JOURNAL OF CLINICAL AND SCIENTIFIC RESEARCH

The Journal

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

Abstracting and indexing information

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

Copyright

Disclaimer

Online access:

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

Subscription information

Prices include postage. Annual subscription rates are as follows:
Institutional: ₹ 1000for print version and ₹ 500 for CD version;
Personal: ₹ 150 for print version; ₹ 100/- for CD version.
Life subscription : ₹ 1500/- (non-refundable)
Cheque/DD to be drawn in favour of ''Executive Editor-in-chief, JCSR, SVIMS, Tirupati''.

Correspondence

Dr P.V.L.N. Srinivasa Rao
Executive Editor-in-Chief
Journal of Clinical and Scientific Research
Editorial office
II Floor, New OPD Block
Sri Venkateswara Institute of Medical Sciences
Tirupati 517 507
Phone: +91-877-2287777; Ext. 2465
e-mail: jcsr@svims.gov.in; editorjcsr@gmail.com

JOURNAL OF CLINICAL AND SCIENTIFIC RESEARCH

An official quarterly peer reviewed publication of

Sri Venkateswara Institute of Medical Sciences

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

Tirupati 517 507, India

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

Journal of Clinical and Scientific Research

Vol. 2 Suppl 2 **October-December 2013** **ISSN(print) 2277-5706**
ISSN(online) 2277-8357

41st Annual Conference of AP Chapter of API-2013

Editors' Message **xv**

Scientific Programme **xvi**

Scientific Abstracts

PLATFORM PRESENTATIONS

Aetiology and clinical profile of patients with dilated cardiomyopathy **S1**
Keshava Anvesh G

A study on etiological profile of atrial fibrillation (AF) and to assess the incidence of left atrial (LA) thrombus and site of embolic complication **S2**
Sivakumar D

The incidence of right ventricular infarction and posterior wall infarction in inferior wall myocardial infarction **S3**
Pruthvi G

Clinical, ECG and echo profile of patients with dilated cardiomyopathy **S4**
Ganesh N, Rama Rao S, Dharma Rao V

Prevalence of microalbuminuria in non-diabetic hypertensives and its correlation with left ventricular mass **S5**
Seetharam V, Manohar S, Siddeswari, Shakunthala, Bhargavi, Karthik SV

A study of significance of micro-albuminuria in essential hypertention **S6**
Stalin

Measurement of cardiac troponin T following myocardial infarction and its correlation with left ventricular function **S7**
Chandrashekar V, Rajini, Sudhakar, Naveen kumar

Prevalence and record of alcoholism in emergency department patients in a rural teaching hospital in khammam **S8**
Murali Krishna K, Dharma Rao V, Rama Rao S, Anjani Kiranmyie, Sumalatha N

Intestinal lymphangiectasia causing chylous ascites **S9**
Surekha S, Srinivasa Rao N, Ramchander Rao U, Rajendra Prasad S, Srivani

Clinical and etiological profile of patients with liver abscess **S10**
Krishna Tejaswi MB, Ramadevi M

A study of renal hemodynamic parameters in patients of alcoholic liver cirrhosis and its correlation with MELD score **S11**
Varun Mai, Chandra Shekar V, Rajini, Sudhaker

A study of etiology and risk factors for stroke in young **S12**
Harinath Reddy AG

Clinical Scorings in differentiation of acute stroke aetiology and correlation with CT scan of brain **S13**
Geeta Priyadarsini K

Diffuse alveolar hemorrhage - a catastrophic complication of connective tissue diseases: case series **S14**
Sirisha K, Kishore Babu KV, Srinivasa C, Vara Prasad IR, Shabina H, Rajasekhar L

Outcome of immunosuppressive therapy in patients with scleroderma and interstitial lung disease, 2 years follow up data **S15**
Kishore Babu KV, Srinivasa C, Sirishan K, Naidu ARK, Vara Prasad IR, Shabina H, Kanchinadham S, Rajasekhar L

Clinical presentation, disease severity and laboratory characteristics in 100 patients with newly diagnosed, disease modifying antirheumatic drugs-treatment naive, rheumatoid arthritis **S16**
Sowgandhi N, Siddhartha Kumar B, Aparna Reddy S, Mohan A,Katyarmal DT, Sarma KVS

Study of quality of sputum being submitted for smear examination under Revised National Tuberculosis Control Programme (RNTCP) **S17**
Maneesha R, Srikanth E, Gowrinath K, Mohan A

Prognostic study of patients of intracerebralhaemorrhage (ICH) with reference to volume of ICH, Glasgow coma score **S18**
Gattu

To study serum lipid profile in patients with cerebrovascular disease and to determine significant correlation between them. To ascertain the effect of age and sex on serum lipid profile. **S19**
Satyanarayana Y

A rare association of arthritis, skin hypertrophy and clubbing: a report of 2 cases **S20**
Madhuri HR, Naidu ARK, Varaprasad IR, Habibi S, Kanchinadham S, Rajashekar L

Serum adiponectin, and its impact on disease activity and radiographic joint damage in early rheumatoid arthritis in relation to body mass index and waist hip ratio. A cross-sectional study **S21**
Srinivasa Chennareddy, Kishore Babu KV, Varaprasad IR, Habibi S, Kanchinadham S, Rajasekhar L

Complications in post stroke survivors-data from a teritiary care centre **S22**
SashiSekhar TVD, Madhavi K, Shalini M

The severity, symmetry and significance of carotid artery stenosis in acute ischemic stroke **S23**
Ramanamurty SV, Sreenivas, Chakravarthy DJK

A study of complications of paraquat poisoning **S24**
Manohar K, Stalin

Prognostic value of serum cholinesterase in organophosphate poisioning **S25**
Nageshwara Rao B

Comorbid illness in COPD patients **S26**
Sasisekhar TV, Bhanu Rekha B, Indralekha Girish M, Lakshmi Lavanya M

Burden of human immunodeficiency virus infection in 610 incident tuberculosis cases **S27**
Dinesh Kumar N, Mohan A, Siddhartha Kumar B, Prabath Kumar D, Harikrishna J, Sarma KVS

Clinical presentation and predictors of outcome in 234 patients with Super Vasmol *33* hair dye poisoning **S28**
Suneetha P, Mohan A, Sivaram Naik G, Harikrishna J, Prabath Kumar D, Sarma KVS

Comparison of OSA in obese and non obese patients **S29**
Narendrapradyutwaghra Y, Koteswara Rao A, Surenderreddy V, Reddy Tummuru V, Udaykrishna T, Veena V

Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease **S30**
TanazeeZade

Pulmonary function test and type 2 DM duration-a correlation **S31**
AzeerRafeeq

Clinical, microbiological and radiological study of community acquired pneumonia **S32**
Srihari B

The frequency of pulmonary tuberculosis in patients with diabetes mellitus **S33**
Tanazee Zade

Three case reports of paraquat poisoning **S34**
Kishore Kumar K

A study of microalbuminuria and retinopathy in type 2 diabetes mellitus **S35**
Vidyasagar K

Role of vitamin D in type 2 diabetes **S36**
Ashok

To compare clinical features and biochemical profile in diabetic ketoacidosis **S37**
Jayakumar

Study of incidence of peripheral neuropathy and autonomic neuropathy in type 2 diabetes mellitus **S38**
Chandrika

Prevalence of diabetic retinopathy in type – 2 diabetic patients with periodontitis presenting to a teaching hospital **S39**
Kumar Surapureddy VRB, Rama Rao S, Dharma Rao V

Effect of diabetic distress on glycemic control **S40**
Lakshmi Lavanya M

Assoication between intrarenal arterial resistance and diastolic dysfunction in type 2 diabetes mellitus **S41**
Srinivasa Rao N, Ramchander Rao U, Rajendra Prasad S, Srivani, Narendra CH

Prevalence of overweight in medical students of diabetic and non-diabetic parents **S42**
Boppana R, Ramarao S, Dharmarao V

Respiratory manifestation of patients with scrub typhus **S43**
Nishanth S

Clinical profile of dengue fever in a teaching hospital **S44**
Ganesh N, Rama Rao S, DharmaRao V

Study of haematological manifestations in HIV AIDS **S45**
Karthik SV, Manohar S, Siddeswari

Prevalence of obesity among trainee doctors in a teaching hospital in Khammam, Andhra Pradesh **S46**
Sravan Kumar B, Rama Rao S, Dharma Rao V, Hanumaiah A, Rama Krishna B

Quality of medical records at teaching hospitals **S47**
Priyanka D

Study of pancytopenia at CAIMS **S48**
Imtiaz Ali, Narayana P

A case of very severe generalised tetanus in elderly **S49**
Koushik AK

Aetiology and predictors of outcome in patients admitted to medical intensive care unit with multiorgan-dysfunction syndrome (MODS) **S50**
Arun Raja V, Mohan A, Harikrishna J, Siddhartha Kumar B, Sivaram Naik G, Aparna Reddy S, Sarma KVS

POSTER PRESENTATIONS

A case of catastrophic anti-phospholipid syndrome with multi-system involvement **S51**
Sumithra VK, Vimal Rai, Ravindra Kumar, Ashok Kumar EA

A case of pancreaticopleural fistula **S52**
Varun Mai N, Chandrashekar V, Sudhakar, Bhageerathi

A case of pleural and pericardial involvement secondary to NHL – lymphoblastic lymphoma **S53**
Arora A, Rai V, Kumar R, Kumar A

A case report of periodic hypokalemic paralysis indicative of Gitelman's syndrome **S54**
Chandrashekar V, Rajini, Sudhakar, Naveen Kumar

Mediastinal growths are benign or malignant **S55**
Gowtham P

Polyglandular autoimmune syndrome-1 **S56**
Sathu H

Case report of bulbar variant of Guillain-Barré syndrome **S57**
Raghavendra K, Imroz, Padma D, Ramanamurthy GV

Wernicke's encephalopathy **S58**
Chenna Reddy V

A case of rubral tremor **S59**
Anil Kumar E

Rare occurrence of Fahr's disease in young boy with seizures **S60**
Pradeepbabu KV, Krishnaveni

Rare presentation of CML **S61**
Praneeth S

A case of SLE Kidney **S62**
Chowdary KV

Sturge-Weber syndrome **S63**
Satyanarayana Y

An interesting case of farm chemical poisoning **S64**
Rajapantula V

Not all polyurias are diabetes mellitus **S65**
Sarathchandra C

Hansens with bilateral sensorineural hearing loss (SNHL) **S66**
Venkat Reddy G

Sodium valproate induced encephalopathy **S67**
Vamsi Nanadan G

A rare case report of familial Takayasu arteritis **S68**
Sai Sripadarao K

Transient left bundle branch block in hyperkalemia **S69**
Anvesh G

A case of CSVT with hypothyroidism, hyponatremia and hypertension **S70**
Prathyusha Rao J

A case report of purple urine bag syndrome (PUBS) in an elderly patient **S71**
Vasanth Kumar S

Dengue enchephalitis- A rare entity **S72**
Ragini Rao P

Nonketotic hyperglycemia presenting with ballismus-chorea movements **S73**
Vishal Toka

Tuberculous pericardial effusion **S74**
Vikranth Singh T

A case of lung malignancy with adrenal metastasis **S75**
Vamshi Krishna T

Role of medical therapy in management of hydatid cyst **S76**
Rajiv Kumar B

A case of hydatid cyst in posterior mediastinum **S77**
Shabana N

Thymoma with myaesthenia gravis **S78**
Kranthi P

Non secretary myeloma-rare varient of multiple myeloma **S79**
Akila A

Disseminated hydatid disease - a rare case report **S80**
Poornima B

Acute abdomen- portal vein thrombosis **S81**
Poornima B

A rare case of young stroke **S82**
Nikhil

Septic thrombosis of cavernous sinus secondary to periodontal infection **S83**
Kumar Surapureddy V

A case of pitutary macroadenoma presenting with diabetic ketoacidosis **S84**
Krishna ChaitanyaV

A rare case of disseminated intra vascular coagulation after honey bee sting **S85**
Sravankumar B

Coomb's negative cold agglutinin disease secondary to mycoplasma pneumonia **S86**
Patel N

Epstein-Barr virus associated infectious mononucleosis **S87**
Patel N

Wilson's Disease **S88**
Sirisha P

A case of SLE with multiple cerebral aneurysms **S89**
Prasanna P, Madhuri HR, Keerthi T, Vara Prasad IR, Shabina H, Kanchinadham S, Rajasekhar L

Dumbell shaped cervical meningioma **S90**
Sandeep N

Scimitar syndrome **S91**
Priyanka D

A case of rhinocerebral mucormycosis in diabetic patient **S92**
Srikanth G

A rare case of AMAN variant of GB syndrome with hysterical weakness complication of dengue fever **S93**
Rachana C

Typical presentation of Friedreich's ataxia- late onset and association with deafness **S94**
Rakesh B

A case of fluorosis causing extra dural cervical cord compression with CKD **S95**
Krishna Kishore J

Takayasu arteritis and TB association **S96**
Krishna Prasad

Non ketotic hyperglycaemia presenting as hemichorea **S97**
Yeshwanth P

Takayasu arteritis and rheumatic heart disease **S98**
Rafeeq A

Case report of extra adrenal pheochromocytoma with coexisting thyrotoxicosis **S99**
Srinivas Reddy G

Tuberous sclerosis **S100**
Chennakesavulu D

A rare case of vertebral artery dissection **S101**
Chennakesavulu D

A case report of organo phosphorous induced delayed polyneuropathy **S102**
Pavan Kumar Singh B

Wegener's granulomatosis **S103**
Rajendra Prasad P

A case of rodenticide poisining with cortical venous thrombosis **S104**
Sreelalitha B

Neuroleptic malignant syndrome **S105**
Krishna Tejaswi M

Splenic abscess with sickle cell disease **S106**
Srinivasarao V

Recurrent seizures secondary to HIV encephalopathy **S107**
Kesava Anand G

Diffuse idiopathic skeletal hyperostosis presenting with CKD **S108**
Anusha

A rare case of Gitelman's syndrome presenting as quadriperesis **S109**
Vishnu Rao P

A case of reversible cirrhosis –Wilson'sdisease **S110**
Gopala Krishna

A rare case of acute demyelinating encephalomyelitis **S111**
Harinath Reddy AG

Conn's syndrome in a patient with scorpion sting **S112**
Nagaswara Rao D

Right sided plueral effusion with acquired pneumonia developing into oesophageal perforation **S113**
Patel H

Snake bite with ischemic stroke and bleeding manifestations **S114**
Kiran R

A case report of eight and a half syndrome **S115**
Sri HarshaVarma CH

Severe thrombocytopenia with subdural hematoma **S116**
Kirankumar G

A case of tuberous sclerosis **S117**
Rakeesh UK, Ramesh R, Muneswar Reddy T

A case report of limb girdle muscular dystrophy **S118**
Lakshman.K

A case report on lighting injury **S119**
Narshimha Reddy N

A case report on thoracic saccular aortic aneurysm in young Marfan's syndrome **S120**
Shivaprasad K

A case of Sjogren's with acute necrotising pancreatitis **S121**
Rajendra Prasad P

Von Willebrand disease type 3 **S122**
Ali N

Grade 4 HIV encephalopathy with extra pyramidal involvement **S123**
Srinivas Balaji N

A case report of rupture of sinus of valsala **S124**
Jyothi V

From where came the air **S125**
Saketh V, Bhaskar E

A case of Crigglar-Najjar syndrome type 2 **S126**
Karteek SV

A rare presentation of echinococcosis **S127**
Ayyappa A

A case report of refractory epilepsy indicative of sporadic idopathic hypoparathyroidism **S128**
Suman B

Hypothyroidism presenting as ataxia areflexia and sensory neuropathy **S129**
Karthik S

Neuromyelitis optica **S130**
Saradaprasuna K,Ramanamurty SV, Suresh V, Sangeetha S, Komali K

A case of primary splenic follicular lymphoma **S131**
Spoorthy K, Sharma Y

Systemic lupus erythematosus **S132**
Meghana N

Adrenal histoplasmosis in immunocompetent patient **S133**
Vijayaramakrishna Reddy C

Hyperhomocystinemia presenting as stroke in young **S134**
Ravikranth K

A case of tuberous sclerosis **S135**
Vamshi Krishna K

A case of Tolosa-Hunt syndrome **S136**
Sravya K

A case of medullary carcinoma of thyroid presenting as atrial fibrillation **S137**
Vinila L

A rare case of cerebellar abscess with tubercular etiology **S138**
Manjusha M

Thyrotoxic periodic paralysis **S139**
VamshiYadav D

Takayasu arteritis type 3 **S140**
Giridhar A

A case of tuberculoma causing diabetes insipidus **S141**
Parvathi G

Septic emboli causing hemorragic stroke **S142**
Aishwarya M

Scrub typhus causing pandigital gangrene **S143**
Koushik A

Winchester syndrome **S144**
Saketh V, Sathyamoorthy

ANDHRA PRADESH CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

(Reg. No. 579/2002)

EXECUTIVE MEMBERS 2012-2013

Chairman	**:**	B. Ramachandra Reddy
Chairman Elect	**:**	S.V. Ramana Murthy
Vice-Chairmen	**:**	P. Gandaiah (Telangana)
		K.V. RamanaRao (Coastal)
		AlladiMohan (Tirupathi)
Hon. Secretary	**:**	Y.S.N.Raju
Hon. Treasurer	**:**	Naval Chandra
Joint Secretaries	**:**	M.V. Rambabu, Hyderabad
		G. GopalaRaju, Bhimavaram
Executive Members	**:**	P. Krishna Prashanti, Tirupati (2012-2015)
		K. Shankar, Hyderabad (2012-1015)
		Leela Prasad (2012-2015)
		M.N. Shyam Sunder, Hyderabad (2011-2014)
		SubbaRao (2011-2014)
		P. Sudhakar, Kurnool (2011-2014)
		G. Lokendranath, Hindupur (2010-2013)
		M.N. Rao, Hyderabad (2010-2013)
		Naveen Kumar, Vishakapatnam (2010-2013)

ANDHRA PRADESH CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

(Reg. No.579 /2002)

41st Annual Conference of AndhraPradesh Chapter of Association of Physicians of India 2013 (APAPICON 2013)

S.V.S. Medical College, Mahaboobnagar

LOCAL ORGANIZING COMMITTEE

Chief-Patrons:	Dr I.V. Rao
	Dr K. Krishna Reddy
	Mr Kanaka Raju
	Mr K. Venkat Reddy
	Mr Vijaya Raghavan
	Mr K. Ram Reddy
Patrons:	Dr Shantharam
	Dr G. Narsimhulu
	Dr B. Ramchandra Reddy
	Dr Y.S.N. Raju
	Dr Rameshwarudu
	Dr Ananda Rama Rao
Chair Person:	Dr K.J. Reddy
Vice-Chair Persons:	Dr Sridhar Reddy
	Dr Srinivas Reddy
Organizing Secretary:	Dr P. Gandiah
Joint Organizing Secretaries:	Dr G. Samuel
	Dr Mahesh Babu
Scientific Committee:	Dr N. Venkateshwarlu
Treasurer:	Dr P. Shivarajappa

Executive Committee:	Dr Sanjeevi
	Dr Indira
	Dr A.K.Sen
	Dr M.G. UmeshBabu
	Dr T. Nishant
	Dr Balakrishna
	Dr Sumanth Reddy
	Dr Hussain
	Dr Sainath
	Dr Ramachandra Reddy
	Dr Md. Shafee
Advisory Committee:	Dr R.C. Reddy
	Dr Jayanthi Reddy
	Dr N.S.N. Rao
	Dr K.P.A. Chandrashekar
	Dr Devashankaraiah
	Dr T.B. Ramakrishna
	Dr Ramana Reddy

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 held its 41st Annual Conference (AP APICON 2013) on 10th and 11th August, 2013 preceded by a Workshop on Ventilator Management on 9th August, 2013 at S.V.S.Medical College, Mahaboobnagar.

The Journal of Clinical and Scientific Research, in its endeavour to publish and highlight research has provided the scientific abstracts of the research papers (platform and poster presentations) presented at the AP APICON 2013 to its readers as a Supplement to Vol. 2(4) of the journal.

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

Dr B. Vengamma
Honorary Editor-in-Chief

SCIENTIFIC PROGRAMME

41st Annual Conference of Andhra Pradesh Chapter of Association of Physicians of India, 2013

HALL-A

Saturday, 10thAugust, 2013

7.30 am - 12.00 pm	Registration	
09.15 am 10.15 am	Inauguration of Scientific Programme	B. Ramachandra Reddy S.V. Ramanamurthy
10.15 am - 11.30 am	Conference inauguration	Hon'ble Governor of Andhra Pradesh E.S.L. Narasimhan
Session I	**Chairpersons:** *P. Gandiah, P. Shivarajappa*	
11.30 am - 12.30 pm	Aggressive lipid lowering in ACS	A. Muruganathan
Session II	**Chairpersons:** *I.V. Rao, Sachin Parab*	
12.30 pm - 01.15 pm	Doctor and patient relationship	B.K.Shivani
Session III	**Chairpersons:** *Thirumalachari, Bhavani Prasad, Rakesh Sahay*	
01.15 pm - 01.45 pm	Autoimmunity in metabolic syndrome	P.V. Rao
01.45 pm - 02.15 pm	Infections in diabetes	B.K. Sahay
02.15pm - 03.00 pm	**Lunch-break**	
Session IV	**Dr I. Joga Rao Memorial Oration Chairpersons:**	
	Y.S.N. Raju, Vasanth Prasad, Sanjeevi	
03.00 pm - 03.45 pm	Management of AKI	V. Siva Kumar
Session V	**Dr GumdalaVeeraiah Memorial Oration**	
	Chairpersons: *G. Narasimulu, B. Ramchandra Reddy*	
03.45 pm - 04:15 pm	Hypertension: Indian perspective	V. Shantharam
Session VI	**Chairpersons:** *T. Malakondiah, Ranganah, V. Siva Kumar*	
04.15 pm - 04.45 pm	Pregnancy and hypertension	Pradeep Deshpande
04.45 pm - 05.15 pm	CKD management and prevention	Sreedhar
05.15 pm - 05.45 pm	Fever in diabetics	P. Krishna Prasanthi
Session – VII	**Chairpersons:** *Raja Rao, Rama Rao K.S.R. Swamy*	
05.45pm - 06.15 pm	Cancer prevention and screening	Vijay GandhiLinga

Sunday, 11th August 2013

Session I	**Chairpersons:** *B. Ramchandra Reddy, Indira, S. Muvvagopal*	
	Presidential Oration	
09.15 am - 09.45 am	Medical pedagogy-teaching, learning	S.V. Ramanamurthy
09.45 am - 10.15 am	Systemic lupus erythematosus	G. Narasimulu

Session II	**Chairpersons:** *S. Muvvagopal, T. Srinivas, Ganigarh*	
10.15 am - 10.45 am	**Chairman's address** AIDS:clinical spectrum	B. Ramachandra Reddy
10:45 am - 11.00 am	Initiating insulin: when, how and what	Mohan Badgandi
Session III	**Chairpersons:** *Prabhakar, Vidyasagar*	
11.00 am - 11.30 am	Obstructive jaundice-current treatment	D. Nageshwar Reddy
11.30 am - 12.00 pm	Antituberculosis drug-induced hepatotoxicity: from bench to bedside	Alladi Mohan
Session IV	**Chairpersons:** *N. Venkateshwarlu, Mohammad Ali*	
12.00 pm - 12.30 pm	Management of adult epilepsy	J.M.K. Murthy
Session V	**Chairperson:** *Sandeep Sudharshan*	
12.30 pm - 01.00 pm	Addictions: looking for right things at wrong places	Sachin Parab
01.00 pm - 01.30 pm	PET scan for physicians	Kavitha
1:30 pm - 2:15 pm	**Lunch-break**	
Session VI	**Chairpersons:** *Srinivas Reddy, Sreedhar Reddy*	
02.15 pm - 02.40 pm	Drugs in geriatrics	M.V.Rambabu
Session VII	**Chairpersons:** *Markandeyulu, K.S. Ashok*	
02.40 pm - 03.15 pm	Fluid and electrolytes	M. Srinivas

SCIENTIFIC PROGRAMME

41st Annual Conference Of AP Chapter of API 2013

HALL-B

PLATFORM PRESENTATIONS

Date and time	Session	Chairpersons
9th August, 2013 3:30pm - 5:30 pm	Cardiology and GIT	*A.K. Sen, Mahesh Babu,* *N. Venkateshwarlu*
10th August, 2013 08:30 am - 10:30 am	Rheumatology and Neurology	*Shankar, Markandeyulu,* *N. Venkateshwarlu*
10th August, 2013 2:00 pm - 4:30 pm	Pulmonology and Poisoning	*Bhavani Prasad,* *N. Venkateshwarlu*
11th August, 20130 8:30 am - 10:30 am	Endocrinology	*Chandrasekhar, Dharma Rao,* *N. Venkateshwarlu*
11th August, 2013 11:00 am – 01:30 pm	Miscellaneous	*Balakrishna, N. Venkateshwarlu*

HALL-C

POSTER PRESENTATIONS

Date and time	Session	Judges
9th August, 2013 3:30 pm – 5:30 pm	I	*P. Shivarajappa, Sumanth Reddy, Ramachandra Reddy*
10th August, 2013 8:30 am - 10:30 am	II	*KoteshwarRao, Rahul Gandhi*
10th August, 2013 2:00 pm - 4:30 pm	III	*Sanjay, Krishna Prabhakar*
11th August, 2013 8:30 am -10:30 am	IV	*Mahmood Ali, Ganisar*
11th August 2013 11:00 am - 1:30 pm	V	*Markendeyulu, Rajkiran*

Aetiology and clinical profile of patients with dilated cardiomyopathy

G. Keshava Anvesh

AJIMS, Mangalore

ABSTRACT

Background: Dilated cardiomyopathy (DCM) is an important cause of congestive heart failure. The incidence of DCM appears to be increasing and is associated with significant morbidity and mortality.

