started. Also when an IBD like presentation is there, always Intestinal TB should also be ruled out.

Sujatha S, Pujamadala, Sneha Thomas, Giridhar. Intestinal tuberculosis. J Clin Sci Res 2015;4(Suppl 1):S62.

Abstracts of Platform Presentations (APAPICON 2015)

Study of prevalence and pattern of hyperbilirubinemia in patients undergoing open heart surgery

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ABSTRACT

Background: Organ and tissue injuries (liver dysfunction) are well recognized sequelae to cardiac surgery. The high frequency of hyperbilirubinemia prompted us to start a study to clarify the incidence and nature of postoperative hyperbilirubinemia in patients undergoing open heart surgery.

Methods: 308 patients (120 females, 188 males) of various cardiac surgeries between 2012 and 2015 were divided into 6 groups. Group-A 50 pts who underwent MVR, group-B 24 pts- AVR, group-C 6 pts- dual valve replacement, group-D 18 pts- CABG+valve replacement, group-E 190 pts- CABG, group-F 33 pts- congenital cardiac surgeries. Both fractions of bilirubin, AST, ALT and ALP were determined at admission, 24 hours post-surgery and according to clinical evaluation. Presence of jaundice was associated with serum bilirubin above 3 mg/dl.

Results: Hyperbilirubinemia detected in 73 pts (23.7%). Highest incidence in group-C and D (33.33%), followed by group-A (32%) & group-B (29.16%), 21.46% - group-E and 12.12% - post congenital cardiac surgeries. Hyperbilirubinemia was correlated with prolonged CPB time, aortic cross-clamping time, use of IABP, ionotropes and blood transfusions.

Conclusions: Although postoperative hyperbilirubinemia seems multifactorial, type of operation, preoperative hepatic dysfunction & decreased hepatic flow during operation determine the incidence of jaundice.

Deepak YC, Swargam Venu, Manne Sriharibabu, Vijaya Kumar P, Navya Manasa V, Gadi Leela Jaya Madhuri. Study of prevalence and pattern of hyperbilirubinemia in patients undergoing open heart surgery. *J Clin Sci Res* 2015;4(Suppl 1):S63.

Abstracts of Platform Presentations (APAPICON 2015)

Haematological abnormalities in decompensated chronic liver disease

Satyaraju Pappala, M.K. Sagar, A.K. Sahoo, A.S. Sastry
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ABSTRACT

Background: Liver plays an important role both in hematopoiesis with hemostasis. Liver acts as a storage organ for vitamin B12 and folic acid, secretes transferrin which is necessary for the transport of iron. Whenever liver damage occurs, various haematological disturbances take place.

Methods: The present study was conducted in MIMS, during the period from June 2014 to July 2015. 100 patients were selected randomly and were admitted in the hospital and evaluated for chronic liver disease (CLD) and to assess haematological abnormalities by doing complete blood counts with peripheral smear, serum proteins, prothrombin time (PT), activated partial thromboplastin time (aPTT), liver biopsy and upper GI endoscopy.

Results: In patients with CLD, the following abnormalities like decreased total protein, altered serum albumin globulin ratio, normocytic normochromic anemia, leucocytosis, thrombocytopenia, elevated PT and aPTT are observed.

Conclusion: All the CLD patients must be evaluated for haematological abnormalities and should be monitored for any complication. Early treatment to correct these comorbidities can decrease the mortality.

Satyaraju Pappala, Sagar MK, Sahoo AK, Sastry AS. Haematological abnormalities in decompensated chronic liver disease. *J Clin Sci Res* 2015;4(Suppl 1):S64.

Abstracts of Platform Presentations (APAPICON 2015)

Spontaneous bacterial peritonitis in cirrhosis of liver with ascites with special reference to serial ascitic fluid cell count as prognostic marker

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ABSTRACT

Background: Spontaneous bacterial peritonitis (SBP) is one of the predisposing factors for hepatic encephalopathy in cirrhosis of liver patients. SBP is characterized by fever, abdominal tenderness, increased leucocyte count in ascitic fluid and culture positive for enterococci group of organisms

Methods: A total of 50 patients of cirrhosis of liver admitted in MIMS hospital from July, 2014 to July, 2015 were evaluated. Cirrhosis of liver was confirmed by liver biopsy. SBP was confirmed by ascitic fluid Polymorphic neutrophil (PMN) cell count and ascitic fluid culture. SBP was treated with antibiotics. PMN cell count was taken as a parameter to aid in diagnosis and duration of antibiotic therapy

Results: Out of 50 patients mortality rate was 42%. Most of them died due to SBP and hepatic encephalopathy. Specificity is directly related to ascitic fluid PMN cell count (>650 cells/mm³ specificity is 93% versus >250 cells/mm³ specificity is 38%). Ascitic fluid analysis (cell count >200 /mm³) at the end of 5 days predicts the mortality rate to an accuracy of 80%. Ascitic fluid cultures 32% showed *Escherichia coli*, 20% *Klebsiella*, 2% each of *proteus* and *staphylococcus aureus*.

Conclusions: Once SBP is diagnosed, serial ascitic fluid cell count is helpful in predicting prognosis and should be used to monitor treatment. SBP carries a very high mortality and should be treated aggressively.

Sirisha Kodem, Sagar MK, Sahoo AK, Sastry AS. Spontaneous bacterial peritonitis in cirrhosis of liver with ascites with special reference to serial ascitic fluid cell count as prognostic marker. *J Clin Sci Res* 2015;4(Suppl 1):S65.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical study of dyspepsia in tertiary care hospital

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ABSTRACT

Background: Dyspepsia is common complaint among individuals seeking medical care and in general population. Prevalence of dyspepsia is about 20-30% worldwide. Aim is to study upper GI endoscopy findings in dyspeptic patient.

Methods: Patients aged 20 years and above, attending the Casualty, OPD and Wards of General Medicine and General surgery in GSL General Hospital from Sep 2014 to Aug 2015. Cross sectional observation study.

Results: Study population was 96 patients.(Male 65, Female 31).The most common symptom was Epigastric pain(91.66%). Alarm symptoms were present in 20 (20.83%). Organic dyspepsia in 54(56.25%), Functional dyspepsia in 42(43.75%). Multiple lesions were observed in 10 (10.4%) patients. In this study the most common site of lesion was Oesophagus in 15 (15.6%). In our study 3 patients are found to be having malignant lesions.

Conclusions: There was no evidence found in the present study.

Satya Teja R, Chakravarthy DJK,. Murthy SVR. A clinical study of dyspepsia in tertiary care hospital.J Clin Sci Res 2015;4(Suppl 1):S66.

Abstracts of Platform Presentations (APAPICON 2015)

Cirrhosis of liver – clinical profile at a tertiary care hospital, S.V.R.R.G.G.H, Tirupati

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Sri Venkateswara Medical College, Tirupati

ABSTRACT

Background: Cirrhosis is an important cause of morbidity and mortality all over the world. Its profile may vary with different geographical areas, age and etiological factors. This study was undertaken to study the clinical profile of patients with cirrhosis of liver in S.V.R.R.G.G.H., Tirupati.

Methods: This is a observational, cross-sectional study conducted from January 2015 to June 2015 in the medical wards of S.V.R.R.G.G.H. Eligible patients are enrolled & studied according to predefined criteria.

Results: 52 patients are included in the study, 44 males and 8 females. Mean Age – 48.48(SD – 11.50). Most common etiology found is alcohol related cirrhosis(71.15%). Most common presenting symptoms and signs are abdominal distension(84.6%) and jaundice(84.6%). Esophageal varices (26.92%) and Spontaneous Bacterial Peritonitis(11.5%) are the common complications observed. Seven deaths(13.46%) noted and most are in the Child-Turcotte-Pugh Grade C of liver disease.

Conclusions: Cirrhosis of liver is predominantly seen in males with alcohol, followed by viral infections(HBV,HCV) being the most common etiologies. It is not uncommon in the younger age group. Abdominal distension and jaundice are the most common clinical symptoms and signs. EV & SBP the common complications. Deaths noted are due to end stage hepatic failure.

Jatin PV, Tulsiram K, Suresh P, Sridhar MS. Cirrhosis of liver – clinical profile at a tertiary care hospital, S.V.R.R.G.G.H, Tirupati. J Clin Sci Res 2015;4(Suppl 1):S67.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile of ascites in females

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ABSTRACT

Background: Ascites is a common complication of cirrhosis. Apart from cirrhosis various other disorders also contribute to ascites in females. The objective is to study the clinical profile of ascites in females

Methods: This study was conducted in 50 female patients with ascites who were admitted in Gandhi hospital between 2013 -2014 .Females less than 18 years and those with known renal and cardiac disease were excluded. Patients were evaluated based on the SAAG gradient and further investigations were done.

Results:: 52% had Cirrhosis of liver, 22% had malignancy related ascites, 14% had Tuberculous peritonitis, 4% had myxoedema, 4% had serositis, 2% had mixed ascites and 2% had Budd chiari syndrome.

Conclusions: This study showed that in contrast to males there is higher incidence of causes other than cirrhosis of liver like Tuberculous peritonitis, malignancy related ascites, Budd chiari syndrome, serositis which are amenable to curative treatment both surgical and medical if diagnosed early

Spoorthy, Thrilok, Rushendra, Narasimhulu, Narendra M. Clinical profile of ascites in females. J Clin Sci Res 2015;4(Suppl 1):S68.

Abstracts of Platform Presentations (APAPICON 2015)

Validation of Glasgow-Blatchford scoring as a sensitive method to predict endoscopic severity and adverse outcome in cases of upper GI bleed

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ABSTRACT

Background: Upper GI bleed is common clinical problem and prompt recognition of its severity and management is essential. Aim of our study is to demonstrate validity of Blatchford score by means of prospective study

Methods: 50 patients admitted to GGH,Vijayawada with upper GI bleed during jan 2015 to july 2015 were assessed by history,complete physical examination and required investigations and subjected to upper gi endoscopy within 24 hrs.Glasgow Blatchford score was calculated for all these patients

Results: Of 50 patients presenting with upper gi bleed ,40 were males ,age group range from 15 to 75.48% were in 40-60 yrs,of 50 patients 38 had score of 6 or less and 12 had score of 7 or more.No patient with score 6 or less required blood transfusion patients with score of 7 or more required atleast 3 units of blood transfusion.4 patients died in higher score group.Of 50 patients 23 had peptic ulcer disease(46%),9 had oesophageal varices,10 had erosions,6 had Mallory weiss tear on endoscopy.

Conclusions: Glasgow Blatchford score is a valid assessment tool when considering need for treatment in patients presenting with upper GI bleed.Patients with score of more than 6 are associated with need for tansfusion and early endoscopic management. Higher scores are associated with more severe endoscopic lesions.

Srikanth Yadav Boini, Satyanarayana Rao K, Jagan Mohan. Validation of Glasgow-Blatchford scoring as a sensitive method to predict endoscopic severity and adverse outcome in cases of upper GI bleed.J Clin Sci Res 2015;4(Suppl 1):S69.

Abstracts of Platform Presentations (APAPICON 2015)

Portal vein thrombosis - a study of risk factors, clinical profile, complications and management

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ABSTRACT

Background: Portal vein thrombosis (PVT) is frequently being diagnosed, but detailed descriptions of the natural history and clinical course of the condition are sparse. The aim of this retrospective study was to describe risk factors, clinical profile, complications and treatment of portal vein thrombosis in a single-centre.

Methods: Fifteen cases from January 2013 to april 2015 of extrahepatic portal vein thrombosis or intrahepatic portal vein thrombosis were included. All registered diagnoses were based on either ultrasound with Doppler, CT-angiography or MRI.

Results: Etiology has been identified in 87% of cases. Abdominal pain is the more common presenting feature(60% cases).Complications include splenomegaly(40%), oesophageal(66%) and gastric(53%) varices with or without bleeding, portal hypertensive gastropathy(46%) and ascites(40%). Patients who received anticoagulant therapy more frequently achieved partial/complete recanalization. Regression of the varices is seen in patients who were treated endoscopically in combination with α -blockers.

Conclusions: Most patients had a combination of local and systemic risk factors for PVT.Partial/complete recanalization is more in patients treated with anticoagulation therapy, and that regression of varices was more in patients who were treated with active endoscopy combined with beta blockers.

