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The Journal

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44th Annual Conference of AP Chapter of API 2016 (AP APICON 2016)

Editors' Message	x
Scientific Programme	xi
Scientific Abstracts	
AWARDS PAPERS	
A study of assessment of severity of falciparum malaria using recent scoring system - GCRBS Score	S1
<i>Navya Sruthi M</i>	
Prevalence of non-alcoholic fatty liver disease and its correlation with coronary risk factors in patients with type 2 diabetes	S2
<i>Bhaskar Dorapudi SCH, Murthy SVR</i>	
Role of serum lactate measured at 0h and 48h as a prognostic marker in sepsis, severe sepsis, and septic shock	S3
<i>Sasi Shekar TVD, Avinash Jada, Meroz Pillarisetty</i>	
Estimation of vitamin B12 and vitamin D levels in patients of type-2 diabetes mellitus on metformin therapy	S4
<i>AmulyaYalamanchi, Prabhakar YVS, BhaskaraRao B, PhaniKumar R, Dinesh Kumar V</i>	
Health care associated infections (HCAI) in a medical intensive care unit (MICU): a prospective study	S5
<i>Aruna M, Mohan A, Harikrishna J, Siddhartha Kumar B, Chaudhury A, Sarma KV</i>	
Etiological profile and precipitating factors of hepatorenal syndrome in a tertiary care hospital	S6
<i>Pardha Saradhi S, Ramesh R, Muneeshwarreddy T, Sathish Kumar A, Chandrasekhar K</i>	
PLATFORM PRESENTATIONS	
A comparative study of bacterial pneumonia in non-diabetics and type-2 diabetics	S7
<i>Revathi M, Sarath Kumar Rreddy B, Vijaya kumar G, Prabhakar Rao R</i>	
ART adherence in HIV infected patients with neurological disease	S8
<i>Rajesh P, Srinivasa Rao B, Sundarachary NV, Sridhar A</i>	
Assessment of anti-HBs titre level in vaccinated population- A cross sectional study	S9
<i>Saraswathi Banavath, Ramesh R, Muneeshwar Reddy T, Satishkumar A, Chandrasekhar K</i>	

Clinical profile of dengue infection at a teaching hospital in South India <i>Samragini Vasireddy, Eswar G</i>	S10
Clinical profile of falciparum malaria with special reference to complications and outcome <i>Sai sahil, Ashok kumar E</i>	S11
Study of clinical profile, risk factors and outcome of sepsis in elderly <i>Raghavaram Namburu, Nagaraj S, Prabhakar Rao R</i>	S12
A clinical study of enteric fever in hospitalised patients <i>Niharika M, VenkataMadhav M, Eswar G</i>	S13
A study on clinical, hematological and hepatorenal profile in malaria in a tertiary care hospital <i>Indraja S, Anjaneya Prasad V</i>	S14
ABO blood groups in relation to severity of malaria <i>Deepti, Ramana Murthy SV</i>	S15
Platelet count as predictive index of prognosis in malaria <i>Mohammed KhajaMohiuddin, Vijay Kumar G, Prabhakar Rao R</i>	S16
Study of causes of fever with thrombocytopenia <i>Sajja Lakshmi Manasa, Venkata Krishna P</i>	S17
Study of thrombocytopenia in malaria and its prognostic significance <i>Mohiuddin M K, Sarath Kumar Reddy B, Vijaya Kumar G, Prabhakar Rao R</i>	S18
A study of ECG and TMT in asymptomatic type 2 diabetes mellitus <i>Krishna Chaitanya CH, Rakesh</i>	S19
A study on liver function tests in congestive heart failure <i>MounikaJetti, Murthy SVR</i>	S20
A study on serum uric acid levels in type 2 diabetes mellitus and its association with cardiovascular risk factors <i>Suresh Kumar P, Vijay Kumar N B, Santosh Kumar K, Srinivas Reddy V C, Srinivas Rao B</i>	S21
Liver biochemical profile in congestive cardiac failure <i>Venkatesh, Ravi Kumar NAVASK, Madhusudhan BabuM, Gandhi MVV</i>	S22
Study of aetiology, clinical features and complications of atrial fibrillation in 50 cases <i>Tejaswi J, Sadhna Sharma, BijuGovind</i>	S23
Echocardiography changes in patients with CKD <i>Meroz Pillarisetty, Anjani Kumar</i>	S24

Hypertension –the silent killer, awareness of risk factors and complications of hypertension among hypertensives <i>Sahithi B, Sasi sekhar TVD</i>	S25
Importance of 15 lead electrocardiogram (ECG) <i>Sandeep kumar G, Ramachandra rao I V, Suresh P, Indira priyadarshini, Bhargav K</i>	S26
Pickle ingestion and ischemic heart disease <i>Percy PriyankaTalari, Srinivasa Rao B, Srinivasa Rao M, Sridhar A</i>	S27
Potassium level changes-arrhythmia contributing factor in chronic kidney disease patients <i>Dilshad Begum N, ImrozSm, Balasubramanyam</i>	S28
Serum ferritin significance in myocardial infarction <i>Bhavya Chintala,SasiSekhar TVD</i>	S29
Study of ECG profile of right ventricular infarction in AIWMI <i>Manjula Sriram, Vijaya Kumar G, Prabhakar Rao</i>	S30
Correlation of surface ECG and 2D-echo to locate the site of infarction and left ventricular ejection fraction in myocardial infarction <i>Surya Prakash Reddy S, Vijaya Kumar G, Nagaraj S</i>	S31
Clinical presentation of active tuberculosis in patients admitted to medical intensive care unit (MICU) <i>Sindhu G, Mohan A, Arun Raja V, Harikrishna J</i>	S32
A study of clinical, radiological and bacteriological profile in community acquired pneumonia <i>Vijayakumar Punnapu, Gnana Sundara Raju Y, Narsingarao S, Lakshmi Sowjanya S, Kanaka Mahalakshmi A</i>	S33
A study of clinical presentation and outcome in community acquired pneumonia in hospitalised adults <i>Parthasarathy MKR, Swarnakumari B, Prabahkar Rao R, Vijay Kumar G</i>	S34
Effect of anti-tubercular treatment on liver in freshly diagnosed pulmonary tuberculosis patients receiving dots therapy <i>Shaik hussain, Gnansundar raja Y, Naveen SNR, Kanaka mahalakshmi A, Lakshmi sowjanya S</i>	S35
Significance of symptoms in smokers with preserved pulmonary function <i>John Richards Lingam, Eswar G</i>	S36
Undiagnosed chronic obstructive pulmonary disease (COPD) in tobacco smokers with coronary artery disease (CAD) <i>Narayana Murthy D, Alladi Mohan, Prabath Kumar D, Siddhartha Kumar B, Vanajakshamma V</i>	S37
A comparative study of pattern of dyslipidemia among alcoholics and non alcoholics <i>Santhi kiran S, Madhu kiran B, Eswar G</i>	S38