Methods: We studied the etiology, clinical, electrodiographic and echocardiographic profile of patients with DCM. Thirty patients admitted to AJ Hospital who fulfilled the inclusion / exclusion criteria were evaluated by history, physical examination, ECG and echocardiography

Results : Majority of the patients were above the age of 60 years of which males comprised 56.7%. The clinical profile of patients included symptoms and signs of biventricular failure (80%) followed by left ventricular failure (16.6%). Abnormalities of pulse rate and rhythm included ectopic beats (53.3%), tachycardia (46.6%), atrial fibrillation (13.3%) and bradycardia (3.3%). Chest radiography showed cardiomegaly in all the cases while some patients had pleural effusion (20%). Electrocardiographic profile revealed ventricular ectopics (46%), sinus tachycardia (40%), LBBB(40%), RBBB (13%), non specific ST-T changes (26%) and atrial fibrillation (13.3%). Echocardiography showed reduced ejection fraction and global hypokinesia in all the patients. Pericardial effusion was seen in 6.6% of patients.

The most common type of DCM was ischemic (66.6%) followed by diabetic (23.3%), peripartum (16%), idiopathic (13%) and alcoholic (6.6%). Majority of our patients were in NYHA class IV (46.6%).

Conclusions: Dilated cardiomyopathy was more common in elderly males. Biventricular failure was the most common clinical presentation. Ischemic cardiomyopathy was the most common type and most of the patients were in NYHA class IV.

Keshava Anvesh G. Aetiology and clinical profile of patients with dilated cardiomyopathy. J Clin Sci Res 2013;2(Suppl 2):S1.

A study on etiological profile of atrial fibrillation (AF) and to assess the incidence of left atrial (LA) thrombus and site of embolic complication

D. Sivakumar

Rangaraya Medical College, Kakinada

ABSTRACT

Background: To study etiological spectrum of AF, assess the incidence of LA thrombus and the commonest site of embolic complication in AF, to correlate LA size in patients with and without embolism.

Methods: Study included 100 patients with persistent AF admitted in Government General Hospital, Kakinada during July 2010 and August 2012. Patients were divided in two groups one with systemic embolism, the other without embolism and compared regarding clinical profile , LA size , presence of LA thrombus.

Results: In patients with AF 63% had rheumatic heart disease, 10% had ischemic heart disease, 7% had hypertensive heart disease, others aree 20%. LA size was> 4 cm in 63 % of cases. LA thrombus was detected in 23 % with embolism and 3.84% of without embolism. Systemic embolism occurred in 34% of patients.

Conclusions: Rheumatic heart disease is commonest cause of AF. Commonest site of embolism is brain (94.2%) MCA territory (50%). LA size was significantly large in patients with embolism (5.1cm) than who did not (4.4cm).

Sivakumar D. A study on etiological profile of atrial fibrillation (AF) and to assess the incidence of left atrial (LA) thrombus and site of embolic complication. J Clin Sci Res 2013;2(Suppl 2):S2.

The incidence of right ventricular infarction and posterior wall infarction in inferior wall myocardial infarction

G. Pruthvi

Andhra Medical College, Vishakapatnam

ABSTRACT

Objective: To study the incidence of right ventricular and posterior wall myocardial infarction in patients with inferior wall myocardial infarction, associated electrical and mechanical complications, immediate prognosis of patients with inferior wall MI.

Methods: This was prospective study of 100 patients (74 males) who were admitted to ICCU, King George Hospital, with the diagnosis of acute inferior wall myocardial infarction from March 2012 to February 2013.

Results: Patients with inferior wall MI alone were (44), IWMI with RVMI (34), IWMI with PWMI (10), IWMI with RWMI and PWMI (12).The risk factors were same as any other MI. 43% were diabetics, 49% hypertensives, 60% smokers, 36% had dyslipidemia and 16% had family history. Of 34 patients of RVMI with IWMI, 23 patients (67.6%) had raised JVP and Kussmaul's sign; 18 (52.9%) had hypotension; 9 (26.5%) with RVMI had cardiogenic shock; 15 (44.1%) had cardiac failure; 13 (38.2%) had complete heart block. 5 (41.7%) with IWMI and RVMI and PWMI had evidence of high degree AV block. 10 patients (29.4%) of RVMI with IWMI died compared to 2 (4.5%) with IWMI alone.PWMI with IWMI was more prevalent in elderly patients (60%) and smoking is important risk factor in this group (70%); mortality was significantly higher (20%) when compared to IWMI alone (4.5%).

Conclusions: Involvement of RV in acute IWMI (present in one-third of the patients) is common and early recognition has important prognostic implications. RVMI occurred in patients with more risk factors.In RVMI with IWMI; and RVMI, PWMI along with IWMI,more mechanical and arrhythmic complications and increased mortality was noted.

Pruthvi G. The incidence of right ventricular infarction and posterior wall infarction in inferior wall myocardial infarction.J Clin Sci Res 2013;2(Suppl 2):S3.

Clinical, ECG and Echo profile of patients with dilated cardiomyopathy

N. Ganesh, S. Rama Rao, V. Dharma Rao

Mamatha MedicalCollege, Khammam

ABSTRACT

Background: Dilated cardiomyopathy is an important cause of congestive heart failure and accounts for upto 25% of all cases of CHF. The incidence of DCM appears to be increasing and is associated with significant morbidity and mortality.

Methods: We studied the clinical, electrodiographic and echocardiographic profile of patients with DCM. Fifty patients who were admitted to a teaching hospital, khammam and fulfilled the inclusion / exclusion criteria were evaluated by history, physical examination, ECG and echocardiography.

Results: Most of the patients affected were in the age group of 41-50 years. Males comprised 62% and females comprised 38%.The clinical profile of patients included symptoms and signs of biventricular failure (80%) followed by left ventricular failure (16.6%). Left axis deviation, sinus tachycardia, ventricular premature complexes and ST – T changes were the common ECG findings. Echo showed reduced ejection fraction and global hypokinesia in all the patients. Biventricular dilatation was seen in 40 % of patients. Mitral regurgitation was seen in a significant number of patients (62%).

Conclusions: Dilated cardiomyopathy is a primary disease of the cardiac muscle and can occur at any age. Biventricular failure was the most common clinical presentation. The clinical course is unpredictable and its interpretation is complicated by the difficulty in defining the onset of the disease.

Ganesh N, Rama Rao S, Dharma Rao V. Clinical, ECG and Echo profile of patients with dilated cardiomyopathy. J Clin Sci Res 2013;2(Suppl 2):S4.

Prevalence of microalbuminuria in non-diabetic hypertensives and its correlation with left ventricular mass

V. Seetharam, S. Manohar, Siddeswari, Shakunthala, Bhargavi, S.V. Karthik

Osmania Medical College, Hyderabad

ABSTRACT

Background: Microalbuminuria has important cardiovascular implications in hypertensives. It is an independent risk indicator of target organ damage like hypertensive retinopathy, abnormality of LV function and CVA compared to non hypertensive patients and also indicate severity of the disease and has been considered important prognostic indicator. The present study was designed to evaluate the prevalence of microalbuminuria in non diabetic hypertensives and its correlation with left ventricular mass

Methods: One hundred patients presenting to out-patient service and admitted to the wards of Osmania General Hospital, Hyderabad were studied during a period of 15 months from December 2011 to March 2013. Hypertension was diagnosed by using JNC VII citeria and microalbuminuria using immunotubimetric assay and calculated albumin creatinine ratio .LV mass is calculated by Transthoracic echocardiography.

Results: Significant microalbuminuria was found in non diabetic, hypertensive patients. The prevalence of microalbuminuria in this study was 40%. It was observed that there is significant correlation between the prevalence of microalbuminuria and presence of LVH ($p<0.001$) and LV dysfunction ($p<0.05$) in hypertensive patients.

Conclusions: Significant microalbuminuria was found to occur in non-diabetic, hypertensive. A positive correlation between microalbuminuria and left ventricular mass in hypertensive, non diabetic patients calls for further studies in this group with a greater sample.

Seetharam V, Manohar S, Siddeswari, Shakunthala, Bhargavi, Karthik SV. Prevalence of microalbuminuria in non-diabetic hypertensives and its correlation with left ventricular mass. J Clin Sci Res 2013;2(Suppl 2):S5.

A study of significance of micro-albuminuria in essential hypertention

Stalin

Kakatiya Medical College,Warangal

ABSTRACT

This study was conducted in MGMH, Warangal. A total of 100 patients were included in this study and grouped using inclusion and exclusion criteria according to protocol. The prevalence rate of micro albuminuria among hypertensives was 56% in present study. Majority of cases were distributed among higher age group. Cases with longer duration of hypertension were found to have higher prevalence of microalbuminuria and patients stage II hypertension and patients with higher systolic blood pressure were found to have higher mean range of microalbuminuria compared to near normoalbuminuric counterpart which was statistically significant. Hypertensives with microalbuminuria were found to have significantly higher prevalence of hypertensive retinopathy, LVH, CVD, IHD, PVD,which were statistically significant. This showed that there was a significant association between microalbuminuria and target organ damage in essential hypertention.

Stalin. A study of significance of micro-albuminuria in essential hypertention. J Clin Sci Res 2013;2(Suppl 2):S6.

Measurement of cardiac troponin T following myocardial infarction and its correlation with left ventricular function

V. Chandrashekar, Rajini, Sudhakar, Naveen kumar

Kakatiya Medical College, Warangal

ABSTRACT

Background: To determine the relationship of serum troponin T after first acute myocardial infarction with left ventricular ejection fraction as assessed by echocardiography.

Methods: 79 patients with acute myocardial infarction were included in the study. Troponin T concentration was measured by ELISA method and left ventricular ejection fraction was estimated by echocardiography. Echocardiographic ejection fraction was compared with serum troponin T concentration. Patients with previous myocardial infarction were excluded.

Results: There was a strong negative correlation between troponin concentration and left ventricular ejection fraction i.e., with an increasing troponin T values there was a fall in ejection fraction (Pearson's correlation coefficient = –0.48, $p<0.0001$). A troponin T concentration of >2.45 µg/ml predicted a left ventricular ejection fraction of <50% with a sensitivity of 100% (95%CI 91.2-100.0) and specificity of 82.03% (95%CI 66.5-92.5).

Conclusions: Serum troponin T concentration has a strong negative correlation with left ventricular ejection fraction after first acute myocardial infarction and hence can be used to assess the left ventricular ejection fraction in patients with first myocardial infarction. A level of 2.45µg/ml provide good indicator for left ventricular ejection fraction below 50% and thus can identify patients with higher risk.

Chandrashekar V, Rajini, Sudhakar, Naveen kumar. Measurement of cardiac troponin T following myocardial infarction and its correlation with left ventricular function. J Clin Sci Res 2013;2(Suppl 2):S7.

Prevalence and record of alcoholism in emergency department patients in a rural teaching hospital in Khammam

K. Murali Krishna, V. Dharma Rao, S. Rama Rao, Anjani Kiranmyie, N. Sumalatha

Mamatha Medical College, Khammam

ABSTRACT

Background: Alcohol consumption is common worldwide. Despite this high prevalence and the associated morbidity and mortality, diagnosing alcoholism as part of the medical history is often neglected by the medical team and as a result, is often under-recorded in hospital records.The purpose of this study was to investigate the prevalence of alcoholism among inpatients and to determine its rate of recognition by the medical team

Methods: The study population consisted of all patients admitted to the casualty at Mamata General Hospital, Khammam between March 1st 2013 and April 30th 2013. Data were collected in two steps: an interview with the patient and review of medical records to investigate the cases of alcoholism recorded by the medical team. The questionnaire consisted of questions concerning Demographic Data and Alcohol Use Disorders Identification Test (AUDIT)

Results: Total of 144 patients were interviewed, 62 (43.05%) were identified as alcoholics in emergency department by treating doctors. On reviewing the records additional 11 (7.63%) were identified as alcoholics, out of which 2 (1.38%) were fulfilling the criteria for severe alcoholism. The diagnosis made by the medical team compared to AUDIT showed 84.93% sensitivity and 100% specificity.

Conclusions: Alcoholism has been under recognized in patients who are hospitalized and so the opportunity for possible early intervention is often lost. Key demographic factors could provide physicians with risk factors and when used together with a standard diagnostic instrument could significantly improve the rate of identification of alcoholic patients.

Murali Krishna K, Dharma Rao V, Rama Rao S, Anjani Kiranmyie, Sumalatha N. Prevalence and record of alcoholism in emergency department patients in a rural teaching hospital in khammam. J Clin Sci Res 2013;2(Suppl 2):S8.

Intestinal lymphangiectasia causing chylous ascites

S. Surekha, N. Srinivasa Rao, U. Ramchander Rao, S. Rajendra Prasad, Srivani

Osmania Medical College, Hyderabad

ABSTRACT

Chylous ascites is accumulation of peritoneal fluid rich in triglycerides with level of > 200mg/dl. A 48-year-old male had inguinal swelling on right side 3 years back; herniotomy was done, postoperatively he developed abdominal distension pedal oedema insidious in onset and gradually progressing not associated with abdominal pain or any other GI symptoms; pedal oedemadecreased in lying down position. He was referred to a higher centre for further evaluation, was diagnosed ot have chylous ascites and was started empirically on DEC, doxycycline and diuretics. He felt symptomatically better but 3-4 months later symptoms recurred and he also had swelling of scrotum and was admitted for evaluation. H/o tuberculosis 5 years back, treated for 6 months. No other significant illness, surgeries in past. On examination he was thin built, poorly nourished with dry skin, thin hair, pallor, pitting pedaloedema, no lymphadenopathy. Hydrocoel, normal spermatic cord, with gross distension of abdomen with fluid thrill were present. Other systems were normal.Investigations:Hb 11g/dL, RBC 4.5millions/mm^3, WBC8400/mm^3, N70%,L28%,E1%,B1%, platelets 2,71,000/mm^3, ESR10mm at the ed of 1st hr, urinalysis normal, 24hr urine protein 122 mg, blood urea 52 mg/dL, S.creatinine 1.5mg/dL, Na 144meq/L, K3.5meq/L, HIV non-reactive, HbSAg-negative, hypoalbuminemia present; serum lipid profile normal.Ascitic fluid analysis: milky white turbid, sp.gravity: 1.015, sugar138 mg/dL, protein4.5 g/dL, albumin 2g/dL, SAAG 0.2, ADA 10 IU/L, triglycerides1052mg/dL, amylase92, cells 30/mm^3, 80% lymphocytes, 20% neutrophils, occasional mesothelial, gram stain, AFB stain-negative, no growth on culture, microfilarial antigen, filarial antibodies negative, thyroid profile normal. USG abdomen showed gross ascites, hydrocoele with normal testis, epidydimis, color Doppler of SPA normal study. UGI endoscopy suggestive of oesophagitis. Tc99m lymphoscintigraphy showed no evidence of scintigraphically demonstrable leak into abdominal cavity. Duodenal biopsy confirmed as intestinal lymphangectasia.

Surekha S, Srinivasa Rao N, Ramchander Rao U, Rajendra Prasad S, Srivani. Intestinal lymphangiectasia causing chylous ascites.J Clin Sci Res 2013;2(Suppl 2):S9.

Clinical and etiological profile of patients with liver abscess

M.B. Krishna Tejaswi, M. Ramadevi

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Background: To study the profile of patients with liver abscess with regard to clinical features and aetiological factors.

Methods: It is a hospital based prospective study of inpatients in Medical wards between August 2008 and August 2010. Patients with clinical features of liver abscess and ultrasonic evidence of liver abscess are included in the study. They are divided into two groups – single abscess and multiple abscesses groups. Both these groups were subject to haematological, biochemical, radiological and microbiological investigations.

Results: There were 40(93%) male and 3(7%) female patients, their mean age is 49.56 yrs , the most common age group affected with liver abscess was between 41-60 yrs. 88.37% have ethanol abuse of more than 250 ml of locally brewed liquor thrice a week for more than 5 yrs. 29 patients (67.4%) had single abscess whereas 14 patients (32.6%) had multiple abscesses. 30(69.8%) patients had right lobe abscess , 2(4.7%) patients had left lobe abscess , both lobes abscess are seen in 11(25.6%) patients. Liver abscess are amoebic aetiology in 59.52% of patients, pyogenic in 38.1%, mixed in one patient.

Conclusions: Liver abscess is common in ethanol consuming low socio-economic status patients. Amoebic liver abscess is more common than pyogenic abscess. Solitary abscess are commonly amoebic. Multiple abscess are commonly pyogenic.

Krishna Tejaswi MB, Ramadevi M. Clinical and etiological profile of patients with liver abscess. J Clin Sci Res 2013;2(Suppl 2):S10.

A study of renal hemodynamic parameters in patients of alcoholic liver cirrhosis and its correlation with MELD score

Varun Mai N, V. Chandra Shekar, Rajini, Sudhaker

Kakatiya Medical College, Warangal

ABSTRACT

Objective: To study the alcoholic liver cirrhosis pts in relation to child pugh score, MELD score and their correlation with MDRD eGFR (6 variables) and Re sensitivity index by renal Doppler study.

Methods: Thirty patients with alcoholic cirrhosis were subjected to LFTs, RFTs, USG abdomen and renal doppler. Hepatic parameters like child pugh score, MELD score, DF score were calculated according to standard formulas MDRD eGFR (6 variables) and Re sensitivity index by renal Doppler study. Both hepatic and renal parameters were corrected and statistical analysis done.

Results: There were 25 males. 3 patients belonged to Child Pughs Class A, 6 wereClass B, 21 were Class C. Mean values for MELD score was 19±18.54, MDRD eGFR(6 variables was 71.79± 62.85, DF score was 124.35±77.54 and re sensitivity index in all classes. There was a significant negative correlation between MELD score and MDRD eGFR (Pearson's correlation coefficient = "0.71, p=0.00001) and a significant positive correlationbetween MELD score and (Pearson's correlation coefficient = +0.55; p = 0.001).

Conclusions: Our results suggest that simple, non- invasive renal Doppler parameter resensitivity index correlates with severity and complications of alcoholic liver cirrhosis, which can predict the patients with risk of developing kidney dysfunction and HRS.

Varun Mai N, Chandra Shekar V, Rajini, Sudhaker. A study of renal hemodynamic parameters in patients of alcoholic liver cirrhosis and its correlation with MELD score.. J Clin Sci Res 2013;2(Suppl 2):S11.

A study of etiology and risk factors for stroke in young

A.G. Harinath Reddy

Kakatiya Medical College, Warangal

ABSTRACT

To study know the etiology and risk factors in young patients aged 15-45years, admitted to MGMH with first attack of stroke are taken into study. Laboratory investigations included, CT, MRI, MRV, protiens,homocystiene, sickling test, anti thrombin, CSF, carotid doppler. Out of 43 patients 40 had ischemic stroke, 3 had haemorrhagic stroke.

Twenty two were smokers, 26 alcoholics. Out of 3 haemorrhagic stroke patients, one discharged without aetiology being established. Out of 40 patients with ischemic stroke 3 are having elevated homocystiene levels, 2-GTD, 3-TB, 2-HSV, 1-HIV vasculitis, 4-RHD, 1-dissection. For remaining, etiology could not be identified.

Harinath Reddy AG.A study of etiology and risk factors for stroke in young. J Clin Sci Res 2013;2(Suppl 2):S12.

Clinical Scorings in differentiation of acute stroke aetiology and correlation with CT scan of brain

K. Geeta Priyadarsini

Rangaraya Medical College, Kakinada

ABSTRACT

Background: To compare available scores for differentiating cerebral ischemia and haemorrhage in acute stroke patients. To find out score that is valid and has better predictive value in differentiation of acute stroke aetiology.

Methods: The study included 100 acute stroke patients admitted in Government General Hospital Kakinada from July 2010 to July 2012. All the patients were evaluated clinically, clinical scores were calculated and were co-related radiologically.

Results: The maximum incidence of stroke was in sixth decade with male:female ratio of 2.6:1The sensitivity of infarction was more in Greek stroke score(100%) compared to Sriraj(93%) and Allen(87.5%), where as Sriraj score had higher sensitivity for haemorrhage (84%) as compared to Greek(79%) and Allen(35%)

Conclusions: When clinician wishes to start antithrombotic treatment while waiting for CT brain results , they can rely on Sriraj score, hence it can be used as simple screening method in acute stroke patients.. History and clinical signs cannot accurately distinguish haemorrhage from ischaemic stroke because of an unacceptable proportion of equivocal cases. CT Brain remains the gold standard diagnostic test.

Geeta Priyadarsini K. Clinical Scorings in differentiation of acute stroke aetiology and correlation with CT scan of brain. J Clin Sci Res 2013;2(Suppl 2):S13.

Diffuse alveolar hemorrhage - a catastrophic complication of connective tissue diseases: case series

K. Sirisha, K.V. Kishore Babu, C. Srinivasa, I.R. Vara Prasad, H. Shabina, L. Rajasekhar

Nizam's Institute of Medical Sciences, Hyderabad

ABSTRACT

Diffuse alveolar hemorrhage is a rare and catastrophic manifestation of connective tissue disease with high mortality. Here we report our experience of 13 cases over 1 year. All were females with mean age of 26.15 years. 9 patients had SLE, 2 patients had pulmonary renal syndrome, 1 had sjogren's syndrome, one had wegener's granulomatosis. All patients presented with hemoptysis, anaemia in the background of active disease.

Diagnosis was based on fall in hemoglobin, chest X-ray, HRCT chest. In two patients it was confirmed by postmortem lung biopsy. All of them received pulse methyl prednisolone. Other immunosupressives used were cyclophosphamide in 8 cases, rituximab in one case. Plasmapheresis was tried in 2 cases. There was a high mortality rate (53.8 %.7 out of 13 patients expired).

Sirisha K, Kishore Babu KV, Srinivasa C, Vara Prasad IR, Shabina H, Rajasekhar L. Diffuse alveolar hemorrhage - a catastrophic complication of connective tissue diseases: case series. J Clin Sci Res 2013;2(Suppl 2):S14.

Outcome of immunosuppressive therapy in patients with scleroderma and interstitial lung disease, 2 years follow up data

K.V. Kishore Babu, C. Srinivasa, K. Sirishan, A.R.K. Naidu, I.R. Vara Prasad,
H. Shabina, S. Kanchinadham, L. Rajasekhar
Nizam's Institute of Medical Sciences, Hyderabad

ABSTRACT

Background: Treatment of SSC-ILD is not well established. Cyclophosphamide(CYP) has recently been evaluated in two prospective studies failed to demonstrate a major benefit. Hence present study designed to study our experience.

Methods: To study the outcome of immunosuppressive therapy on pulmonary function in patients with scleroderma and interstitial lung disease(SSc-ILD) after 2years of initiation of therapy**.** Patients were identified from the discharge summaries from 2007. All patients who came to OPD in response to call and those completed 2 years of immunosuppressive therapy were included in the study.

Results: Total 42 patients were contactable by phone. Response rate is 47%. 5 patients were expired. 23 patients were included in the analysis. Female:male=18:5. 13 patients had diffuse cutaneous SSc and 10 patients limited SSc. Mean age at disease onset was 35.9±4.5 years, average disease duration was 6.78 years. Most patients(14) had MRC Grade(Gr-)2 breathlessness at onset and remained Gr-2 after 2 years of therapy(11).7 patients improved from Gr-3 to Gr-2 while 1 patient from Gr-2 to Gr-1. Only 2 patients progressed from Gr-2 to Gr-3. Mean FVC before and after treatment were 44.6±12.36 and 51.47±16.2(p=0.05). Mean duration between 2 PFTS was 27.43 months. Almost all patients except one patient(received MMF) received CYP as induction therapy. Most patients received Azathioprine as maintenance therapy(18), 2 patients each received methotrexate, MMF and one patient received CYP. Most patients completed CYP therapy without major adverse events. 1 patient had recurrent pneumonia, one more patient had pneumonia,1 patient had UTI, 4 patients had fever during cyclophosphamide therapy.

Conclusions: Immunosuppressive therapy can either improves or stabilizes lung function in patients with SSc-ILD.

Kishore Babu KV, Srinivasa C,Sirishan K, Naidu ARK, Vara Prasad IR, Shabina H, Kanchinadham S, Rajasekhar L. Outcome of immunosuppressive therapy in patients with scleroderma and interstitial lung disease, 2 years follow up data. J Clin Sci Res 2013;2(Suppl 2):S15.

Clinical presentation, disease severity and laboratory characteristics in 100 patients with newly diagnosed, disease modifying antirheumatic drugs-treatment naive, Rheumatoid arthritis

N. Sowgandhi, B. Siddhartha Kumar,S. Aparna Reddy, A. Mohan,
D.T. Katyarmal, K.V.S. Sarma*

Department of Medicine, Sri Venkateswara Institute of Medical Sciences, Tirupati and
**Department of Statistics, Sri Venkateswara University, Tirupati*

ABSTRACT

Background: Little published data are available regarding the clinical presentation, disease severity and laboratory characteristics in patients with disease modifying antirheumatic drugs (DMARDs) treatment-naive newly diagnosed rheumatoid arthritis (RA) from Andhra Pradesh.

Methods: Cross-sectional study of 100 patients with DMARDs treatment-naive newly diagnosed RA seen during a one year period at our tertiary care teaching hospital in Tirupati. The diagnosis of RA was based on American College of Rheumatology/European League AgainstRheumatism (ACR/EULAR) Criteria 2010.

Results: Their mean age was 48.9±11.9 years. Females outnumbered males (male:female ratio = 1:5.3). Median symptom duration [interquartile range (IQR)] at presentation was 5 (4-7) months. Salient laboratory abnormalities included anaemia (18%); leukocytosis (10%); neutrophilia (30%); lymphocytosis (81%); and thrombocytosis (12%). The median (IQR) erythrocyte sedimentation rate (ESR; mm at the end of first hour) at presentation was 40 (22.5-79.5); an ESR >100 was found in 15 (15%) patients and ESR <5 was observed in 7 (7%) patients. As per the Disease Activity Score 28 Joints with ESR (DAS28) at presentation, 23% patients had mild disease (DAS28 <3.2), 36% had moderate disease (DAS28 3.2-5.1); and 41% had severe disease (DAS28 >5.1). All of them presented with polymyalgic type of RA.

Conclusions: In South India, RA affects females predominantly and has a later age of onset Majority presented with moderate and severe disease. Long median disease duration suggests that the disease is being diagnosed late. There is a need for enhancing awareness regarding RA among clinicians in order to facilitate early diagnosis and institution of specific treatment.

Sowgandhi N, Siddhartha Kumar B, Aparna Reddy S, Mohan A, Katyarmal D T, Sarma KVS. Clinical presentation, disease severity and laboratory characteristics in 100 patients with newly diagnosed, disease modifying antirheumatic drugs-treatment naive,Rheumatoid arthritis. J Clin Sci Res 2013;2(Suppl 2):S16.