Sasi Sekhar TVD, Bharati Devi G, Avinash J. Portal vein thrombosis- a study of risk factors, clinical profile, complications and management.J Clin Sci Res 2015;4(Suppl 1):S70.

Abstracts of Platform Presentations (APAPICON 2015)

Etiological and metabolic profile of hypokalemic periodic paralysis

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ABSTRACT

Background: Hypokalemic periodic paralysis is a treatable cause of weakness, occurs due to primary (genetic mutations) and secondary (other causes).

Aim: To evaluate various etiologies & metabolic profile of hypokalemic periodic paralysis.

Methods: It is a prospective study of 32 cases. They were clinically evaluated, investigations done were serum potassium, urea, creatinine, sugar, calcium, magnesium, ABG, 24hr urinary protein, thyroid profile, ECHO, USG abdomen, spot urine chloride, 24hr urinary calcium, urinary PH, X-ray KUB.

Results and Conclusions: Among 32 cases 2/3rd are due to secondary causes of which common causes are idiopathic periodic paralysis, Gitelman's & Bartter's syndrome and distal RTA. Idiopathic periodic paralysis and Gitelman's syndrome commonly affects males and distal RTA affects females. It is essential to correct hypokalemia before alkali therapy in patients with metabolic acidosis and to correct hypomagnesemia along with hypokalemia in patients with metabolic alkalosis.

Kalluri C, Madhusudana Babu. Etiological and metabolic profile of hypokalemic periodic paralysis. *J Clin Sci Res* 2015;4(Suppl 1):S71.

Abstracts of Platform Presentations (APAPICON 2015)

Study of clinical profile of urinary tract infections in diabetics and non-diabetics

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ABSTRACT

Background:Diabetics are prone for severe infections with complications. Urinary tract infection (UTI) is common in diabetics and is mostly asymptomatic. Clinical, microbiological and predisposing features of UTI in diabetics and non-diabetics were compared.

Methods:Prospective study including 200 culture positive UTI (120 diabetics, 80 non-diabetics).

Results:Fever was commonest, 30% no urinary symptoms. Pyelonephritis is higher (p-0.04) in diabetics. Benign prostatic hyperplasia, common predisposing factor in all males followed by catheterization. Indwelling catheter, common in females. Acute kidney injury, Recurrent UTI, Septicemia, Renal Papillary necrosis were more in diabetics. Escherichia coli was frequent in UTI and recurrent UTI in all. Extended spectrum β -Lactamase producing E.coli is higher in diabetics. Most were resistant to Ampicillin, Amoxicillin, Cotrimoxazole and Quinolones but were sensitive to Amikacin and Meropenem.

Conclusions:Elevated Glycosylated Hemoglobin (HbA_{1c}) correlates with UTI. Predisposition of diabetics to UTI depend on degree of glycemic control. $HbA_{1c} < 6.5\%$ decreased the risk of UTI.

Gude VC, Pavan Kumar Reddy, Nagaraj S, Vijaya Kumar G. Study of clinical profile of urinary tract infections in diabetics and non-diabetics. J Clin Sci Res 2015;4(Suppl 1):S72.

Abstracts of Platform Presentations (APAPICON 2015)

Postpartum kidney injury in KGH, Visakhapatnam

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Andhra Medical College, Visakhapatnam

ABSTRACT

Introduction: Postpartum kidney injury is a serious medical complication with significant mortality in developing countries.

Methods: A prospective observational study Conducted on postpartum women with Acute kidney injury in a tertiary centre in KGH over a 2 year period (2013-2014). Demographic and clinical data were collected , Maternal, Neonatal & fetal outcomes were analysed.

Results:Incidence of Postpartum AKI in our study was 10.5%(48/457). Mean age was 24.75±4.34 years & mean serum creatinine at admission was 4.4.9±2.76mg/dl. In this study puerperal sepsis was predominant aetiology (33.37%), Preeclampsia/eclampsia (25.6%), postpartum haemorrhage(12.8%), Glomerular diseases (10.41%), Abruptio placenta in (4.16%). Renal biopsy was done in 11cases with Nephrologist (22.91%).

Frequent pathological lesions were cortical necrosis (12.5%), lupus nephritis (8.3%) , Thrombotic Microangiopathy (7.8%). Dialysis was required in 47% patients of them 35.41% completely recovered, 4.1% partial recovered & ESRD seen in 8.3%.In the present study mortality rate was 8.3% and Puerperal sepsis is the cause of death in these patients . Foetal outcomes were preterm in 22.91% IUGR in 20.83%, normal 41.66% & IUD seen in 14.58 %babies.

Conclusions: Renal function monitoring in the Peripartum period is equally significant ,even though uneventful antepartum period & normal renal function, as it is associated with adverse maternal and renal outcomes.

Prasad G, KrishnaMurthy A, Vasavilatha, Srinivasa Reddy VC, Srinivas Rao, NagaSrinivas, Pranoy G. Postpartum kidney injury in KGH, Visakhapatnam. J Clin Sci Res 2015;4(Suppl 1):S73.

Abstracts of Platform Presentations (APAPICON 2015)

A study of acute kidney injury secondary to gastroenteritis

Niteesh Rao Madhavaram, Sudhir Chiluka, G. Sathyam, G. Sathish
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ABSTRACT

Background: Acute Kidney Injury (AKI) is defined as raise of Serum creatinine atleast 0.3mg/dl or 50 % raise from baseline within 24 to 48 hr period or reduction of urine output of 0.5ml/kg/hr for longer than 6 hrs. Gastroenteritis (GE) is defined as inflammation of stomach and small intestine producing nausea, vomiting and diarrhea.

Methods: 60 patients admitted to MNR medical college, sangareddy, hyderabad with symptoms of AKI due to GE were subjected to detailed history for the presence of various risk factors, complete clinical examination and lab investigation including, CBS, Stool Examination, Blood Urea, Serum Creatinine.

Results: The commonest type of AKI in our study was Acute tubular Necrosis (ATN) (53.3%), followed by Pre Renal Azotemia (46.6%)

Conclusions: In rural hospital background AKI following GE is most commonly due to ATN followed by pre renal azotemia.

Madhavaram NR, Chiluka S, Sathyam G, Sathish G. A study of acute kidney injury secondary to gastroenteritis. J Clin Sci Res 2015;4(Suppl 1):S74.

Abstracts of Platform Presentations (APAPICON 2015)

A study of clinical profile in patients with acute renal failure

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ABSTRACT

Background: This study is an attempt to evaluate the clinical profile of patients diagnosed with acute renal failure, using clinical features and bio-chemical evidences and study the common etiological causes.

Methods: This prospective study was done over a period of 6 months. This study included fifty patients with clinical and laboratory evidence of acute renal failure in patients admitted to our hospital. Patients with mean age of 48 years were selected.

Results: Medical conditions like septicemia(24%), malaria(12%), drug toxicity(12%) and renal hypo-perfusion states were found to be main etiological factors. Common clinical features includes oliguria(80%), vomiting(92%), fatigue(72%), fever(70%).

Conclusions: In a patient with AKI it is important to identify the condition at the earliest in order to decrease the complications, further injury and eventual death. We observed oliguria and vomiting were common clinical features. Malaria being predominant and conditions causing hypo perfusion states were the main causes of AKI. Most were treated conservatively, others underwent haemodialysis.

Nithin K. A study of clinical profile in patients with acute renal failure. *J Clin Sci Res* 2015;4(Suppl 1):S75.

Abstracts of Platform Presentations (APAPICON 2015)

A study on electrocardiographic and echocardiographic changes in chronic kidney disease

Sathyam Gopagani, G. Sathish, Niteesh Rao Madhavaram, Sudhir Chiluka

MNR Medical College, Sangareddy

ABSTRACT

Background: Chronic kidney disease (CKD) is a clinical syndrome due to persistent renal dysfunction leading to excretory, metabolic and synthetic failure culminating in accumulation of non protein nitrogenous substances and presents with varied clinical features. Evaluation of cardiovascular risk factors is essential, because of high rate of cardiovascular complications.

Methods: 50 patients admitted with CKD in MNR Medical College, Sangareddy were studied. Detailed medical history was recorded with special reference to cardiovascular symptoms along with thorough clinical examination, and relevant blood and biochemical investigations, Abdominal ultrasonography, ECG, Echocardiography were performed.

Results: Left Ventricular Hypertrophy was the most common ECG finding with diastolic dysfunction - 50% of cases, Systolic dysfunction - 27.5% of cases, Pericardial effusion - 20% of cases.

Conclusions: Cardiac changes were more frequent in advanced stages of chronic renal failure reflecting a positive correlation with corresponding increased severity.

Gopagani S, Sathish G, Madhavaram NR, Chiluka S. A study on electrocardiographic and echocardiographic changes in chronic kidney disease. *J Clin Sci Res* 2015;4(Suppl 1):S76.

Abstracts of Platform Presentations (APAPICON 2015)

Study of cardiac dysfunction by 2D echocardiography in patients of chronic kidney disease

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ABSTRACT

Background: The prevalence of left ventricular systolic and diastolic dysfunction is less clear. Our aim of study is to assess the prevalence of systolic and diastolic dysfunction in patients of chronic renal failure on conservative management.

Methods: Thirty patients with varying degree of chronic renal failure (CRF) were subjected to two-dimensional M mode echocardiography for determination of systolic and diastolic dysfunction. These included patients with mild to moderate CRF ($n = 15$) and advanced CRF ($n = 15$). Besides these, 15 age and sex matched healthy controls were also studied. The left ventricular ejection fraction (EF) and fractional shortening (FS) were taken as measures of LV systolic function. Diastolic function was determined by measuring E/A ratio by spectral doppler LV inflow velocity

Results: The mean left ventricular ejection fraction (LVEF) in patients with mild/moderate CKD ($56.18 \pm 7.36\%$) and severe CKD ($51.17 \pm 10\%$) was significantly lower than the controls ($62 \pm 5.32\%$). The mean FS in the three groups was similar, 29.6% patients with mild/moderate CKD and 21.7% patients with severe CKD had FS $\leq 25\%$. In mild/moderate CKD 51.85% patients and in severe CKD group 82.6% patients had evidence of diastolic dysfunction. The prevalence of left ventricular hypertrophy (LVH) along with systolic dysfunction in severe CKD group was 30.4%, which was significantly higher than mild/moderate CKD group (3.7%). The prevalence of LVH along with diastolic dysfunction in severe CKD group was 56.52%, which was significantly higher than mild/moderate CKD group (11.1%)

Conclusions: Patients with chronic renal failure have higher prevalence of diastolic and systolic dysfunction, and diastolic dysfunction appears to occur earlier than systolic dysfunction.

Ravi Kumar C, Ramakrishna C, Rampure DM. Study of cardiac dysfunction by 2D echocardiography in patients of chronic kidney disease. *J Clin Sci Res* 2015;4(Suppl 1):S77.

Abstracts of Platform Presentations (APAPICON 2015)

A study of microalbuminuria in essential hypertension

I. Keerthi Priyanka, N.B. Vijay Kumar, P.S.S. Srinivas Rao, A. Ramakrisham Naidu, K. Sreedevi, K. Shilpa, Reddi Jagannadham

Andhra Medical College, Visakhapatnam

ABSTRACT

Background: Microalbuminuria has recently emerged as a marker of wide spread vascular damage in essential hypertension. Hypertensives with microalbuminuria were found to have significantly higher prevalence of coronary artery disease, hypertensive retinopathy and cerebrovascular disease when compared to their normoalbuminuric counterparts. The main aim of this study is to determine the prevalence of microalbuminuria in patients with essential hypertension and study its correlation with clinical profile and complications of essential hypertension.

Methods: A total of 100 patients with essential hypertension were studied pertaining to the relation of microalbuminuria with their blood pressure and associated complications. Microalbuminuria estimation was done using immune turbidometric assay

Results: 48% of patients in this series were microalbuminuric and prevalence of complications related to essential hypertension was high in microalbuminuric group.

Conclusions: Microalbuminuric patients showed significant target organ damage. Microalbuminuria is an early indicator of development of complications in patients with essential hypertension.

Keerthi Priyanka I, Vijay Kumar NB, Srinivas Rao PSS, Ramakrisham Naidu A, Sreedevi K, Shilpa K, Jagannadham R. A study of microalbuminuria in essential hypertension. J Clin Sci Res 2015;4(Suppl 1):S78.