A study of comorbidities associated with diabetes mellitus	S39
<i>Praveen Kumar Reddy, Achint Krishna, Manasa T, Visweswara Reddy YJ</i>	
Clinical profile in diabetic ketoacidosis	S40
<i>AparnaSwathiKilani, Bhimasein Soren</i>	
Validity of Indian Diabetic Risk Score (IDRS) in a clinical setting in a tertiary care hospital of coastal Andhra Pradesh	S41
<i>Kalyan Chakravarthy S, Srihari Babu M, Subbarao PLV</i>	
Factors contributing to dislipidemia in type-2 diabetes mellitus	S42
<i>Umadevi U, Sesi Sekhar TVD</i>	
Hypomagnesemia in patients with Diabetes mellitus and its relation to diabetes mellitus complications	S43
<i>Madhusudhan Babu M, Rambabu P, Soumya K</i>	
A study on obesity related hypertension and its awareness among the people	S44
<i>Shefali Anne, Sasi Shekhar TVD</i>	
Study of vitamin D3 levels in patients with type 2 diabetes mellitus	S45
<i>Gowri Sankar Bommi, Srinivas, Sridevi, Naidu A Rk, Padmalatha A</i>	
A clinical study of etiology and outcome of altered sensorium in non traumatic cases at K.G.H Visakhapatnam	S46
<i>Kalindi Bendalam, Indira Devi.K, VijayaBabu.D, Jyothirmayi, Katyayani</i>	
A study of etiology,clinical presentation and treatment outcome in patients with idiopathic intra cranial hypertension	S47
<i>Prathyusha T, Satya Sahi A, Anjani Kumar C</i>	
A study of stroke-its relation to hypercoaguability of blood	S48
<i>John Israel, Keerthana</i>	
ECG and 2d-echo changes in patients suffering from acute ischemic stroke	S49
<i>Navya Manasa V, Chaitanya RK, Sreenivas S</i>	
Etiological spectrum of seizures in women in rural hospital	S50
<i>Dayanka Dukkupati, Naga Raj S, PrabhakarRao R</i>	
A study on Assessment of Hypertensive Intracerebral Haemorrhage using Prognostic Parameters Of Computerized Tomography (CT) Scan	S51
<i>Venkatanand K, Jogi Naidu M</i>	
Pattern of stroke in diabetes	S52
<i>Sivaji Patibandla, Jayasingh K, Tumbanatham Appikatla</i>	
Assessment of outcome in acute stroke using National Institute of Health Stroke Scale (NIHSS)	S53
<i>Siva Kumar B, Nageswara Rao Ch V, Ramana Murthy SV</i>	

Pickle ingestion as a risk factor of cerebrovascular accident ; a case control study <i>Aruna K , Sreedhar, Sundarachary N V, Veeramma U, Ramakrishna</i>	S54
Predictors of early mortality in anterior circulation stroke <i>Raghavendraprasadadda N V, Murthy SVR</i>	S55
Study of beneficial role of steroid therapy in the acute management of Landry- Guillain-Barre-Strohl syndrome <i>Anirudh Kovvali</i>	S56
Study of clinical profile, risk factors and diagnosis of stroke in young <i>Sasidhar P, Sarath kumar Reddy B, Vijaya Kumar G, Prabhakar Rao</i>	S57
Various clinical presentations and radiological correlation of lacunar infarcts <i>Saikrishna K, Eswar G</i>	S58
A study of clinical profile and histological pattern of nephritic syndrome in adults <i>Aparanji Gopidi, Bhaskara Rao B</i>	S59
Acute kidney injury outcome in elderly <i>Krishna Kavya TVM, Ramana Murthy SV</i>	S60
Assessment of physical and mental health in patients with chronic kidney disease <i>Appala Naidu, Rongali, SasiShekar TVD</i>	S61
Elusive comparision of formulae for eGFR <i>Eswar Ganti, Geethika Nutakki</i>	S62
Etiological profile of patients admitted with AKI in a tertiary care hospital SVRRGGH Tirupati <i>Phanikumar P, Ramadevi M, Jayabhaskar C</i>	S63
A study of acid base changes in acute diarrheal disease <i>Siva Krishna Sirasapalli, Kamal Lochan, Sahoo A K, Sastry A S</i>	S64
Evaluation of thyroid dysfunction in patient with chronic kidney disease <i>Veeramani Kartheek A S, Siva Sankar A, Tirumala Rao M V V, Kiran V</i>	S65
Study of clinical profile of urinary tract infections in diabetics and non-diabetics <i>Sasidhar P, Vamsi chaitanya Gude, Vijaya kumar G, Prabhakar Rao</i>	S66
The study of factors affecting the outcome in acute renal failure <i>Gopala Krishna Chandu ,Sasi Shekar TVD</i>	S67
To identify risk factors for bacteremia in urinary tract infections <i>Sateesh Gudla, Bhaskara Rao B, Ganga Prasad U, Mounika A</i>	S68
A study of health problems of elderly women admitted to the medical wards in a teaching hospital <i>Kamalkumar V V, Padmaja N, Lepakshi G</i>	S69

A study on skin lesions in patients with type 2 diabetes mellitus <i>Madhuri Devi V</i>	S70
Aetiological spectrum of fever of unknown origin (FUO): a prospective study <i>Arun Kumar D, Alladi Mohan, Harikrishna J, Prabath Kumar D, Siddhartha Kumar B, Kalawat TC</i>	S71
Clinical profile of Hypokalemic periodic paralysis <i>Prasanna Kumar Sannapu, Anand Sastry</i>	S72
Disease profile and outcome of geriatric patients admitted in the department of general medicine in a tertiary care hospital, SVRR Government general hospital, Tirupathi <i>Divyalatha Y</i>	S73
Prognosis of left ventricular systolic dysfunction in critically ill septic shock patients <i>Umadevi U, Sesi Sekhar TVD</i>	S74
Liver function abnormalities in HIV positive individuals with viral hepatitis co infection <i>Rahul Chowdary Kongara, Vengadakrishnan K</i>	S75
Haematological abnormalities in decompensated chronic liver disease <i>Sai krishna G, Murthy SVR</i>	S76
Lupus nephritis clinicopathological study and outcome <i>Prudhvi raj Attada, Indira Devi K, Jyothirmai</i>	S77
Clinical profile of systemic lupus erythematosus patients coming to GGH, Vijayawada <i>Sai sundeep Kondari, Chakradhar G, Niveditha R, Chennakesavulu D</i>	S78
A study of serum amylase level in acute organophosphorus poisoning <i>Sreerama Vishnu Priya</i>	S79
A study on serum amylase levels in acute organophosphorous poisoning <i>Premchand G</i>	S80
A study on the outcome of snake bite induced damage to kidneys <i>Premchand G</i>	S81
The need for ventilatory support decreased the mortality in OP poison patients <i>Gopinandan V, Vijaya Kumar G, Prabhakar Rao</i>	S82
To assess the cause of reduction in mortality & morbidity in vasmol poisoning <i>Mohini P, Yadavendra Reddy K B</i>	S83
To determine the spectrum of liver histopathological features and probable etiology in patients with chronic hypertransaminaesemia of unknown etiology <i>Vijaykrishna M, Sadhana Sharma</i>	S84

Respiratory complications in patients with acute deliberate self-poisoning with organophosphorous compounds	S85
<i>Thejeswini P, Alladi Mohan, Harikrishna J, Siddhartha Kumar B, Rao MH, Sarma KVS</i>	
Gender differences and study of the clinical profile of carcinoma stomach in a tertiary care centre of coastal Andhra	S86
<i>Meena K, Sarma Y S, Praveen NVS</i>	

Editors' Message

The Andhra Pradesh Chapter of Association of Physicians of India (AP API) has been actively involved in organizing Regional Continuing Medical Education (CME) Programmes across the state and an annual conference every year. The AP API is holding its 44th Annual Conference (AP APICON 2015) on 24th and 25th September, 2016 at Vijayawada. The Journal of Clinical and Scientific Research, in its endeavour to publish and highlight research has provided the scientific abstracts of the research papers (Award session and platform presentations) due for presentation at the AP APICON 2016 to its readers as a Supplement to Vol. 5(3) of the journal.