Study of quality of sputum being submitted for smear examination under revised national tuberculosis control programme (RNTCP)

R. Maneesha, E. Srikanth, K. Gowrinath, Mohan A*

*Narayana Medical College, Nellore and *Sri Venkateswara Institute of Medical Sciences, Tirupati*

ABSTRACT

Background: One of the key factors influencing the results of sputum smear microscopy is the quality of sputum being submitted. While a good quality sputum examined will reduce chances of false-negative results, the inadequate sputum sample results in delayed diagnosis.

Methods: Prospective study of quality of sputum specimens being submitted for smear examination under Revised National Tuberculosis Control Programme (RNTCP) and its impact on diagnostic yield of sputum smear microscopy. Basing on sputum Gram's staining results the submitted specimen was classified as 'sputum' and 'saliva'.

Results: During the period April 21 to June 20, 2012, 238 sputum specimens submitted for evaluation at the NMCH, Nellore (n=100; 42%) and SVIMS, Tirupati (n=138; 58%) were studied. Of these 196 (82%) specimens were submitted for diagnosis and 42 (18%) specimens were obtained during follow-up evaluation. Overall 42/238 (17.6%) specimens were in fact 'saliva' and not sputum. Among specimens submitted for diagnosis (n=196), 28 of the 167 (16.8%) specimens reported as "sputum acid-fast bacilli (AFB) negative" were in fact saliva. Among the specimens submitted on follow-up examination (n=42), 14 of the 38 (36.8%) specimens reported as "sputum AFB negative" were actually saliva. None of the saliva samples were reported to be "sputum-positive". A significantly higher proportion of sputum smears submitted on follow-up examination were actually "saliva" as compared to specimens submitted for diagnosis [14/42 (33.3%) Vs. 28/196 (14.3%), χ^2= 6.738; p=0.014]. None of the saliva samples were reported to be "sputum-positive".

Conclusions: The fact that a significant proportion of specimens that are reported smear-negative are in fact saliva and not sputum highlights the importance of sputum quality in smear microscopy results. Follow-up specimens are more likely to be saliva possibly because DOTS treatment would have resulted in clinical improvements and patients may not be producing significant sputum any more.

Funding: Indian Council of Medical Research (ICMR), STS2012: Reference ID: 2012-02396

Maneesha R, Srikanth E, Gowrinath K, Mohan A. Study of quality of sputum being submitted for smear examination under revised national tuberculosis control programme (RNTCP). J Clin Sci Res 2013;2(Suppl 2):S17.

Prognostic study of patients of intracerebral haemorrhage (ICH) with reference to volume of ICH, Glasgow coma score

Gattu

Andhra Medical College, Vishakapatnam

ABSTRACT

Background: The aim of present study is to determine the prognosis of patients at the end of 4 weeks of CT scan diagnosed intracerebral hemorrhage (ICH) based on volume of ICH as estimated from computed tomographic and Glasgow coma score at the time of admission.

Methods: It was a prospective study. The study was done on 50 patients admitted to acute medical care unit, department of medicine, King George Hospital, Vizag. The study was carried out during the period from July 2012 to March 2013. Patients above 45 years of age and all patients diagnosed to have ICH on CT scan are included in the study. Patients having subarachnoid bleed along with ICH, patients with recurrent intracerebral haemorrhage, patients with primary intraventricular haemorrhage, patients on oral anti coagulants, history of bleeding diathesis and with history of head injury are excluded from study. A complete history was obtained and detailed neurologic examination was done, Glasgow coma score (GCS) was calculated, volume of intracerebral hemorrhage is estimated, each patient was followed up for 4 weeks, and their outcome assessed at the end of 4 weeks, all patients in the study were managed medically.

Results: Males(68%),Females(32%).62% were above 55 years and 38% were in the age group of 45-55 years. 48% had GCS score less than 9 at the time of admission. 52 % had GCS of 9 and above at the time of admission. Intravenricular extension is present in 42%.46% had midline shift. 62% patients were alive at the end of one month and 38% patients had died during this period.

Conclusions: Prognosis of patients with ICH at the end of 4 weeks was best predicted by size of the bleed and GCS score at the time of admission.

Gattu. Prognostic study of patients of intracerebral haemorrhage (ICH) with reference to volume of ICH, Glasgow coma score. J Clin Sci Res 2013;2(Suppl 2):S18.

To study serum lipid profile in patients with cerebrovascular disease and to determine significant correlation between them. To ascertain the effect of age and sex on serum lipid profile

Y. Satyanarayana

Andhra Medical College, Vishakapatnam

ABSTRACT

Background: To study serum lipid profile in patients with cerebrovascular disease and to determine significant correlation between them. To ascertain the effect of age and sex on serum lipid profile.

Methods: In this case-control study, 80 cases with completed stroke (ischaemic - 50 and hemorrhagic- 30) and 20 control subjects at King George Hospital, Visakhapatnam were studied. All subjects were adult patients. Patients with suspected emboli of cardiac origin;type 1 and type 2 diabetes mellitus were excluded from the study. None of the patients were on diet or other modification that would lower plasma lipid levels.

Results: Males accounted for 71 cases. Thirty two patients had elevated serum total cholesterol levels, of which 81.3% had ischaemic stroke and the rest hemorrhagic stroke. 10 patients had elevated serum triglyceride levels, of which 80% had ischaemic stroke and the rest hemorrhagic stroke. 33 patients had elevated serum low density lipoprotein levels of which 75.8% had ischaemic stroke whereas the remaining had haemorrhagic stroke.

Conclusions: A statistically significant positive correlation was found between serum total cholesterol, triglycerides, LDL levels and the risk of stroke

Satyanarayana Y. To study serum lipid profile in patients with cerebrovascular disease and to determine significant correlation between them. To ascertain the effect of age and sex on serum lipid profile. J Clin Sci Res 2013;2(Suppl 2):S19.

A rare association of arthritis, skin hypertrophy and clubbing: a report of 2 cases

H.R. Madhuri, A.R.K. Naidu, I.R. Varaprasad, S. Habibi, S. Kanchinadham, L. Rajashekar

Nizam's Institute of Medical Sciences, Hyderabad

ABSTRACT

Pachydermoperiostosis is a rare autosomal dominant disorder, presenting with digital clubbing, cutaneous and bony hypertrophy. We report two patients presenting to the Rheumatology outpatient services in our hospital.

Case 1: A 25-year-old male presented with insidious onset swelling of the knees and ankles of 8 years duration, which were mildly painful. He gradually developed swelling of the eyelids and difficulty in upward gaze. He was the eldest of 2 siblings of a 3rd degree consanguineous marriage and there were no similar complaints in other family members. On examination, there was deep furrowing of the forehead, eyelid thickening, ptosis and clubbing of all the digits. There was massive effusion of both the knees and mild effusion of the ankles. The hands, wrists and elbows were all enlarged. Radiographs of the hands and long bones showed periosteal reaction. Based on the findings of clubbing, skin hypertrophy and periosteitis on radiographs, he was diagnosed as pachydermoperiostosis.

Case 2: A 24-year-old male presented with insidious onset of pain and swelling of the hand, wrists, elbows, knees and ankle joints of 2 years duration. He was born of a non consanguineous marriage. Examination revealed skin hypertrophy, clubbing and bony enlargement of the distal ends of the long bones. He had a lower motor neuron facial palsy on the right. Cardiovascular and respiratory system examinations were normal. Radiographs of the hands showed periosteal reaction of the phalanges. He was therefore diagnosed to have pachydermoperisostosis.

Meticulous clinical examination and detailed history are the main diagnostic clues for this condition. Although treatment options are limited, correct diagnosis of this condition is important to prevent inappropriate treatment.

Madhuri HR, Naidu ARK, Varaprasad IR, Habibi S, Kanchinadham S, Rajashekar L. A rare association of arthritis, skin hypertrophy and clubbing: a report of 2 cases. J Clin Sci Res 2013;2(Suppl 2):S20.

Serum adiponectin, and its impact on disease activity and radiographic joint damage in early rheumatoid arthritis in relation to body mass index and waist hip ratio a cross-sectional study

Srinivasa Chennareddy, K.V. Kishore Babu, I.R. Varaprasad, S. Habibi, S. Kanchinadham, L. Rajashekar

Nizam's Institute of Medical Sciences, Hyderabad

ABSTRACT

Background: Most of studies on serum adiponectin in rheumatoid arthritis (RA) were done on patients who were on DMARDS and steroids and reports higher concentration in patients. They did not exclude conditions which affect the serum adiponectin concentration.

Methods: 43 patients fulfilling ACR 2010 criteria for a diagnosis of early RA (<2 years duration)(38 females) seen at NIMS, Hyderabad between Jul 2012 and Jan 2013; and 25 age, sex and BMI matched controls (21 females) were studied. Demographic data were collected along with swollen joint count (SJC), tender joint count (TJC), ESR, and IgM-rheumatoid factor (IgM-RF). Radiographs of hands and feet were obtained. BMI, DAS28-ESR and HAQ-DI were calculated.Serum concentration of adiponectin was measured by singleplex ELISA.

Results: 18 patients with RA had erosive disease and 25 had non-erosive disease. Mean age was 35.9± 11.4 in erosive and 34.3±7.7 in non-erosive and 31.6±8.3 in control groups. BMI was22.0±5.1 in erosive,23.0±3.2 in non erosive group and 21.8±3.3 in controls. There was no significant statistical difference between the age, BMI and waist hip ratio between controls and early rheumatoid arthritis patients. However there was significantly high levels of adiponectin levels in early RA patients then compared to controls(p=0.02). When compared between the erosive and the controls this significance was still higher (p=0.008).No correlations to duration of disease, BMI, waist hip ratio and disease activity was noted.

Conclusions: In this study exploring the associations of adiponectin with radiographic damage in RA, we observed a strong cross sectional association between increasing serum adiponectin concentration in early arthritis patients and more with erosive disease.

Srinivasa Chennareddy, Kishore Babu KV, Varaprasad IR, Habibi S, Kanchinadham S, Rajashekar L. Serum adiponectin, and its impact on disease activity and radiographic joint damage in early rheumatoid arthritis in relation to body mass index and waist hip ratio A cross-sectional study. J Clin Sci Res 2013;2(Suppl 2):S21.

Complications in post stroke survivors-data from a teritiary care centre

T.V.D. Sashi Sekhar, K. Madhavi, M. Shalini

Pinnamaneni Siddhartha Institute of Medical Sciences, Chinoutapally

ABSTRACT

Background: To determine the comlications in post stroke survivors.

Methods: This cross sections study was done by recruiting 113 patientsdischarged from PSIMS,a tertiary care centre between Jan 2012 to Dec 2012.

Results: 28.3% of the patients,the post stroke complications comprise infections (66.1%) followed by seizures (14.5%), constipation (11.3%) and dysphagia (8.1%)

Conclusions: A proactive approach is ideal in all post stroke patients, inorder to identify and treat any complications at an early stage,there by, improving outcome and reducing costs.

Sashi Sekhar TVD, Madhavi K, Shalini M. Complications in post stroke survivors-data from a teritiary care centre. J Clin Sci Res 2013;2(Suppl 2):S22.

The severity, symmetry and significance of carotid artery stenosis in acute ischemic stroke

S.V Ramanamurthy, Sreenivas, D.J.K. Chakravarthy

GSL Medical College, Rajahmundry

ABSTRACT

Background: Stroke is a global health problem. It is the second most common cause of death and fourth leading cause of disability worldwide. Stroke is a life changing event that affects not only the person who may be disabled, but their family and care givers. The present retrospective study was carried out to find the severity, symmetry and significance of extracranial internal carotid artery stenosis in acute ischemic stroke.

Methods: The study included 100 patients who presented to the GSL hospital with ischemic stroke from May 2012 to March 2013. CT scan brain, Carotid Doppler was done in all cases and MRI brain was done in eleven patients. Of the vascular causes only extracranial internal carotid artery (CA) stenosis was included in the study. The grading of CA stenosis with duplex scanning as Grade I - Normal, Grade II-(1-15% diameter reduction), Grade III(16-49%), Grade IV(50-79%), Grade V(80-99%), Grade VI-occlusion.

Results: Of the 100 patients, 57 male and 43 female. 33 alcoholics, 39 smokers, 23 diabetics, 77 hypertensive. The common age group is between 51-60 years (38), followed by 61-70 years (27). Out of 100 patients 79 anterior circulatory stroke, 18 posterior circulatory stroke and 03 both.Of 79 anterior circulatory stroke patients carotid stenosis grade-I (31), grade-II (04), grade-III (33), grade-IV (09), grade-V (01), grade-VI (01).Of total 79 patients infarct on right side in 44, with right CA stenosis more than or equal to left CA in 35(80%) and more in left CA in 09(20%). Infarct on left side in 35, with left CA stenosis more than or equal to right CA in 32(90%) and more in right CA in 03(10%).

Conclusions: Highest prevalence of stroke was seen in the age group of 51-60 years (38%). 79% of patients had anterior circulatory stroke, 18% posterior circulatory stroke and 03% both. Grade III carotid artery stenosis and above was commonly associated with higher stroke incidence.

Ramanamurty SV, Sreenivas, Chakravarthy DJK. The severity, symmetry and significance of carotid artery stenosis in acute ischemic stroke. J Clin Sci Res 2013;2(Suppl 2):S23.

A study of complications of paraquat poisoning

K. Manohar, Stalin

Kakatiya Medical College,Warangal

ABSTRACT

Paraquat is one of the highly toxic early omissible compound which when avidentally or voluntarily ingested can lead to devastating complication with high motility rates the study was done in MGM Hospital, Warangal over a period of 2 years. All patients who have consumed 20% paraquat were included in the study all patients received activated charcoal methyl prednisolone.

Of the 30 patients 10 developed ARDS with in 1st 4days 9 developed renal and hepatic failure between 5thand 12th days 3 developed only hepatic failure 2 developed only renal failure all developed oral ulcers and ulcers on esophagus and stomach.

The mortality rate was 80% and only 6 patients survived at 15 days at discharged and doing well 3 months after follow up. Paraquat poisoning has high mortality rate with deaths in the 1st week mostly due to ARDS and on 2nd week due to hepatic or renal failure or both.

Manohar K, Stalin. A study of complications of paraquat poisoning. J Clin Sci Res 2013;2(Suppl 2):S24.

Prognostic value of serum cholinesterase in organophosphate poisioning

B. Nageshwara Rao

Mamatha Medical College, Khammam

ABSTRACT

Background: Organophosphorus (OP) compounds have gained the popularity as poison of the choice for suicidal purposesThese are easily available in the open market without an authorized person's prescription and they are also quite cheaper.In developing countries like India, this is popular mode of poisoning,particularly in rural areas. Cholinergic symptoms and signs such as Bradycardia, Miosis, Muscle fasciculation and excessive secretion in mouth and respiratory tract.

Methods: Prospective study of 50 cases of Acute Organophosphorous poisoning admitted in Mamata General Hospital, Khammam during the periodJune 2012 to May 2013.Bolus dose of atropine till signs of atropinization appear; followed by atropine infusion and PAM

Results: There was no clinical correlation between clinical mild and moderate group and cholinesterase suppression, about 25% in mild group showed normal activity.Clinically severe group showed significant decrease in enzyme activities. Enzyme estimation on 2nd and 3rd day found that treatment with PAM and atropine, there is reactivation of cholinesterase inhibited by OP compound. In our study, there was increase of 166 units in mild group,276 units in moderate group.

Conclusions: Compared to large normal range, the raise of serum cholinesterase was small.In correlating clinical severity and enzyme grading, it was more proportionate in clinically severe groups.

Nageshwara Rao B. Prognostic value of serum cholinesterase in organophosphate poisioning. J Clin Sci Res 2013;2(Suppl 2):S25.

Comorbid illness in COPD patients

T.V. Sasi sekhar, B. Bhanu Rekha, M. Indralekha Girish, M. Lakshmi Lavanya

Pinnameneni Siddhartha Institute of Medical Science,Chinoutapally

ABSTRACT

Background:COPD is a leading cause of hospitalizations in adults,particularly older adults.Comorbidities are a common cause, or a contributing cayse, to many of these hospitalizations.

Methods: A random sample of 500 patients after taking verbal consent were selected from all COPD patients who attended Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Chinoutapally,over a period of 1 year in 2012.

Results: the mean age of 500 COPD patients was 61.2. Majority of the patients had 2 comorbid illnesses (30%). Among the comorbidities;depression was the commonest comorbid illness (50.4%),followed by anaemia (44%)

Conclusions:Knowledge regarding associated comorbidities with COPD in a tertiary care centre helps the physician to take the comprehensive management plan.

Sasi sekhar TV, Bhanu Rekha B, Indralekha Girish M, Lakshmi Lavanya M. Comorbid illness in COPD patients. J Clin Sci Res 2013;2(Suppl 2):S26.

Burden of human immunodeficiency virus infection in 610 incident tuberculosis cases

N. Dinesh Kumar, A. Mohan, B. Siddhartha Kumar, D. Prabath Kumar, J. Harikrishna, K.V.S. Sarma*

Department of Medicine, Sri Venkateswara Institute of Medical Sciences, Tirupati and

**Department of Statistics, Sri Venkateswara University, Tirupati*

ABSTRACT

Background: Sparse published data are available in journals indexed in PUBMED regarding burden of HIV infection in incident tuberculosis (TB) cases from Andhra Pradesh (AP).

Material and methods: Cross-sectional study of Provider Initiated HIV Testing and Counselling (PITC) in patients registered for the treatment of various forms of TB under RNTCP at our tertiary care teaching hospital in Tirupati..

Results: During the period January 2012 to May 2013, 610 patients [mean age 39.8±16.6 years; 64.4% males] were diagnosed to have various forms of TB.Extrapulmonary TB (EPTB) (n=371; 60.8%) outnumbered pulmonary TB (PTB) (n=239; 39.2%); most frequently encountered forms of EPTB included lymph node TB (21.6%), TB pleural effusion (19.1%), brain tuberculomas (16.2%), spinal TB (14%), among others. Of the 610 patients referred to *ICTC*, HIV status could be confirmed in 458 (75%) [mean age 38.6±16.3 years; 64.4% males]. Among these, EPTB was more common among women compared to men [71.7% Vs 55.4%, χ^2=12.541; p=0.000]. Overall, HIV-coinfection was present in 21 of the 458 (4.6%) patients with TB. Majority of HIV coinfected patients were in age group 31-40 years (11/88; 12.5%). HIV co-infection was more frequent in patients with PTB compared with those with EPTB [7.2% Vs 2.8%, χ^2=4.815; p=0.038]. There was no statistically significant difference in HIV-seropositivity between genders (4.9% Vs 4.4%, χ^2=0.06; p=0.806).

Conclusions: The burden of HIV infection in incident TB cases of 4.6% at Tirupati, appears to be similar to the national figure of 5%. The HIV-status of 25% of patients with incident TB still remained unknown suggesting that there is a need for better integration and co-ordination for effective management of HIV-TB co-infection.

Dinesh Kumar N, Mohan A, Siddhartha Kumar B, Prabath Kumar D, Harikrishna J, Sarma KVS. Burden of human immunodeficiency virus infection in 610 incident Tuberculosis cases. J Clin Sci Res 2013;2(Suppl 2):S27.

Clinical presentation and predictors of outcome in 234 patients with super vasmol 33 hair dye poisoning

P. Suneetha, A. Mohan, G. Sivaram Naik, J. Harikrishna, D. Prabath Kumar, K.V.S. Sarma*

*Department of Medicine, Sri Venkateswara Institute of Medical Sciences, Tirupati and *Department of Statistics, Sri Venkateswara University, Tirupati*

ABSTRACT

Background: *Super Vasmol 33* hair dye is emerging as a commonly encountered suicidal poison in South Andhra Pradesh. Little published data are available regarding clinical presentation and predictors of outcome in critically ill patients admitted with *Super Vasmol 33* hair dye poisoning.

Methods: Retrospective study of case-records of 234 patients (mean age 25.1±9.1 years; 71% females) with *Super Vasmol 33* hair dye poisoning admitted to MICU at our tertiary care teaching hospital.

Results: The median duration of time-lapse from consumption to reaching the emergency room (ER) was 13.0 [interquartile range (IQR) 8.0-38.2] hours. Salient clinical manifestations included: cervico-facial oedema (69%); acute respiratory distress (56%); acute kidney injury (AKI) (27%); and seizures (2.6%). Assisted mechanical ventilation (MV) was required in 37% patients [median (IQR) duration 48 (16-96) hours]; 22% required tracheostomy. Laboratory abnormalities included proteinuria [90/93, 96.7%]; and arrhythmias (17/152, 11.2%). Median (IQR) duration of MICU and total hospital stay were 4 (1-7) and 6 (3-12) days, respectively. Fifty three (23%) patients died. On univariate analysis, the following variables were found to be predictors of death: MV (34/53 Vs 52/181; p=0.000); AKI (22/53 Vs 41/181; p=0.008); occurrence of arrhythmias (10/21 Vs7/131; p=0.000). Multivariable analysis by step-wise logistic regression, forward-conditional method revealed MV [odds ratio (OR) 4.046, 95% confidence intervals (CI) 2.296-7.131, p=0.000] and AKI (OR 2.143, 95% CI 1.337-3.443, p=0.002) were independent predictors of death.

Conclusions: *Super Vasmol 33* hair dye is a lethal poison associated with high mortality for which there is no specific antidote. Careful search for and meticulous monitoring of the predictors of death and initiating appropriate corrective measures can be life saving.

Suneetha P, Mohan A, Sivaram Naik G, Harikrishna J,Prabath Kumar D, Sarma KVS. Clinical presentation and predictors of outcome in 234 patients with super vasmol 33 hair dye poisoning. J Clin Sci Res 2013;2(Suppl 2):S28.

Comparison of OSA in obese and non obese patients

Y. Narendra Pradyut Waghra, A. Koteswara Rao, V. Surender Reddy, V. Reddy Tummuru, T. Uday Krishna, V. Veena

S.V.S Medical College and Hospital, Mahaboobnagar

ABSTRACT

Background: Obstructive sleep apnea is characterized by recurrent episodes of complete (apnea) or partial (hypopnea) obstruction of the upper airway during sleep, has widely gained interest since its initial description more than 40 years ago. The present study was designed to compare the polysomnographic data in obese and non-obese patients of obstructive sleep apnea.

Methods: Study design: Cross-Sectional study, to evaluate and compare the Obstructive sleep apnea in obese and non-obese subjects. Place of study: S.V.S Medical College and Hospital; Mahaboobnagar.Duration of study: The study was conducted from June 2011 – June2013.Polysomnography was carried out in 30 obstructive sleep apnea suspected subjects, in that 15 were nonobese and 15 were obese.

Results: Obstructive sleep apnea was diagnosed in 23(76.66%) subjects (10 of nonobese and 13 of obese).The polysomnographic data was compared in between 10 nonobese and 13 obese patients of obstructive sleep apnea.Most of obstructive sleep apnea patients were in between 31 to 60 years (78.26%) and male preponderance (82.60%). No statistically significant change was observed in age and sex, in between nonobese and obese patients of obstructive sleep apnea.

Conclusions: Obstructive sleep apnea was more common in obese than in nonobese patients.The severity of obstructive sleep apnea was increases with the obesity. Nonobese patients who had obstructive sleep apnea, most of them were had structural abnormalities. Smoking and alcohol intake were predisposing risk factors for obstructive sleep apnea in nonobese patients.

Narendra Pradyut Waghra Y, Koteswara Rao A, Surender reddy V, Reddy Tummuru V, Uday krishna T, Veena V. Comparison of OSA in obese and non obese patients. J Clin Sci Res 2013;2(Suppl 2):S29.

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

Tanazee Zade
Mamatha Medical College, Khammam

ABSTRACT

Background: COPD has considerable effects on cardiac functions, including those of the right ventricle, left ventricle, and pulmonary blood vessels. Most of the increased mortality associated with COPD is due to cardiac involvement. Echo provides a rapid, non invasive, portable, and accurate method to evaluate the cardiac changes. The present study aimed to assess the cardiac changes secondary to COPD by echo and find out the correlation between echo findings and severity of COPD, if there any.

Methods: A total of 40 patients of COPD were selected and staged by PFT and evaluated by echo.

Results: On echo evaluation measurable tricuspid regurgitation was observed in 27/40 cases(67.5%).Pulmonary hypertension, which is defined as systolic pulmonary arterial pressure >30 mmHg was observed in 17/27(63%) in which prevalence of mild, moderate, and severe PAH were10/17(58.2%), 4/17 (23.53%) and 3/17(17.65%), respectively. The frequencies of PAH in mild, moderate, severe and very severe COPD were 16.67%, 54.55%,60.00% and 83.33%respectively.the right atrial pressure was 10 mmHg in 82.5% cases and 15 mmHg in 17.5% cases. corpulmonale was observed in 7/17(41.17%)cases.7.50% cases had left ventricle systolic dysfunction and 47.5% cases had evidence of LV diastolic dysfunction defined as $A \geq E$ (peak mitral flow velocity of the early rapid filling wave(E), peak velocity of the late filling wave caused by atrial contraction (A) on mitral valve tracing). Left ventricle hypertrophy was found in 22.5% cases.

Conclusions: Prevalence of PAH has a linear relationship with severity of COPD and sever PAH is almost associated with corpulmonale. Echo helps in early detection of cardiac complications in COPD cases giving time for early interventions.

Tanazee Zade. Echocardiographic evaluation of heart in chronic obstructive pulmonary disease patient and its co-relation with the severity of disease. J Clin Sci Res 2013;2(Suppl 2):S30.

Pulmonary function test and type 2 DM duration-a correlation

Azeer Rafeeq

Mamatha Medical College, Khammam

ABSTRACT

Diabetes mellitus is a metabolic disorder precipitating microvascular and macrovascular complications. Pulmonary complications of diabetes mellitus have been poorly characterized. This study was carried out to know the relation between diabetes mellitus and PFTs in T2DM patients.

Ninety Patients with different duration of T2DM attending Mamatha General Hospital outpatient and inpatient services were included in the study. Smokers, patients with previous/present cardio-respiratory diseases and patients unwilling to participate in the study were excluded. Patients with T2DM were divided into two groups: duration < 5years; and duration > 5 years. PFTs were measured by Medspiror. Patients underwent PFT 3 times, at15 min intervals and best of three readingswere taken for analysis.