Abstracts of Platform Presentations (APAPICON 2015)

Study on clinical profile of anaemia in CRF in a tertiary care hospital

S. Rajesh Naik, I.V. Ramachandra Rao, Vijay Kumar
S.V. Medical College, Tirupathi

ABSTRACT

Background: The incidence of chronic renal disease is fast increasing in India. Anaemia adds up to independent risk factor for mortality and morbidity in CRF patients. Prevalence of Anaemia in Chronic Renal Failure is seldomly studied in Tertiary care Hospital.

Methods: This analytical study included 50 patients of chronic kidney diseases presenting at S.V.R.R.G.G.H., included, irrespective of their age, sex, aetiology and their clinical profiles. Clinical examination and laboratory evaluation were conducted, including serum iron studies. Data collected was analysed by appropriate software.

Results: Most of the anaemia was of the normocytic type, 33% of the patients had microcytic hypochromic and a mixed type of anaemia. Those with a microcytic hypochromic picture correlated with a severe degree of Anaemia. ESR levels higher in the lower Glomerular Filtration Rate. No association between the platelet levels and the bleeding time.

Conclusions: Our study showed prevalence of anaemia to be 85% and iron deficiency in 29%. Degree of anaemia correlated with stage of CKD.

Rajesh Naik S, Ramachandra Rao IV, Vijay Kumar. Study on clinical profile of Anaemia in CRF in a tertiary care hospital. J Clin Sci Res 2015;4(Suppl 1):S79.

Abstracts of Platform Presentations (APAPICON 2015)

Study of thrombocytopenia in malaria and its prognostic significance

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ABSTRACT

Background: Malaria is major problem with increased morbidity & mortality. Thrombocytopenia is common in malaria. We attempted to correlate low platelet count with type of malaria and outcome.

Methods: Prospective study with 90 patients identified positive for Malaria parasite on peripheral smear. Daily platelet count was done. P.falciparum antigen test done in subjects with high index of clinical suspicion or multi organ involvement.

Results: 57(63.3%) were P.vivax, 31(34.4%) were P.falciparum, 2(2.7%) were mixed. 73(81.1%) had thrombocytopenia. 17(23.3%) developed complicated malaria. Severe thrombocytopenia in 58.8% of complicated malaria ($p < 0.001$). 10 patients persisted to have thrombocytopenia on 6th day even after adequate therapy. 7(70%) out of 10 recovered 3(30%) died (1P.falciparum, 2 mixed).

Conclusions: Thrombocytopenia is seen in 81.1% of malaria, Severe with P.falciparum. Patients with severe thrombocytopenia at admission are 8.5 times more prone for complications. Mortality increased by 30% when thrombocytopenia persists after 6th days of therapy.

Sarath Kumar Reddy B, Bala Subrahmanyam, Nagasumanth Reddy G, Vijaya Kumar G. Study of Thrombocytopenia in Malaria and its Prognostic Significance. J Clin Sci Res 2015;4(Suppl 1):S80.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical study of dengue fever cases NRI Medical College, Chinakakani, Andhra Pradesh, South India

K.T.K. Murali Mohan, B. Bhaskara Rao, Chikkala Raghuram, G. Sirisha, D. Dharmateja, Aparanji Gopidi

NRI Medical College and general hospital, Chinnaka

ABSTRACT

Background: Clinical study of dengue fever cases in the extended monsoon period and evaluate need for platelet transfusion in dengue fever cases.

Methods: This is an Prospective Observational study. All cases admitted to medical wards were taken for study.

Results: There were 84 Dengue Sero-positive cases out of which Dengue fever cases were 55, severe Dengue fever were 29. 25 cases with platelet counts below 50,000/cu. mm were treated with Random Pooled Donor platelet concentrates, while two cases of dengue shock syndrome were given Single Donor Platelet concentrates, Fresh frozen plasma plasma and whole blood transfusion. The diagnostic sero-typing was done using Rapid Standard Diagnostic Kits.

Conclusions: The dengue fever cases studied in our centre had more abdominal complaints with bleeding tendencies malena 19% as compared to other studies. We also felt the need to give platelets, when the counts were below 20000cu.mm . Whole blood transfusions were given to prevent mortality.

Dharmateja D, Gopidi A. A clinical study of dengue fever cases NRI Medical College, Chinakakani, Andhra Pradesh, South India. J Clin Sci Res 2015;4(Suppl 1):S81.

Abstracts of Platform Presentations (APAPICON 2015)

Incidence of multidrug-resistant tuberculosis in Category 1 and Category 2 patients presenting to Narayana Medical College

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Narayana Medical College, Nellore

ABSTRACT

Background: Tuberculosis is an airborne infectious disease that is preventable and curable, caused by mycobacterium tuberculosis. It is a major public health problem worldwide. Multidrug-resistant tuberculosis has become a significant obstacle to effective TB control. India has one-fifth of the world's MDR-TB burden.

Aim Of The Study: 1) To know the incidence of MDR-TB in category I & category II Patients
2) To know the incidence of MDR-TB in HIV-TB co-infection

Type of study: Prospective analytical study

Period of study: January 2014 to July 2015

Results And Observation: The incidence of MDR-TB was 20.9% in 2014-2015

The incidence among CAT-I patients is 7.9% in 2014-2015

The incidence among CAT-II patients is 13% in 2014-2015

The incidence of HIV-MDR TB co-infection is 2.4% in 2014-2015.

Jangam A, Venkata Krishnan. Incidence of multidrug-resistant tuberculosis in Category 1 and Category 2 patients presenting to Narayana Medical College. J Clin Sci Res 2015;4(Suppl 1):S82.

Abstracts of Platform Presentations (APAPICON 2015)

Study of cognitive functions in HIV patients

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ABSTRACT

Objectives: 1) To study the estimate of HIV-associated neuro-cognitive disorder (HAND) 2) to correlate the Hand with CD4 count, body mass index and literacy status.

Methods: The present study is carried out in ART Centre, district hospital, khammam from November 2011 to June 2013. A total of 50 HIV patients on highly active anti retroviral therapy (HAART) were included in this study.

This is an observational study conducted in tertiary hospital. Patients and relatives were fully explained regarding the study and written informed consent was taken.

Conclusions: The most common age group in present study is 36-45 years

The cognitive impairment is seen in 32 % of HIV patients.

The cognitive impairment seen is asymptomatic neurocognitive impairment.

In the present study there is no sex preponderance for the cognitive impairment.

The association between low education and cognitive impairment is statistically significant.

Allampati RR, Rampure DM. Study of cognitive functions in HIV patients. J Clin Sci Res 2015;4(Suppl 1):S83.

Abstracts of Platform Presentations (APAPICON 2015)

Course of the disease, modes of presentation of swine flu and efficacy and side effects of oseltamivir in swine flu (H1N1) suspects reporting to the Department of Pulmonary Medicine, S.V.R.R.G.G. Hospital, Tirupati

Rambhoopal Reddy, Neethi Chandra
SV Medical College, Tirupati

ABSTRACT

Introduction: influenza is a contagious disease that spreads around the world or India every winter, usually between October and May. A and B types of influenza viruses are responsible for seasonal influenza epidemics. First pandemic occurred in 1918. A novel H1N1 influenza A virus responsible for an outbreak of infections since 2009. Spread mainly by coughing, sneezing and close contact.

Material and methods: A study was conducted at the department of Pulmonary Medicine, S.V.R.R.G.G. Hospital, Tirupati between January 2015 and April 2015. The course of disease, modes of presentation and efficacy and side effects of oseltamivir in swine flu suspects studied. About 32 suspects of swine flu were reported. They were immediately isolated. A throat swab was taken and sent to the Institute of Preventive Medicine, Hyderabad. Tab. Oseltamivir 75mg, BD, antibiotics, oxygen started and comorbidities meticulously managed.

Results: Out of 32, 13 were positive for swine flu [females=8(61%), males=5(39%)]. cold, cough and breathlessness were present in all, sore throat was present in only 4 patients. 9 had comorbidities like Diabetes, Br. asthma, Chronic Renal Failure, 11 were in Respiratory Failure, 2 had normal CXR, 7 had ARDS like picture, 4 had multilobar pneumonia. In patients who took oseltamir headache was seen in 22 and gastritis in 25 patients. All patients recovered from their illness fully and discharged after 10 days.

Conclusion: The course of the disease was good in patients without comorbidities. Patients with comorbidities had higher morbidity. Early institution of Oseltamivir, and conservative management augurs well for the patients.

Reddy R, Chandra N. Course of the disease, modes of presentation of swine flu and efficacy and side effects of oseltamivir in swine flu (H1N1) suspects reporting to the department of pulmonary medicine, S.V.R.R.G.G. Hospital, Tirupati. J Clin Sci Res 2015;4(Suppl 1):S84.

Abstracts of Platform Presentations (APAPICON 2015)

Evaluation of febrile patients with thrombocytopenia

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S.V.Medical College, Tirupati

ABSTRACT

Background: Febrile patient presenting with thrombocytopenia is emerging infectious disease of which etiology and factors related to death still unclear.

Methods: Prospective observation study of 50 cases admitted to medical ward were taken for study.

Results: Febrile thrombocytopenia affects all age groups and common during months of June, July, August. Dengue was commonest cause of febrile thrombocytopenia followed by malaria in my study.

Conclusion: Febrile thrombocytopenia is important clinical condition commonly caused by Dengue and Malaria.

Sravan Kumar Reddy V, Padmaja N, Lepakshi G. Evaluation of febrile patients with thrombocytopenia. J Clin Sci Res 2015;4(Suppl 1):S85.

Abstracts of Platform Presentations (APAPICON 2015)

Acute undifferentiated febrile illness in adult hospitalized patients: the disease spectrum and diagnostic predictors - an experience from a tertiary care hospital

Sri Anusha Matam, R. Ramesh, T. Muneeswara Reddy, K. Chandra Sekhar

Sri Venkateswara Medical College, Tirupati.

ABSTRACT

Background: Acute undifferentiated fever (AUF)/Acute febrile illness (AFI) is a common cause of patients seeking healthcare in India, especially in spring. Local prevalences of individual diseases influence the prioritization of the differential diagnoses of a clinical syndrome of acute undifferentiated febrile illness (AFI). This study was conducted in order to delineate the aetiology of AFI that present to a tertiary hospital and to describe disease-specific clinical profiles.

Methods: An 6month prospective, observational study was conducted in adults (age >12 years) who presented with an undifferentiated febrile illness of duration 5-21 days, requiring hospitalization. Blood cultures, malarial parasites and febrile serology (acute and convalescent), in addition to clinical evaluations and basic investigations were performed.

Results: Comparisons were made between each disease and the other AFIs. A total of 250 AFI patients were diagnosed with: malaria (47.5%); dengue (17.1%); enteric fever (8.0%); typhoid (7.0%); leptospirosis (3.0%); scrub typhus (2.1%); alternate diagnosis (7.3%); and unclear diagnoses (8.0%).

Conclusions: Some fever syndromes have a more clear localization and these syndromes have better developed guidelines for their management. On the other hand, AUF-syndromes (such as fever-rash, fever-myalgia, fever arthralgia, fever-hemorrhage, and fever-jaundice) have overlapping etiologies, which makes their diagnosis and management even more challenging. It is imperative to maintain a sound epidemiological database of AFIs so that evidence-based diagnostic criteria and treatment guidelines can be developed.

Matam SA, Ramesh R, Muneeswara Reddy T, Chandra Sekhar K. Acute undifferentiated febrile illness in adult hospitalized patients: the disease spectrum and diagnostic predictors - an experience from a tertiary care hospital. J Clin Sci Res 2015;4(Suppl 1):S86.

Abstracts of Platform Presentations (APAPICON 2015)

Study of lipid profile abnormalities in HIV1 patients who are using second line ART

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ABSTRACT

Method: This is a cross sectional study done in 100 patients of HIV patients from 6 districts from krishna, guntur, eluru, tenali, narasaraopeta, tadepalligudem. second lipid profile values are compared before and after using second line ART regimen and their significance is calculated by using paired t test and p value is determined.

Results: Study showed significant raise in serum triglyceride and serum cholesterol levels after using second line ART regimen and their Pvalue is <0.005 . There is no significant correlation in values of S.LDL, S.HDL and S.VLDL before and after using second line art and their p value is >0.005 .