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

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SCIENTIFIC PROGRAMME

44th Annual Conference of Andhra Pradesh Chapter of Association of Physicians of India, 2016

Saturday, 24th September, 2016

8.00am-9.00am	Registration	New Auditorium
	Breakfast	Conference Dining Hall
9.00am-9.30am	Inauguration of Scientific Programme	
Session 1 9.30am-10.00am	AP-API Chairman Oration Musculoskeletal pains- Clinical approach and role of NSAIDs Y.Bhaskar	Chair persons I.V.Rao, T.V.A.S. Sarma
Session 2 10.00am-10.30am	Key note address Key note address K Eswar	Chairpersons S. V .Ramanamurthy, T. Muneeswar Reddy
Session 3 10.30am-11.00am	Dr.I . Joga Rao Memorial Oration Hypertension in the elderly V. Shantharam	Chair Persons Y.S.N. Raju K . Sudhakar
Session 4 11.00am-12.05 pm 11.05am - 11.20 am 11.20 am - 11.35 am 11.35am - 11.50am 11.50 am - 12.05 pm	Symposium – Cardiology Speaker 1 Heart Failure with normal Ejection Fraction A.Purnanand Speaker 2 Optimum medical management of Stable Angina K.Gopalakrishna Speaker 3 Atrial Fibrillation in 2016 C.Narasimhan Discussion	Chairpersons K.V.G.K Tilak G . Chandra Sekhar
Session 5 12.10 am - 12.40 pm	Lecture No.1 Controversies in Hypertension Venkat S Ram	Chair Persons M.B.R. Sarma Dakshinamurthy
Session 6 12.40 pm - 01.15 pm	Lecture No.2 Tumour markers Old vs. New Senthil J Rajappa	Chair Persons Rambabu D.V. Sivakumar
1.15pm-2.00pm	Lunch	Conference Dining Hall
Session 7 2.00pm-2.30pm	Lecture No.3 Practising pearls in Nephrology V. Siva Kumar	Chairpersons Venkata Krishnan Anjaneya Prasa
Session 8 2.35pm-3.05pm	Point-counterpoint - Gastroenterology - PPI s use and misuse	Moderator K.Jaganmohan Rao Panelists M. Sai kumar I. Nalini Prasad

Session 9 3.10 pm - 3.45 pm	Lecture No. 4 Venous thromboembolism - What is new? P. Sudhakar	Chair persons G. Chandra Sekhar Pawan Kumar
Session 10 3.50 pm - 4.20pm	Lecture No. 5 Advances in Cardiac imaging for physicians P . Ramesh Babu	Chair persons: S. Ramakrishna Vaddadi Srinivas
6.00pm-7.00pm	Inaugural function	
8.30 pm	Banquet dinner	
HALL B		
Session 1 11.00am-11.30am	Lecture No. 1 Approach to undifferentiated fevers Dilip Mathai	Chair persons K.S.R Swamy I.S.V. Prakash
Session 2 11.35am-12.05am	Lecture No.2 What is new in managing HIV disease N. Kumaraswamy	Chairpersons Rajah Ramulu Kesava Rao
Session 3 12.10pm-1.10pm 12.10pm-12.25pm	Symposium – Nephrology Speaker 1 Dos and don's in the management of acute kidney injury A.V.V.S.N.Sridhar	Chairpersons Ammanna C.V.Subba Rao
12.25pm-12.40pm	Speaker 2 Approach to proteinuria A.Srinivas	
12.40pm-12.55pm	Speaker 3 Medical management of renal calculi S.V.Ramana murthy	
12.55pm-1.10pm	Discussion	
1.10pm-2.00pm	Lunch	Conference Dining Hall
Session 4 2.00pm-2.30pm	Lecture No.3 Dos and don'ts in the management of tuberculosis Alladi Mohan	Chairpersons C.S. Rao Anjani Kumar
Session 5 2.35pm-3.05pm	Lecture No.4 Laboratory evaluation of rheumatic diseases Vijaya Prasanna	Chair persons Krishna Prasanthi Pavan Kumar
Session 6 3.10pm-4.10pm 3.10pm-3.25pm	Symposium – Respiratory Speaker 1 Clinical application of PFT R. Vijai Kumar	Chairpersons G. Babu Rao G. Gopal Rao
3.25pm-3.40pm	Speaker 2 Screening and management of idiopathic pulmonary fibrosis K. Ravindra Babu	
3.40pm-3.55pm	Speaker 3 Advances in management of Bronchial Asthma G.Sambasiva Rao	
3.40pm-4.10pm	Discussion	

Session 7
4.15pm-4.45pm

Point-CounterPoint - Cardiology - Statins for primary prevention in cardiovascular disease-to use or not to use

Moderator
A.Purnanand
Panelists
P.V.Siva Prasad
P.V. Nishanth

5.00pm-5.30pm

General body meeting

Hall C

4'30pm-5.30pm

Quiz for postgraduate students

Moderator
Y.V S. Prabhakar

Sunday , 25thSeptember ,2016
Hall A

8.00am-8.30am

Executive body meeting

Session 1
8.30am-9.00am

AP-API Chairman Elect Oration
Central Aortic Pressure and clinical application
M.B.R. Sarma

Chairpersons
G. Eswar
Ch. Bangaru Rao

Session 2

9.05am -9.35am

Dr.Kuppachi Krishnamurthy Memorial Oration
Sickle cell disease - an overview
I.V. Rao

Chairpersons
S.V.Ramana Murthy
K. Butchi Babu

Session 3
9.40am-10.10am

Lecture No.1
Diabetes-Heart-Hypertension-Kidney--The Deadly Quartet.
A.K.Das

Chairpersons
Aswini Kumaar
Guru Prasad

Session 4
10.15am-10.45am

Lecture No.2
Managing Haemophilia in resource limited settings
Cecil Ross

Chair persons
N.V.Krishna Rao
Ramesh Naidu

Session 5
10.50am-11.20am

Lecture No.3
Recent advances in Ischaemic stroke
Subhash Kaul

Chair persons
Bhaskara Rao
Sankar Rao

Session 6
11.25am-11.55am

Lecture No. 4
Physician's approach to screening and management of Hepatitis C
A.V.Siva Prasad