Out of 90 patients; 50 patients had restrictive type pattern (55.6%); 28 patients (31.1%) had normal spirometry pattern.

Azeer Rafeeq. Pulmonary function test and Type 2 DM duration-A correlation. J Clin Sci Res 2013;2(Suppl 2):S31.

Clinical, microbiological and radiological study of community acquired pneumonia

B. Srihari

Rangaraya Medical College Kakinada

ABSTRACT

Background: To study the clinical profile in patients admitted with community acquired pneumonia(CAP) to identify the common pathogen responsible for CAP and to assess the response to treatment and duration of hospital stay.

Methods: The study included 50 patients admitted with CAP in Government General Hospital, Kakinada during October 2010 to May 2012.

Results: CAP is common in older age. COPD , smoking and alcoholism are common risk factors .Common presenting symptoms are fever (100%), cough(100%), expectoration(84%), dyspnoea(80%) , chest pain(70%).Sputum examination revealed *Streptococcus pneumoniae* as the most common pathogen.Mean duration of hospital stay is 7 to 10 days .

Conclusions: CAP is a common malady affecting elderly rural males with history of smoking and alcoholism.It commonly presents with classical symptoms and signs of pneumonic consolidation.Circulatory failure is the most cause of mortality.Inpatient management with betalactams and macrolides yielded good results.

Srihari B. Clinical, microbiological and radiological study of community acquired pneumonia. J Clin Sci Res 2013;2(Suppl 2):S32.

The frequency of pulmonary tuberculosis in patients with diabetes mellitus

Tanazee Zade

Mamatha Medical College, Khammam

ABSTRACT

Backround: Tuberculosis is a single infectious disease that involves multiple endocrine organs namely adrenal cortex, anterior,posterior pituitary and para thyroid gland. It does not directly involve insulin secretion of beta cells of pancreas,but worsen the metabolic control in diabetes .on the other hand diabetes mellitus aggravates the existing tuberculous infection and also activates silent or dormant tuberculous focus in the body. The aim of this study was to determine the frequency of pulmonary tuberculosis in admitted diabetes mellitus

Methods: Patients with diabetes mellitus admitted to pulmonology and medicine departments, Mamata Medical College, Khammam from 1st august 2012 to 31st april 2013 were studied .routine investigations included complete blood, erythrocyte sedimentation rate,fasting and random blood sugar level were carried out in all patients. Two sputum smears for acid fast bacilli and x-ray chest and bronchoalveolar lavage were the main tools for diagnosis of pulmonary tuberculosis.

Results: A total of 100 patients with diabetes mellitus were admitted during the study period ,out of them 54 patients were male and 46 female. 14% of these patients were diagnosed as having pulmonary tuberculosis. Fever was the commonest presenting symptoms of tuberculosis and was present in 75% followed by cough in 56% and haemoptysis in 17% patients. Cavitating lesions were seen on chest X-ray in 35.7% and pleural effusion in 28.5% of these patients.

Conclusions: Pulmonary tuberculosis is common in patients with diabetes mellitus. Fever and cough are the common presenting symptoms.

Tanazee Zade. The frequency of pulmonary tuberculosis in patients with diabetes mellitus. J Clin Sci Res 2013;2(Suppl 2):S33.

Three case reports of paraquat poisoning

K. Kishore Kumar

Chalameda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Paraquat (1,1 – dimethyl -4,4 bipyridium dichloride)is used as an herbicide to eliminate weeds. Though it was introduced as non fatal to humans initially case fatalities have been reported either due to accidental or intentional ingestion . Literature shows that paraquat causes oxidative cycling of NADPH with generation of free oxygen radicals which causes cell death and multi organ failure . It concentrates more in lungs and continues to be higher even after decrease in blood resulting in fibrosis and respiratory failure. It causes renal and hepatic failure . Often patients may require hemodialysis but removal of poison is not possible as paraquat accumulates in various organs. Repeated cycles of immunosupression with azathioprine, methylprednisolone and cyclophosphamide have been tried with variable success rate.

Three cases have been reported in our institute with suicidal consumption of paraquat last one year. Two of the three cases shown multi organ damage with respiratory and renal failure predominantly after 4-5 days of consumption. They were mechanically ventilated and put on hemodialysis with no recovery they expired even with intensive respiratory care. Third case was admitted recently with development of respiratory distress after 5 days of consumption and she is on mechanical ventilation till today . Paraquat is a rare poison with delayed manifestations and high mortality. Main cause of death is respiratory failure. No proper antidote is available we tried methyl prednisolone to reduce pulmonary fibrosis and results are not encouraging. We strongly recommend with drawing this molecule from market.

Kishore Kumar K. Three case reports of paraquat poisoning. J Clin Sci Res 2013;2(Suppl 2):S34.

A study of microalbuminuria and retinopathy in type 2 diabetes mellitus

K. Vidyasagar

Andhra Medical College, Visakhapatnam

ABSTRACT

Background: Microalbuminuria (MA) is considered to be a marker for widespread microvascular damage.

Methods: 100 randomly selected patients from medical wards with type 2 diabetes admitted to our medical college teaching were studied. Patients having overt macroalbuminuria were excluded. Micral test, a immunological rapid dip stick semi-qualitative technique was used for detection of MA. Presence of retinopathy (RP) was assessed by an ophthalmologist.

Results: Their mean mean age (years) was 54.82±12.38 (males) and 54.82 ±11.08 years (females).The mean age (years) at detection of diabetes mellitus was 48.84±10.11(males) and 48.75±8.68 (females). Overall, 36 tested positive for MA; 41 tested positive for RP.Among patientsaged 40-50 years (n=40, 23 males),8 had MA and 10 had RP.In 51-60 years age-group (n=29, 15 males), 9 had MA and 10 had RP.In 61-70 years age-group (n=22, 6 males), 10 had MA and 12 had RP. Of the 9 patients aged above 70 years (5 males), all had MA and RP. 22 patients had HbA_1c values<6.5%;of these 6 tested positive for MA and 4 had RP. Of 20 patients with HbA_1c 6.5%-7%5 had MA and 4 had RP. Of 16 with HbA1c 7.0%-7.5% 4 had MA and 8 had RP. Of 42 patients with HbA1c >7.5%,25 had MA and 28 had RP. Presence of MA(p=0.016) and RP(p=0.001) significantly correlated with HbA1c levels. Of 28 patients with hypertension, 22 had MA and 24 had RP.30 subjects had evidence of both MA and RP,11 patients had RP without MA,6 patients had only MA without RP.

Conclusions: MA and RP showed a direct relationship with increasing age of patients. HbA1c values> 7% was associated with increasing incidence of MA and RP. Patients with BMI>25 kg/m^2 had significant increase in the incidence of MA and RP. Incidence of MA and RPwas significantly associated with presence of hypertension.There was a significant association between the presence of MA and RP.

Vidyasagar K. A study of microalbuminuria and retinopathy in type 2 diabetes mellitus. J Clin Sci Res 2013;2(Suppl 2):S35.

Role of vitamin D in type 2 diabetics

Ashok

Osmania Medical College, Hyderabad

ABSTRACT

Background: Type 2 diabetes is a major public health problem accounting for significant premature mortality and morbidity. Vitamin D is implicated in different levels of diabetes pathophysiology like pancreatic beta cell function, insulin resistance and inflammation. The present study was designed to study the association between Vitamin D levels and type 2 diabetes and estimate the prevalence of vitamin D deficiency in type 2 diabetics

Methods: A hospital based case control study involving general population. Included were men and women, aged > 40 yrs with BMI > 25. Vitamin D was measured as serum 25-hydroxy vitamin D. Diabetes was defined based on fasting plasma glucose ≥ 126 mg/dL. Multivariate analysis was done. Low serum 25 (OH) Vitamin D was defined as < 30 ng/ml.

Results: Vitamin D deficiency is seen in 88% of diabetics and 80% of non diabetic older adults (Odds ratio = 1.833 p = 0.018). But very low levels (<15 ng/ml) are seen in 50% of diabetics and 5% of non diabetics. Muslim females in low income group were predominantly affected.

Conclusions: Vitamin D deficiency was prevalent in older Indian population and much lower levels are seen in diabetics.

Ashok.Role of vitamin D in type 2 diabetes. J Clin Sci Res 2013;2(Suppl 2):S36.

To compare clinical features and biochemical profile in diabetic ketoacidosis

Jayakumar

Andhra Medical College, Vishakapatnam

ABSTRACT

Background: The present study was designed to compare clinical features and biochemical profile in diabetic ketoacidosis (DKA), to asses the response in the patients with standard treatment of DKA.50 patients with DKA and meeting inclusion criteria for DKA who came to King George Hospital, Vishakapatnam from June 2012 to May 2013 were studied.

Methods: Diagnosis of DKA was made according to the inclusion criteria, hyperglycaemia > 250, acidosis with blood pH < 7.3, serum HCO3 < 15 mEq/L, urine positive for ketone bodies.

Results: Of the 50 patients admitted for DKA; 42 had type 2 diabetes (84%) and 8 (16%) were type 1 diabetes. The commonest precipitating factor was infection (56%) followed by other factors (28%), irregular treatment(16%).The most common clinical features at the time of presentation were vomiting, abdominal pain, acidotic breathing and dehydration. The values for RBS, HCO3, pH were 355.3±69.1, 14.9±3.4, and 7.2±0.1 respectively. There was no significant difference in clinical and biochemical profile of patients with type 1 and type 2 DM. Mortality rate was 4% and factors found to be significant predictors were comorbid condition, severity of dehydration RBS at the time of presentation, severe acidosis and doses and duration of insulin therapy required to clear urine ketone bodies.

Conclusions: Most common precipitating factors are infection, omission of insulin or irregular treatment. Most common clinical features at the time of presentation are vomting, abdominal pain, dehydration, acidotic breathing. There is no significant difference in the clinical and biochemical profile of patients in type 1 and type 2 diabetes. Mortality rate in DKA is 4% and most notable predictors of poor prognosis are severity of altered sensorium, severity of comorbid condition, severe dehydration and severe acidosis and dose and duration of insulin therapy requiring for clearing urine ketone bodies.

Jayakumar.To compare clinical features and biochemical profile in Diabetic.J Clin Sci Res 2013;2(Suppl 2):S37.

Study of incidence of peripheral neuropathy and autonomic neuropathy in type 2 diabetes mellitus

Chandrika

RJ Rangaraya Medical College, Kakinada

ABSTRACT

Background: To study peripheral neuropathy and autonomic neuropathy in type II diabetes mellitus**,** to study incidence of peripheral neuropathy and autonomic neuropathy in relation to duration of type II diabetes (<5years and >5years), to understand clinical and subclinical cases of autonomic neuropathy and peripheral neuropathy in type 2 diabetes mellitus and to facilitate early treatment and prevent complications by correlating simple bedside tests and nerve conduction studies

Methods: The study included 100 patients with type 2 diabetes mellitus attending outpatient and inpatients in medical wards of Government General Hospital , Kakinada excluding type I diabetes mellitus and gestational diabetes

Results: Diabetic neuropathy is common in males and peak incidence in fifth decade**.**incidence of diabetic neuropathy increases with increasing duration of diabetes mellitus**.**Nerve conduction studies is diagnostic test which also detects subclinical cases.

Conclusions: Nerve conduction studies and simple bedside autonomic tests are recommended to be done at regular intervals in type 2 diabetes mellitus for early diagnosis and appropriate treatment. Of all treatments , tight and stable glycemic control is probably the only one which will give symptomatic relief as well as slows the progression of diabetic neuropathy.

Chandrika.Study of incidence of peripheral neuropathy and autonomic neuropathy in type II diabetes mellitus. J Clin Sci Res 2013;2(Suppl 2):S38.

Prevalence of diabetic retinopathy in type 2 diabetic patients with periodontitis presenting to a teaching hospital

V.R.B. Kumar Surapureddy, S. Rama Rao, V. Dharma Rao

Mamatha Medical College, Khammam

ABSTRACT

Background: Diabetes mellitus (DM) is a chronic metabolic disease characterized by hyperglycemia. Periodontitis, a fairly common complication among diabetics, is usually associated with poor glycaemic control. Diabetic retinopathy is one of the leading causes of blindness among diabetics. We studied the prevalence and severity of periodontitis and retinopathy in type 2 diabetics presenting to a teaching hospital.

Methods: 600 patients with type 2 diabetes between age groups 40-70 years, dentate and with more than 6 teeth were examined. Study group was divided into well, moderate and poorly controlled diabetes based on HbA1C levels. Information regarding duration of diabetes was obtained. A thorough oral examination and opthalmic examination was done. The results obtained were statistically analyzed.

Results: Among the 600 diabetics, 228 had periodontitis (38%). A total of 198 (33%) patients had Retinopathy. 96 patients had both retinopathy and periodontitis (42.1% of patients with periodontitis). The prevalence of periodontitis was shown to be higher among those with poor glycemic control and patients with diabetes for a longer duration. retinopathy was more prevalent in patients with a longer duration of diabetes and in those with severe periodontitis.

Conclusions: Periodontis is fairly common among type 2 diabetics. the relation between periodontitis and diabetic retinopathy needs to be evaluated by further studies.

Kumar Surapureddy VRB, Rama Rao S, Dharma Rao V. Prevalence of diabetic retinopathy in type – 2 diabetic patients with periodontitis presenting to a teaching hospital. J Clin Sci Res 2013;2(Suppl 2):S39.

Effect of diabetic distress on glycemic control

M. Lakshmi Lavanya

Pinnamaneni Siddhartha Institute of Medical Sciences, Chinoutapally

ABSTRACT

Background: To determine the relationship between diabetic distress and glycemic control.

Methods: 546 patients were included in our study and they were assessed for glycemic control (HbA1C), diabetes distress, and self-care activities.

Results: Of the total 546 pts, 49% had a poor glycemic control, as was indicated by HbA1C >7%, 219 patients (40%) are found to have moderate distress. Patients with moderate diabetic distress had glycemic control (p=0.0001).

Conclusions: All diabetic patients should be evaluated for diabetic distress as it has an effect on glycemic control.

Lakshmi Lavanya M. Effect of diabetic distress on glycemic control. J Clin Sci Res 2013;2(Suppl 2):S40.

Association between intrarenal arterial resistance and diastolic dysfunction in type 2 diabetes mellitus

N. Srinivasa Rao, U. Ramchander Rao, S. Rajendra Prasad, Srivani, C.H. Narendra

Osmania Medical College, Hyderabad

ABSTRACT

Background: The present study was designed to: (i) study the association between intrarenal arterial resistance and diastolic dysfunction in type 2 diabetes mellitus patients; (ii) establish the frequency of raised renal resistive index (RRI) in diastolic dysfunction; (iii) understand the various factors affecting RRI in patients already having diastolic dysfunction; and (iv) study the differences between the group with an abnormally raised RRI and the group with normal RRI.

Methods: 50 patients with diabetes mellitus and diastolic dysfunction but with no serious cardiovascular compromise on 2D echocardiography seen at Osmania General Hospital, Hyderabad from August 2010 to September 2012were selected. Care was taken to avoid patients with COPD, glomerulonephritis and other intrinsic renal disease not attributable to diabetes mellitus. These patients were then subjected to renal doppler study and RRI was estimated The study group with raised RRI was compared to the group with normal RRI and various differences between the two groups were identified.

Results: The study found that 28 out of 50 had raised RRI. 22 patients had normal RRI. The current study found a significant relation between age of the patient and RRI (p 0.015737) Duration of diabetes and RRI (p 0.014), Serum Creatinine (p 0.0056) and RRI and GFR (p 0.000822).

Conclusions: There was no relation between RRI andBMI, mean BP, sex in our study.

Srinivasa Rao N, Ramchander Rao U, Rajendra Prasad S, Srivani, Narendra CH. Association between intrarenal arterial resistance and diastolic dysfunction in type 2diabetes mellitus. J Clin Sci Res 2013;2(Suppl 2):S41.

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

Rakesh Boppana, S. Ramarao, V. Dharmarao

Mamatha Medical College, Khammam

ABSTRACT

Background: Recent studies have reported increased prevalence of overweight in adolescents, However few have focused on how diabetes in parents can influence on overweight in children. The present study aimed at evaluating the prevalence of overweight in medical students of diabetic and non-diabetic parents

Methods: Inclusion criteria- Students with a positive family history of diabetes, students without a family history of diabetes are included in control group, students in the age group of 18-22 years are selected. After obtaining consent, we measured the height, weight of the participants and calculated the body mass index (BMI) which was compared between the two groups.

Results: The prevalence of overweight in diabetic offspring was two times higher compared to offspring of non-diabetic parents.

Conclusions: The prevalence of overweight was higher in the offspring of diabetic parents compared to offspring of non-diabetic parents.

BoppanaR, Ramarao S, Dharmarao V. Prevalence of overweight in medical students of diabetic and non-diabetic parents. J Clin Sci Res 2013;2(Suppl 2):S42.

Respiratory manifestation of patients with scrub typhus

S. Nishanth

Rama Chandra Medical College, Chennai

ABSTRACT

Background: Scrub typhus is a febrile illness widely endemic in Asia caused by Orientia tsutsugamushi in which humans are accidental hosts. If there is delay in the initiation of the appropriate antimicrobial therapy patient may present with serious complications. The present study aimed to determine the respiratory manifestation of patients with scrub typhus.

Methods: In this retrospective study, 144 in-patients who were Scrub typhus positive admitted from 12th October, 2012 to 14 February 2013 were studied, for respiratory symptoms at presentation.

Results: Seventy nine patients (54.8%) presented with productive cough, 54 patients (37.5%) had grade 2 or more dyspnea, 28 patients (19.4%) had ARDS and 18 patients ((12.5%) required ventilator support of which 3 were on NIV. A majority of the 79 patients were treated outside as lower respiratory tract infection and presented a week later of symptom onset. A majority of patients requiring ventilatory support presented 10 – 14 days later of symptom onset. Only 16 patients (11.1%) had eschar. In this study 4 patients (2.7%) died as a result of scrub typhus all within 36 hours of admission.

Conclusion: Although the severity of scrub typhus varies considerably, involvement of the respiratory system is seen in a large number of patients. A high degree of clinical suspicion of scrub typhus allows early diagnosis and timely initiation of appropriate antimicrobial therapy, and thereby may help reduce patient morbidity and expenditure.

Nishanth S. Respiratory manifestation of patients with scrub typhus. J Clin Sci Res 2013;2(Suppl 2):S43.

Clinical profile of dengue fever in a teaching hospital

N. Ganesh, S. Rama Rao, V. Dharma Rao

Mamata Medical College, Khammam

ABSTRACT

Background: Dengue fever has emerged as one of the most important arthropod tropical infections in the recent years with an estimated 2.5 billion people at risk all over the world.

The present study was conducted to assess clinical profile of dengue fever in adult patients in Khammam area.

Methods: The present cross sectional study was conducted in Department of Medicine,in a teaching hospital, Khammam during august 2012 to december 2012 on 120 adult patients with dengue fever. Detailed history, clinical examination, blood investigations were performed.

Results: Majority of the patients were in adult age group from 15 to 35years. Most common presentation is fever associated with body pains. Out of 120 cases, tourniquet test was positive in 58 (48%) cases of DF. Thrombocytopenia was seen in 80.83% patients and overall 36% have platelet count less than 50000.10%patients have both IgG and IgM positive. Bleeding manifestations are seen in 3.33% patients.1 patient died of dengue shock syndrome.

Conclusions: Dengue haemorrhagic fever is more common in younger age group with increased bleeding manifestations and shock syndrome in patients having low plate count (<50,000/mm^3) and IgM and IgG positive patients.

Ganesh N, Rama Rao S, Dharma Rao V. Clinical profile of dengue fever in a teaching hospital. J Clin Sci Res 2013;2 (Suppl 2):S44.

Study of haematological manifestations in HIV/AIDS

S.V. Karthik, S. Manohar, Siddeswari

Osmania Medical College, Hyderabad

ABSTRACT

Background: HIV/AIDS is recognized emerging disease and rapidly established itself throughout the world. Haematological abnormalities are common findings in patients with HIV infection. These include anaemia, thrombocytopenial, leucopenia-pancytopenia.

Methods: The present study was designed to study haematological manifestations in HIV/AIDS and to assess their correlation to severity of disease.The peripheral blood samples of 50 patients who were confirmed by ELISA and western blot method admitted to Osmania general hospital and ART centre of Osmania General Hospital, Hyderabad. Age of patients is more than 18 years.

Results: Fifty patients were studied for period of 18 months. 44% of patients were between age group of 31-40 years. Males (61%) are more commonly affected than females (33%). Fever is predominant symptom seen in 59% of cases , weight loss was another commonly associated symptom (53%). Physical findings included anaemia 54%, oral candidiasis 30%, generalized lymphadenopathy 25%, skin lesions 15%. Respiratory system is most commonly involved. Normocytic normochromic blood picture was seen. Leucopenia was seen in 42% of cases.Thrombocytopenia was seen in 18% of cases. Haemoglobin, neutrophils, lymphocytes are significantly reduced according to severity criteria ($p<0.05$).

Conclusions: Peak incidence of HIV occurred in age group of 21-40 year. Males are affected more than females. Fever, weight loss are most common symptoms. Pallor, oral candidiasis, generalized lymphadenopathy, jaundice, skin lesions are most common clinical signs Respiratory system was most commonly involved system, followed by gastro- intestinal system.Normocytic, normochromic blood picture was most commonly seen in HIV patients.

Karthik SV, Manohar S, Siddeswari. Study of haematological manifestations in HIV AIDS.J Clin Sci Res 2013;2(Suppl 2):S45.

Prevalence of obesity among trainee doctors in a teaching hospital in Khammam, Andhra Pradesh

B. Sravan Kumar, S. Rama Rao, V. Dharma Rao, A. Hanumaiah, B. Rama Krishna

Mamatha Medical College, Khammam

ABSTRACT

Background: Obesity has reached epidemic proportions in India in the 21st century, with morbid obesity affecting 5% of the country's population. India is following a trend of other developing countries that are steadily becoming more obese. The present study was designed to study the prevalence of obesity among postgraduate trainee doctors working in a teaching hospital.

Methods: A cross sectional study was conducted at a teaching hospital in Khammam, Andhra Pradesh. Information was collected from 300 post graduate trainee doctors. Standard tools were used for height and weight measurement, waist circumference. Obesity was defined as body mass index (BMI) > 25 and waist circumference > 90 for men and >80 for women by using Revised Indian cut-off points.

Results: Frequency of overweight and obesity among doctors was 39.6% and 20.2% respectively corresponding to BMI and frequency of obesity was 36.4% corresponding to waist circumference. The overall prevalence of overweight was 33.5% and obesity was 6.8% among Indian population.

Conclusions: Frequency of overweight and obesity was high among post graduate trainee doctors. This calls for the prevention and control of this problem with prime attention.

Sravan Kumar B, Rama Rao S, Dharma Rao V, Hanumaiah A, Rama Krishna B. Prevalence of obesity among trainee doctors in a teaching hospital in Khammam, Andhra Pradesh. J Clin Sci Res 2013;2(Suppl 2):S46.

Quality of medical records at teaching hospitals

D. Priyanka

Mamata Medical College, Khammam

ABSTRACT

Background: Documentation of medical data including patient history, clinical examination, progress notes, discharge summary, procedure notes helps to improve the medical practice, knowledge and research work. The present study was designed to assess documentation of inpatient details in case sheets of various clinical departments at teaching hospitals.

Methods: This is a descriptive studyof 150 patients selected through random sampling from various clinical departments at teaching hospital during March to April 2013. A standard questionnaire is used to collect data.

Results: Of the 150 records documented, the percentage of completeness with regard to history sheet is 70%, progress notes 66%, discharge summary 59% and procedural notes 30%.

Conclusions: Patient records had deficiencies more with regard to procedural notes and discharge summary.

Priyanka D. Quality of medical records at teaching hospitals. J Clin Sci Res 2013;2(Suppl 2):S47.

Study of pancytopenia at CAIMS

Imtiaz Ali, P. Narayana

Chalmeda Anand Rao Institute of Medical Sciences (CAIMS), Karimnagar

ABSTRACT

Background: Pancytopenia is the most commonly uncountered haematological abnormality in hospital settings.The present study was designed tostudy the aetiology of pancytopenia at Chalmeda Anand Rao Institute of Medical Sciences (CAIMS), Karimnagar

Methods: The 50 patients with pancytopenia were included in the study from 01-01-12 to 31-12-12. Complete blood counts, bone marrow examination done according to standard methods.

Results: Out of 50 patients, iron deficiency anaemia with leucopenia -14, hypersplenism- 13, Viral hemorrhagic fever- 6, megaloblastic anaemia- 4, drug induced- 3, multiple myeloma-1, non Hodgkins lymphoma-1, rheumatoid arthritis- 1, leptospirosis -1, undiagnosed-6

Conclusions: Iron deficiency anaemia with leucopenia followed by hypersplenism, viral haemorrhagic fever were the most common causes of pancytopenia in our study.

Imtiaz Ali, Narayana P. Study of pancytopenia at CAIMS. J Clin Sci Res 2013;2(Suppl 2):S48.

A case of very severe generalised tetanus in elderly

AK Koushik

Sri Rama Chandra Medical College, Chennai

ABSTRACT

Background: Tetanus is now a rare disease in developed world. However, it remains an important cause of death worldwide and is associated with high case mortality, particularly in developing world.

Methods: We present a case report of an 80-year-old patient with very severe generalized tetanus with multiple complications like autonomic instability, nosocomial infections. Generalized spasmswere successfully controlled with diazepam infusion and propofol and with ventilator support. Magnesium sulphate was used in our patient for management of cardiovascular instability.

Results: Since tetanus has become rare nowadays, many physicians have little experience with serious complication and management. Any patient regardless of age or severity of tetanus with nosocomial infections has a chance of full recovery if optimally managed.

Conclusions: High dose of benzodiazepines, mechanical ventilation, magnesium infusion, antibiotic and other conservative treatment, recovery was complete and quality of life was similar to what it had been before the illness.

Koushik AK. A case of very severe generalised tetanus in elderly. J Clin Sci Res 2013;2(Suppl 2):S49.