Vidyasagar Naidu K, Satyanarayana Rao K, Sesaiah KV, Anuradha K. Study of lipid profile abnormalities in HIV1 patients who are using second line ART. J Clin Sci Res 2015;4(Suppl 1):S87.

Abstracts of Platform Presentations (APAPICON 2015)

Variation in common lipid parameters in malaria infected patients - a one year cross sectional study

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SVS Medical College and Hospital, Mahabubnagar

ABSTRACT

Background: Malaria is a major public health problem in tropical areas and serum lipid profile changes have been observed during the course of infection. The present study was aimed to assess the lipid profile in patients with malaria infection.

Methods: This one year cross sectional study was done from August 2014 to July 2015 in the Department of Medicine, SVS MEDICAL COLLEGE&HOSPITAL, Mahabubnagar. A total 50 Patients presented with malaria infection were investigated for serum lipid profile changes.

Results: Majority of the patients were males (82%) with male to female ratio 4.5:1. The mean age was 33.96 \pm 12.72 years. At presentation all the patients had fever with chills and rigors (100%) while generalized body pain was noted in 80% and the commonest clinical sign was pallor (40%) systemic examination revealed, splenomegaly in 40%. Majority (86%) of the patients were positive for Plasmodium vivax. Thrombocytopenia was noted in 64% of the patients. Serum lipid profile estimation in these patients revealed that 60% of the patients had low total cholesterol levels (100 to 150mg/dl), 56% of them had low LDL levels with value being less than 50 mg /dl and 58% of patients had low HDL levels (<20 mg/dl) whereas 92% of the patients with hypertriglyceridemia (>150mg/dl). Incidentally we found that patients with low LDL cholesterol level had low platelet count (51.25 \pm 29.67: p= 0.035)

Conclusions: Patients with malaria infections may have lipid parameters alteration in terms of hypocholesterolemia, low HDL, low LDL levels and hypertriglyceridemia.

Konda MK, Gubba P, Gandiah P, Nandyala V. Variation in common lipid parameters in malaria infected patients - a one year cross sectional study. J Clin Sci Res 2015;4(Suppl 1):S88.

Abstracts of Platform Presentations (APAPICON 2015)

The various clinical and laboratory manifestations of dengue fever

V. Lalitha Kumari, I.V. Ramachandra Rao
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ABSTRACT

Background: Dengue fever is an infectious disease especially in developing countries. It is a cyclical outbreak. Caused by arbo virus & due to bite of aedes mosquito. Dengue is cyclical epidemic outbreak.

This is most common viral fever in our area.

Methods: The aim of this retrospective study was to know the various clinical and laboratory manifestations of dengue fever in patients admitted in medical wards of SVRR GGH Tirupati over period of 2 months. Confirmation of diagnosis by Ig M ELISA Test

Results: A total no of 50 patients with Ig M ELISA positive patients with various presentations. Among them 40% patients presents with simple viral fever, arthalgias without any complications. 20% patients with thrombocytopenia, 10% requires platelet transfusion, 15% presents with bleeding manifestations, 10% presents with shock (hemo dynamic instability) 3% ARDS picture, 2% patients are died.

Conclusions: From the study we know the various clinical manifestations. Dengue fever with complication can be treated serial monitoring and prevented by awareness among the people regarding sanitation and mosquitos.

Lalitha Kumari V, Ramachandra Rao IV. The various clinical and laboratory manifestations of dengue fever. J Clin Sci Res 2015;4(Suppl 1):S89.

Abstracts of Platform Presentations (APAPICON 2015)

Evaluation of liver function in patients on Anti-Tuberculous Therapy

Bommi Gowri Sankar, N.B. Vijay Kumar, P.S.S. Srinivas, A. Ramakrishnam Naidu, Sridevi
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ABSTRACT

Background: Tuberculosis remains a world-wide public health problem despite the fact that the causative organism was discovered more than 100 years ago and highly effective drugs and vaccine are available making tuberculosis a preventable and curable disease. India accounts for nearly one-third of the global burden of tuberculosis. The obstacles to success include poor patient compliance, high cost of medicines, drug resistance, insufficient duration, irregular therapy and last but not the least Drug-Induced Hepatitis(DIH).

Methods: 108 Patients above 18 yrs with adequate evidence of pulmonary tuberculosis were chosen with sputum positivity Excluding Patients who either had been on ATT previously or were on ATT at the time of the registration or Previous history of jaundice or Those with whom baseline enzyme levels elevated or with other diseases like diabetes,hypertension and cardiac failure Or Pregnant women.

Results: Incidence of Drug Induced Hepatotoxicity on category I, RNTCP, 4 drug regimen is 2.1%. Male :Female ratio is approximately (1:1). Asymptomatic elevation of serum enzymes in 11 patients male : female ratio (1:1.9) Onset of symptoms is between 1-4 weeks after starting ATT. Withdrawal of the drugs produced complete recovery. Hepatotoxicity confirmed by liver biopsy in 1 out of 2 patients who developed clinical hepatitis

Conclusions: Though drug induced hepatotoxicity occurred in 2.1% of the patients this is significant. Asymptomatic rise in serum enzymes are noted in 11.6% of patients. This is reverted back to normal before the end of treatment. Patients with malnutrition, old age and advanced pulmonary tuberculosis were susceptible to drug induced hepatotoxicity. Patients who had clinical signs and symptoms of hepatitis showed histopathological changes in the liver.

Sankar B, Vijay Kumar NB, Srinivas PSS, Ramakrishnam Naidu A, Sridevi. Evaluation of liver function in patients on Anti-Tuberculous Therapy. J Clin Sci Res 2015;4(Suppl 1):S90.

Abstracts of Platform Presentations (APAPICON 2015)

Correlation of jaundice with hepatic dysfunction in Plasmodium falciparum malaria and its prognostic significance

P. Sunil kumar, S. Sreenivas, K. Rambabu, M.K.M. Kathyayani, D. Vijay Babu

Andhra Medical College, Visakhapatnam

ABSTRACT

Background: Falciparum malaria is responsible for 1-3 million deaths annually worldwide. Liver involvement is common and may manifest as raised serum bilirubin, hepatomegaly and elevated liver enzymes. Unconjugated hyperbilirubinemia is usually seen leading to increased mortality. Alanine aminotransferase (SGPT) is a marker of liver damage. The present study was conducted on Plasmodium falciparum malarial patients to observe the correlation between liver enzymes and bilirubin.

Objective: To observe the correlation coefficient of bilirubin with liver enzymes (SGPT, SGOT and Alkaline Phosphatase) in patients of falciparum malaria

Methods: Total 100 patients of different ages and both sexes suffering from acute malaria, were selected by convenient sampling. Ten patients, infected by Hepatitis B and C infections were excluded from the study. Among remaining 90 cases, 63 (70%) were suffering from infection by Plasmodium falciparum and 27 (30%) from infection by Plasmodium vivax infection. The Falciparum infected patients were equally divided into two groups on the basis of duration of illness. Group I had duration of 1- 7days illness and Group II had duration of 8-20 days.

Results: In the group I, SGPT and Alkaline phosphatase showed a statistically significant positive correlation ($r=0.50$ and $r=0.054$, respectively with bilirubin ($P<0.05$). In group II, the SGPT showed a statistically excellent positive correlation ($r=0.88$; $P<0.01$), while the SGOT and Alkaline phosphatase also showed a statistically significant positive correlation.

Conclusions: Positive correlation of liver enzymes and bilirubin shows that liver function tests should be performed along with early diagnosis of Plasmodium falciparum malarial infections in order to prevent complications and to reduce mortality.

Sunil Kumar P, Sreenivas S, Rambabu K, Kathyayani MKM, Vijay Babu D. Correlation of jaundice with hepatic dysfunction in Plasmodium falciparum malaria and its prognostic significance. J Clin Sci Res 2015;4(Suppl 1):S91.

Abstracts of Platform Presentations (APAPICON 2015)

Cerebral malaria – a clinical review in a rural based Medical College in Telangana

N. Venkateshwarlu, P. Gandiah, Sandeep Kumar
SVS Medical College and Hospital, Mahabubnagar

ABSTRACT

Background: The World Health Organization defines cerebral malaria as a clinical syndrome characterized by coma at least 1 hour after termination of a seizure or correction of hypoglycemia, asexual forms of *Plasmodium falciparum* parasites on peripheral blood smears and no other cause to explain the coma.

Methods: A prospective study was planned from 2008-01-01 to 1ST January 2013 in a tertiary care center in mahabubnagar. Patients willing to give consent, older than 12 years of age and of either sex, with smear positive for *Plasmodium* spp. were included in the study. Patients with co-existent vivax and falciparum infection were excluded from the study. All admitted peripheral smear proven *P. vivax* and *P. falciparum* cases of severe malaria fulfilling the inclusion/exclusion criteria were enrolled in the study. Detailed history and clinical examination was noted. All *P. vivax* cases enrolled in the study underwent OPTIMAL malarial antigen test to rule out mixed malaria. A total of 642 patients with malaria; the following is the break down as per the type and severity of the disease.

Total number of smear positive malaria 642 - 410, P vivax 340 - 180, P falciparum 202 - 168, Mixed infection 98 - 68

Conclusions: In 2002, an estimated 2.2 billion individuals were exposed to *P. falciparum* in malaria endemic areas, with 515 million clinical episodes and over 1 million deaths. Over 70% of these infections occurred in children living in sub-Saharan Africa, although *P. falciparum* can infect humans at any age. The neurological manifestations of malaria include seizures, psychosis, agitation, impaired consciousness and coma; the latter two features are the hallmarks of cerebral malaria. In malaria-endemic areas, neurological features are found in nearly half of children admitted to hospital with falciparum malaria.⁵ In areas where individuals develop severe disease, the proportions of patients who develop cerebral form are similar between children and adults. Cerebral malaria occurs in 2.4% of travellers with falciparum malaria,⁷ and has been well described; however, the other neurological complications of falciparum malaria have received relatively little attention.

Venkateshwarlu N, Gandiah P, Sandeep Kumar. Cerebral malaria – a clinical review in a rural based Medical College in Telangana. J Clin Sci Res 2015;4(Suppl 1):S92.

Abstracts of Platform Presentations (APAPICON 2015)

Aetiology and clinical characteristics of bacterial pneumonia in patients with type 2 diabetes mellitus

P. Ashok Vardhan, Purushottham Rao, K. Santosh Kumar, Suryaprakash Rao

Andhra Medical College, Visakhapatnam

ABSTRACT

Background: We know the main characteristics of pneumonia in several subgroups of patients that were defined on the basis of some demographic or clinical parameters. for patients with diabetes mellitus , available information is very limited.

Methods: Detailed history , thorough clinical examination was carried as per proforma. laboratory investigations, sputum-macroscopic examination , microscopy, culture .

Results: Multilobar involvement more common in sample group. psi score was significantly more in diabetic grouP .

Conclusions: In patients with pneumonia ,diabetes mellitus associated with polymicrobial etiology ,multilobe involvement ,increased severity in the form of high psi score and mortality . This study suggests that the adverse outcome is more attributable to underlying circumstances of the patient than to uncommon microbiological findings.

Ashok Vardhan P, Purushottham Rao, Santosh Kumar K, Suryaprakash Rao. Aetiology and clinical characteristics of bacterial pneumonia in patients with type 2 diabetes mellitus. J Clin Sci Res 2015;4(Suppl 1):S93.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile of H1N1 influenza & it's awareness: experience at a tertiary care centre in South India

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Kakatiya Medical College, Warangal

ABSTRACT

Background: Little published data are available regarding the clinical course, complications and outcome of confirmed H1N1 influenza.

Methods: Prospective study of 25 cases of H1N1 influenza during January 2015-March 2015.

Results: Among 102 suspected flu cases, 25 were confirmed cases, of which 2 have died. Mean age was 30.7(\pm 13.1), male to female ratio was 9:16. Of these 5 (20%) were category C, 11 (44%) were category B(ii) and 9 (36%) were category B(i). Lymphocytosis was noted in all category C patients & 3 (27.3%) of category B(ii) patients. Only 4 (16%) had knowledge of vaccine, 10 (40%) were aware of Personal Protective Equipment (PPE) and hand hygiene. Complications noted were thrombocytopenia (8%), hepatitis (4%). Mean hospital stay - 8.56 days.