Chairpersons
Sadhana Sarma
Satya Prasad

Session 7 12.00pm-12.30pm	Lecture No.5 Neuro ophthalmology -Clinical application for physicians S.Srinivas	Chair persons Sasi Sekhar G. Chakradhar
Session 8 12.35pm-1.05pm	Lecture No.6 Role of PET scan in Physician's Practice K.Sai Swapnika	Chair persons C.S.S.Sarma B . Srinivasa Rao
1.05pm-2.15pm	Lunch	
Session 6 2.15pm-3.15pm	Symposium -medical disorders in Pregnancy	Chairpersons Madhusudan Babu Yashodamma
2.15pm-2.30pm	Speaker 1 Seizures in pregnancy G.Ramakriishna	
2.30pm-2.45pm	Speaker 2 Jaundice in pregnancy N.Sridhar Rao	
2.45pm-3.00pm	Speaker 3 Thyroid disorders in pregnancy Gowtham Meher	
3.00pm-3.15pm	Discussion	
Session 7 3.20pm-4.20pm	Award winning papers	Chair persons: Alladi Mohan T.V. Narayana Rao S.V. Ramanamurthy
4.30pm-5.00pm	Valedictory Function	

ANDHRA PRADESH CHAPTER OF ASSOCIATION OF PHYSICIANS OF INDIA

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A study of assessment of severity of falciparum malaria using recent scoring system - GCRBS Score

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ABSTRACT

Background: WHO enumerates a list of complications for severe falciparum malaria but the importance of each complication has not been assigned. Since severe falciparum malaria is associated with high mortality, a simple and reliable scoring system like GCRBS Score will be of great help for the treating clinician in identifying patients needing more intensive medical care and to prognosticate the chances of survival.

Methods: Out of 230 slide-positive falciparum malaria patients admitted to Medicine Department, King George Hospital, Visakhapatnam, 80 cases of severe falciparum malaria cases are included in the present study. Five parameters namely cerebral malaria (GCS < 11), renal failure (creatinine > 3 mg/dl), respiratory distress (respiratory rate > 24/min), Jaundice (bilirubin > 10 mg/dl) and shock (Systolic BP < 90 mm of Hg) that potentially influence the outcome are studied to predict the severity of falciparum malaria as per GCRBS score.

Results: Patients with severe falciparum malaria are grouped as those with GCRBS score ≤ 5 (Group A) and those with > 5 (Group B) out of possible GCRBS score of 10. Of 80 patients with severe falciparum malaria, 65 patients (41 male, 24 female) are having GCRBS score ≤ 5 and 15 patients (9 male, 6 female) are having GCRBS score > 5 . Majority of patients (85%) are from rural and agency areas and among them 19.1% are in Group B whereas only 8% of patients from urban areas are in Group B. Patients with GCRBS score > 5 are having prolonged hospital stay and high mortality compared to those with GCRBS score ≤ 5 .

Conclusions: The GCRBS score is easy to calculate and apply as 3 are clinical parameters and 2 are simple biochemical lab reports. The most important advantage of this scoring system is that all the 5 parameters are to be assessed quantitatively for allotting a score, which would eliminate the possibility of observer bias.

Navya Sruthi M. A study of assessment of severity of falciparum malaria using recent scoring system - GCRBS score. J Clin Sci Res 2016;5(Suppl 1):S1.

Prevalence of non-alcoholic fatty liver disease and its correlation with coronary risk factors in patients with type 2 diabetes

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ABSTRACT

Background: Non-alcoholic fatty liver disease is one of the most common causes of chronic liver disease. It has a spectrum of conditions associated with lipid deposition in hepatocytes, which ranges from steatosis, to non-alcoholic steatohepatitis to advanced fibrosis and cirrhosis. It is mostly silent, found incidentally and strongly associated with obesity, insulin resistance and is currently considered as the hepatic component of the metabolic syndrome. Factors that can explain the increased CAD risk in subjects with NAFLD are increased lipolysis, VLDL secretion, increased LDL fractions and reduced HDL fractions, the hyperglycemia due to hepatic overproduction of glucose.

Methods: The objective is to estimate the prevalence of NAFLD by ultrasonography & to correlate NAFLD with CAD and coronary risk factors in a group of type 2 diabetics. Consecutive patients of type 2 diabetes were recruited. History and physical examination were recorded. Laboratory investigations include FBS, LFTs, lipid profile and HbA1C.

Results: The study group of type 2 diabetic patients (n=109) was divided into a NAFLD group (n=64) and a non-NAFLD group (n=45). The prevalence of NAFLD was 65%. CAD was more prevalent in the NAFLD subgroup (15%) compared to the non-NAFLD subgroup (13%). Individuals with hypertension, smoking, obesity, central obesity had higher prevalence of NAFLD. NAFLD patients has higher HbA1c, higher triglyceride levels & lower HDL levels.

Conclusions: NAFLD is associated with features of metabolic syndrome and is more prevalent among obese subjects and patients with type 2 diabetes independent of degree of obesity. The increased risk for cardiometabolic diseases in NAFLD is caused by different factors among which hepatic overproduction of glucose, VLDL, and by the presence of insulin resistance. Among type 2 diabetics, NAFLD is associated with traditional coronary risk factors. It is a reliable marker of risk for CAD among type 2 diabetic patients. Ultrasonographically detected NAFLD is a simple and economical assessable parameter for coronary risk stratification in type 2 diabetics.

Bhaskar Dorapudi SCH, Murthy SVR. Prevalence of non-alcoholic fatty liver disease and its correlation with coronary risk factors in patients with type 2 diabetes. J ClinSci Res 2016;5 (Suppl 1):S2.

Role of serum lactate measured at 0h and 48h as a prognostic marker in sepsis, severe sepsis, and septic shock

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Dr PSIMS&RF, Gannavaram, Vijayawada

ABSTRACT

Background: Most studies included lactate below 6hrs for prognosis in sepsis. Very few studies include lactate and lactate clearance after 48hrs in prognosis of sepsis. We sought to investigate role of serum lactate measured at 0hrs and 48 hrs as a prognostic marker in sepsis, severe sepsis and septic shock.

Method: This study was conducted at the Dr PSIMS , which is a rural tertiary health care centre. 400 patients were included and they were assessed for the lactate levels at 0 and 48 hours in sepsis, severe sepsis and septic shock. Primary outcome was 28 day mortality and secondary outcome was requirement of vasopressors.

Results: four hundred patients were divided into two groups, clearers (above median lactate clearance [52 %]) and nonclearers (below median lactate clearance [52 %]). The adjusted odds ratio of mortality in clearers compared to nonclearers was 0.04; CI: 0.02 – 0.08. For vasopressor requirement, the adjusted odds ratio was 7.45 CI: 4.77-11.63 in clearers compared to nonclearers.