Aetiology and predictors of outcome in patients admitted to medical intensive care unit with multiorgan-dysfunction syndrome (MODS)

V. Arun Raja, A. Mohan, J. Harikrishna, B. Siddhartha Kumar, G. Sivaram Naik, S. Aparna Reddy, K.V.S. Sarma*

*Department of Medicine, Sri Venkateswara Institute of Medical Sciences, Tirupati; *Department of Statistics, Sri Venkateswara University, Tirupati*

ABSTRACT

Background: No published data are available from Andhra Pradesh regarding the aetiology and predictors of outcome in patients admitted to medical intensive care unit (MICU) with multiorgan-dysfunction syndrome (MODS).

Methods: Retrospective study of case records of 42 patients with MODS (mean age 39.6±14.9 years; 23 males) admitted to MICU at our tertiary care teaching hospital in Tirupati during the period December 2012 and May 2013.

Results: Salient clinical manifestations included acute respiratory failure requiring mechanical ventilation (ARF-Mech Vent) (n=30, 71.4%); encephalopathy (n=28, 66.7%); acute kidney injury (AKI) and hepatic dysfunction (n=25, 59.5%) each; shock (n=24, 57.1%). Aetiological causes identified included bacterial sepsis (n=10, 24.4%; community acquired pneumonia, hospital acquired pneumonia and urinary tract infection, 3 patients each; acute gastroenteritis n=1); co-infection with leptospirosis and scrub typhus (n=9, 21.4%); scrub typhus (n=8, 19%); leptospirosis (n=6, 14.3%); malaria (n=3, 7.1%); aetiology unknown (n=6, 14.3%). Seven (16.7%) patients died. Univariate analysis revealed that patients who died had a significantly higher mean Acute physiology and Chronic Health Evaluation II (APACHE II) score compared with survivors (25.4±5.4 Vs 14.7±4.8; p=0.000). Multivariable analysis by binary logistic regression, forward conditional method, showed that APACHE II score e" 20 [odds ratio (OR) 27, 95% confidence intervals (CI) 3.669-198.694, p=0.001] as the independent predictor of death.

Conclusions: Bacterial sepsis is the most common cause and leptospirosis, scrub typhus are emerging as important causes of MODS requiring MICU admission. High APACHE II score e" 20 at the time of admission should alert the clinicians for aggressive monitoring and management as these patients have a high likelihood of death.

Arun Raja V, Mohan A, Harikrishna J, Siddhartha Kumar B, Sivaram Naik G, Aparna Reddy S, Sarma KVS. Aetiology and predictors of outcome in patients admitted to medical intensive care unit with multiorgan-dysfunction syndrome (mods). J Clin Sci Res 2013;2(Suppl 2):S50.

A case of catastrophic anti-phospholipid syndrome with multi-system involvement

V.K. Sumithra, Vimal Rai, Ravindra Kumar, E.A. Ashok Kumar

Mediciti Medical College, Ghanpur, Medchal

ABSTRACT

A 20-year-old post-partum female presented with progressive weakness, shortness of breath of grade IV and swelling of all the four limbs of 15 days duration with an episode of seizure. **Investigations:** MRV -cortical sinus venous thrombosis (CSVT) of transverse and sigmoid sinus Raised anti-ds DNA anticardiolipin and lupus anticoagulant. 24 hour urinary proteins – 540 mg/day indicating clinical lupus nephritis. Weakness of all the limbs with areflexia indicating acute inflammatory demyelinating polyneuropathy (AIDP). 2D echocardiography- post partum dilated cardiomyopathy (DCMP).

Diagnosis: Catastrophic anti-phospholipid syndrome with multiorgan involvement, AIDP**,** CSVT**,** Lupus nephritis, DCMP.

Sumithra VK, Vimal Rai, Ravindra Kumar, Ashok Kumar EA. A case of catastrophic anti-phospholipid syndrome with multi-system involvement. J Clin Sci Res 2013;2(Suppl 2):S51.

A case of pancreaticopleural fistula

N. Varun Mai, V. Chandrashekar, Sudhakar, Bhageerathi

Kakatiya Medical College, Warangal

ABSTRACT

We present a 50 year old chronic alcoholic man with massive right sided pleural effusion which is of exudative in nature and with lymphocytic predominance. Initially started on ATT with no response and recurrence of symptoms of effusion he was investigated in terms of malignancy and CT chest was done. Patient showed no atypical cells and CT was suggestive of a massive right pleural effusion with mediastinal shift to left and suggestive of pseudo pancreatic cysts in abdomen. Subsequently pleural fluid amylase was estimated to be high suggestive of pancreatic effusion. CT abdomen and MRCP revealed a pancreaticopleural fistula on left side with minimal effusion, massive right pleural effusion and mediastinal shift to left which is a rare complication of pancreatitis which requires ERCP and pancreactic duct stenting. An ICD was implanted into the right pleural space waiting for surgery but we lost the patient. This case is an eye opening that any non resolving pleural effusion could be due to pancreatitis hence atleast amylase levels in the pleural fluid is mandatory in evaluation of all pleural effusion cases.

Varun Mai N, Chandrashekar V, Sudhakar, Bhageerathi. A case of pancreaticopleural fistula. J Clin Sci Res2013;2(Suppl 2):S52.

A case of pleural and pericardial involvement secondary to NHL – lymphoblastic lymphoma

Arun Arora, Vimal Rai, Ravindra Kumar, Ashok Kumar

Mediciti Medical College, Ghanpur, Medchal

ABSTRACT

A 17-year-old male presented with orthopnea, dry cough and fever of one month duration. On examination, a single firm non tender deep cervical lymphnode of 2x2 cms size was palpable and swelling of the left anterior chest wall with decreased expansion was present.

Investigations: Pleural fluid is blood stained, sugars 70 mg/dl, proteins 4.5 g/dl**,** cells 1950/mm^3, PMN 30%, lymphocytes 70%, ADA 350 IU/L, CT chest showed malignant anterior mediastinal mass with left pleural invasion with effusion, pericardial invasion with effusion and presence of sub cranial lymph nodes.Biopsy of the mediastinal mass revealed lymphoblasic lymphoma.

Diagnosis: NHL lymphoblastic lymphoma with pleural and pericardial involvement.

AroraA, RaiV, KumarR, Kumar A. A case of pleural and pericardial involvement secondary to NHL – lymphoblastic lymphoma. J Clin Sci Res 2013;2(Suppl 2):S53.

A case report of periodic hypokalemic paralysis indicative of Gitelman's syndrome

V. Chandrashekar, Rajini, Sudhakar, Naveen Kumar

Kakatiya Medical College, Warangal

ABSTRACT

Hypokalemic periodic paralysis is a common medical disorder. It may be sporadic or familial but needs to be evaluated carefully to identify many of the heterogenous group of disorders included under his heading. We report a 28-year-old female patient with recurrent episodes of muscle weakness associated with tetany. There was no history of fever diarrhea rash or abdominal pain. She reprted having frequency of micturition but no other urinary tract symptoms. She had no history of medication usage including diuretics. Her investigations revealed hypokalemia, hypomagnesemia and hypocalciuria apart from metabolic alkalosis, suggestive of Gitelman's syndrome. Gitelman's syndrome is a rare inheritable renal disorder caused by defective NaCl transport at distal convoluted tubule and is linked to gene encoding thiazide sensitive Na-Cl co-transporter located on chromosome 16q. Treatment includes potassium calcium and magnesium salts replacement. Long-term prognosis in terms of preserving renal function and life expectancy is good.

Chandrashekar V, Rajini, Sudhakar, Naveen Kumar. A case report of periodic hypokalemic paralysis indicative of Gitelmans syndrome. J Clin Sci Res 2013;2(Suppl 2):S54.

Mediastinal growths are benign or malignant

P. Gowtham

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Mediastinal growths are benign or malignant growths. They are rare and generally occur in the age group of 30 to 50 years. Due to their location in the mediastinum, if they are left untreated, they can cause serious complications like invasion into the heart, pericardium and the great vessels.

A 30-year-old male presented with chest pain since 30 days, cough since 25 days and shortness of breath since 10 days. No history of HTN, DM, TB, Bronchial asthma, CVA, CAD, CKD and malena in the past. Patient is a known smoker and an alcoholic since 15 years. On general examination, supraclavicular lymphnodes were enlarged (firm, mobile and about 2 x 2 cms size). Pulse rate is 82 beats/min, BP is 120/90 mmHg, pulsus paradoxus was present. Jugular venous pressure increased 8 cm above sternal angle. On systemic examination, examination of respiratory system was normal. Coming to Cardiovascular examination, on inspection, the shape of the precordium was normal, there were no visible pulsations. On palpation, apical impulse was not palpable and no parasternal heave was felt. On percussion, area of cardiac dullness was increased. On auscultation, heart sounds were muffled.

Investigations revealed Hb 10.3 g/dL,TLC 13,700 cells/cumm, ESR 100 mm first hour, ECG.showed normal sinus rhythm with low voltage complexes.Chest radiograph showed cardiomegaly and evidence of soft tissue was noted in left pulmonary region.2D-echo showed thickened pericardium and large free pericardial effussion. There was large (7.93 x 6.98cm) sized hyperechoic intrapericardial mass compressing major pulmonary artery and left pulmonary artery. All cardiac valves and chambers are normal. No evidence of cardiac tamponade.CECT showed malignant anterior mediastinal mass with invasion to superior vena cava, main pulmonary artery and pericardium with compression on adjacent structures. Gross pericardial effussion and multiple nodular deposits in lungs were the signs of metastasis.

Gowtham P. Mediastinal growths are Benign or Malignant. J Clin Sci Res 2013;2(Suppl 2):S55.

Polyglandular autoimmune syndrome-1

Hiran Sathu

Chelmeda Anand Rao Medical College, Karimnagar

ABSTRACT

Polyglandular autoimmune syndrome-1 also called as autoimmune-polyendocrinopathy-candidiasis-ectodermal-dystrophy (APECED). The type-1 syndrome starts in childhood and is characterised by mucocutaneous candidiasis, hypoparathyroidism and adrenal insufficiency. The diagnosis of PGA-1 requires atleast two of the above mentioned three.

A 40-year-old female presented with fever, ulceration of mouth and yellowish discolouration of eyes since 15 days. Patient is a known case of DM-1 and is on regular treatment with insulin mixtard. Investigations revealed serum total bilirubin 6.4 mg/dl, serum direct bilirubin 4.5 mg/dL, serum indirect bilirubin 1.9 mg/dL, gamma glutamyl transpeptidase 142 U/L, RBS- 320 mg/dL, blood urea 60 mg/dl, serum creatinine 3.0 mg/dL, serum calcium 7.0 mg/dl, serum phosphorus 5.2mg/dL, LKM antibodies are negative and intact parathyroid hormone 6.32 pg/mL. Ultrasound abdomen showed altered echotexture of liver and kidney parenchyma. Patient responded with hormonal replacement and oral candidiasis subsided.The patient was diagnosed to have polyglandular autoimmune syndrome-1.

SathuH. Polyglandular autoimmune syndrome-1. J Clin Sci Res 2013;2(Suppl 2):S56.

Case report of bulbar variant of Guillain-Barré syndrome

K. Raghavendra, Imroz, D. Padma, G.V. Ramanamurthy

Pinnamaneni Siddhartha Institute of Medical Sciences, Chinoutapally

ABSTRACT

Guillain–Barré–Strohl syndrome is an acute polyneuropathy, a disorder affecting the peripheral nervous system. Ascending paralysis, weakness beginning in the feet and hands and migrating towards the trunk, is the most typical symptom, rarely GBS may begin in muscles of face and throat causing dysphagia and slurred speech and weakness of facial muscles.In isolation bulbar palsy is uncommon in GB Syndrome, but it does occur in more severely affected patients.We had a 60 year old female patient, who presented with sudden onset of inability to close right eyelid and deviation of angle of mouth to left side, dysphagia, regurgitation of feeds, dysarthria, pooling of secretions in throat. We evaluated her with CT scan, MRI, ENMG, CSF analysis, laryngoscopy. She was diaganosed to have GB Syndrome and started steroid treatment. After the treatment, patient recovered fully with out any neurological deficit.

Raghavendra K, Imroz,Padma D, Ramanamurthy GV. Case report of bulbar variant of Guillain-Barré syndrome. J Clin Sci Res 2013;2(Suppl 2):S57.

Wernicke's encephalopathy

V. Chenna Reddy

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Wernicke's encephalopathy is a traid of ophthalmoplegia, ataxia and confusion and is due to thiamine deficiency. It is usually associated with chronic alcohol abuse.A 40-year-old male with past history of chronic alcohol abuse was presented to casuality with diplopia, ataxia and confusion. On examination, vitals were normal and bilateral horizontal nystagmus, cerebellar signs, romberg sign was present and rest of the CNS examination was normal. Fundoscopy, CSF analysis, ECG, 2D echo, RFT was normal. AST/ALT > 1 and rest of LFT was normal. U/S abdomen showed fatty liver. T2 weighted MRI showed abnormality in periventricular area, brainstem, thalamus and mamillary bodies. He was treated with high dose of IV thiamine and dexstrose. After 1 week of treatment, repeat MRI was normal. After 2 months, his mental and neurological state were normal. So we made the diagnosis of Wernicke's encephalopathy with support of the clinical features, MRI findings and improvement with high dose of thiamine after ruling out the other causes of thiamine deficiency.

Chenna Reddy V. Wernicke's encephalopathy. J Clin Sci Res 2013;2(Suppl 2):S58.

A case of rubral tremor

E. Anil Kumar

Katuri Medical College, Guntur

ABSTRACT

A 60-year-old male presented with complaints of involuntary movements involving right half of the body including jaw since 2 years. These involuntary movements gradually progressed and were worsening since 2 years and attained the present stage. Involuntary movements are of coarse tremors in character which are present at rest, during activity and also during sleep. There is no evidence of bradykinesia and emotional instability. The higher intellectual functions, cranial nerves, sensory and autonomic systems are not involved. He had history of CVA with right hemiplegia 4 years back which improved to near normal over a period of 1 year. Rubral tremor is a severe large amplitude relatively slow tremor involving both proximal and distal muscles present at rest but made worse with action.It may be unilateral and is usually due to stroke or trauma. Laboratory investigations were normal except for high normal lipid profile. MRI brain has revealed infarct at the medial part of right lower midbrain.

Anil Kumar E.A case of rubral tremor. J Clin Sci Res 2013;2(Suppl 2):S59.

Rare occurrence of Fahr's disease in young boy with seizures

K.V. Pradeep Babu, Krishnaveni

Pinnamaneni Sidddhartha Institute of Medical Sciences, Chinoutapally

ABSTRACT

Idiopathic calcification of basal ganglia and cerebellar dentate nucleus is synonymous with Fahr's disease, which is an often an autosomal dominant, rarely occurring neurodegenerative disorder. Few sporadic autosomal recessive cases have also been described. Symptomatology of the Fahr's disease ranges from movement disorders, Parkinsonism like symptoms to cognitive defects. Majority of the cases reported were in adults with typical presentation. Here we report a rare occurrence of Fahr's disease in a young boy presented only with seizures.

Pradeep Babu KV, Krishnaveni. Rare occurrence of Fahr's disease in young boy with seizures. J Clin Sci Res 2013;2(Suppl 2):S60.

Rare presentation of CML

S. Praneeth

Andhra Medical College,Vishakapatnam

ABSTRACT

35-yr-male patient came with chief complaint of weakness, loss of wt, appetite, post splenectomised state.On examination inguinal lyphadenopathy present. Investigations: haemogram showed leucocytosis.Bone marrow examination showed myeoid hyperplasia. FNAC from the lymphnode showed follicular hyperplasia. Excisional biopsy showed follicular dendritic cell like picture. Immunohistochemistry confirmed it as CML involving lymphnode with extramedullary haematopoiesis.

Praneeth S. Rare presentation of CML. J Clin Sci Res 2013;2(Suppl 2):S61.

A case of SLE kidney

K.V. Chowdary

Maharaja Institute of Medical Sciences,Medchal

ABSTRACT

A 19-year-old female presented with the complaints of decreased urine output and seizures on examination she had oral ulcers, malar rash. Investigations: Hb 8g/dL,CUEAlb 4+, serum creatinine 2.9mg/dL, 24 hours urinary protein1.2g/day, ANA+, Anti-dsDNA ++, kidney biopsy was suggestive of mesangio proliferative nephritis (lupus nephritis).

Chowdary KV. A case of SLE Kidney.J Clin Sci Res 2013;2(Suppl 2):S62.

Struge-Weber syndrome

Y. Satyanarayana

Andhra Medical college,Vishakapatnam

ABSTRACT

A 35-year-old female patient came with complaint of recurrent seizures since childhood.On examination pallor +,portwine stain on left side of face and forearm. CNS examination: mental retardation +, dysarthria, cranial nerves-normal, motor system-normal, sensory system-normal, CVS-normal, RS-normal. CT brain showed tram line gyriform pattern of intracranial subcortical region involving bilateral parieto occipital regions.She was treated with antiepileptics and laser therapy for portwine stain.

Satyanarayana Y. Struge-weber syndrome.J Clin Sci Res 2013;2(Suppl 2):S63.

An interesting case of farm chemical poisoning

V. Rajapantula

Katuri Medical College, Guntur

ABSTRACT

India is primarily an agricultural based country, and people here have unrestricted access to numerous pesticides, insecticides, weedicides etc. This is resulting in innumerable cases of suicides by consuming these highly poisonous chemicals. Normally the consumption of this hazardous chemicals result in quick fatality. However in some rare cases conspicuously people die with their boots on after some time.These deaths with asymptomatic interval are becoming nightmare for physicians.Here we present you a case of Chlorfenapyr poisoning, having initial asymptomatic course to fatal progression.

A 30-year-old female from Tenali, Guntur, presented with low back pain -2 days, pain in both lower limbs-2 days, weakness of both lower limbs-2 days, muscle cramps- 2 days, drowsiness-1 day. She consumed Chlorfenapyr, 8 days prior to these complaints. After admission her neurological status deteriorated finally resulted in death within a day of admission irrespective of intensive care.Imaging revealed demyelination/oedema of the brain and spinal cord. No cerebral vascular disease or meningitis

Alerts physicians to “a latent period” which gives a false sense of security to the unsuspecting doctor, between the initial period of ingestion when symptomatic management is given and appearance of sudden, rapidly deteriorating fatal manifestations. The clinical course is biphasic- nonspecific symptoms initially followed by fatal, neurotoxic symptoms by seventh day. Neurological complications occurred suddenly on or after seventh day and death within 24 hours.

Rajapantula V. An interesting case of farm chemical poisoning. J Clin Sci Res 2013;2(Suppl 2):S64.

Not all polyurias are diabetes mellitus

C. Sarath chandra

Katuri Medical College & Hospital, Guntur

ABSTRACT

Elderly male came with complaints of polyuria and polydypsia since 4 years. Many doctors made conventional evaluation for diabetes mellitus exclusively and the patient was put on placebo treatment all these years. When this patient came to our hospital, on thorough history taking, the probability of diabetes insipidus also was considered, accordingly work up was done and had been diagnosed as central diabetes insipidus due to sellar mass with suprasellar extension and the patient improved dramatically after undergoing surgical resection. Here, we made a panoramic ubiquitous wholesome approach considering the specific history and agony of the patient as against contemporary routine approach. Hence, diabetes insipidus is not as rare case it was once considered to be.It is defined as a condition of polyuria with volume of urine>50mL/kg per 24 hrs, serum osmolarity>300 mOsm/L and polydypsia. Therefore, polyuria,polydypsia cases need a comprehensive diagnostic outlook i.e.,treatable conditions are to be considered first before going for chronic irreversible conditions.

All routine investigations were normal, 24 hours urine volume 4.5L, serum osmolarity (calculated) was 314 mOsm/L, urine specific gravity was 1.000, water deprivation test was positive. MRI brain showed features suggestive of sellar mass with suprasellar extention. Biopsy of the resected mass showed histological features of epidermoid cyst.

Sarath chandra C. Not all polyurias are diabetes mellitus. J Clin Sci Res 2013;2(Suppl 2):S65.

Hansens with bilateral sensorineural hearing loss(SNHL)

G. Venkat Reddy

PIMS, Karimnagar

ABSTRACT

Leprosy is a systemic disease affecting the cooler parts of the body especially the skin, peripheral nerves, and the upper respiratory tract. Rarely olfactory, trigeminal, and facial nerves are involved. Here we report a case of 40-year-old male who presented with painful , reddish nodules over arms and trunk , he had complained of hearing loss. Neurological examination revealed findings suggesting sensorineural hearing loss (SNHL). Slit skin smear , skin biopsy, ziehl-neelsen stain were done and were diagnostic of lepromatous leprosy. To document SNHL, pure tone audiogram was done. Results were conclusive of profound bilateral SNHL. Other common causes of SNHL were ruled out. To conclude, cranial nerve involvement in Hansen's is rare. High index of suspicion, good history and clinical examination is necessary for diagnosis.

Venkat Reddy G. Hansens with bilateral sensorineural hearing loss (SNHL). J Clin Sci Res 2013;2(Suppl 2):S66.

Sodium valproate induced encephalopathy

G. Vamsi nanadan

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Sodium valproate is a major broad spectrum anti epileptic drug that is effective against many different types of seizures and is usually well tolerated.But frequently serious side effects can occur including hepatotoxicity.Rarely in certain sub groups it may cause encephalopathy which is fatal.

A 16-year-old boy with past h/o seizure disorder on valproate was came to us with c/o nausea,loss of appetite ,lethargy,obtundation and irritability since 15 days. Previously he was on maximum dose of eptoin treatment but seizures were not under control so outside physician prescribed him valproate treatment.15 days after starting valproate treatment he developed jaundice and became irritable.pt was brought to hospital in a semi comatosed state. Glasgow coma scale score was 10 at the time of admission.No convulsions were seen after staring valproate.we investigated for coma. CT, MRI, CSF analysis were normal, But serum ammonia levels are elevated. On review of literature 21 cases of valproate indused encephalopathy were recorded.This toxicity develops in subgroup of L carnitine deficiency people. Clinical presentation and increased ammonia levels are suggestive of valproate indused toxicity.

Vamsi nanadan G. Sodium valproate induced encephalopathy. J Clin Sci Res 2013;2(Suppl 2):S67.

A rare case report of familial Takayasu arteritis

K. Sai Sripada rao

Prathima Institute of Medical Sciences, Karimnagar

ABSTRACT

Takayasu arteritis (TA) is a chronic, idiopathic, inflammatory and stenotic disease of medium and large-sized arteries characterized by a strong predilection for aortic arch and its branches. The disease is more common in females. Usually patients present with dizziness, malaise, fever, faint or absent pulse and hypertension. The exact etiopathogenesis of TA still remains unknown. Infections such as tuberculosis, autoimmunity and genetic factors may play a role. There are associations between HLA alleles and TA as described in few review articles but the results are heterogeneous and vary among different groups of population. Familial TA is a rare entity. Here, we report a case of familial TA in a 40 year mother and 20 year daughter. Mother presented with complaints of claudicating pain. Examination revealed asymmetric pulses, high blood pressure in lower limbs, carotid bruit, abdominal bruit and features of aortic regurgitation. On investigation USG, 2D-ECHO, CT, MRI angiogram confirmed TA. With high index of suspicion, daughter (only child) was called up and examined to note similar findings. Doppler, CT, MRI confirmed TA in daughter too. Diagnosis for both were made, based on 1990 ACR criteria. To conclude, familial TA is rare, high index of suspicion, good history and thorough physical examination is necessary for diagnosis.

Sai Sripada rao K.A rare case report of familial Takayasu arteritis.J Clin Sci Res 2013;2(Suppl 2):S68.

Transient left bundle branch block in hyperkalaemia

G. Anvesh

Pinnameneni Siddhartha Institute of Medical Sciences,Chinoutapally

ABSTRACT

A 20-year-old female known case of CKD presented to the emergency with the complains of chest pain associated with vomiting and abdominal pain,her vitals-stable, Investigations revealed serum potassium 7.7meq/L, serum creatinine 9.1mg/dL. ECG showed left bundle branch block (LBBB).She was treated with calcium gluconate,insulin+dextrose infusion,nebulized salbutamol,potassium binding resins, After 2 sessions of hemodialysis her serum potassium levels became normal; ECG was also normal.

Anvesh G. Transient left bundle branch block in hyperkalaemia.J Clin Sci Res 2013;2(Suppl 2):S69.

A case of CSVT with hypothyroidism, hyponatremia and hypertension

J. Prathyusha rao

MIMS, Medchal

ABSTRACT

44-years-old male presented to the emergency in a state of unconsciousness after an attack of GTCS. Investigations revealed hypothyroidism, hyponatremia and CSVT on CT and MRV brain scan. Other routine investigations were normal. This rare presentation of CSVT with hypothyroidism and hyponatremia was corrected with eltroxin alone.

Prathyusha rao J.A case of CSVT with hypothyroidism, hyponatremia and hypertension.J Clin Sci Res 2013;2(Suppl 2):S70.

A case report of purple urine bag syndrome (PUBS) in an elderly patient

S. Vasanth kumar

Kakatiya Medical College, Warangal

ABSTRACT

PUBS is a rare condition found in chronically catheterized patients in whom the urine in the Foley's bag become purple.This occurs because of bacteria containing indoxylsulphatase activity react with indoxylsulphate to form indigo indirubin in alkaline urine. It is usually a benign condition requires no treatment.

An 85-year-old woman presented with complaints of weakness of right upper and lower limb because of which, she was chronically bed ridden. On the 5th day of admission, purple urine was found in urine bag. Urine colour returned to normal after changing the tubing and bag.

Vasanth kumar S. A Case report of purple urine bag syndrome(PUBS) in an elderly patient. J Clin Sci Res 2013;2(Suppl 2):S71.

Dengue encephalitis - a rare entity

P. Ragini Rao

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Clinical presentations of dengue ranges from asymptomatic to life threatening haemorrhagic fever anddengue shock syndrome. Neurological manifestations have been reported Transversemyelitis, Guillian-barre syndrome, Acute disseminated encephalomyelitis,myositis, encephalitis.However enchepalitis is an uncommon manifestation.

A 52 years old male presented to the emergency with the complains of fever and headache without any systemic manifestations next day he had 2 episodes of GTCS and was in altered sensorium investigations revealed Hb 14g/dl,TC-5,300/mm^3, platlet count-15,000/ mm^3.MP QBC negative,Widal negative,Lepto IgMwas negative, paired sera for NS1 Ag was positive. CSF analysis was normal. Patient was on mechanical ventilator support and was treated conservatively. He improved after 3 weeks.