Conclusions: Females are more affected than males and morbidity is high. Lymphocytosis is a predictor of morbidity. Appropriate campaigning has to be done regarding the PPE, hand hygiene to contain the infection.

Harikrishna A, Chandrashekar V, Gururaj N, Srilatha. Clinical profile of H1N1 influenza & it's awareness: experience at a tertiary care centre in South India. J Clin Sci Res 2015;4(Suppl 1):S94.

Abstracts of Platform Presentations (APAPICON 2015)

Do doctors overuse antibiotics in tertiary care hospital for acute febrile illness?

P. Shafi, R. Ramesh, Muneeswar Reddy, Chandra shekhar, Matam Sri Anusha
S.V.M.C, Tirupati

ABSTRACT

Background: Doctors in India tend to overuse antibiotics in acute febrile illness . As per World Health organization criteria, a case of acute febrile illness (AFI) was defined as any individual with fever for atleast 2 days or temperature on admission of 38.5°C or greater; age more than or equal to 4 years with no identified cause of fever, such as diarrhea or pneumonia; or suspected of having typhoid fever or brucellosis, negative culture. Study done to find out complete recovery in acute febrile illness without any use of antibiotics and interventions in a tertiary care hospital based settings

Methods: Analytical study. 295 patients with acute febrile illness admitted in S.V.R.R.G.G.H. over a 6 month period are included with strict inclusion and exclusion criteria.

Results: The author claims that 32% of acute febrile illness patients recovered without any sort of antibiotic intervention only on antipyretics and supportive treatment even those with Thrombocytopenia . Among others malaria, dengue are most common etiologies and treated accordingly.

Conclusions: It is irrational to use antibiotics without evidence in acute febrile illness antibiotic polypharmacy/overuse as a casual feature in hospitals needs to be circumvented.

Shafi P, Ramesh R, Muneeswar Reddy, Chandra shekhar, Matam SA. Do doctors overuse antibiotics in tertiary care hospital for acute febrile illness?? J Clin Sci Res 2015;4(Suppl 1):S95.

Abstracts of Platform Presentations (APAPICON 2015)

A study on etiological profile of non traumatic state of altered sensorium

V. Lekya, R. Ramesh, T. Muneeshwar Reddy, Chandrashekar
Sri Venkateshwara Medical College, Tirupati

ABSTRACT

Background: Altered sensorium is common presentation to an emergency. Major causes being infections, cerebrovascular accidents, metabolic, drug and poisoning intoxications. Etiology varies with age, presence of comorbidities and demography.

Methods: 50 patients presenting to casualty with altered sensorium of non traumatic origin underwent medical, neurological evaluation after taking detailed history. Cases are evaluated further with basic lab and imaging studies.

Results: Infective (42%) followed by metabolic (36%) and CVA (cerebrovascular accidents, 18%) accounted for the majority. CVA carried high mortality. Younger age has better prognosis. GCS of 3-4 has poor prognosis.

Conclusions: As majority of causes being reversible, appropriate and timely intervention gives better prognosis in cases of altered sensorium.

Lekya V, Ramesh R, Muneeshwar Reddy T, Chandrashekar. A study on etiological profile of non traumatic state of altered sensorium. J Clin Sci Res 2015;4(Suppl 1):S96.

Abstracts of Platform Presentations (APAPICON 2015)

Profile of acute emergencies presenting to medical intensive care unit (MICU) at a tertiary care hospital, Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa

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Rajiv Gandhi Institute of Medical Sciences [RIMS], Kadapa

ABSTRACT

Background: The profile of patients with medical emergencies has not been reported in our hospital. It is important to know the nature, severity and outcome of acute medical emergencies in order to take up appropriate planning and management. This study is aimed to assess the pattern and outcome of acute medical emergencies.

Methods: This is a retrospective hospital record based study for a period of 8 months (Dec'14 to July'15). The study included 4110 cases and data regarding age, gender, type of disease and outcome were collected in a prestructured proforma.

Results: Out of 4110 patients, incidence of Acute Poisoning was 20.15%, Cerebrovascular accidents [CVA] 14.89%, chronic obstructive airway disease [COAD] 13.84 %, Myocardial infarction [MI] 10.63 %. and mortality was 3.38%, 22.06 %, 15.82 %, 8.7%, respectively.

Conclusions: The study reveals that majority of patients were cases of acute poisoning but mortality is less compared to CVA. So there is a need to educate the people regarding ingestion of toxic substances and life style modification to prevent CVA, COAD and MI. So there is a need for a separate stroke unit to prevent mortality from CVA.

Kavitha S, Arjun Kumar A, Venkataravikumar C. Profile of acute emergencies presenting to medical intensive care unit (MICU) at a tertiary care hospital, Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa. J Clin Sci Res 2015;4(Suppl 1):S97.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical Study of hypertensive emergencies in 50 patients admitted in tertiary care hospital

Zameer Ahmad, S.M Imroz, B. Balasubramanyam

S.V. Medical College, Tirupati

ABSTRACT

Background: The clinical profile of the patients presenting with Hypertensive Emergencies to Tertiary care hospitals in india is poorly known. Objective of the study to evaluate modes of presentation, clinical profile, organ damage & outcome was studied.

Methods: Analytical study of 50 patients admitted in Acute Medical Care of S.V.R.R.G.G.H was studied over one year. Study population included admitted patients presenting with SBP > 180/110 mm of Hg, Patients over 18 years and showing evidence of Target organ damage with out CRF and valvular Heart Diseases. Data collected was analysed with appropriate software.

Results: Hypertensive Emergencies were more common in aged people and males, Common symptoms were Dyspnea, Neurological deficit, visual disturbances, convulsions, and Chest pain. Intracerebral bleed followed by LVF and ischemic stroke were organ damage. Majority were known Hypertensives with poor drug compliance. 78% survived.

Conclusions: Known Hypertensives with poor Drug compliance were at more risk of hypertensive emergencies and are likely to develop stroke secondary to intracerebral bleed and ischaemia combined.

Zameer Ahmad, Imroz SM, Balasubramanyam B. A clinical Study of hypertensive emergencies in 50 patients admitted in tertiary care hospital. J Clin Sci Res 2015;4(Suppl 1):S98.

Abstracts of Platform Presentations (APAPICON 2015)

Performance of apache IV score, SOFA score, SAPSIII &MPMIII admission scores, as predictors of ICU mortality in an indian tertiary care center

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ABSTRACT

Background: Clinical assessment of severity of illness in intensive care unit (ICU) to predict mortality of critically ill patient is essential to estimate prognosis, guide to Resource Allocation and estimate the quality of ICU work ship. Many Physiological based scoring systems are computed based on western studies but Studies on their validity & Performance in our Country are lacking thus, we tried to observe the performance of APACHE IV, MPM 3, SAPS III & SOFA scores in our ICU

Methods: A Retrospective Cohort study was performed from January 2013 to July 2015 in 8 bedded ICU, of our Hospital (both Surgical & Medical patients aging >14y), Necessary Inclusion & Exclusion Criteria are Employed. APACHE IV, SOFA Scores are calculated based on Worst 24hr values, SAPS III & MPM III scores are calculated from at admission values (<1-2hr), Final Scores are Obtained through Online Calculators. The discrimination (tested by calculating area under receiver operating characteristics (ROC) curve) & Calibration (tested by Hosmer-Lemeshow Goodness of fit test) characteristics of each system are calculated through Online SMR calculator, Medcalc Free version 12.3.0 & MS excel 2007.

Results: A total of 70 patients are included in study , the Observed ICU mortality was 31 (44.28%), APACHE IV has highest Discrimination (AUROC = 0.83) with Poor calibration (SMR = 1.92) where as SOFA has Poor discrimination (AUROC = 0.59) with best Calibration (SMR = 1.03), MPM 3 has fair Discrimination (AUROC = 0.67) & good Calibration (SMR = 1.08), SAPS 3 has Moderate Discrimination (AUROC = 0.74) & good Calibration (SMR 1.1)

Conclusions: In resource limited settings like Indian tertiary care ICU, utilization of Resources with maximum productivity is Imperative for which these ICU scores must be Adapted to local scenario but not with a cold eyed generalization.

Chandrashekar V, Ravi Kiran G. Performance of apache IV score, SOFA score, SAPS III&MPM III admission scores, as predictors of ICU mortality in an indian tertiary care center. J Clin Sci Res 2015;4(Suppl 1):S99.

Abstracts of Platform Presentations (APAPICON 2015)

A study on mortality in patients admitted in acute medical care in a tertiary care centre

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ABSTRACT

Background: Acute medical care is the highest mortality unit in any hospital. By continuous research on common causes of mortality in ICU we can develop tools to improve the patient's outcome. This is the aim of our study.

Methods: A Retrospective observational study on 1000 patients admitted in acute medical care in a tertiary care center. Clinical data base was collected age, sex, patient outcome, treatment modality and underlying cause of death were analyzed.

Results: The proportion of elderly patients from total AMC admissions is high. The overall mortality is about 21.6% out of which mortality in elderly accounts for 68%. The most common cause of mortality in elderly is CVA and its complications (32%) followed by CKD and sepsis. The most common cause of mortality in younger population is DCLD with complications (38%) followed by sepsis with MODS followed by poisoning.

Conclusions: The most common cause of mortality in elderly is found to be CVA with co morbidities with non compliance of drugs. Among young population DCLD with complications due to alcohol abuse is the most common cause of mortality which emphasizes that alcohol abuse is a serious public health problem and steps should be taken for proper patient's education and its prevention.

Alekya K, Sridhar MS, Suresh P, Thulasi Ram K. A study on mortality in patients admitted in acute medical care in a tertiary care centre. J Clin Sci Res 2015;4(Suppl 1):S100.

Abstracts of Platform Presentations (APAPICON 2015)

Acute renal failure in snake bite

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Andhra Medical College, Visakhapatnam

ABSTRACT

Background: ARF is characterized by a deterioration in renal function over a period of hrs to days, resulting in failure of kidney to excrete nitrogenous waste products and maintain fluid and electrolyte balance. The main objective of the study was to find out the incidence, etiology, time of onset of ARF, role of supportive therapy and hemodialysis in the management of ARF and the incidence and probable cause of death among snake envenomation cases

Methods: We made a prospective study on 107 pts of both sexes and all age groups excluding paediatric age group, admitted to medical wards of KGH from July 2013 to May 2015. Exclusion criteria included pts with h/o snake bite with neurological manifestations like ptosis and respiratory failure

Results: In this study, the incidence of acute renal failure was 23.4% among the 107 cases of snake envenomation. It was neither low nor high when compared to other studies. The etiology of renal failure was multifactorial. 64% (16/25) of cases the onset of renal failure was before 24 hrs. Only in 36% of cases (9/25) the onset was beyond 24 hrs. The supportive therapy with careful rehydration, and drugs such as lasix, dopamine and blood transfusion help in the recovery renal failure in 56% of patients (14/25). Patients not improved with supportive therapy were 11. 7/11 were subjected to hemodialysis. 5/7 recovered, 2/7 did not recover. PD was attempted in 4/11. 1/11 did not recover. 3/4 died of ARF with other complications of snakebite envenomation.

Conclusions: In this study, the incidence of acute renal failure was 23.4% cases of snake envenomation (25/107). The etiology of renal failure was multifactorial. The DIC and circulatory failure were the common etiological factors. DIC with capillary leak syndrome, DIC with sepsis and direct nephrotoxicity were considered as the other main etiological factors.

Tirupati Kedar, Purushottam B, Santhosh K, Madhusudhan Babu M. Acute renal failure in snake bite. J Clin Sci Res 2015;4(Suppl 1):S101.

Abstracts of Platform Presentations (APAPICON 2015)

A descriptive study of the risk factors for catheter-associated bacteriuria in a medical intensive care unit

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ABSTRACT

Background: Catheter-associated bacteriuria (CAB) is the most common nosocomial infection acquired in medical ICUs. The objective of this study was to examine the independent risk factors for CAB in medical ICU patients.

Methods: The study included 110 adult catheterised patients who were admitted to the Andhra Medical College intensive care unit in a one –year period between March 2014-15. The selected patients were required to have a negative urine culture at the time of admission and duration of catheterisation >48 hours. The following variables were analysed as possible risk factors for CAB, defined as a quantitative culture with $\geq 10^5$ organisms/ml: age, sex, apache II score at admission, duration of catheterisation, duration of ICU stay and prior systemic antibiotic exposure during hospitalisation.