Conclusions: Lower plasma lactate clearance 48 h after the initiation of treatment is associated with higher 28- day mortality and requirements for vasopressors in septic patients and may be a useful noninvasive measurement for guiding late-sepsis treatment. Further investigation looking at mechanisms and therapeutic targets to improve lactate clearance in late sepsis may improve patient mortality and outcomes.

Sasi Shekar TVD, Avinash Jada, Meroz Pillarisetty. Role of serum lactate measured at 0h and 48 h as a prognostic marker in sepsis, severe sepsis, and septic shock. J Clin Sci Res 2016;5(Suppl 1):S3.

Estimation of vitamin B12 and vitamin D levels in patients of type-2 diabetes mellitus on metformin therapy

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ABSTRACT

Back Ground: Metformin is the first drug of choice in type-2 diabetes patients. However, long term use of metformin can lead to deficiency of vitamin B12 levels due to malabsorption. In addition, type-2 diabetes can be influenced in many ways by vitamin D deficiency. Here, we sought to estimate serum vitamin B12 and vitamin D levels in type-2 diabetes patients who were on metformin therapy.

Methods: This is a case control study. A total of 60 patients are included for the study. 30 patients are on Metformin (cases) and the other 30 are on other anti-diabetic drugs (controls). Serum vitamin B12 and vitamin D levels are measured by radioimmunoassay method.

Results: This study clearly showed decreased vitamin B12 levels associated with metformin therapy. However, vitamin D deficiency is found among all the patients irrespective of metformin therapy.

Conclusions: Type 2 diabetics on long term metformin therapy can develop vitamin B12 deficiency. Low levels of vitamin D is found in all type 2 diabetics, and is not specific for the type of anti-diabetic agent used. This could be probably due to lower levels of vitamin D in Indians and diabetics at large. Hence vitamin B12 supplementation is of benefit in type 2 diabetics on metformin, and vitamin D supplementation is needed in all Indian diabetics

Amulya Yalamanchi, Prabhakar YVS, Bhaskara Rao B, PhaniKumar R, Dinesh Kumar V. Estimation of vitamin B12 and vitamin D Levels in patients of type-2 diabetes mellitus on metformin therapy. J Clin Sci Res 2016;5(Suppl 1):S4.

Abstracts of Awards session Platform Presentations (AP APICON 2016)

Health care associated infections (HCAI) in a medical intensive care unit (MICU): a prospective study

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ABSTRACT

Background: Health care associated infections (HCAI) are an emerging problem in intensive care units across the globe. Given the sparse published data on this topic from India, the present study was designed.

Methods: We prospectively studied the characteristics, microbiological profile, resistance patterns of HCAI in consecutive patients admitted to MICU at our tertiary care teaching hospital in Tirupati in southern India.

Results: During the period January 2015-June 2016, 224 patients (mean age 47.7 ± 18.2 years; 126 males) were admitted in the MICU. In 31(13.8%) of these, 50 episodes of HCAI [incidence rate (IR) 25.2/1000 person days] were observed. Common sites of HCAI included blood stream infections (n=21; IR 10.6 /1000 person days); ventilator associated pneumonia (n=14; IR 25.6/1000 mechanical ventilator days), catheter related urinary tract infection (n=9; IR 4.5/1000 person days), skin and soft tissue infection (n=4; IR 2/1000 person days). *Klebsiella* sp. (20% episodes), *Acinetobacter* sp. (18% episodes), *Pseudomonas* (14% episodes), *E.coli* (14% episodes), *S.aureus* (12% episodes) were the most common pathogens isolated and these were multi-drug resistant. A significantly longer median (IQR) duration of MICU stay was associated with occurrence of HCAI [20(11-31) Vs 5(3-7); $p < 0.0001$]. Patients with HCAI (n=31) had a significantly higher median (IQR) APACHE II score [17(11-21) Vs 5(2-9); $p < 0.0001$] compared to without HCAI (n=193). A significantly high proportion of patients with HCAI died compared to those without HCAI [9/31 Vs 5/193; $\chi^2 = 31.87$; $p < 0.0001$]

Conclusions: Our observations suggest that HCAI often caused by multi-drug resistant organisms are an important cause of morbidity and mortality in patients admitted to the MICU. A longer duration of MICU stay and a higher APACHE II score at admission are associated with a significantly higher incidence of HCAI.

Aruna M, Mohan A, Harikrishna J, Siddhartha Kumar B, Chaudhury A, Sarma KVS . Health care associated infections (HCAI) in a medical intensive care unit (MICU): a prospective study. J Clin Sci Res 2016;5(Suppl 1):S5.

Etiological profile and precipitating factors of hepatorenal syndrome in a tertiary care hospital

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ABSTRACT

Background: Hepatorenal syndrome is a unique form of functional renal failure due to diminished renal blood flow which occurs in histologically normal kidneys seen in advanced liver disease. Our study focuses on the etiological profile and precipitating factors of hepatorenal syndrome(HRS).

Methods: 90 patients were included who met inclusion and exclusion criteria during the study period from October 2015 to May 2016. Patients with renal parenchymal disease, pre-renal failure are excluded from the study. Baseline investigations like serum creatinine, liver function tests, serum electrolytes, serum albumin, ultrasound abdomen, viral screening are done.

Results: 73% of HRS were of type 1 HRS, Type 2 HRS was seen in 27% patients. Alcoholic etiology found in 58.8%, combined alcoholic liver disease (ALD) and Hepatitis B(HBV) infection in 6.67%, combined ALD and Hepatitis C Virus(HCV) in 4.4%. Viral etiology was found in 23.3% among which HBV in 16.67%, HCV in 6.67%. 40% of patients with HRS had precipitating factors like Spontaneous bacterial peritonitis(SBP) in 55.6% , gastrointestinal bleeding in 33.3% patients, large volume paracentesis in 11% patients.

Conclusions: Alcohol is the most common etiological factor responsible for hepatorenal syndrome and spontaneous bacterial peritonitis is the most common precipitating factor in HRS in our study.

Pardha Saradhi S, Ramesh R, Muneeshwarreddy T, Sathish Kumar A, Chandrasekhar K. Etiological profile and precipitating factors of hepatorenal syndrome in a tertiary case hospital. J Clin Sci Res 2016;3(Suppl 1):S6.

A comparative study of bacterial pneumonia in non-diabetics and type-2 diabetics

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ABSTRACT

Background: Diabetes mellitus is associated with an increased susceptibility to infections, increased mortality and morbidity. The aim of the present study is to evaluate the clinical features and microbiological characteristics and outcome of bacterial pneumonia in patients with type-2 diabetes mellitus, and to compare them with non-diabetics.

Methods: A descriptive study conducted in Santhiram Medical College and General Hospital, Nandyal, which included 60 patients of pneumonia with diabetes and 60 patients of pneumonia in non-diabetics. The clinical and radiological characteristics, the spectrum of causative agents, microbiological data and the outcome of diabetic patients were analysed and compared with data obtained from non diabetic patients.