Ragini Rao P. Dengue enchephalitis- A rare entity.J Clin Sci Res 2013;2(Suppl 2):S72.

Nonketotic hyperglycemia presenting with ballismus-chorea movements

Vishal Toka

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Diabetes mellitus, especially when not under control, can lead to several neurological complications being the development of involuntary movements one of the rarest presentations. Nonketotic hyperglycaemia in aged patients who present with ballismus-chorea movements and cerebral image alterations in computerized tomography (CT) and magnetic resonance constitute a syndrome of recent characterization and few cases in literature.

We present a case of a 50year-old female patient admitted with history of hemichorea movements, hyperglycaemia, glycated hemoglobin of 14.0 g/dl, random blood sugar was 550mg/dl and CT with a hyperdense area in the topography of the right basal ganglia. After glycemic control, the neurological signs resolved completely and the initial hyper dense lesion disappeared.

Vishal Toka. Nonketotic hyperglycemia presenting with ballismus-chorea movements.J Clin Sci Res 2013;2(Suppl 2):S73.

Tuberculous pericardial effusion

T. Vikranth Singh

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Tubecular pericarditis occurs in 1 to 2% of patients with pulmonary tuberculosis.Tubercular pericarditis is invariably associated with tuberculosis else where in the body.Pericardial infection with mycobacterium tuberculosis, may occour via extension of infection from lungs (or) tracheobronchial tree, adjacent lymph nodes spine (or) sternum (or) via miliary spread.

A 70 year old male patient came with c/o shortness of breath since 2months associated with exertion. h/o pedal oedema since 1month complaining of cough since 30-45days associated with expectoration yellow in colour. c/o fever since 1month low grade associated with chills increased during evening.On examination pulse rate-86/min BP 110/80mm Hg.

Systemic examination:-CVS- apex beat not visible, not palpable. Area of cardiac dullness increased. muffled heart sounds present.

Investigations:-H.b.- 13.2 g/dl,TC- 8,200 cells/cumm,ESR- 40 for first hour.X ray- showed cardiomegaly.2D-echo:pericardium is thickened; an echo free space present in pericardial space which shows mild pericardial effussion.All chambers and valves are normal.

Pericardiocentesis: protein-3.3mg/dl, glucose-70mg/dl ADA-55 IU/l. LDH-620 IU/l. total count-285/cumm, 90%lymphocytes, 10% neutrophis, c/s-sterile, G/s-negative, ZN-negative.

Patient was started on antituberculosis treatment and discharged

Vikranth Singh T. Tuberculous pericardial effusion.J Clin Sci Res 2013;2(Suppl 2):S74.

A case of lung malignancy with adrenal metastasis

T. Vamshi Krishna

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Adrenal gland is one of the common sites metastasis from primary lung cancer. Adrenal metastases are usually unilateral .Non small cell lung cancers with bilateral adrenal metastasis occur in less than 10percent of lung cancer patients.

A male patient of age 40 years presented with h/o fever since 1 month h/o pain abdomen since 15 days. Known case of smoker since 25 years.Vitals BP:100/70 mm Hg. Pulse rate:98/min Systemic examination was normal except for tenderness in right and left hypochondrium

Investigations: Hb 6.1g/dL, TC 52000/cumm, ESR 90mm/1st hr,platelets 800000/cumm.

USG abdomen: Peripancreatic periportal and aortocaval lymphadenopathy.Inrease in echogenesity of both kidneys.CT chest: Right lung mass with right adrenal metastasis

FNAC from right lung mass showed non small-cell carcinoma.

Vamshi Krishna T. A case of lung malignancy with adrenal metastasis. J Clin Sci Res 2013;2(Suppl 2):S75.

Role of medical therapy in management of hydatid cyst

B. Rajiv Kumar

MNR Medical College, Sangaraddy

ABSTRACT

A 14-year-old boy presented with clinical features suggestive of chronic pancreatitis and wasincidentally found to have hydatid cyst in liver on USG abdomen, and was confirmed byserology CT abdomen. Patient was subjected to medical treatment for hydatid cyst and onsubsequent follow up the cyst has been resolved. The role of medical therapy alone in thetreatment of hydatid cyst in the liver has been emphasized in this case.

Rajiv Kumar B. Role of medical therapy in management of hydatid cyst.J Clin Sci Res 2013;2(Suppl 2):S76.

A case of hydatid cyst in posterior mediastinum

N. Shabana

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Hydatid cyst in mediastinum is a rare condition. A 55-year-old female patient present with H/o progressive dypsnoea since 3 months.H/o chest pain since 02 months, H/o haemoptysis since 15 days. On examination JVP – normal, respiratory system examination: decreased air entry on right infrascapular area; other systemic examination normal.

Investigations: Complete haemogram Hb 10.4 g/dL. Normocytic hypochromic anaemia.CUE – normal, ECG – rSR, pattern in V1 V2, sputum for AFB – negative 02 days. Echinoccus antibodies IgG positive (22.12 units), chest X ray PA view:mediastinal widening, lateral chest X ray – normal, 2D-echo – normal

USG Abdomen:Well defined multicystic lesion measuring 8.4 × 7.3 cm in right cardiophrenic angle suggestive of hydatid cyst.

Shabana N. A case of hydatid cyst in posterior mediastinum.J Clin Sci Res 2013;2(Suppl 2):S77.

Thymoma with myaesthenia gravis

P. Kranthi

Andhra Medical College, Vishakapatnam

ABSTRACT

A 53-year-old female came with complaints of sudden onset of breathlessness of 1 day duration with h/o orthopnea ,h/o PND ,no h/o palpitation, no h/o fever,no h/o bilateral lower limb swelling,no h/o abdominal distension.Noticed partial drooping of rt eyelid since 3 months which was increasing as the day progresses,no h/o weakness,no h/o dysphagia,no h/o nasal regurgitation.no history suggestive of cranial nerve involvement. Past history:nil significant.Personal history: takes mixed diet. Bowl bladder habits normal. Not a smoker or alcoholic.Family history: nil significant.General examination: moderately built and nourished. No anaemia / jaundice / cyanosis / clubbing / pedal oedema / lymphadenopathy / thyromegaly. Pulse: 78/min regular, all peripheral pulses felt synchronous with each other.BP: 210/110 mm Hg.

Systemic examination: Cardiovascular system: JVP raised, apex left 6^{th} intercostal space in the midclavicular line.On percussion Sternal dullness on manibrium sternum.RS: bilateral basal crepitations present. P/A : soft.CNS: partial ptosis of right eye,ocular movements are normal.All cranial nerves intact sensory , motar, cerebellum normal.

Clinical diagnosis: hypertensive heart failure.

Investigations:routine blood investigatons- normal,thyroid profile – normal chest ray lateral view – anterior medistinal mass,CT chest: anterior mediastinal mass.CECT chest: anterior medistinal mass with probable chest wall invasion,Neoplastic etiology. FNAC – non hodgkins lymphoma/ lymphocyte predominant thymoma.Biopsy – lymphocyte predominant thymoma.Neostigmine sensitivity test- ptosis improved in 30 min.Repeatitive nerve stimulation test: post-synaptic neuromuscular junction disorder

Kranthi P. Thymoma with myaesthenia gravis.J Clin Sci Res 2013;2(Suppl 2):S78.

Non secretary myeloma rare varient of multiple myeloma

A. Akila

Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar

ABSTRACT

Non secretary myeloma which is a rare variant of multiple myeloma with incidence of 1% is diagnosed by the following criteria 1. No M protein on urine with immune fixation 2. Bone marrow clonal plasmacytosis> 10% 3. myeloma related organic tissue impairment

A 65-years-old male presented with fever , fracture of right leg. On general examination pallor and grade -2 clubbing was present. On investigation his complete haemogram revealed Hb 7, wbc 2000, platelets 30,000, reticulocyte count 0.5%.ESR 140 mm at the end of 1st hour.. Bone marrow aspiration revealed 6o% plasma cells with peripheral smear revealed rouleux formation suggestive of paraproteinaemia. Electrophoresis showing no M band with pathological fracture of right leg thus fulfilling criteria of non secretary myeloma. Patient was treated with cyclophosphamide and bisphosphonates with cast immobilization of right leg.

Akila A. Non secretary myeloma rare varient of multiple myeloma.J Clin Sci Res 2013;2(Suppl 2):S79.

Disseminated hydatid disease- a rare case report

B. Poornima

urnool Medical College, Kurnool

ABSTRACT

Hydatid disease is a zoonosis caused by larval stage of echinococcus. Overall incidence is 0.4 per 1 lakh population. In humans hydatid disease involves liver in 75%, lungs 15-25%, others 15%.Cardiac echinococcus is scarcely encountered with a frequency of 0.01 to 2% because contractions of heart provide natural resistance to the presence of viable hydatid cyst. In 50% of such cardiac cases there is multiple organ involvement.

A 38-year-old female farmer presented with recurrent hemiplegia on investigating she was found to have disseminated hydatid disease causing recurrent hemiplegia, intraventricular conduction abnormalities. She had intracranial, intramyocardial, intra abdominal (spleen), thoracic, intravascular (iliac) hydatid cysts. Patients under surgical removal of intracranial hydatids and is on regular follow-up.

Poornima B. Disseminated hydatid disease- A rare case report. J Clin Sci Res 2013;2(Suppl 2):S80.

Acute abdomen- portal vein thrombosis

B. Poornima

Kurnool Medical College, Kurnool

ABSTRACT

Portal vein thrombosis is usually asymptomatic until varicel bleeding and almost always presents as hematemesis, abdominal pain is unusual unless there is mesenteric thrombosis or ischemia.It can be secondary to hypercoagulable states, inflammatory disorders, infections, therapeutic interventions and other miscellaneous causes. In adults cirrhosis of liver and abdominal malignancies are the most common causes; whereas in children it is umbilical vein sepsis.In acute portal vein thrombosis anticoagulation indicated to prevent cavernous transformation and complications of portal hypertension as spontaneous recanalisation is rare and primary disorder should be addressed. JAK2 belongs to non receptor tyrosine kinase family member that plays a vital role in central pathogenesis of myeloproliferative disorders. A 40-year-old male presented with pain abdomen of 5 days duration who is a non-alcoholic, non smoker with no significant past medical or surgical history. On further workup patient was found to have acute portal vein thrombosis and JAK2 mutation positive. Patient had relief of pain with anticoagulation and is on maintenance with warfarin with evidence of recanalisation of portal vein on regular follow-up.

Poornima B. Acute abdomen- Portal vein thrombosis.J Clin Sci Res 2013;2(Suppl 2):S81.

A rare case of young stroke

Nikhil

Kurnool Medical College, Kurnool

ABSTRACT

A patient presented with complaints of generalised tonic clonic convulsions with post-ictal loss of consciousness. On 4th day of admission she developed weakness of left UL, LL and deviation of angle mouth to right side.she had three more episodes of seizures during hospital stay.she had recently undergone dilatation and curettage for invasive mole after which she received 5 units of blood. On examination patient conscious coherent oriented left sided hemiplegia present.Systemic examination was normal. Investigations revealed Hb 5.1g/dL, WBC 10,000 cells/cumm, BU-32mg/dL S.Cr-0.8mg/dL, USG abdomen hepatosplenomegaly with well defined hypo echoic lesions anterior to uterus with out any evidence of vascularity. CXR normal. MRI with MR venography revealed congromerate ring and nodular enhancement lesions in right parieto temporo frontal region with haemorrhage, perilesional edema mass effects signs of metastasis from mole.Patient referred to higher center for chemotherapy.

Final diagnosis-Invasive mole post-D & C with hemorrhagic cerebral metastasis.

Nikhil.A rare case of young stroke.J Clin Sci Res 2013;2(Suppl 2):S82.

Septic thrombosis of cavernous sinus secondary to periodontal infection

V. Kumarsurapureddy

Mamatha Medical College, Khammmam

ABSTRACT

Septic thrombosis of the cavernous sinus is a uncommon and potentially lethal disease. Sphenoid and Ethmoid sinusitis followed by facial infections represents the most common aetiologies with *Staphylococcus aureus* as the main responsible organism followed by the *Streptococcus pneumoniae.* Although all infective foci of the head and neck area can potentially spread to the cavernous sinus. Cavernous sinus thrombosis from oral infection is an exceptionally rare occurrence. We report the unusual case of a patient who presented with an acute septic thrombosis of cavernous sinus secondary to a periodontal infection. This case highlights the importance of performing a detailed examination of oral cavity on patients presenting with intracranial infections

Kumarsurapureddy V. Septic thrombosis of cavernous sinus secondary to periodontal infection.J Clin Sci Res 2013;2(Suppl 2):S83.

A case of pituitary macroadenoma presenting with diabetic keto acidosis

V. Krishna Chaitanya

Mamatha Medical College, Khammam

ABSTRACT

Acromegaly is a rare disorder caused by excessive growth hormone. Majority of them are due to pituitary adenoma. It is estimated that approximately 5% of adenomas become invasive and grow to gigantic sizes (> 4cm). Also, approximately 1/3rd of the cases have assosciated diabetes and can present as diabetic ketoacidosis.

This is a case of 27-year-old male, presented to emergency room with three days history of nausea, vomiting, headache, photophobia and blurring of vision and one day history of shortness of breath, abdominal pain, with history of recent onset diabetes and weight loss. His investigations showed diabetic ketoacidosis. After stabilizing the patient in the emergency room, an MRI was ordered suspecting a pituitary mass lesion, which showed a well defined lobulated mass in suprasellar area measuring 52×53×40 mm, which is seen to compress optic chiasma superiorly, extending into bilateral cavernous sinus laterally and into sphenoidal sinus with erosion of dorsum sella. Subsequent hormone essays revealed normal ACTH, TSH, prolactin and increased growth hormone levels at 0, 30, 60, 90 and 120 min respectively after oral glucose loading. The patient was put on insulin and advised surgery.

This is evidence that patients presenting with other symptoms along with those of classical DKA should be evaluated for secondary causes such as pituitary macro adenoma

Krishna Chaitanya V.A case of pitutary macroadenoma presenting with diabetic keto acidosis.J Clin Sci Res 2013;2(Suppl 2):S84.

A rare case of disseminated intra vascular coagulation after honey bee sting

B Sravan Kumar

Mamatha Medical College, Khammam

ABSTRACT

Honey Bee stings can cause severe adverse reactions, leading to anaphylaxis, cardiovascular collapse, and death. In very rare cases, bee venom also induces disseminated intravascular coagulation.

Case report: A 40-yr-old male patient was brought to Emergency Room with complains of loss of consciousness for the past one hour. History revealed that he had multiple honey bee stings while at work 3 days prior to admission and he received primary care at a govt hospital and was discharged. Since then he was complaining slurring of speech and low back pain. He lost consciousness on 3rd day. On further examination and evaluation we diagnosed him to have sepsis and disseminated intravascular coagulation. He was managed with higher antibiotics, transfusion of platelet concentrates and fresh frozen plasma and supporting medical management. Despite medical management he died 48 hrs later due to hypovolemic shock caused by DIC.Based on laboratory reports, autopsy findings and histopathological findings the cause of death was concluded to be Disseminated Intravascular Coagultion due to multiple bee evenomations.In multiple bee evenomations DIC should be anticipated.

Sravan Kumar B. A rare case of disseminated intra vascular coagulation after honey bee sting.J Clin Sci Res 2013;2(Suppl 2):S85.

Coombs' negative cold agglutinin disease secondary to mycoplasma pneumonia

Nayan Patel

Mamatha Medical College, Khammam

ABSTRACT

Cold agglutinin disease is a form of autoimmune haemolytic anemia, characterised by auto antibodies against red blood cell antigen, leading to haemolysis. It is of 2 types, primary cold agglutinin disease which is idiopathic, and secondary cold agglutinin disease caused by infections and lymphoproliferative disorders.Most of the cases have coomb's test positive, but there are rare cases of coomb's negative autoimmune haemolytic anemia.

A 4- year-old male patient presented with fever and cough since 1 month, and breathlessness since 4 days. On examination patient had pallor and icterus. When evaluated patient had left sided pleural effusion secondary to atypical organism and on further evaluation was found to be due to mycoplasma pneumonia, based on PCR test. Patient also had severe auto immune haemolytic anemia, which was secondary to cold auto-immune antibodies. It was confirmed by raised cold agglutinin titres in patient's serum. But direct coombs' test was negative.

Patel N. Coombs negative cold agglutinin disease secondary to mycoplasma pneumonia. J Clin Sci Res 2013;2(Suppl 2):S86.

Epstein-Barr virus associated infectious mononucleosis

Nayan Patel

Mamatha Medical College, Khammam

ABSTRACT

Epstein Barr virus is one of the cause for infectious mononucleosis in childhood and adolescence. Though many adults have been infected and have antibodies to the virus, most of the cases remain undiagnosed.

A 27-year-old male patient presented with high grade intermittent fever with chills since 10 days, associated with headache, malaise, rash over chest, swelling over the neck and axilla. On examination patient was febrile, macular rash over anterior chest wall with non-tender, non-matted, occipital, posterior cervical, submandibular, axillary and inguinal lymphadenopathy and per abdomen hepatospleenomegaly were present. After common conditions were ruled out, heterophile antibody test for Epstein-Barr virus was done and was found to be positive.

Patel N. Epstein-barr virus associated infectious mononucleosis. J Clin Sci Res 2013;2(Suppl 2):S87.

Wilson's Disease

P. Sirisha

Sri Venkateswara Medical College,Tirupati

ABSTRACT

Wilson's disease or hepatolenticular degeneration is autosomal recessive genetic disease caused by accumulation of copper in the tissues. It usually presents with neurological or psychiatric symptoms and liver disease.

A 35-year-old female patient presented with head nodding and tremors of both hands. On further evaluation, patient found to have bilateral Kayser-Fleischer ring in both eyes on slit-lamp examination. In this patient there was no liver involvement.Ultrasound abdomen showed normal study.

Sirisha P. Wilson's Disease. J Clin Sci Res 2013;2(Suppl 2):S88.

A case of SLE with multiple cerebral aneurysms

P. Prasanna, H.R. Madhuri, T. Keerthi, I.R. Vara Prasad, H. Shabina, S. Kanchinadham, L. Rajasekhar

Department of Rheumatology, Nizam's Institute of Medical Sciences, Hyderabad

ABSTRACT

We report a case of systemic lupus erythematosus with multiple cerebral aneurysms and subarachnoid haemorrhage. A 22-year-old woman with five months history of Systemic lupus erythematosus, presented with acute onset of bifrontal headache, vomittings, convulsions of three days duration. A computed tomography (CT) revealed subarachnoid hemorrhage in frontal,parasagittal regions.Magnetic resonance imaging (MRI) showed subacute bleed in left parasaggital region. A cerebral angiogram showed multiple small aneurysms in left anterior cerebral artery,posterior cerebral artery and right middle cerebral artery territories with bleeding from left cerebral artery aneurysm. Surgery was not done in view of multiple aneurysms and none of them were approachable. She was treated with high dose steroids and immunosupressants. Her consciousness improved gradually and now doing well.

Prasanna P, Madhuri HR, Keerthi T, Vara Prasad IR, Shabina H Kanchinadham S, Rajasekhar L. A case of SLE with multiple cerebral aneuyrisms.S89.

Dumbell shaped cervical meningioma

N Sandeep

Mamatha Medical College, Khammam

ABSTRACT

Neurofibromas are the most common cause of dumbbell shaped intra spinal tumours. The most common location of intraspinal double shaped tumour is the thoraco lumbar region.

A 50-year-old female presented with sharp lancilating pain on the left side of the neck, tingling and numbness in the left upper limb followed by weakness in both the lower limbs associated with paraesthesias. on examination: motor weakness in all the limbs along with sensory abnormalities below 5^{th} cervical spinal segment level.Gadolinium enhanced MRI showed a hyper intense lesion at the 5^{th} and 6^{th} cervical spinal segment level extending through the inter foraminal area onto the nerve root in a dumbbell shape with secondary ischemic changes. The tumour was excised through a hemi laminectomy approach and confirmed to be grade 2 meningothelial meningioma. The patient improved, but with residual weakness. A dumbbell shaped meningioma is to be considered in the differential diagnosis of a cord compression causing radiculopathy associated myelopathy even at the cervical level.

Sandeep N. Dumbell shaped cervical meningioma. J Clin Sci Res 2013;2(Suppl 2):S90.

Scimitar syndrome

D Priyanka

Mamatha Medical College,Khammam

ABSTRACT

Scimitar syndrome is a rare congenital anomaly characterised by an anomalous pulmonary vein draining into the inferior ven acava, seen radiologically as a crescentic shadow of vascular density along the right cardiac border. We are reporting a case of Scimitar syndrome in a 5-year-old female child visiting paediatric clinic frequently with repeated upper respiratory tract infection. Plain skiagrams and CT examination findings confirmed the case to be a scimitar syndrome.

Priyanka D. Scimitar syndrome. J Clin Sci Res 2013;2(Suppl 2):S91.

A case of rhinocerebral mucormycosis in diabetic patient

G Srikanth

Mamatha Medical College,Khammam

ABSTRACT

Mucormycosis (or *zygomycosis*) is the term for infection caused by fungi of the order Mucorales. *Mucoraceae* may produce severe disease in susceptible individuals, notably patients with diabetes and leukaemia.

Case report: A 45-year-old diabetic woman, presented to the outpatient clinic with low grade fever, headache since twenty days, periorbital pain, swelling and blurring of vision in the right eye since one week. On examination there were multiple cranial nerve palsies and pupillary changes in the right eye. Her vital signs were stable. As the patient did not improve, with empirical antibiotic therapy, nasal endoscopy was done which showed black eschar. Functional Endoscopic Sinus Surgery was done, sinus tissue was debrided and a biopsy was sent for histopathology which showed fungal infection suggestive of mucormycosis. Amphotericin B, 2 mg/kg was initiated after the test doses. Cranial MRI showed involvement of the right frontal lobe abcess and infiltrates in ethmoid and maxillary sinuses. Patient was referred for further management.Diabetic patients presenting with unilateral multiple cranial nerve palsies and pupillary changes and not responding empirical antibiotic therapy, fungal infection should be suspected.

Srikanth G. A case of rhino cerebral mucormycosis in diabetic patient.J Clin Sci Res 2013;2(Suppl 2):S92.

A rare case of AMAN varient of GB syndrome with asytrical weakness complication of dengue fever

C Rachana

CAIMS, Karimnagar

ABSTRACT

Neurological manifestations are rare in dengue fever seen in about 10% cases, presenting mostly as encephalitis and seizures. Gullain-Barre Syndrome has an incidence of 3% of all neurologicalgical manifestations, with acute inflammatory demyelinating polyneuropathy as the most common presentation. Acute motor axonal neuropathy variant of Gullian-Barre syndrome is rarely seen.

A 24-year-old male developed weakness during febrile phase of denguengue fever, starting initially with wrist drop of left hand gradually progressed to involve both lower limbs and right upper limb along with bilateral facial weakness.On examination deep tendon were reflexes absent inall four limbs.He tested positive for dengue serology.

Complete blood picture showed thrombocytopenia. Nerve conduction studies showed decreased compound motor axon potentials in multiple nerves showed complete sparing of sory sensory component of all the nerves.Cerebrospinal fluid analysis showed albumin cytological dissociation with 2 cells/cumm and 210 mg/dL of proteins suggestive of Guillain-Barre syndrome.

Rachana C. A rare case of AMAN varient of GB syndrome with asytrical weakness complication of dengue fever.J Clin Sci Res 2013;2(Suppl 2):S93.

Typical presentation of Friedreich's ataxia- late onset and assoiation with deafness

B Rakesh

Mamatha Medical College, Khammam

ABSTRACT

Friedreich's ataxia is the most common cause of inherited ataxia characterized by slowly progressive ataxia with a mean onset between the ages of 10 to 15 years and most present by the age of 25 years. Friedreich's ataxia is typically known to present with dysarthria, muscle weakness, spasticity in the lower limbs, scoliosis, bladder dysfunction, absent lower limb reflexes, and loss of position and vibration sense. Individuals with Friedreich's ataxia have identifiable mutations in Frataxin. The most common type of mutation, which is observed on both alleles in more than 98% of individuals with Friedreich's ataxia, is an expanded GAA triplet repeat in intron 1 of Frataxin.

Rakesh B. Typical presentation of friedreich's ataxia- late onset and assoiation with deafness.J Clin Sci Res2013;2(Suppl 2):S94.

A case of fluorosis causing extra dural cervical cord compression with CKD

J Krishna Kishore

Andhra Medical College, Vishakapatnam

ABSTRACT

A male agricultural labourer from Chodavaram presented with the complains of Stiffness of both lower limbs- 2 months. Unable to hold chappals -1.5 months and difficulty in getting up from siiting position from 1 month parasthesias in both lower limbs, progressed to upper limbs in 10 days f/b difficulty in turning in bed and flexor spasms. h/o decreased pain, hot and cold sensation below the neck.General examination Conscious and coherent.Mottling of teeth present.Vitals BP 170/90 mm of Hg.Pulse 84. Cranial nerve examintion – normal. Motor system. tone–spasticity present in all 4 limbs. power – upper limbs 4/5, Hhnd grip 40 percent B/L, lower limbs-3/5.Superficial reflexes-corneal, conjuctival palatal-normal, abdominal and cremasteric –absent.B/L Plantar –extensor. B/L biceps, triceps, supinator-3 B/L knee, ankle-4+, patellar and ankle clonus present, sensory-fine touch, pain and temperature decreased from C5 level. Vibration sense decreased from T1 level.Quadriparesis due to extradural compression at C5 level due to posterior ligament ossification and thickening due to flourosis with CKD. It has been observed that patients with a latent or overt kidney disease may develop skeletal fluorosis even while consuming lower amounts of fluorine.

Krishna Kishore J.A case of fluorosis causing extra dural cervical cord compression with CKD.J Clin Sci Res 2013;2(Suppl 2):S95.