Results: In this study 12 out of 110 patients developed CAB following bladder catheterization (10.9%). The risk was significantly higher for patients on prolonged catheterisation.

Conclusions: The study shows that the most significant independent risk factor for CAB is the duration of catheterisation. Hence, to decrease the rate of CAB acquisition in medical ICUs the use of urinary catheters must be limited and when necessary removal of the bladder catheter must be performed as soon as possible.

Tirupati kedar, Purushottam Rao B, Santhosh K, Madhusudan Babu M. A descriptive study of the risk factors for catheter-associated bacteriuria in a medical intensive care unit. *J Clin Sci Res* 2015;4(Suppl 1):S102.

Abstracts of Platform Presentations (APAPICON 2015)

Comparision of clinical outcome of paraquat poisoning in patients treated with and without methylprednisolone

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ABSTRACT

Background: Little recent published data are available regarding the clinical manifestations, treatment and outcome in patients who have consumed paraquat.

Methods: Retrospective and prospective case- record review of 46 cases of paraquat poisoning during the period January 2013 to May 2015.

Results: Mean age group is 32 ± 14.02 , male to female ratio of 22:24. Total 34 (73.9%) have died, 6 (13.04%) have survived and 6 (13.04%) have left against medical advice (LAMA). Total 33 patients (71.7%) developed acute kidney injury (AKI), 28 patients (60.8%) had respiratory failure & 17 patients (36.9%) developed hepatitis. Total 20 patients were treated with parenteral methylprednisolone of whom 11 (55%) have died, 5 (25%) survived and 4 (20%) went on LAMA.

Conclusions: Mortality was high in patients who have consumed > 50ml of paraquat. Methylprednisolone has minimized mortality. Prognosis depends upon amount of poison consumed, time interval between consumption and hospital admission. AKI was the most common complication.

Harikrishna A, Chandrashekar V, Gururaj N, Srilatha. Comparision of clinical outcome of paraquat poisoning in patients treated with and without methylprednisolone. J Clin Sci Res 2015;4(Suppl 1):S103.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical profile of pesticide poisoning in the coastal villages of East Godavari district of Andhra Pradesh

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ABSTRACT

Background: coastal belt is intensive agricultural area with a very high use of pesticides, this constitutes one of the most frequent poisoning in the clinical practice.

Methods: 50 cases those with alleged pesticide poisoning admitted to KIMS during 2014 – 2015.

Results: 52% are in 12-30 years, M:F ratio 1.5:1, 68% married, 52% from Agricultural, Majority Hindus, family problems “ followed by “psychiatric illness”, 80% in Rural areas. 66% Low socio economic status, 96% Suicidal, Endosulphan(36%) Chlorpyrifos(28%), 74% hospitalized with in 2-4 hours, 6-10 days hospital stay in 50%. Intermediate syndrome in 20%, Respiratory failure in 24%. Mortality in early hospitalisations (11.54%) late (28.57%). Of the expired patients 6(66.67%) had a prolonged QTc interval.

Conclusions: Education amongst the farmers regarding its proper manner of use and stringent laws in relation to the sale of insecticides and pesticides.

Mula. Joginaidu, Surisetty. Suri Appa Rao, Sarma MBR. Clinical profile of pesticide poisoning in the coastal villages of East Godavari district of Andhra Pradesh. J Clin Sci Res 2015;4(Suppl 1):S104.

Abstracts of Platform Presentations (APAPICON 2015)

A prospective study of incidence of arf in cases of supervasmol consumption

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Rajiv Gandhi Institute of Medical Sciences, Kadapa

ABSTRACT

Background: Super-Vasmol33™ is the common cause of suicidal poisoning in kadapa district. The clinical features are angioneurotic edema, stridor, rhabdomyolysis with chocolate colored urine, acute renal failure[ARF]. Previous studies highlighted a high incidence of ARF and high mortality. We made an effort to find out the incidence of ARF in our institution.

Methods: A Prospective longitudinal study of Super –Vasmol33™ ingestion was conducted from January-December 2014 at our tertiary care teaching hospital RIMS, kadapa. A total of 389 cases were registered. Baseline data including age, gender, amount of vasmol consumption, blood biochemistry (including renal function tests) values obtained. Every patient was managed with aggressive fluid therapy , outcome observed.

Results: Out of 389 cases, only 16 developed ARF inspite of high quantity of toxin consumption. Most of them recovered with aggressive fluid management, only two patients needed hemodialysis.

Conclusions: The incidence of ARF in cases of Super-Vasmol33™ ingestion has drastically declined in our institution. This might be due to the aggressive fluid therapy. This study highlights the effectiveness of fluid therapy in the management of ARF.

Asha Mohan, Venkataravikumar C. A prospective study of incidence of arf in cases of supervasmol consumption. J Clin Sci Res 2015;4(Suppl 1):S105.

Abstracts of Platform Presentations (APAPICON 2015)

A study on the need for ventilator support in organophosphorous compound poisoning

Prem Kumar Aluka, Dilip M Rampure, C. Ramakrishna
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ABSTRACT

Background : India being an agricultural country, insecticides and pesticides are used abundantly during cultivation and are easily accessible . An estimated 3,000,000 people are exposed each year, with up to 300,000 fatalities .Studies report mortality rates from 3-25%.Respiratory failure is the most common cause of death. Keeping the above in view, the present study has been proposed to identify factors predicting the need for ventilator support in organophosphate poisoning

Methods: Patients presenting with organophosphate poisoning admitted to Mamata General & Super specialty Hospital, Khammam, are taken into study. 50 consecutive patients presenting with organophosphate poisoning were included in the study.

Results: Of the patients admitted to hospital after 3 hours of consumption of poison, 20 patients (68%) required ventilation , 13 had GCS between 3-6 and all of them required ventilation (100%) , 25 patients (50%) had accessory muscles of respiration in action and 23 of them (92%) required ventilator support, 34 patients (68%) had respiratory rate above 20/min and 23 patients (67.6%) of them required ventilation.

Conclusions: After analysing the data of the study we could conclude that patients who presented with higher respiratory rate (>20 breaths/min), accessory muscles of respiration in action, GCS-score of < 10, greater time lag between consumption of poison and admission to hospital (>3 hours), were more likely to require ventilation.

Prem Kumar Aluka, Dilip M Rampure, Ramakrishna C. A study on the need for ventilator support in organophosphorous compound poisoning. J Clin Sci Res 2015;4(Suppl 1):S106.

Abstracts of Platform Presentations (APAPICON 2015)

Serum cholinesterase estimation as prognostic marker in organophosphorous poisoning

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ABSTRACT

Background: Aim of the study is to estimate the serum cholinesterase levels in acute OP poisoning. To compare the clinical severity with enzymatic grading of cholinesterase depression.

Methods: The study comprises of 50 patients of acute OP poisoning admitted to Mamata general hospital khammam between september 2014 to july 2015. Diagnosis of OP poisoning was done by history, circumstantial evidence and physical examination of the patient. Patient were investigated with serum cholinesterase on admission before administration of atropine and PAM. Later serial estimation of serum cholinesterase was done on 2nd and 3rd days before the patient is being discharged subsequently. Patient were grouped into mild, moderate, and severe clinical groups depending on cholinesterase levels.

Results: OP compound poisoning was more common in males (72%), 48% belonged to age group of 20-30 yrs. 64% belonged to clinically mild group. There is a relation between amount of OP compound consumed and levels of serum cholinesterase and clinical severity. Prognosis is poor in enzymatically severe group (<10% of normal enzyme level). Mortality was 100% amongst them.

Conclusions: Level of serum cholinesterase levels has prognostic significance in treatment of OP poisoning.

Razia S, Dilip M Rampure. Serum cholinesterase estimation as prognostic marker in organo phosphorous poisoning. J Clin Sci Res 2015;4(Suppl 1):S107.

Abstracts of Platform Presentations (APAPICON 2015)

Snake bite- induced ARF: a study of clinical profile and predictors of poor outcome

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S.V. Medical College, Tirupati

ABSTRACT

Background: Acute renal failure is an important cause of morbidity and mortality in snake bite patients. This study was aimed to describe clinical profile and to identify predictors of poor outcome in snake bite induced ARF

Methods: A Retrospective study of 30 patients admitted with snake bite in ARF requiring dialysis in SVRRGGH was studied over 6 months period. Clinical history taking, physical examination and laboratory evaluation was done. All patients received standard treatment with anti snake venom and haemodialysis

Results: Prevalence of ARF in snake bite was 20.48%. Common clinical manifestations are local cellulitis (100%), Oliguria (84.2%), Haematuria (29.8%). Common laboratory findings are albuminuria (100%), anemia (54.3%), Thrombocytopenia (42.1%), Coagulopathy (36.8%), Metabolic acidosis (31.5%).

Conclusions: Snake bite induced ARF has mortality of 15.5%. The factors associated with mortality were presence of coagulopathy and uremic encephalopathy.

Naga Alekhya B, Imroz S, Bala Subramanyam B. Snake bite- induced arf: a study of clinical profile and predictors of poor outcome. J Clin Sci Res 2015;4(Suppl 1):S108.

Abstracts of Platform Presentations (APAPICON 2015)

A clinical study of cleistanthus collinus poisoning

S.V.V. Mani Krishna, C. Jaya Bhaskara, M. Rama Devi

S.V. Medical College, Tirupathi

ABSTRACT

Background: VADISAKU (CLEISTANTHUS COLLINUS) Poisoning is a commonly consumed poison for suicidal and homicidal purpose in southern Andhra Pradesh. The toxic substance cleistanthin A&B causes glutathione depletion which damages various types of epithelium leading to distal renal tubular acidosis, ARDS and toxin induced vascular injury etc.

Methods: We have analysed retrospectively case records of vadisaku poisoning admitted in medical wards at SVRRGGH during the period from Jan-2015 to June-2015.

Results: Total number of patients are 35 with male to female ratio 2.2:1. Median age group of the patients is 38 years. Average time of consumption of leaves to arrival to emergency room is 24hrs. Most common clinical presentation at the time of admission is asymptomatic 55%, abdominal pain 20%, dyspnoea 15%, chest pain 7%, palpitations 3%. Complications occurred during hospital stay are hypokalemia 75%, respiratory failure 15%, hypotension and shock 15%, acute renal failure 35%, cardiac arrhythmias 6%.

Outcome: Out of total number of 35 patients 5 (15%) patients died in which Male to female ratio is 4:1. All the admitted 5 cases presented after 3 days of consumption with acute respiratory distress and put on mechanical ventilator. Cause of death was found to be ARDS and shock in 4 patients and cardiac arrhythmias in one patient.

Conclusion: Cleistanthus collinus is a lethal poison for which no specific anti-dote is available and patients may present with delayed onset respiratory failure and renal failure so initiating appropriate corrective measures can be life saving.

Mani Krishna SVV, Jaya Bhaskara C, M. Rama Devi. A clinical study of cleistanthus collinus poisoning. J Clin Sci Res 2015;4(Suppl 1):S109.

Abstracts of Platform Presentations (APAPICON 2015)

Paraquat – Fatal poison – A prospective case study of clinical profile & prognostic factors of 40 cases admitted in GGH, Kakinada during period of October 2012-September 2014

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Rangaraya Medical College, Kakinada

ABSTRACT

Background: Paraquat (1,1' – dimethyl-4, 4'-bipyridinium) was introduced in 1962. It is a widely used contact herbicide with a good safety record when used properly. It came into disrepute because of accidental or intentional ingestion leading to a high mortality. Paraquat toxicity can produce both local and systemic effects. The major acute effects are the ulceration of skin, lips, tongue, pharynx and esophagus. The acute systemic effects are usually pulmonary edema, cardiac, renal or hepatic failure and convulsions. The mainstay of treatment remains the gastric lavage and the administration of adsorbents and extracorporeal elimination of paraquat, though the clinical efficacy remains controversial. The data on paraquat poisoning from our country is scant .