Results: Patients with diabetes were significantly associated with multilobar involvement ($P = 0.039$), prolonged duration of hospital stay ($P = 0.018$), more severe at presentation in form of increased PSI score ($P = 0.038$) and more ICU admissions. By contrast, there was no significant difference in age, sex, concomitant underlying illness, complications, mortality. In the sub group of patients with diabetes, mortality was associated with multilobar infiltrate, concomitant illness, high PSI score ($P < 0.001$) more complications ($P < 0.001$).

Conclusions: In patients with pneumonia, diabetes is associated with poor prognosis, increased duration of hospital stay and poor outcome compared to non-diabetics.

Revathi M, Sarath Kumar Rreddy B, Vijaya kumar G, Prabhakar Rao R. A comparative study of bacterial pneumonia in non-diabetics and type-2 diabetics. J Clin Sci Res 2016;5(Suppl 1):S7.

Abstracts of Platform Presentations (AP APICON 2016)

ART adherence in HIV infected patients with neurological disease

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ABSTRACT

Background: The institution of ART for HIV infection and its associated diseases has been shown to improve the health and wellbeing of the patients. Neurological diseases in HIV infected patients pose significant deleterious effects on the morale and day to day lives. In this subgroup of patients, adherence to ART is therefore liable to be suboptimal.

Methods: From Jan 2016 to Jun 2016, at GGH, Guntur we administered MARS drug adherence questionnaire to 50 HIV infected patients with neurological disease and compared with 50 controls other chronic diseases.

Results: We found that HIV infected patients with neurological disease had lower mean MARS score (3 Vs 7) compared to controls. 45/50 HIV infected patients with neurological disease had poor adherence compared to 12/50 in controls. This was more common in males than in females.

Conclusions: ART adherence is suboptimal in HIV infected patients with neurological disease in our study. There is a need for better counselling and health planning in this cohort.

Rajesh P, Srinivasa Rao B, Sundarachary NV, Sridhar A. ART adherence in HIV infected patients with neurological disease. J Clin Sci Res 2016;5(Suppl 1):S8.

Abstracts of Platform Presentations (AP APICON 2016)

Assessment of anti-HBs titre level in vaccinated population- A cross sectional study

Saraswathi Banavath, Ramesh R, Muneeshwar Reddy T, Satishkumar A, Chandrasekhar K

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ABSTRACT

Background: The risk from job-related exposure to HBV infection is 2-4 times higher in HCW's. A protective vaccine with a reported efficacy of 95% is available. Yet many HCW's in developing countries remain non vaccinated, incompletely vaccinated or if vaccinated unaware of their post vaccination anti HBs status. Estimation of protective immune response following vaccination is essential to clear the misconceptions regarding booster dose of vaccine and non responder state which prevails among the HCW's. The present study is designed to assess the hepatitis B vaccination rates in HCW's and their anti HBsAg titres.

Methods: A cross-sectional study on 208 subjects was carried out at a tertiary care hospital by testing their sera for HBsAg & anti HBs levels.

Results: None of the HCW's was found to be HBsAg positive. Vaccination rate observed was 74.03%. Most vaccinated were the doctors and least the paramedics. Among doctors variation within the occupational groups was noticed. More number of males and young subjects were vaccinated and protected. Only 22.59% of the vaccinated HCW's were vaccine compliant and 51.94% of these were protected. None were aware of their anti HBs titres post vaccination. The study group involves only a small number of HCW's but the findings are significant. Keeping in mind the annual global hepatitis B infection rates in HCW's in developing countries we recommend the health care authorities to strengthen the existing educational programmes on Hepatitis B infection which improves the awareness levels and thereby increases the vaccine rates. Further to make essential post vaccination assessment of antiHBsAg titres and its documentation to clear misconceptions regarding booster dose of vaccine.

Conclusion: Vaccination of anti HBsAg is essential to all health care workers and checking of antiHBsAg antibody titres is very essential as many of the health care workers with low anti HBsAg antibody titers are at risk of acquiring hepatitis B infection in their daily routine duties.

Saraswathi Banavath, Ramesh R, Muneeshwar Reddy T, Satishkumar A, Chandrasekhar K. Assessment of anti-HBs titre level in vaccinated population- A cross sectional study. J Clin Sci Res 2016;5(Suppl 1):S9.

Clinical profile of dengue infection at a teaching hospital in South India

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ABSTRACT

Background: Dengue fever is the most important viral, mosquito borne infection (*Aedes*) . Dengue virus belongs to the family Flaviviridae. It has become a major epidemic in Indian subcontinent, accounting for nearly one lakh deaths per annum. This is a study on clinical profile of dengue infection.

Method: This is a prospective study of 200 cases admitted in Dr PSIMS & RF. Serum samples were collected from suspected dengue patients and were tested for NS1Ag, IgM and IgG antibodies with ELISA kit.

Results: Dengue fever is the most important viral, mosquito borne infection (*Aedes*) in India. It has become a major epidemic in Indian subcontinent. Spread of the infection is now leading to increased recognition of typical clinical features of dengue infection. Dengue virus belongs to the family Flaviviridae.

Conclusions: Dengue disease continues to involve newer areas, newer populations and is increasing in magnitude, epidemic after epidemic, no vaccine is yet available for protection and the vector control measures are inadequate. Though clinical studies have reported on dengue disease in India, but these are largely based on diagnosis made by kits of doubtful specificity and sensitivity. A lot more remains to be achieved for creating an impact.

Samragini Vasireddy, Eswar G. Clinical profile of dengue infection at a teaching hospital in South India. J Clin Sci Res 2016;5(Suppl 1):S10.

Clinical profile of falciparum malaria with special reference to complications and outcome

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ABSTRACT

Background and methods: Adult patients of malaria whose peripheral smear was positive for the malarial parasite were included in the study. Study was conducted from June 1st 2016 to August 10th 2016. Diagnosis of malaria was confirmed by peripheral smear. Cases were observed with reference to the presentation, complications and outcome. Data was analysed with descriptive statistical tools.

Results: 50 patients with positive smear for malarial parasite were taken up for study. The male to female ratio was approximately 2:1. The maximum numbers of patients were in the age group of 26-40 years, i.e. 42%. Majority of the patients (52%) were of the low socioeconomic group. Fever was present in all cases. Pallor (62%) was the most common sign followed by splenomegaly (62%) and icterus (48%). Jaundice (51.4%) was the most common complication, followed by cerebral malaria (48.6%), anemia (45.9%), ARF (29.7%), ARDS (13.5%). More patients presented with multiple complications (54.05%) than single complication (49.95%). All uncomplicated falciparum malaria cases responded well to oral chloroquine or artemisinin- based combination therapy. Majority of patients of complicated falciparum malaria responded to IV quinine or artemisinin-based combination therapy. Outcome was slightly better with artemisinin-based combination therapy. The overall mortality out of 50 patients was 3 (6 %) in our study. All 3 patients who expired had multiple complications and they constituted 8.3% of all complicated malaria cases. The WHO definition for severe falciparum malaria helps in early identification of high risk cases, so that prompt treatment is instituted early, thereby reducing the mortality rate.