Takayasu arteritis and TB association

Krishna Prasad

Andhra Medical College, Vishakapatnam

ABSTRACT

A 15-yr-old female studying 10th class presented with c/o shortness of breath and palpitations since 1 yr. H/o left UL claudication,lightheadednessand dizziness since 5 months. H/o present illness: SOB is insidious in onset class2 at onset gradually progressive to class3 since 1 week.No H/o orthopnoea,PND attacks.H/o palpitations since 1 year exertional relieved with rest. No H/o chest pain,syncopal attacks.H/o lightheadedness, dizziness with exertion/o Lt UL limb claudication-unable wash clothes after some time. H/o loss of wt. and loss of appetite .H/o low grade fever with evening rise of temp since 1 yr.Past history: H/o abdominal pain 18 mths ago hospitalised relieved with medication. General examination :short statured, poorly nourished Pallor+, No icterus, cyanosis, clubbing, pedal edema, 3×2cms, 2×2cms Right inguinal lymph nodes, 2×2cms Right cervical lymph node. JVP not raised, prominent carotid artery pulsations on right side. Apical impulse below nipple 1 cm lateral to MCL.Visible suprasternal pulsations present. Carotid thrill is present on rt side. Auscultation: SI, S2 heard, no additional sounds, no murmurs in all areas.Auscultation over other arteries Rt renal artery and abdominal bruit heard.Other systems:normal.

Chest X ray PA view: cardiomegaly s/o LVH.ECG:s/o LVH.2D-echo: concentric LVH, mild global hypokinesia, mild to mod LV systolic dysfunction, mild AR+, diastolic dysfunction.FNAC of cervical and inguinal lymph nodes-Cervical node smear showed sheets of lymphocytes, focal areas of necrosis and occasional epithelial cell clusters s/o granulomatous lesion. Biopsy -Histological features consistent with caseating tuberculous lymphadenitis.Colour doppler of carotids and renal arteries Carotids :long segment of left common carotid artery showing homogenous circumferential wall thickening of 2-2.5 mm causing 60-70% stenosis. Mild wall thickening of proximal left ICA causing 40% stenosis. Rt. side normal. Features s/o Takayasu arteritis. Rt. kidney –contracted, size 6.6×2cm, Lt. kidney -size 8.7×4.1cm. Abdominal aorta shows mild echoic circumferential wall thickening-s/o aortoaortitis.

Prasad K. Takayasu arteritis and TB association.J Clin Sci Res 2013;2(Suppl 2):S96.

Non ketotic hyperglycaemia presenting as hemichorea

P Yeshwanth

Mamatha Medical College, Khammam

ABSTRACT

Non ketotic hyperglycemia in patients with diabetes mellitus can rarely present as a clinical syndrome characterized by acute hemichorea-hemiballism associated with unique radiological features. Hereby we present a case of an elderly diabetic who presented with hemichorea on left side, MRI was suggestive of hyperintense right lenticular nucleus. On the fourth day, when the glycemic control was achieved, hemichorea was abated.

Yeshwanth P. Non ketotic hyperglycaemia presenting as hemichorea.J Clin Sci Res 2013;2(Suppl 2):S97.

Takayasu arteritis and rheumatic heart disease

Azher Rafeeq

Mamatha Medical College, Khammam

ABSTRACT

Takayasu arteritis is auto immune idiopathic, large vessel vasculitis that usually effects young adults and rheumatic heart disease is commosn valvular heart disease in india,combination of these two is rarely seen in clinical practice. Here we present a 24-year-old female patient with RHD who under went balloon mitral valvotomy in 2006 and presented to our out patient department with non specific constitutional symptoms. On physical examination a difference in BP of 50 mm Hg in both arms, difference in pulse volume, renal and carotid bruit present. Subsequent evaluation and angiogram done. Based on above clinical and angiographic findings diagnosis of takayasu arteritis is done.

Rafeeq A. Takayasu arteritis and rheumatic heart disease.J Clin Sci Res 2013;2(Suppl 2):S98.

Case report of extra adrenal pheochromocytoma with coexisting thyrotoxicosis

G Srinivas Reddy

Andhra Medical College, Vishakapatnam

ABSTRACT

Pheochromocytoma is a rare disorder, difficult to diagnose and only few cases are recognised during life. The coexistence of thyrotoxicosis and pheochromocytoma has been reported.

Case report: A 52-yr-post menopausal woman presented with headache, palpitations since 1 year. There is history of excessive sweating for the last 5 years, recurrent abdominal pain and chest pain since 2 years. On questioning, there is h/o heat intolerance, weight loss, dizziness, tremor, proximal muscle weakness for the last one year.Her Past history revealed recurrent attacks of paroxysmal spells. She had 3 episodes During the third episode she was admitted in for abdominal pain and an ultrasound abdomen done showed a mass at para aortic region incidentally. A CECT abdomen confirmed the mass at left renal hilum s/o pheochromocytoma. On general examination, she has acanthosis, skin tags, warm, moist skin and grade 1 diffuse soft goitre. Pulse Rate is 120/min,regular, high volume, BP 150/90 mmHg in supine position and 120/90 mmHg in standing position with a postural fall of 30mmHg of systolic BP suggestive of orthostatic hypotension. Cardiovascular examination was normal except for tachycardia. Central nervous examination revealed fine tremors on outstretched hands. Abdomen was soft with no organomegaly. A possibility of pheochromocytoma was evaluated in view of incidental left para aortic mass and paroxysms.U/S abdomen showed bulky kidneys with hypoechoic echopattern S/O pyelonephritis changes. Right adrenal gland is normal . ECG, 2D-echo and CXR PA view were normal.The patient was planned for surgical management after achieving euthyroid state and preoperative management of pheochromocytoma. Exploratory laparotomy and excision of tumour was done.Postoperative period was uneventful. Histopathology report confimed features consistent with that of pheochromocytoma.Follow up of the patient one month after surgery revealed euthyroid state and she has no further paroxysmal spells.

Srinivas Reddy G. Case report of extra adrenal pheochromocytoma with coexisting thyrotoxicosis. J Clin Sci Res 2013;2(Suppl 2):S99.

Tuberous sclerosis

D Chennakesavulu

Kurnool Medical College, Kurnool

ABSTRACT

Tuberous sclerosis is an autosomal dominant disorder, characterised by triad of seizures, mental retardation and adenoma sebaceum. A 22-year-old female presented with seizures, on examination adenoma sebaceum on face. CT scan brain show subependymal nodules, corticaltubers. Ultra-sound abdomen showed bilateral renal angiomyoliopomas, woods lamp examination show ash-leaf macules. The above case manifestations are consistent with tuberous sclerosis

Chennakesavulu D. Tuberous sclerosis.J Clin Sci Res 2013;2(Suppl 2):S100.

A rare case of vertebral artery dissection

D Chennakesavulu

Kurnool Medical College, Kurnool

ABSTRACT

Dissection of the extra cranial cervical arteries are relatively rare, combined incidence of both Vertebral artery dissection and carotid artery dissection is estimated to be 2.6% per 1 lakh people. Carotid artery dissection is common than vertebral artery dissection. Vertebral artery dissection common in younger age group. Our case is, 35 years old female presented with transient ischemic attack (TIA) in the form 0f weakness of left upper and lower limbs, deviation of angle of mouth to right. On examination left hemiparesis and left pronator drift. On evaluation biochemical parameters are normal, CT and MRI not detected any findings, on MR angiography shows vertebral artery dissection.

Chennakesavulu D.A rare case of vertebral artery dissection.J Clin Sci Res 2013;2(Suppl 2):S101.

A case report of organo phosphorous induced delayed polyneuropathy

B Pavan Kumar Singh

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Organophosphorus induced delayed polyneuropathy (OPIDP) is a rare, delayed neurotoxic effect, which occurs 1-5 weeks after *severe* toxicity from specific cholinesterase inhibitors. We report case of 29 years old male who developed parathesias,weakness of limbs and psychiatric manifestations after 11 days of organophosphate intoxication. His ENMG report shows reduced CMAP amplitudes in bilateral median nerves and normal conduction velocity with prolonged distal latency from right median nerve and normal F-waves and slightly reduced conduction velocity from right median and sural sensory nerves.

Pavan Kumar SinghB. A case report of organo phosphorous induced delayed polyneuropathy. J Clin Sci Res 2013;2(Suppl 2):S102.

Wegener's granulomatosis

P. Rajendra Prasad

Kamenani, Hyderabad

ABSTRACT

Wegener's granulomatosis is often misdiagnosed as Pneumonia, Tuberculosis and most common cause for bilateral lung infiltrates are bacterial, viral infections. Here describing a 48 years male patient with H/o breathlessness and fever since 1 month and h/o bullous lesions over both lower limbs since 1 week. Investigation in this patient revealed to have vasculitis and leuko-cytoklastic infiltration on skin biopsy and serological tests positive for C-ANCA and P-ANCA, CT-Chest shows nodular lesions with alveolar haemorrhage. All this findings confirmed the diagnosis of Wegener's granulomatosis.

Rajendra Prasad P. Wegener's granulomatosis.J Clin Sci Res 2013;2(Suppl 2):S103.

A case of rodenticide poisining with cortical venous thrombosis

B.Sreelalitha

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Rodenticide poisoning with cortical venous thrombosis is rare. We reported a case of 18-year-old female who presented to the emergency department with status epilepticus after two days of ingestion of rodenticide poison and her GCS at the time of presentation is 3/15. CT brain showed cortical venous thrombosis

Sreelalitha B. A case of rodenticide poisining with cortical venous thrombosis. J Clin Sci Res 2013;2(Suppl 2):S104.

Neuroleptic malignant syndrome

M. Krishna Tejaswi

Sri Venkateswara Medical College, Tirupati

ABSTRACT

A 17–year-old male patient was brought with high grade (101°F) continuous fever of 2 week duration with stiffness of all limbs, involuntary movements and dystonic posturing . He had stereotyped lip movements, tachycardia, tachypnoea .He was in confusional state. He had received T.Olanzapine 10 mg twice a day for three weeks for control of aggressive behaviour. As he developed fever, the medication was discontinued two weeks prior to presentation. Initially he received T.Quitiapine also for 1 week along with olanzapine. There is no history of focal neurological deficit, headache, projectile vomiting, nausea, diarrhoea, urinary incontinence, abdominal pain or recent history of surgery. No history suggestive of thyrotoxicosis, seizures, head trauma, heat stroke, drug intoxication. On examination he was febrile with neck stiffness and lead pipe rigidity in all limbs. A diagnosis of NMS was made.His creatinine phosphokinase levels are very high (3000 IU/µl). Patient was treated with I.V. fluids, lorazepam, triihexyphenedyl and physical treatment for control of temperature. He recovered in six days time.

Krishna Tejaswi M. Neuroleptic malignant syndrome.J Clin Sci Res 2013;2(Suppl 2):S105.

Splenic abscess with sickle cell disease

V. Srinivasa Rao

Rangaraya Medical College, Kakinada

ABSTRACT

A 16-year-old male from came with left hypochondriac pain abdomen and continuous fever for 5 days .He is a known case of sickle cell disease, diagnosed 1 year back when he had ischemic stroke.On examination patient had pallor and tender splenomegaly. Upon investigating ultrasonography revealed splenic infarct and patient was managed conservatively. In view of persistent fever and pain abdomen repeat ultrasound was done after 1 week revealed splenic abscess and confirmed by CT scan. Splenic abscess was drained under Ultrasound guidance, pus culture was sterile, though salmonella was suspected. Patient improved after with conservative management.

Srinivasa Rao V. Splenic abscess with sickle cell disease. J Clin Sci Res 2013;2(Suppl 2):S106.

Recurrent seizures sendary to HIV encephalopathy

G Kesava Anand

Kamenani, Hyderabad

ABSTRACT

The neurologic problems that occur in HIV-infected individuals may be either primary to the pathogenic processes of HIV infection or secondary to opportunistic infections or neoplasms. Common causes of seizures in HIV/AIDS patient are HIV encephalopathy, cerebral toxoplasmosis, cryptococcal meningitis, primary CNS lymphoma and progressive multifocal leucoencephalopathy (PML). We report a 48-year-old male patient who presented with recurrent complex partial seizures. He was diagnosed with retroviral disease 9 years back and was on HAART (highly active anti retro viral therapy). CSF analysis, MRI brain showed no evidence of CNS infection or malignancy. His CD4+ count was 39 cells/mm^3 and HIV viral load was 5 lakhs copies/ml. He was treated with anti-eplieptics, HAART and improved symptomatically.

Kesava Anand G. Recurrent seizures sendary to HIV encephalopathy.J Clin Sci Res 2013;2(Suppl 2):S107.

Diffuse idiopathic skeletal hyperostosis presenting with CKD

Anusha

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Diffuse idiopathic skeletal hyperostosis (DISH or Forestier's disease) is a form of degenerative arthritis. It is characterized by calcification along the sides of the vertebrae of the spine. The potential sequelae of hyperostosis in the cervical and lumbar spine include lumbar stenosis, dysphagia, cervical myelopathy, and dense spinal cord injury resulting from even minor trauma. Nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for pain management and symptoms of tendonitis. Severe pain can be managed with corticosteroid injections. Treatment for DISH can also involve surgery if nerve impingement is present. A patient presented with history of fever and altered sensorium with a episode of seizure to emergency department. He had difficulty in moving the head side wards and bending forwards, decreased range of motion, stiffness, especially upon waking and after a period of rest, and back pain since three months. He was not a hypertensive or diabetic. He has not taken any drugs except NSAIDs for back pain.On investigations he was found to have diffuse idiopathic skeletal hyperostosis.

Anusha. Diffuse idiopathic skeletal hyperostosis presented with CKD. J Clin Sci Res 2013;2(Suppl 2):S108.

A rare case of Gitelman's syndrome presenting as quadriperesis

P. Vishnu Rao

Mamatha Medical College, Khammam

ABSTRACT

Gitelman's syndrome is a primary renal tubular disorder with hypokalemic, hypocloraemic, hypomagnesaemic metabolic alkalosis with hypocalcuria.

Case report: A 35-year-old farmer presented with recurrent episodes of generalised weakness and cramps for the last one year. During the episodes patient experienced tingling and numbness with spasms of all four limbs. In between the attacks his only symptoms were polyuria and nocturia. There was no history of vomitings and diarrohea and was not on any medications. On examination patient had flaccid quadriparesis with depressed tendon jerks, positive chvosteck's sign. His blood pressure is 90/60 mmHg. Serum electrolytes showed hypokalemia, hypochloraemic metabolic alkalosis, hypomagnesaemia with subnormal urinary excretion of calcium. ABG showed metabolic alkalosis. Thyroid profile was normal,subsequently patient was diagnosed to have Gitelman's syndrome.

Vishnu Rao P.A rare case of Gitelman's syndrome presenting as quadriperesis.J Clin Sci Res 2013;2(Suppl 2):S109.

A case of reversible cirrhosis –Wilson'sdisease

Gopala Krishna

MNR Medical College, Sanga Reddy

ABSTRACT

A 22-year-old male patient, presented with clinical features suggestive of chronic parenchymal liver disease and associated neuropsychiatric symptoms. On subsequent investigations a rare inherited disorder - Wilson's disease was diagnosed. On medical management with chelation therapy condition of the patient improved. Early diagnosis and early institution of treatment will improve the outcome and reversibility of the disease.

Gopala Krishna. A case of reversible cirrhosis –Wilson'sdisease.J Clin Sci Res 2013;2(Suppl 2):S110.

A rare case of acute demyelinating encephlomyelitis

A.G Harinath Reddy

Kakatiya Medical College, Warangal

ABSTRACT

A 45-year-old male patient came complaints of vomiting loose motions 5 to 6 episodes daily for 2days. He was admitted and kept on treatment for acute gastro enteritis. After 4 days of treatment he became drowsy and gradually became unconscious his vital were stable.

On examination of respiratory system, bilateral wheeze was present. Cardiovascular system examination: S_1S_2 heard. CNS- tone increased, deep tendon reflexes 3+, plantars were not elicitable.

Patient was having hyponatraemia and on MRI extensive demyelination seen in periventricular region.Inspite of all efforts patient died after 3 days.

Harinath Reddy AG.A rare case of acute demyelinating encephalomyelitis.J Clin Sci Res 2013;2(Suppl 2):S111.

Conn's syndrome in a patient with scorpion sting

D. Nagaswararao

Mamata Medical College, Khammam

ABSTRACT

Conn's syndrome is a disease of adrenal glands involving excess production of mineral corticoid aldosterone Another name for this condition is primary aldosteronism Represents under 1% cases of hypertension peak age is 30-50 yrs.Most common in females It presents with hypertension ,hypokalemia,muscle weakness, muscle cramps, edema and metabolic alkalosis.

We present a case of conn's syndrome in a 18-year-old male patient with complaint of scorpion sting. Patient presents with persistent hypertension which was not responding to more than 3 antihypertensives ace inhibitors, vasodilators,central sympatholytics,diuretics.Investigations showed high normal range of sodium levels, low potassium levels complete blood picture normal CUE normal LFT normal.Renal artery Doppler study was normal. Plasma aldosterone/plasma renin activity was > 30.Saline infusion test was positive. CT abdomen shows adenoma in adrenal gland.In view of above findings diagnosed and treated as Conn's syndrome.

Nagaswararao D. Conn's syndrome in a patient with scorpion sting.J Clin Sci Res 2013;2(Suppl 2):S112.

Right sided plueral effusion with acquired pneumonia developing into oesophageal perforation

Hiteesh Patel

Kamineni Institute of Medical Sciences,Hyderabad

ABSTRACT

A 19-year-old female presented with complaints of fever, cough with hemoptysis for 2 days and dyspnoea for 2 hours. Clinical examination revealed tachycardia, tachypnea, diminished movements of right hemithorax and decreased vocal resonance and air entry over right hemithorax. On suspicion of CAP with right pleural effusion, for which she was started on treatment. Her chest X-ray showed massive right sided pleural effusion. Right side Intercostal drain was placed. thick pus was drained. Pleural fluid analysis was s/o exudative type and elevated ADA level, AFB negative. After starting anti-tuberculosis treatment (ATT), pleural fluid became orange coloured while urine was not turned to orange coloured, which gave suspicious of communication between GI tract and pleural cavity. CT chest with oral contrast showed extravasation of oral contrast in to right pleural cavity, through distal esophageal perforation.

The case is interesting because uncommon presentation was absence of GI symptoms and masquerading as CAP with pleural effusion. This case study reveals that early clinical suspicion of oesophageal perforation in a case with unusual presentation, as pleural effusion is important for case management to achieve a good outcome. And routine amylase screen in pleural fluid is important for peak up of esophageal and pancreatic causes early.

Patel H. Right sided plueral effusion with acquired pneumonia developing into oesophageal perforation. J Clin Sci Res 2013;2(Suppl 2):S113.

Snake bite with ischemic stroke and bleeding manifestations

R. Kiran

Rangaraya Medical College, Kakinada

ABSTRACT

The case of a 25-year-old female who presented to us with snake bite, in altered sensorium and bleeding manifestations is reported. Her 20 min whole blood clotting time was prolonged, which didn't clot at all. We have given 5 units of FFP, 40 vials of ASV over 36 hours. After that her whole blood clotting time was normalised and spontaneous bleeding from wound site has stopped, but the patients mental status hasnot improved, for which we have suspected intracerebral bleed and have done a plain CT scan brain which showed hypodensities in left parietal, occipital and thalamic areas. MRI was done which has shown large left MCA territory infarct and in left thalamus. Patient has no risk factors for a stroke, her routine biochemical tests were normal. Her ECG, chest X-ray, 2D-echocardiography, carotid dopplers were normal. Patient was negative for ANA, Anti phospho-lipid antibody. Her lipid profile was normal, there is a moderate elevation of homocysteine levels (39 μmol/L).

Kiran R. Snake bite with ischemic stroke and bleeding manifestations. J Clin Sci Res 2013;2(Suppl 2):S114.

A case report of eight and a half syndrome

C.H. Sri Harsha Varma

Mamatha Medical College, Khammam

ABSTRACT

The term "eight-and-a-half-syndrome", a combination of a facial nerve palsy + one-and-a-half-syndrome, was first coined by Eggenberger. It is caused by a lesion (often vascular or demyelinating) in the dorsal tegmentum of the caudal pons.

We report a case of 60-year-old hypertensive woman with history of cerebrovascular disease, presented with sudden onset of deviation of angle of mouth to right side for 3 days. Clinical examination revealed loss of all horizontal eye movements except abduction of the right eye, associated with horizontal nystagmus of the right eye.

MRI brain showed lacunar infarcts in bilateral thalamus and pons along with diffuse white matter ischemic change

Sri Harsha Varma CH. A case report of eight-and-a-half syndrome.J Clin Sci Res 2013;2(Suppl 2):S115.

Severe thrombocytopenia with sub dural hematoma

G. Kiran Kumar

Rangaraya Medical College, Kakinada

ABSTRACT

A 30-year-old female presented with recent onset of fever, headache, bleeding gums and altered sensorium for 15 days duration. There is history of petechiae, menorrhagia in the last 2 months. No history of drug intake and head injury. On general examination patient is grossly anaemic, vitals-stable, bleeding gums, sternal tenderness, petechiae present. Neurological examination showed patientin altered sensorium, left plantar extensor, right 3rd nerve palsy.

Lab investigations showed platelet count 1000/cu.mm, Hb 7.7 gm dL. Hemogram showed micro-cytic hypochromic anaemia with relative neutrophilia and thrombocytopenia. No abnormal cells. QBC negative, Dengue NS1Ag, IgM, IgG- negative; HIV, HCV, HBsAg – NR. CT brain showed subdural hematoma in right fronto parieto temporal region with mass effect.

Patient improved on medical treatment, regained consciousness after 3days. Repeat CT brain showed resolving hematoma.

Kiran Kumar G. Severe thrombocytopenia with sub dural hematoma.J Clin Sci Res 2013;2(Suppl 2):S116.

A case of tuberous sclerosis

U.K. Rakeesh,R.Ramesh, T. Muneswar Reddy

Sri Venkateswara Medical college, Tirupati

ABSTRACT

Tuberous sclerosis is an autosomal dominant neurocutaneous disorder characterized by a triad of epilepsy,mental retardation and adenoma sebaceum with multisystem involvement .

A 25-year-old female presented with status epilepticus associated with frothing from mouth , tongue bite, head ache, loss of consciousness and involuntary micturation. She had history of one episode of seizure at age of 15 years and not taken any teatment for that episode.On examination: Adenoma sebaceum present, Hypopigmented patches over back present,Vitals –stable,CNS examination – normal

Investigations**:**Hb-10.4gm%; Tc-7200 cells/mm^3; ESR-15 mm at the end of 1^{st} hr RBS-108 mg/dL; blood urea-24 mg/dL; S.creatinine 0.8 mg/dL; S.electrolytes-normal.Urine routine-normal.Fundus-normal. CT brain-multiple periventricular calcifications suggestive of tuberous sclerosis. Chest X-ray normal, USG abdomen-both kidneys show cystic lesions.Skin biopsy –suggestive of tuberous sclerosis.

Rakeesh UK, Ramesh R, Muneswar Reddy T. A case of tuberous sclerosis.J Clin Sci Res 2013;2(Suppl 2):S117.

A case report of limb girdle muscular distrophy

K. Lakshman

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Limb girdle muscular dystrophy manifests usually in the first or second decade of life with predominant involvement of shoulder or pelvic girdle muscles with variable rates of progression. Severe disability occurs within 20-30 years of age. Muscular pseudo hypertrophy or contractures are uncommon. Usually autosomal recessive less frequently autosomal dominant. The incidence is about 5-70 per 1million population.

We reported a case of limb girdle muscular dystrophy in a 15-year-old girl who presented with weakness of both lowerlimbs predominantly involving proximal muscles and pelvic girdle.CPK levels elevated by 40-60 folds. Nerve conduction studies are within normal limits.muscle biopsy features suggestive of limb girdle muscular dystrophy.

Lakshman K. A case report of limb girdle muscular dystrophy.J Clin Sci Res 2013;2(Suppl 2):S118.

A case report on lightning injury

Naga Narshimha Reddy

Sri Venkateswara Medical Collge, Tirupati

ABSTRACT

Exact incidence and death from lightning injuries is unknown because of no proper recording systems. At the time of injury it causes death in about 10%of its victims. Among most lightning injuries deaths are due to cardiac arrest. The most common minor injury reported is rupture of the tympanic membranes. The most common chronic sequelae reported are brain injury and chronic pain syndromes.

A 40-year-old female presented with shortness of breath, neck pain following lightning injury. On examination it is moderate lightning injury with cardiogenic shock superficial burns, rupturedtympanic membrane on left side.Patient recovered in 2 weeks with no sequelae.

Narshimha ReddyN.A case report on lighting injury.J Clin Sci Res 2013;2(Suppl 2):S119.

A case report on thoracic saccular aortic aneurysm in young Marfan's syndrome

K. Shivaprasad

Sri Venkateswara Medical College, Tirupati

ABSTRACT

Marfan's syndrome is an inherited connective-tissue disorder transmitted as an autosomal dominant trait.It is noteworthy for its worldwide distribution, relatively high prevalence, clinical variability, and pleiotropic manifestations, some of which are life threatening.

Cardinal features of the disorder include tall stature,ectopialentis,mitral valve prolapse, aortic root dilatation, and aortic dissection.About three quarters of patients have an affected parent; new mutations account for the remainder.Marfan's syndrome is fully penetrant with marked interfamilial and intrafamilial variability.

We reported a case of thoracic saccular aortic aneurysm in a 16year old male who presented with breathlessness, chestpain, hemoptysis, and fever.On examination he had marfanoid features. 2D-echocardiography shows dextropsition of heart with aortic root dilatation. CT scan revealed aortic root dilatation and CECT shows saccular thoracic aneurysm.

Shivaprasad K. A case report on thoracic saccular aortic aneurysm in young marfans syndrome.J Clin Sci Res 2013;2(Suppl 2):S120.

A case of Sjogren's syndrome with acute necrotising pancreatitis

P. RajendraPrasad

Kamineni Institute of Medical Sciences,Hyderabad

ABSTRACT

A 42-year-old female patient, known case of of Sjogren's syndrome(fulfilling AECC criteria for diagnosis of Sjogren syndrome. Anti SSA and SSB antibodies +, sicca symptoms +) with distal renal tubular acidosis and recurrent hypokalemia. She came with complaints of fever since 5 days, pain abdomen with vomiting since one day and drowsiness since 1 day.

On investigations she was found to hadelevated serum amylase and lipase. Her CT abdomen was done which was suggestive of acute necrotizing pancreatitis with nephrocalcinosis. Patient was started on steroids with which she improved gradually. She also developed pseudocyst of pancreas which was drained.

Although estimation of incidence and prevalence of autoimmune pancreatitis is difficult, the frequency of incidental detection of patients with autoimmune pancreatitis is increasing with the increase of examinations using imaging modalities such as CT, US, and MRI.