Methods: This is a prospective hospital based study in clinical profile & Prognostic factors of 40 patients of paraquat poisoning (ingestional poisoning) admitted into the medical wards of Government General Hospital, Kakinada during the period of October 2012 to September 2014 were studied

Results: In our study Paraquat poisoning is the most common in young adult males in the age group of 18-30 years (i.e.) 67.5 %, mostly agricultural laborers belonging to rural area. Oral route of exposure with suicidal intention accounts for 90% of cases. Accidental exposed cases accounts for 10% of cases. In the present study, most common symptom at presentation was vomiting (80%), followed by breathlessness (62.5%) and oliguria (62.5%). Other gastrointestinal symptoms were in the form of dysphagia (55%), odynophagia (30%), and abdominal pain (25%). Other respiratory symptoms were in the form of cough (50%), chest pain (37.5%), and hemoptysis (7.5%). Other genitourinary symptoms were in the form of anuria (12.5%). In the study, various complications were encountered like acute kidney injury (82.5%) respiratory failure (77.5%), multiorgan dysfunction (77.5%), hepatic failure (65%) and circulatory failure (35%) cases and were associated with poorer prognosis. In our study prognostic factors strongly correlated with WBC count, serum creatinine, serum bilirubin, AST levels, ALT levels, PH, PaCO₂. The main stay of management was pulse therapy with methylprednisolone and cyclophosphamide

Conclusions: Paraquat poisoning throughout the world is not rare. The mortality is high. Recognizing the clinical presentation and getting history of exposure, early referral for therapeutic intervention with gastric adsorbents (activated charcoal or fuller's earth) and activated charcoal hemoperfusion are critical to prevent irreversible pulmonary damage and multi organ failure.

Nagoor Basha Shaik, Benhur NVA, Sarma CSS. Paraquet – Fatal poison – A prospective case study of clinical profile & prognostic factors of 40 cases admitted in GGH, Kakinada during period of October 2012- September-2014. J Clin Sci Res 2015;4(Suppl 1):S110.

Abstracts of Platform Presentations (APAPICON 2015)

Clinical Profile of Rheumatoid Arthritis with Special Emphasis on Pulmonary Manifestations

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ABSTRACT

Background: Pulmonary Manifestations in Rheumatoid Arthritis(RA) are varied as the pleura, Parenchyma, Airway and Pulmonary vasculature all can be involved . PleuroPulmonary manifestations are more Apt to occur in patients with more severe chronic Articular disease , with High titers of Rheumatoid Factor(RF) , who have rheumatoid nodules as well as those with Systemic Manifestations . Aim is to study various pulmonary manifestations of RA with respect to Age, Sex, Mode of presentation, Clinical Features , Radiological Features and correlation between pulmonary manifestations , Articular Manifestations and Various other Systemic Manifestations .

Methods: A total of 60 patients with RA (According to 2010 ACR-EULAR Criteria) who are of age >15yrs has been screened for Pulmonary manifestations

Results: Maximum Incidence of RA is between 41-50yrs with Female predominance 56.67%, Prevalence of pleura-Pulmonary Manifestations is Around 40% with Male predominance

Conclusions: Though RA is predominant in females , Pleuro Pulmonary Manifestations are common in Males. Pleural effusion is Most common next is Interstitial Fibrosis and Bronchiectasis . So every RA patient should be carefully screened for Pulmonary Manifestations

Gandhi P, Krishna Murthy A, Vasavilatha, Srinivas Rao B, Srinivasa Reddy VC. Clinical Profile of Rheumatoid Arthritis with Special Emphasis on Pulmonary Manifestations. J Clin Sci Res 2015;4(Suppl 1):S111.

Abstracts of Platform Presentations (APAPICON 2015)

Efficacy and Safety of Azathioprine in patients with systemic lupus erythematosus (SLE) with special reference to clinical outcome in SLE patients with leucopenia

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ABSTRACT

Background: This study aims to assess the efficacy and tolerability of azathioprine in SLE patients with special note on outcome in patients with leucopenia.

Methods: Prospective, observational study 2013-2015, SLE patients on azathioprine were followed. The outcome measures were time to flare, time to leucopenia, computed by Kaplan Meier and Life Table survival analyses.

Results: Among the 83 female patients enrolled, mean age was 25.42 ± 7.34 years, median disease duration was 36 [interquartile range (IQR) 24-60] months with mean baseline SLE disease activity index (SLEDAI) of 8, median duration of follow up was 8 [range (3-24)] months, mean time to flare was 15.1 months, mean time to leucopenia was 15.2 months, with median change in SLEDAI at flare from baseline of 6 after the initiation of azathioprine. Twenty nine (34.9%) developed leucopenia, in 20 patients, leucopenia was azathioprine induced. In 9 patients, leucopenia was due to disease flare, azathioprine was continued. The mean duration for resolution of flare was 2 months.

Conclusions: Continuation of azathioprine can improve clinical outcome in SLE patients who develop leucopenia as flare.

Aparna Reddy S., Varaprasad IR, . Rajasekhar L Radhika S. Efficacy and Safety of Azathioprine in patients with systemic lupus erythematosus (SLE) with special reference to clinical outcome in SLE patients with leucopenia. J Clin Sci Res 2015;4(Suppl 1):S112.

Abstracts of Platform Presentations (APAPICON 2015)

Study of rheumatologic emergencies in a tertiary care centre in South India

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ABSTRACT

Background: Rheumatological emergencies are not uncommon, contributes to 10-15% of hospital admissions and life threatening illness develops in half of them.

Methods: Patients admitted under Rheumatology in Nizam's institute of medical sciences from Jan2013 to Dec2014 who required emergency medical care are included. Data retrieved from discharge summaries and hospital medical records. Data collection included baseline demographic, clinical and laboratory details.

Results: 203 patients required intensive care. Mean age at presentation was 24.9 yrs. 89% were females. SLE was the primary disease in 136(68%) patients followed by scleroderma in 16, overlap syndromes in 14, RA in 11. Pulmonary complications were the commonest (23%). Infections were seen in 94(46%), Of them 67(72%) had sepsis, 22(24%) had septic shock and 17(18%) had multiorgan dysfunction.

Conclusions: SLE is the commonest rheumatic disease requiring emergency care and has higher mortality followed by scleroderma and RA. Infections in the face of active disease contributed the highest percentage needing emergency management.

Sunitha K, Varaprasad IR, Rajasekhar L. Study of rheumatologic emergencies in a tertiary care centre in South India. *J Clin Sci Res* 2015;4(Suppl 1):S113.

Abstracts of Platform Presentations (APAPICON 2015)

A study to evaluate conventional inflammatory markers in assessment of disease activity in Takayasu arteritis

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ABSTRACT

Background: To assess disease activity measures with conventional inflammatory markers in Takayasu arteritis patients

Methods: Prospective observational study 2013-14 ,fulfilling ACR criteria for Takayasu arteritis were enrolled.Demographic and clinical characteristics were noted. Laboratory parameters-ESR, High sensivity CRP(hs CRP) was measured by ELISA.Disease activity assessed by physician global assessment (PGA), Indian Takayasu Activity Score(ITAS) and ITAS-ESR

Results: Among 40 patients (34 females, 6 males) with mean age 27 years, mean (SD) disease duration was 3.2(2.7) years.Weight loss, fatigue, and anorexia were the most common presenting complaints .Common clinical findings were diminished pulses (75%) followed by bruits (50%). Carotid, subclavian artery, descending aorta were commonly involved.Based on PGA patients grouped into active 14,grumbling 8,inactive 18.

Inflammatory markers (Mean)	Active	Grumbling	Inactive	p value
ESR(mm)	52	46	35	0.04
Hscrp (ng/ml)	12500	9500	1985	0.02
Activity measures Mean(SD)				
ITAS	4.9(2.1)	3.2(1.1)	1.2(0.8)	<0.001
ITAS-ESR	7.1(1.8)	4.5(1.5)	2.2(1.1)	<0.001

Conclusion: ITAS ,ITAS-A and hs CRP performed well for distinguishing active,grumbling and inactive disease in Takayasu arteritis

Phanikumar D, VaraprasadI R, Rajashekar L. A study to evaluate conventional inflammatory markers in assessment of disease activity in Takayasu arteritis. J Clin Sci Res 2015;4(Suppl 1):S114.

Abstracts of Platform Presentations (APAPICON 2015)

Haematological manifestations in patients with systemic lupus erythematosus presenting to gandhi hospital

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ABSTRACT

Background: : Haematological abnormalities are frequently encountered in patients with SLE. It was aimed to study the prevalence of haematological abnormalities in patients diagnosed to have SLE, therapeutic interventions needed and the outcome over three months follow-up.

Methods: We prospectively analyzed 54 SLE patients who presented to our hospital over a period of 18 months. All the patients were evaluated and necessary investigations were done

Results: Anemia was the most common haematological abnormality detected (85.7 %). IDA (33.3 %), ACD (22.2 %) and AIHA (16.6 %) were the most common causes of anemia detected. Presence of severe anemia was associated with the presence of lupus nephritis ($p = 0.013$), APLA ($p = 0.04$) and a fatal outcome ($p = 0.04$). a. DCT was positive in 74.4 % of patients. Eight had thrombocytopenia. Three patients had a fatal outcome secondary to febrile neutropenia.

Conclusions: Our data demonstrates that haematological manifestations are common in SLE, by themselves they are rarely life threatening. Most of the manifestations improve with the treatment of the systemic and associated major organ involvement.

Priyadarshini, Sastry P KBR, Anuradha P, Suneel Kumar, Manjula. Haematological manifestations in patients with systemic lupus erythematosus presenting to gandhi hospital. J Clin Sci Res 2015;4(Suppl 1):S115.

Abstracts of Platform Presentations (APAPICON 2015)

Retrospective study on morbidity and mortality of in-patients admitted in tertiary care hospital Tirupati, based on ICD code

V. Ujjwala, K. Tulasi Ram, P. Suresh, D. Shankar Reddy, M.S. Sridhar

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ABSTRACT

Introduction: According to 10th Revision of International Classification of Disease, Clinical Modification (ICD-10 CM) diseases and injuries, every disease has an ICD code. Based on this, every in-patient has an ICD code depending upon the disease the patient presented with. With the in-patient record available, morbidity and mortality of diseases based on ICD code is calculated.

Objectives: To determine morbidity and mortality of patients based on ICD code available among various in-patients admitted. To document the relationship between residence and district with morbidity and mortality of in-patients admitted

Methodology:

Study Setting: Hospital based retrospective study involving record analysis. Of total 407 patients, records of 360 patients are analyzed. Secondary data was collected from the case sheets for the previous 6 months from SVRRGG Hospital, Tirupati, A.P.

Inclusion Criteria: Patients with proper ICD code given for the disease are included.

Results: Study population consists of 48.3% females and 51.7% males. Increased presentation is seen among age group between 45-60yrs (29.4%). Increased prevalence is seen in ICD code T (poisoning -15.5%) and A (fevers) 14.6%. Geographical distribution is also shown.

Conclusion: This type of analysis helps in planning health services for clientele effectively.

Ujjwala V, Tulasi Ram K, Suresh P, Shankar Reddy D, Sridhar MS. Retrospective study on morbidity and mortality of in-patients admitted in tertiary care hospital Tirupati, based on ICD code. J Clin Sci Res 2015;4(Suppl 1):S116.

Abstracts of Platform Presentations (APAPICON 2015)

A comparative study of the clinico-aetiological profile of hyponatremia at presentation with that developing in the hospital

Rahul Chirag, Sridhar

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ABSTRACT

Background: Hyponatremia is a common problem encountered in patients presenting with nonspecific symptoms. In this study we investigated the clinical profile of patients with hyponatremia, the precipitating factors, the response to therapy and to compare, using these parameters, hyponatremia at presentation to the developing in the hospital.

Methods: Seventy patients with serum sodium less than or equal to 125 mmol/l at presentation or at any time during hospital admission were identified and studied using a Proforma. The severity of hyponatremia, therapy given and time taken for recovery were analyzed.

Results: The mean serum sodium was 118 ± 6 mmol/l. confusion, headache, nausea and malaise were the most common symptoms. Decreased intake being the most common cause followed by increased losses. Drugs, fluid overload and inappropriate Ryle's tube feeds more commonly precipitated hyponatremia in-hospital patients. Time taken for recovery showed negative correlation with serum sodium, patients with in hospital hyponatremia took longer time to recover.

Conclusions: Decreased intake was found to be the commonest cause of hyponatremia, thus, ensuring adequate oral intake, especially in patients on liquid diet and in manual labourers and correction of hyponatremia as soon as an abnormality is detected is important

Rahul Chirag, Sridhar. A comparative study of the clinico-aetiological profile of hyponatremia at presentation with that developing in the hospital. *J Clin Sci Res* 2015;4(Suppl 1):S117.