Conclusions: Most of the cases of complicated malaria occur in young and middle age group. Fever is invariably present in all patients of malaria. Fever, pallor and splenomegaly was noted in many patients and can be used as triad for clinical diagnosis of falciparum malaria. Jaundice was the most common complication followed by cerebral malaria, anaemia, ARF, ARDS. More number of patients presented with multiple complications than single complication, mortality was more in these patients. Both quinine and artemisinin combination therapy are effective in treating complicated malaria. The WHO definition for complicated falciparum malaria helps in early identification of high risk cases, so that prompt treatment is instituted early, thereby reducing the mortality rate.

Sai sahum, Ashok kumar E. Clinical profile of falciparum malaria with special reference to complications and outcome. J Clin Sci Res 2016;5(Suppl 1):S11.

Study of clinical profile, risk factors and outcome of sepsis in elderly

Raghavaram Namburu, Nagaraj S, Prabhakar Rao R

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ABSTRACT

Background: Sepsis is most common cause for hospitalization in ICU around the world. The clinical presentation of older patients with sepsis is atypical, leading to difficult and delayed diagnosis. Prompt diagnosis is crucial in management of sepsis. Unless antibiotics and life support are delivered, the condition leads to organ failure and death

Methods: An observational study conducted on patients admitted to Santhiram Medical College and General Hospital, Nandyal. 100 Patients ≥ 65 years of age with clinical suspicion of sepsis and those fulfilling the criteria for sepsis by PIRO grading system are taken for the study. Patients are divided into groups according to age. All patients clinical presentation, previous medical history and outcomes and duration of hospital stay are recorded and analysed.

Results: 100 patients studied, commonly seen in the age group 65 – 74yrs. Fever (71%) was the common symptom followed by cough (40). Only 30% of the patients were found to be febrile at the time of presentation. Most common site of infection was respiratory system (57%) followed by neuroinfection (33%). Nine percent patients had no foci of infection, 42% had one foci, 45% had 2 foci and 4% had 3 foci of infection. There was significant association between respiratory site, UTI and outcome. Among the subjects studied 23 subjects who died, 73.9% had respiratory infections. 52% of subjects were discharged, 25% discharged against medical advice (DAMA).

Conclusions: Sepsis is more commonly seen in males than in females. Fever being the most common presenting symptom. Elderly patients can develop sepsis even without fever which was seen in 29% of the patients in this study. Respiratory system was found to be the most common site of infection. A significant number of patients developed complications in the form of ICU admission, ventilator support, acute renal failure and septic shock.

Raghavaram Namburu, Nagaraj S, Prabhakar Rao R. Study of clinical profile, risk factors and outcome of sepsis in elderly. J Clin Sci Res 2016;5(Suppl 1):S12.

A clinical study of enteric fever in hospitalised patients

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ABSTRACT

Background: Enteric fever is the common infectious disease in developing countries. Clinical features, lab investigations, antibiotic sensitivity and resistance pattern of enteric fever were analysed in the present study.

Methods: Prospective observational study was conducted between august 2015 to July 2016 at a tertiary care hospital.

Results: A total of fifty patients with blood culture positive enteric fever were included in the present study. Mean age (+/-SD) of the patients was 29.9 +/- 11.1 years. Fourty patients were males. Fever (100%) was the most common presenting feature. Other common symptoms were headache (72.5%), myalgias (72.5%) and anorexia (44.1%). 10% cases presented with fever of more than four weeks duration. Relative bradycardia was present in 42.3% and coated tongue in 22.5% patients. Hepatosplenomegaly was found in one third of patients. The most common hematological finding was thrombocytopenia with normal total leucocyte count. 75% patients had abnormal liver function tests. Patients are more sensitive to ceftriaxone (100%) followed by chloramphenicol (98.6%), ampicillin (97.2%) and cotrimoxazole (97.2%). Fluoroquinolone resistance was seen in 99.3% of patients.

Conclusions: Present study shows an increasing resistance to fluoroquinolones which is the most common drug used for enteric fever at primary care. So rational use of antibiotic is indicated to prevent the emergence of drug resistance to other classes of drugs.

Niharika M, VenkataMadhav M, Eswar G. A clinical study of enteric fever in hospitalised patients. J ClinSci Res 2016;5(Suppl 1):S13.

A study on clinical, hematological and hepatorenal profile in malaria in a tertiary care hospital

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ABSTRACT

Background: Malaria is a major health problem in India. This study was conducted in Dr.Pinnamaneni Siddhartha Institute of Medical Sciences & research foundation, Gannavaram, Andhra Pradesh. Several factors have been attributed to increased morbidity and mortality in malaria of which hepatorenal and haematological parameters take an important role.

Methods: 100 patients of malaria underwent detailed clinical history, thorough physical examination and were investigated with haematological, hepatic and renal parameters. This was followed by monitoring the outcome of patient with respect to morbidity and mortality.

Results: Anaemia was seen in 52% of patients. Normocytic normochromic blood picture was the most common type seen in our study. Thrombocytopenia was seen in 38% of patients. Mild thrombocytopenia was common and was seen in 76.31% of patients. The total leucocyte count was normal in majority of the patients. Out of the 11 patients with jaundice, majority had conjugated hyperbilirubinaemia. Renal failure was seen in 2.77% of falciparum malaria patients due to acute renal failure. One patient in our study expired, as he had multi organ dysfunction.

Conclusions: Severe anaemia is a poor prognostic factor and has adverse outcome. Thrombocytopenia and hepatic dysfunction alone does not have correlation with mortality. Hepatic dysfunction as a part of multi organ dysfunction especially with renal failure has poor outcome

Indraja S, Anjaneya Prasad V. A study on clinical, hematological and hepatorenal profile in malaria in a tertiary care hospital. J ClinSci Res 2016;5(Suppl 1):S14.

ABO blood groups in relation to severity of malaria

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ABSTRACT

Background: Malaria is the most important parasitic disease of man. An estimated 3.3 billion people in 97 countries and territories are at risk of being infected with malaria and developing disease and 1.2 billion are at high risk. It is caused by *Plasmodium falciparum*, *P.vivax*, *P.malariae*, *P.ovale* and *P.knowlesi* in humans.

Methods: In this study 103 patients admitted or attending as Out-Patients or In-Patient in GSL Medical College and general hospital with fever proved to have malaria by serological tests during the period of 01st July 2015 to 30th June 2016. Various complications of malaria were noted and were correlated with ABO blood groups. Design of the study: prospective study, size of study: 103, age group: 15 years and above

Results: Results of the 103 malaria cases, 56(54.4%) are male and 47(45.6) are female. Those who belong to A blood group are 29(28.2%), AB blood group are 3(2.9%), B blood group are 17(16.5%), O blood group are 54(52.4%). Of these 103 positive cases 37 cases fall in the category of severe malaria. Of these 29 cases of blood group 'A', 21 cases have severe malaria which is 72.4% within the blood group. Of these 54 cases of blood group 'O', 11 cases are severe malaria which is 20.4% within the blood group.

Conclusions: The final conclusion of our study is 'A' blood group is more susceptible to have severe malaria infection and 'O' blood group is least susceptible for severe malaria.