Rajendra Prasad P. A case of Sjogren's with acute necrotising pancreatitis. J Clin Sci Res 2013;2(Suppl 2):S121.

Von Willebrand's disease type 3

Niloufer Ali

Andhra Medical College ,Vishakapatnam

ABSTRACT

A 23-year-old female presented with chief complaints of spontaneous persistent gum bleeding since 1 week. She had a similar history of spontaneous gum bleeds and prolonged post traumatic bleeding in childhood, history of prolonged bleeding per vagina in postpartum period 11 days after delivery requiring three blood transfusions. She had received a total of 12 transfusions, 7 of which were in childhood. She is born of a consanguinous marriage. There is no history of significant bleeding history in the family. On evaluation, she is found to have (i) normal platelet count and morphology; (ii) prolonged aPTT which corrected with normal plasma; (iii) platelet aggregometry shows decreased response to ristocetin; (iv) decreased level of factor VIII; (v) decreased level of VWF:RCo and VWF: Ag. Diagnosis: Von Willebrand disease type 3

AliN. Von Willebrand disease type3. J Clin Sci Res 2013;2(Suppl 2):S122.

Grade 4 HIV encephalopathy with extrapyramidal involvement

N. Srinivas Balaji

GandhiMedical College, Hyderabad

ABSTRACT

A 27-year-old female presented with shortness of breath, cougha and fever since 4 months, unable to walk since last 1.5 months,2 episodes of convulsions in last one month. No h/o rash, joint pains.No h/o URTI or ear infections.Dysphagia 1 month – both solids and liquids, progressive, not associated with nasal regurgitation or hoarseness of voice.Weight loss and decrease in appettite since last 4 months. Diffuse, dull aching pain,initially mild, later progressive, became severe after admission to hospital.No postural variations / projectile vomitings. No photophobia. H/o 2 episodes of convulsions.Not able to sense bladder fullness.Not able to retain urine,No h/o band-like sensations,No h/o dog bite.Past illness – nil significant.Was diagnosed to be HIV-positive 2 months ago, was started on ATT for 10 days,but because of vomitings she discontinued the treatment. O/E: pallor+ submandibular , jugulodigastric nodes enlarged.Oral candidiasis is present.Genital ulcers present – superficial, 3 in no. CNS examination: HMFnormal,cranial nerves normal.Bulk – normal in all 4 limbs.Tone – cog-wheel rigidity in both upper and lower limbs.Reflexes plantars – flexor,abdominals+, anal reflex-,deep tendon reflexes biceps +, rest absent, tremors + in all 4 limbs. Decreased pin-prick in L2-5 on right lower limb L3,4 on left lower limb fine touch – reduced in the above mentioned dermatomes by 50%. Impaired vibration sense over above dermatomes.Cerebellar signs –ve. Kernig's sign is present.Passive SLR +.Spine – tenderness present in the lumbar region.Respiratory system vocal fremitus increased in right – mammary , left mammary , axillary and infrascapular regions.Bronchial breaths sounds heard in the above regions with increase in vocal resonance.Crepts present in all above mentioned areas.CVS-Normal.Abdomen-normal. Differential diagnosis-TB arachnoiditis,CNS lymphomas,Syphilitic pachymeningitis ,HIV encephalopathy with peripheral neuropathy,CMV polyradiculopathy.Investigations:Sputum for AFB – positive (done at Chest hospital) X- ray chest showed bilateral coarse nodular and cavitary lesions suggestive of TB.MRI brain and spine normal

Srinivas Balaji N. Grade 4 HIV encephalopathy with extra pyramidal involvement.J Clin Sci Res 2013;2(Suppl 2):S123.

A case report of rupture of sinus of Valsalva

V. Jyothi

Sri Venkateswara Medical College,Tirupati

ABSTRACT

A 70-year-old hypertensive male patient came to casuality with on and off breathlessness, pedal edema since 1 yr. On examination, pt. has pulse-56/min, BP of 200/80mmHg and continuous murmur in 3,4,5 left intercostal spaces. Clinical diagnosis of rupture of sinus of valsalva was suspected and confirmed by 2D-echo.

Jyothi V. A case report of rupture of sinus of valsala. J Clin Sci Res 2013;2(Suppl 2):S124.

From where came the air

V. Saketh, E. Bhaskar

Sri Ramchandra Medical College, Chennai

ABSTRACT

In a normal healthy individual with a normally functioning sphincter of oddi there should be no air within the biliary tree. Pneumobilia is commonly seen after biliary instrumentation but can be seen due to other causes such as biliary enteric surgical anastomosis, trauma, spontaneous biliary enteric fistula, infection (emphysematous cholecystitis), bronchopleural biliary fistula and congenital anomalies.

This case is a rare cause of pneumobilia which presented as acute undifferentiated febrile illness, on further investigation found to have pneumobilia with blood culture showing *E.coli* and Kleblisella, was treated for emphysematous cholecystitis, later found to have ampullary carcinoma underwent whipple's procedure, patient on follow-up with oncologist.

Saketh V, Bhaskar E. From where came the air. J Clin Sci Res 2013;2(Suppl 2):S125.

A Case of Criggler-Najjar syndrome Type 2

S.V. Karteek

Osmania Medical College, Hyderabad

ABSTRACT

Criggler-Najjar syndrome type 2 is a rare genetic disorder with very low prevalence that presents with isolated unconjugated hyperbilirubinemia related to a defect of bilirubin conjugation due to partial deficiency of the enzyme UDP-glucuronyltransferase. Usually has a benign course, unlike CriglerNajjar type I, where the enzyme deficiency is total and the affected patients usually die at early ages. A good clinical history with pedigree and appropriate functional tests allowed us to determine the definitive diagnosis. This is an autosomal recessive disorder, has a very low prevalence worldwide, and is a diagnostic challenge for physicians.

A case of severe jaundice that responded to treatment with phenobarbitone therapy for 2 months case of Criggler Najjar syndrome type 2 also affecting many other family members of the same. Our patient is a 16-year-old girl who presented with a bilirubin level of 20mg/dL that after treatment decreased to 5 mg/dL. Her brother also has a bilirubin level of 13 mg /dL and is on treatment now.

Karteek SV. A case of Crigglar-Najjar syndrome Type 2.J Clin Sci Res 2013;2(Suppl 2):S126.

A rare presentation of echinococcosis

A. Ayyappa

Kakatiya Medical College,Warangal

ABSTRACT

A 60 year old male patient came with complaints of weakness of both right upper and lower limbs associated with deviation of angle of mouth to left side with decrease of level of consciousness no seizures no trauma routine investigations done. On CT brain s/o SOLs fronto parietal lobe; MRI brain was done to confirm it showed cystic space occupying lesion in bilateral cerebral and left cerebellar hemisphere with shift of midline structure to right side likely echinococcus. Anti Echinococcus Ab[IgG] +ve [21.97] [+ve >11] which was diagnostic of echinococcus.

Ayyappa A. A rare presentation of echinococcosis.J Clin Sci Res 2013;2(Suppl 2):S127.

A case report of refractory epilepsis indicative of sporadic idopathic hypoparathyroidism

B. Suman

Kakatiya Medical College,Warangal

ABSTRACT

A 13–year-old school going female child presented with recurrent episodes of atypical seizures since 9 years. First episode of seizure was at the age of 4 years took treatment for 1 year and was symptom free for 6 years. Current episode of recurrent seizures with behaviour and speech defects. She wasprescribed many antileptic drugs by various clinicians like sodium valproate and leviteracetam, topiramite and flunarizine, but patient symptoms were not improving. CT scan brain done which was s/o multiple basal ganglia and sub pial calcification. Her calcium levels were low,phosphorous levels increased but parathharmone level was low s/o hypoparathyroidism. In our patient magnesium level was also low as in case of many idiopathic hypoparathyroidism. With vitamin D3 and calcium replacement therapy patient improved and seizures controlled prognosis for idiopathic epilepsy is good even though brain calcification were permanent

Suman B. A case report of refractory epilepsis indicative of sporadic idopathic hypoparathyroidism.J Clin Sci Res 2013;2(Suppl 2):S128.

Hypothyroidism presenting as ataxia areflexia and sensory neuropathy

S. Karthik

Osmania Medical College, Hyderabad

ABSTRACT

Hypothyroidism is a very common disease we encounter in our clinical practice that has a wide range of clinical presentations. We present a case of tinnitus, ataxia and areflexia with predominant sensory neuropathy following fever in a 17-year-old girl found to be hypothyroid on laboratory evaluation with very high TSH levels and anti-thyroid antibodies and subsequent improvement in the neurological symptoms after thyroxine therapy. the patient also had associated primary amenorrhoea and MRI revealing hypoplastic uterus andblind vagina suggesting mullerian agenesis thus making a final diagnosis as mullerian agenesis (Mayer Rokitansky Kuster Hauser Syndrome) with hypothyroidism (acquired) causing sensory ataxia and areflexia

Karthik S. Hypothyroidism presenting as ataxia areflexia and sensory neuropathy.J Clin Sci Res 2013;2(Suppl 2):S129.

Neuromyelitis optica

K. Sarada Prasuna, S.V. Ramanamurty, V. Suresh, S. Sangeetha, K. Komali

GSL Medical College,Rajamandry

ABSTRACT

A 20-tear-old male patient was admitted with complications of loss of vision in both eyes of 1 week duration and lower motor neuron type paraplegia of 3 bays duration. He had history suggestive of loss of vision in both eyes 10 yrs back recovered within 2 week of time of treatment. On examination founds in both eyes suggestive of primary optic atorpy. Other cranial nerves normal all sensations lost below the nipple paraplegia of LMN type , bowel and bladder incontinence.his condition improved initially with inj. Methyl prednisolone for 3 days but later progressed to trunkal weakness and respiratory distress within 1 week. MRI spine diffuse T2 hyper intense signals involving entire dorsal and upper lumbar spinal cord with swelling of cord .suggestive of transverse myelitis.MRI brain showed focal T2 hyper intense area in right parietal lobe cortex, right occipital lobe white matter and left lentiform nucleas suggestive of demyelinating disease. Hence this patient who presented with paraplegia with sensory level bowel and bladder involvement and bilateral optic atropy is diagnosed as neuromyelitis optica.

Sarada Prasuna KV, Ramanamurty S, Suresh V, Sangeetha S, Komali K. Neuromyelitis optica.J Clin Sci Res 2013;2(Suppl 2):S130.

A case of primary splenic follicular lymphoma

K. Spoorthy, Y. Sharma

GSL Medical College, Rajamandry

ABSTRACT

Follicular lymphoma is a low grade B cell lymphoma which usually presents in peripheral lymph nodes. Primary splenic lymphoma primary involves the spleen and its hilar lymph nodes.A 43–year-old female presented with a mass in the abdomen and pain abdomen since 3 yrs .the mass started in the left upper left quadrant and gradually progressed to the middle of the abdomen, when it became painful. there is no history of constitutional symptoms .on examination the patient has massive splenomegaly extending 9 cms below the left hypochondrium extending medially into umbilicus. Other systemic abnormalities did not revealed any abnormality.Blood investigations revealed decreased hb and leucocyte count.all other revelent biochemical and haematological investigations were within normal limits.USG abdomen revealed enlarged spleen 19.7 cm. Bone marrow examination revealed erythroid hyperplasia. She was diagnoised as massive splenomegaly and was adviced to undergo splenectomy . She underwent splenectomy which was sent to histological examination which revealed non hodgkin's lymphoma follicular small cell type. It was conformed by immunochemistry which was positive for CD10 and BCL-2. The patient was put on CHOP regimen and she is doing well.

Spoorthy K, Sharma Y. A Case of primary splenic follicular lymphoma.J Clin Sci Res 2013;2(Suppl 2):S131.

Systemic lupus erythematosus

N. Meghana

GSL Medical College, Rajamandry

ABSTRACT

A 43-year-old lady presented with hypertensive urgency, multiple joint pains of 1 year duration, deformities of hands, knees and back from6 months, difficulty in walking from 6 months duration. There is history of morning stiffness lasting for an hour. On examination, pallor was present .Swan neck deformity of left index finger was present, pain and deformity of right hip from 3 years, right hip-fixed flexion-60, adduction 30, internal rotation 20, compensatory pelvic tilt, loss of lumbar lordosis. Fundus examination showed grade IV hypertensive retinopathy changes. CVS-S1 S2 heard, pansystolic murmur in mitral area radiating to axilla, Chest-clear, P/A-No hepatospleenomegaly, CNS-conscious coherent. Power-UL 4/5,LL -4/5, CRP-Positive, Rheumatoid factor-negative, CK Total-98 IU/L

X Ray left hand, cervical spine and lumbosacral spine-normal, ANA-2.00 OD Ratio, Anti dsDNA-30.14IU/mL.

Meghana N. Systemic lupus erythematosus. J Clin Sci Res 2013;2(Suppl 2):S132.

Adrenal histoplasmosis in immunocompetent patient

C. Vijaya ramakrishna Reddy

GSL Medical College, Rajamandry

ABSTRACT

Histoplasmosis is a geographically restricted form of fungal infection. Adrenal involvement is seen in disseminated disease but sometimes it may be the only site of demonstrable disease. Early diagnosis and treatment may save the patient from catastrophic adrenal insufficiency.

A 36-year-old diabetic female was admitted with 6 month history of on and off fever, loss of weight and appetite and hyperpigmentation all over the body. She was diagnosed as pulmonary tuberculosis 2 years back and took anti TB treatment for 6 months. Her general condition was poor. On general examination she had hyperpigmented palms and soles. She had persistently decreased blood glucose, serum sodium levels. Rest of the investigations including routine blood examination are normal. Tests for HIV negative. Hypoadrenalism was suspected. Random cortisol level was 118.4nmol/L (171-536 nmol/L) and post stimulation was 15 nmol/L (64-327 nmol/L). USG abdomen revealed bilateral adrenal masses. Five days later she developed convulsions for which CT brain was done, which revealed calcified granuloma in right parietal lobe. Antiepileptics along with steroids and antibiotics were supplemented. No significant improvement followed. CECT of abdomen was next done which revealed bilateral adrenal masses with mesenteric lymphadenopathy. Taking all above facts into consideration and patient's poor condition, antitubercular treatment was started. CT guided FNAC of adrenal mass was next done which on histopathological examination revealed *histoplasmosis*. Amphotericin B was added. 10 days later she developed haemorrhagic pleural effusion. ICTD was placed along with transfusion of 2 units of blood. Patient‘s general condition deteriorated inspite of all intensive efforts and care. She expired 3 days later

Vijaya ramakrishna Reddy C. Adrenal histoplasmosis in immuno competent patient. J Clin Sci Res 2013;2(Suppl 2):S133.

Hyperhomocysteinemia presenting as stroke in young

K. Ravikranth

GSL Medical College, Rajamandry

ABSTRACT

A 16-year-old male presented with weakness of right hand followed by right leg within 14 hours and deviation of mouth to the left side. No history of trauma, loss of consciousness, seizures, headache, vomiting, fever, blurred vision. No history of cardiac disease. He had no other past medical history. On examination he is conscious, coherent and well oriented with weakness of both upper and lower limbs with power 0/5 and 0/5 respectively. CBP, RFT, LFT, CT, BT, lipid profile were within normal limits. His 2D-echo and 4 vessel dopplerstudy was normal. His CT Brain showed focal hypodense areas in left capsular ganglionic region suggestive of acute infarct. His protein C, protein S, nti-phospholipid antibodies (Ig G and IgM), Anti-nuclear antibodies were within normal limits. His homocysteine levels are elevated (54 mic mol/L). He was treated with antiplatelet medication and supplements of vitamin B6, B9 and B12. He has clinically improved with lower limb power (+4/5) and upper limb power (2/5) before discharge after 15 days of hospital stay.

Ravikranth K. Hyperhomocystnemia presenting as stroke in young.J Clin Sci Res 2013;2(Suppl 2):S134.

A case of tuberous sclerosis

K. Vamshi Krishna

GSL Medical College, Rajamandry

ABSTRACT

Tuberous sclerosis is a multisystem genetic disease characterised by the growth of numerous benign tumours in many parts of the body characterised by mutation on either of two genes TSC1 and TSC2. A combination of symptoms may include seizures, developmental delay, behavioural problems, skin abnormalities, lung and kidney disease.

A case of a 16-year-old female came with seizures to the casualty she was having generalised tonic clonic seizures associated with involuntary micturition, frothing and post ictal drowsiness. She was a known epileptic since 5 years on irregular medication. History of delayed milestones and mental retardation present. On general examination she was having adenoma sebaceum. Vitals are normal. Haemoglobin was 8.5 gm%, packed cell volume -30.2%, total RBC count - 4.4 million/cumm with microcytic hypochromic anaemia. ESR - 26 mm at the end of 1st hr. Chest X-ray PA was normal. CT scan showing small nodular protrusions into lateral ventricles with calcified foci representing subependymal nodules. Electro Encephalogram showing normal awake record. Mantoux test is negative. Thyroid profile is within normal limits. We have treated the patient with sodium valproate to control seizures. Presence of adenoma sebaceum, subependymal nodules, mental retardation, seizures, dental anomalies confirms this case as tuberous sclerosis.

Vamshi Krishna K. A case of tuberous sclerosis.J Clin Sci Res 2013;2(Suppl 2):S135.

A case of Tolosa-Hunt syndrome

K. Sravya

Pinnamaneni Siddhartha Institute of Medical sciences, Chinoutapally

ABSTRACT

Tolosa-Hunt syndrome is a rare disease characterized by painful unilateral opthalmoplegia caused by specific granulomatous process in the cavernous sinus the superior orbital fissure or the orbital apex. It is a diagnosis by exclusion. A 25-year-old female presented with 6 weeks history of right sided periorbital headache of throbbing nature with dropping of right eye lids double vision of right decreased sensation over right upper part of face. MRI brain nodular enhancement in the right cavernous sinus expanding up to superior orbital fissure suggestive of Tolosa-Hunt syndrome. Her symptoms and signs improved after 10 days of starting of steroids.

Sravya K. A case of Tolosa-Hunt syndrome.J Clin Sci Res 2013;2(Suppl 2):S136.

A case of medullary carcinoma of thyroid presenting as atrial fibrillation

L. Vinila

Maharaja Institute of Medical Sciences, Khammam

ABSTRACT

An 87-year-old female, presented with palpitations of 2 months duration, clinical examination revealed multinodular goiter with atrial fibrillation, investigatory work up showed medullary carcinoma of thyroid.

Vinila L. A case of medullary carcinoma of thyroid presenting as atrial fibrillation.J Clin Sci Res 2013;2(Suppl 2):S137.

A rare case of cerebellar abscess with tubercular etiology

M. Manjusha

CAIMS, Karimnagar

ABSTRACT

Tuberculosis is one of the most common chronic infectious disease in India. It involves almost all systems in the body. CNS manifestations include meningitis, encephalitis, hydrocephalus, tuberculoma and brain abscess. Usual site of brain abscess being cerebral cortex. An 18-year-old girl presented to ER with fever, head ache and vomiting since 1 wk altered sensorium since 1 day.On evaluation GCS score - 6, neck stiffness, kernig's sign +ve papilloedema in fundus, extensor plantar response noted. WBC count 16000. mm^3, ESR 70 mm at the end of 1^{st} hr. MRI brain showed left cerebellar caseating abscess (possibly tuberculosis) with mass effect and non-communicating hydrocephalus. CSF analysis showed glucose 37 mg/dL, protein 284 mg/dL. Cytological analysis showed predominant lymphocytes with proteinaceous material background suggestive of chronic inflammatory exudate. Emergency drainage was done and cerebellar tap analysis showed acid fast bacilli with caseatinggranuloma. Thus cerebellar abscess of tubercular etiology diagnosed. Patient was started on ATT showed significant clinical and radiological improvement.

Manjusha M. A rare case of cerebellar abscess with tubercular etiology.J Clin Sci Res 2013;2(Suppl 2):S138.

Thyrotoxic periodic paralysis

D. Vamshi Yadav

Rangaraya Medical College, Kakinada

ABSTRACT

A 36-year-old male, who is a labourer by occupation from Kakinada, presented with chief complaint of weakness of both upper and lower limbs of 1 day duration. The patient had 3 similar but milder episodes during the past 4 months, for which he received no medical attention.General examination revealed enlarged thyroid gland with exophthalmoses.CNS examination revealed flaccid quadriparesis with predominant proximal muscle weakness, without any cranial nerve or bowel and bladder involvement. Sensory system examination was normal. Clinically the patient was suspected to have hypokalemic periodic paralysis of late onset.ECG showed ST segment depression, prominent U waves suggestive of hypokalemia.Serum Potassium - 2.1 mEq/L. T3- 3.47, T4 - 21.31, TSH – 0.01. Diffuse nodular goitre with cystic degeneration was found in ultrasonagraphy of neck. Patient improved with oral potassium supplementation. This is a rare case of hypokalemic periodic paralysis presenting at a late age.

Vamshi Yadav D. Thyrotoxic periodic paralysis.J Clin Sci Res 2013;2(Suppl 2):S139.

Takayasu's arteritis type 3

A. Giridhar

GSL Medical College, Rajamandry

ABSTRACT

Although renal artery stenosis due to fibromuscular dysplasia is most common cause of secondary hypertension in young females,rare causes such as Takayasu arteritis are now being increasingly recognized .We present a 20-year-old woman with refractory hypertension recently diagnosed as Takayasu arteritis without renal artery stenosis which responded to treatment with complete normalization of blood pressure in a very short peiod.

A 20-year-old female hypertensive was referred to cardiology department with h/o headache for 18 months and one episode of syncope. Her left brachial and radial pulses and dorsalispedis and posterior tibial pulses on both sides were feeble. Blood pressures 180/100,240/100,180/100 and 200/100mm Hg in left and right upper limbs and left and right lower limbs. Examination showed bilateral carotid thrill and bruit.Hb 10.6g/dL, TLC 19,200. mm^3, ESR 85/1^{st} hour and CRP- 8mg/dL. Ultrasound abdomen revealed normal kidney size and echo-texture.ECG showed left ventricular hypertrophy. 2D-echo cardiography showed concentric LVH ,dilated ascending aorta, arch and descending aorta.

Aortogram showed 80-90% stenosis of descending thoraccic aorta and left subclavian artery stenosis at its origin coronary and renal angiography were normal. CT and MR angio of thorax and abdomen was showing diffuse circumferential wall thickening of arch of aorta and descending thoraccicaorta. As per diagnostic criteria and classification this is a case of type III Takayasu's arteritis.Patient was treated with oral prednisolone and aortoplasty and stent, left subclavianangioplasty. After procedure BP in all 4 limbs reduced to normal. She is on regular follow up and maintaining normal BP without antihypertensives.

Giridhar A. Takayasu's arteritis type 3. J Clin Sci Res 2013;2(Suppl 2):S140.

A case of tuberculoma causing diabetes insipidus

G. Parvathi

Pinnamaneni Siddhartha Institute of Medical Sciences, Chinoutapally

ABSTRACT

Diabetes insipidus is a syndrome characterised by the production of abnormality large volmes of dilute urine due to decreased secretion or action of AVP. We reporta case of a 22-year-old female who presented to us with complaints of polyuria, polydypsia, dryness of mouth since 3 months and fever since 1 month. Cranial nerve examination and perimetry revealed left homonymous superior quadrantanopia. MRI brain showed contrast enhanced ring lesion suggestive of tuberculoma. Fluid deprivation test was suggestive of cranial diabetes insipidus. Patient symptoms improved with antituebrculosis treatment and steroids.

Parvathi G. A case of tuberculoma causing diabetes insipidus. J Clin Sci Res 2013;2(Suppl 2):S141.

Septic emboli causing hemorragicstroke

M. Aishwarya
ASRAM, Elluru

ABSTRACT

Infective endocarditis is frequently found in the Indian population and may rarely be the cause of intracranial hemorrhage. In such instances, further diagnostic imaging to search for an underlying structural lesion is prudent. Well known causes of these hemorrhages include cardioembolism with hemorrhagic transformation, septic emboli and mycotic aneurysms.

A case of 20-year-old pregnant women with 26 weeks of gestation who was brought to the emergency department with complaints of hemiparesis ,loss of speech and h/o fever. CT was done and it showed intraparenchymal hemorrhage. 2D-echo showed rheumatic valve disease, mitral stenosis with vegetations. *Streptococcus viridans* was isolated from blood cultures.

Aishwarya M. Septic emboli causing hemorragic stroke.J Clin Sci Res 2013;2(Suppl 2):S142.

Scrub typhus causing pandigital gangrene

A. Koushik

Sri Ramachandra Medical College, Chennai

ABSTRACT

Scrub typhus is an acute febrile illness caused by Orientiatsutsugamushi. The main pathologic change is focal or disseminated vasculitis caused by the destruction of endothelial cells and the perivascular infiltration of leukocytes. The diagnosis of scrub typhus is based on the patient's history of exposure, clinical features, and results of serologic testing. Regional and generalized lymphadenopathy is common. The pulmonary manifestations of scrub typhus include interstitial pneumonia, interstitial edema, and hemorrhage caused by vasculitis. Abdominal manifestations include splenomegaly, periportaledema, gallbladder wall thickening, and lymphadenopathy. Although the severity of scrub typhus varies considerably, involvement of the central nervous system can result in meningoencephalitis. It very rarely causes focal gangrene. A high degree of clinical suspicion and familiarity with the various clinical manifestations of scrub typhus allow early diagnosis and timely initiation of appropriate therapy, and thereby may help to reduce patient morbidity.Scrub typhus causing pandigital gangrene is reported.

Koushik A. Scrub typhus causing pandigital gangrene.J Clin Sci Res 2013;2(Suppl 2):S143.

Winchester syndrome

V. Saketh, Sathyamoorthy

Sri Rama Chandra Medical College, Chennai

ABSTRACT

Winchester syndrome in a rare congenital connective tissue disease of which the main characteristics are short stature, marked contractures of joints, opacities in the cornea, a coarse face, dissolution of the carpal and tarsal bones (in the hands and feet respectively) and osteoporosis.

This 18-year-old female presented with gradual shortening of fingers and toes, was unable to walk, all endocrine abnormalities were ruled out and patient was diagnosed to have Winchester syndrome.

Saketh V, Sathyamoorthy. Winchester syndrome.J Clin Sci Res 2013;2(Suppl 2):S144.