Abstracts of Platform Presentations (APAPICON 2015)

Understanding adolescent sexual and reproductive health needs in rural India

P. Shafi, R. Ramesh, Muneeswar Reddy, Chandrashekhar
S.V. Medical College, Tirupati

ABSTRACT

Background: India consists of over 20% population in adolescence. The National Population Policy-2000 has recognised adolescents as an underserved vulnerable group that need to be served especially by providing reproductive health information and services. Many studies suggest a need for screening through population-based studies or special health clinics in schools and colleges for early detection and management of common reproductive health ailments.

Methods: 500 Adolescent girls From Rural Chandragiri near Tirupati was studied for Reproductive and sexual health needs in a population based cross sectional study.

Results: The mean age of the study participants was 13.17 years. 90% were Hindus, 60% parents had received secondary level of education (grade 8 to 10). The mean age of menarche among girls was 11.4 years. Predominant Health need was related to menstruation, white discharge, peer pressure, pregnancy, Sexual behavior, HIV/AIDS, Masturbation/wet dreams, White discharge, physical changes related to adolescents and Attraction to opposite sex.

Conclusions: . My study shows that to increase help seeking behaviour of adolescent girls, apart from health and life skill education, their medical screening with a focus on reproductive health by trained physicians, parental involvement, supported by adolescent friendly centers (AFC) for counseling, referral and follow up are essential.

Shafi P, Ramesh R, Muneeswar Reddy, Chandrashekhar. Understanding adolescent sexual and reproductive health needs in rural India. J Clin Sci Res 2015;4(Suppl 1):S118.

Abstracts of Platform Presentations (APAPICON 2015)

A study on clinical profile of patients attending field practice area of S.V. Medical College, Tirupati

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S.V. Medical College, Tirupati

ABSTRACT

Background: This study was conducted to know the clinical profile of patients attending Field Practice Area (Chandragiri) of S.V. Medical College, in Chittoor district, Andhra Pradesh.

Methods: Cross-sectional, prospective, descriptive study.

Records of patients (Age >10 years) attending O.P.D. services over a period of 15 days from 1st July 2015 to 15th July 2015, were analyzed for demographic details, diagnostic categories, profile of illnesses and treatment given.

Results: Number of patients studied were 180. Majority of patients were of age group 41-50 yrs (21.1%), gender - male=female, residing within Chandragiri (37.2%), presented with infections (Upper Respiratory Tract Infection) URTI (26.15%), (Gastro Enteritis) G.E. (23%). Follow up patients had hypertension (15.5%) and diabetes (13.8%), emergencies were 11/180 (6.1%), patients referred to nearby tertiary care hospital were 37/180 (20.5%).

Conclusions: Respiratory tract infections and diarrhea continue to be the most important reasons for utilizing health services. Health Education Programme on these two conditions was conducted.

Sindhu Sree R, Thulasi Ram K, Suresh P, Sridhar MS. A study on clinical profile of patients attending field practice area of S.V. Medical College, Tirupati. J Clin Sci Res 2015;4(Suppl 1):S119.

Abstracts of Platform Presentations (APAPICON 2015)

A study of thrombocytopenia with reference to aetiology

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Gandhi Medical College, Hyderabad

ABSTRACT

Background: The etiologies of thrombocytopenia are diverse. This study attempts to determine the common etiologies of thrombocytopenia and bleeding manifestations

Methods: Patients older than 18 years of age found to have thrombocytopenia were included in the study. Study period was between September 2013 to September 2014. the diagnosis was made, bleeding manifestations and requirement of platelet transfusions were recorded.

Results: 213 patients were included in study. Dengue fever was the cause in 27% of patients followed by malaria (25%). Sepsis (12.8%), megaloblastic anemia (10.8%), ITP (8.4%), MDS (3.7%), aplastic anemia (3.3%) hematological neoplasms (2.1%), Collagen vascular diseases (2.1%), Miscellaneous causes (4.8%) formed the rest. The common bleeding manifestations were Gum bleed, Petechiae and Menorrhagia. 62.1% of those who had bleeding had platelet count < 10000/ μ L. 58 patients were given platelet transfusions, 53.4% of these cases were transfused because of bleeding and 46.6% were prophylactic.

Conclusions: Dengue fever was the commonest cause of thrombocytopenia. The commonest bleeding manifestation was gum bleed. Majority of bleeding manifestations occurred with platelet count < 10000/ μ L.

Suresh G, Praveen Kumar B, Ashok Kumar M, Manjula BSV. A study of thrombocytopenia with reference to aetiology. J Clin Sci Res 2015;4(Suppl 1):S120.

Abstracts of Platform Presentations (APAPICON 2015)

Clinicohaematological study of 100 cases of pancytopenia: study in a tertiary care center

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ABSTRACT

Background and aim: A study was carried out to analyse the presentation, to identify the causes and to study the bone marrow morphology of 100 cases of pancytopenia. **Methodologies:** In this study, a total of 100 cases of pancytopenia were studied by examining the peripheral smears. Bone marrow samples were obtained by aspiration and biopsy procedures when indicated. Biochemical and other special investigations were done as and when necessary.

Results: Among the 100 cases studied, age of the patients ranged from 13 to 86 years with a mean age of 42.9 years and a slight male predominance. Most common presenting features were easy fatiguability and fever. The commonest physical finding was pallor present in 100 percentage of the cases followed by splenomegaly. The commonest marrow finding was hypercellularity with megaloblastic erythropoiesis and the commonest aetiology being megaloblastic anaemia.

Conclusions: The present study concludes that detailed primary haematological investigations are the cornerstone to diagnose or to rule out the diagnosis of pancytopenia, precluding bone marrow examination in many cases. It highlights the importance of other nutritional supplementation in vegetarians who are the population at highest risk. It signifies the importance of considering infections as one of the commonest causes of pancytopenia.

Alluru Manoj Bharath, Satyanarayana rao K, Srinivasa Rao D, Raghu TVS. Clinicohaematological study of 100 cases of pancytopenia: Study in a tertiary care center. J Clin Sci Res 2015;4(Suppl 1):S121.

Abstracts of Platform Presentations (APAPICON 2015)

Clinico-aetiological profile and management of deep vein thrombosis (DVT) in a tertiary care hospital

Yadlapalli C Deepak, Daneti Dharanesh Babu, S.V.R. Murthy, M. Aashritha

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ABSTRACT

Background: Venous thromboembolic disease, includes DVT and Pulmonary Embolism(PE)has an estimated annual incidence of 0.1% persons per year.DVT commonly affects leg veins or deep veins of pelvis.Aim is to study demographic,clinical pattern,precipitating factors,treatment and prophylaxis of DVT.

Methods: 34 patients admitted with DVT in GSL Medical college and Hospital during last two years in all medical and surgical wards were assessed clinically using WELL'S score,D-Dimer testing,venous ultrasonographyand routine parameters.

Results: DVT was common in males(23,67.64%)than females(11,32.35%).Risk of DVT appears to be diminished with age(<60yrs-76.47%,>60yrs-23.52%).Risk factors for DVT included surgery (8,23.52%), Neurological disease (5,14.7%), Neoplasms (4,11.76%), Trauma (3,8.82%), Infections (3,8.82%), Varicosities (2,5.8%)and Pacemaker Implantation (1,2.94%). Proximal DVT accounted for 85.29% and Distal DVT 14.7%.28 patients (82.35%) were managed with medical treatment and IVC filters placed in 6 patients (17.64%).

Conclusions:An accurate diagnosis of DVT is important to prevent fatal complications like PE,post-phlebitis syndrome and pulmonary hypertension.Prophylaxis can be mechanical or pharmacological.Main stay of treatment is anticoagulant therapy and venacaval filters in special circumstances.

Yadlapalli C Deepak, Daneti Dharanesh Babu, Murthy SVR, Aashritha M. Clinico-aetiological profile and management of deep vein thrombosis (DVT) in a tertiary care hospital. J Clin Sci Res 2015;4(Suppl 1):S122.

Abstracts of Platform Presentations (APAPICON 2015)

Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease

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Mamata medical college and general hospital, Khammam

ABSTRACT

Background: COPD is a leading cause of death and disability worldwide. COPD is associated with significant extrapulmonary (systemic) effects among which cardiac manifestations are most common. COPD affects pulmonary blood vessels, right ventricle, as well as left ventricle leading to development of pulmonary hypertension, cor pulmonale, right ventricular dysfunction, and left ventricular dysfunction too. Echocardiography provides a rapid, noninvasive, portable and accurate method to evaluate the right ventricle function, right ventricular filling pressure, tricuspid regurgitation, left ventricular function and valvular function.

Aim: To assess the cardiac changes secondary to COPD by echocardiography.

Methods: 40 patients of COPD confirmed by clinical history, radiology of chest, and pulmonary function test were selected from the Mamata General Hospital, Khammam.

Results: on echocardiographic evaluation of COPD, 50% cases had normal echo parameters. TR was observed in 27/40 cases (67.5%). PH which is defined as systolic pulmonary arterial pressure more than 30 mmHg was observed in 17/27 (63%) cases. The frequencies of PH in mild, moderate, severe and very severe COPD were 16.67%, 54.55%, 60% and 83.33%, respectively. Cor Pulmonale was observed in 7/17 (41.17%) cases.

Conclusion: Severe PH is almost always associated with cor pulmonale. Echocardiography helps in early detection of cardiac complications in COPD case giving time for early interventions.

Srivani NM, Rampure DM, Rajashekharappa G. Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease. J Clin Sci Res 2015;4(Suppl 1):S123.

Abstracts of Platform Presentations (APAPICON 2015)

Study of prothrombotic and systemic inflammatory state in COPD -plasma fibrinogen and platelet mass as indicators

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ABSTRACT

Background:COPD(chronic obstructive pulmonary disease) is a syndrome of progressive airflow limitation caused by chronic inflammation of the airways and lung parenchyma.It produces significant systemic consequences like pulmonary thrombosis and coronary artery disease that hypercoagulable state exists (attributed to altered platelet functions and clotting system activation)Therefore, the current direction is regarding the attenuation of systemic inflammation which may offer new perspectives in the management of COPD.

Methods:Case control study : A total number of 75 cases and 75 controls were included. In the cases group,they were classified by Spiro metric measurements of FEV1/FVC & FEV1% Predicted into four groups (GOLD classification).CBC,chest x-ray, plasma fibrinogen, mean platelet volume, PaO2 were measured.

Results:Plasma fibrinogen level was significantly higher in COPD group compared to control group

Conclusions: There is an increased Fibrinogen and Mean Platelet Volume as the severity of COPD increases. This indicates that there is Systemic Inflammatory and Prothrombotic state in COPD

Shaheed Abdul Ansar B, Krishna Prasad. Study of prothrombotic and systemic inflammatory state in COPD - plasma fibrinogen and platelet mass as indicators. J Clin Sci Res 2015;4(Suppl 1):S124.

Abstracts of Platform Presentations (APAPICON 2015)

A cross sectional study of electrocardiographic and echocardiographic profile of COPD patients

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MNR Medical College, Sangareddy

ABSTRACT

Background: Chronic obstructive pulmonary disease (COPD), a common preventable and treatable disease, is characterized by airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases.

Methods: Study included 50 patients admitted to MNR medical college, Sangareddy with COPD, they were subjected to detailed history for the presence of various risk factors, complete clinical examination and investigations including, Spirometry, ECG and 2-D ECHO.

Results: Out of 50 patients. 98% were males and 72% were smokers. On chest x-ray 44% of patients showed emphysematous changes, 12% showed pulmonary artery disease, 6% showed cardiomegaly. On spirometry- 14% of patients had FEV1/FVC ratio of <50, and ECG showed p-pulmonale in 34%, QRS Right axis deviation in 28%. On 2-D ECHO-44% of patients showed elevated pulmonary artery pressure, 12 % showed features of tricuspid regurgitation.

Conclusions: COPD was common in males. Smoking was commonly associated with COPD. Both electrocardiography and echocardiography are very useful in the assessment of severity of COPD and diagnosing pulmonary hypertension.

Chiluka AS, Niteesh Rao M, Sathyam G, Sathish G. A cross sectional study of electrocardiographic and echocardiographic profile of COPD patients. *J Clin Sci Res* 2015;4(Suppl 1):S125.