Deepthiala, Ramana Murthy SV. ABO blood groups in relation to severity of malaria. J Clin Sci Res 2016;5(Suppl 1):S15.

Platelet count as predective index of prognosis in malaria

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ABSTRACT

Background: The major health problem in rural Andhra Pradesh being malaria with significant burden on morbidity, we estimated the platelet counts in Plasmodium falciparum and vivax.

Methods: Platelet count done on a fully automated, qualitative, haematology coulter analyser in positive peripheral smear cases of Malaria.

Result: The mean platelet count in Vivax was 1.21lac/mm ranging from 36,000/mm to 2.61lac/mm and in Falciparum infection mean platelet count was 1.18lac/mm with range from 13,000 to 6.67lac/mm .All these cases gradually showed increased platelet counts with specific treatment of Malaria.

Conclusions: Low platelet counts in malaria are transient and do not necessarily predict prognosis or need platelet infusion in a hasty manner, as prevalent in rural Andhra Pradesh.

Mohammed Khaja Mohiuddin, Vijay Kumar G, Prahakar Rao R. Platelet count as predective index of prognosis in malaria. J ClinSci Res 2016;5(Suppl 1):S16.

Study of causes of fever with thrombocytopenia

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Siddartha Medical College and General Hospital, Vijayawada

ABSTRACT

Background: Thrombocytopenia is defined as platelet count less than 150×10^3 per microliter. It can result from different mechanisms i.e. decreased production or increased destruction. Dengue fever, HIV, cause thrombocytopenia by increased destruction, malaria, leptospirosis, systemic bacterial or viral infection cause decreased production.

Materials and Methods: 50 cases of fever with thrombocytopenia are studied, examined and investigated for malaria, dengue, HIV, leptospira, rickettsia. Complete blood examination, liver function tests, platelet count X-rays were done.

Results: 8 out of 50 showed presence of eschar, 12 out of fifty were dengue NS1 positive, 1 out of them is HIV positive. Others include clinical malaria, viral fevers. 6 out of fifty required platelet transfusion. One succumbed to death because of intracranial haemorrhage. Patients with eschar were treated with doxycycline recovered without complications. Others were given antimalarial and supportive therapy for viral fevers.

Conclusions: Bleeding manifestations are rare with platelet count above 20,000. Search for eschar should be done and treated accordingly.

Sajja Lakshmi Manasa, Venkata Krishna P. Study of causes of fever with thrombocytopenia. J ClinSci Res 2016;5(Suppl 1):S17.

Abstracts of Platform Presentations (AP APICON 2016)

Study of thrombocytopenia in malaria and its prognostic significance

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ABSTRACT

Background: Thrombocytopenia is common in malaria and is a major cause of morbidity and mortality. We attempted to correlate low platelet count with type of malaria and outcome.

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

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

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

Mohiuddin MK, Sarath Kumar Reddy B, Vijaya Kumar G, Prabhakar Rao R. Study of thrombocytopenia in malaria and its prognostic significance. J ClinSci Res 2016;5(Suppl 1):S18.

A study of ECG and TMT in asymptomatic type 2 diabetes mellitus

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ABSTRACT

Background: Early detection of asymptomatic CAD in diabetics may prevent catastrophic cardiac events. The objective of this study is to study the prevalence of asymptomatic coronary artery disease in type 2 diabetes mellitus with normal resting ECG by treadmill test.

Methods: A total of 102 patients with type 2 diabetes mellitus without clinical evidence of Coronary artery disease were taken. Patients were interviewed and underwent thorough physical examination. Their data comprising of name, age, sex, personal, occupational and proper history was taken. All of them had normal 12 lead ECG and underwent treadmill test.

Results: In this study out of 102 patients, TMT was positive in 32(31.7%) and was negative in 70 patients (68.63%). Out of 32 positive cases 19(26.03%) were males and 13(44.83%) were females.

Conclusions: This study suggests that the prevalence of coronary artery disease in type 2 diabetes mellitus who are asymptomatic, without past history of ischaemic heart disease, CVA or hypertension is 31.37%.

KrishnaChaitanya CH, Rakesh. A study of ecg and tmt in asymptomatic type 2 diabetes mellitus. J ClinSci Res 2016;5(Suppl 1):S19.

Abstracts of Platform Presentations (AP APICON 2016)

A study on liver function tests in congestive heart failure

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ABSTRACT

Background: During congestive heart failure these factors are thought to be involved in the pathogenesis of liver function abnormalities- (i) Decreased hepatic blood flow due to decreased cardiac output which can result in hypoxia of liver especially in zone 3. (ii) Passive congestion occurs in congestive cardiac failure which results in increased hepatic venous pressure and sinusoidal congestion. The resulting perisinusoidal edema results in decreased hepatic blood flow, atrophy and necrosis of centrilobular cells. (iii) Hypoxic hepatitis refers to diffuse hepatic injury following hypotension or acute hypoperfusion.

Methods: All cases with Congestive Heart Failure of all age groups between, October 2015 to March 2016 are included in the study. Patients with past history of liver injury due to any other causes are excluded.

Results: Sixty cases with heart failure of various etiologies were included in the study. Among 60 cases 36 were males and 24 were females. The study observed 20% cases with jaundice; hepatomegaly was seen in 63% of cases. Serum aminotransferases were elevated in 78% of cases unlike serum alkaline phosphatase which is increased only in 25% of the cases. Abnormalities in liver functions are more in chronic heart failure than in acute heart failure.

Conclusions: The study shows significant changes in liver function tests in patients with CHF. These changes are found to be useful in assessing the duration and severity of heart failure. The altered liver functions are often reversible. Treatment should be focused on the underlying heart disease. Regression in liver derangements occurs after successful treatment of heart failure in most of the cases. Maintenance of hemodynamic status and avoidance of excessive diuresis is of paramount importance.

Mounika Jetti, Murthy SVR. A study on liver function tests in congestive heart failure. J ClinSci Res 2016;5(Suppl 1):S20.

Abstracts of Platform Presentations (AP APICON 2016)

A study on serum uric acid levels in type 2 diabetes mellitus and its association with cardiovascular risk factors.

**Suresh Kumar P, Vijay Kumar NB , Santosh Kumar K ,Srinivas Reddy VC,
Srinivas Rao B**

Andhra Medical College, Vishakapatnam

ABSTRACT

Back Ground: Prevalence of Cardiovascular disease has rapidly increased in the past few years. The four major risk factors for cardiovascular disease are hypercholesterolemia, hypertension, diabetes mellitus and cigarette smoking. In a like manner, hyperuricemia, hyperhomocysteinemia, Reactive oxygen species and highly sensitive C- reactive protein (hsCRP) also, each of which play an important role in expanding atherosclerotic process. The above quartet does not stand alone but interacts in a synergistic manner resulting in the progression of accelerated atherosclerosis and arterial vessel wall remodelling along with the original players. Here an attempt has been made to study the level of serum uric acid in type 2 diabetes mellitus and the correlation between elevated serum uric acid levels and cardiovascular risk factors like obesity, hypertension, smoking, dyslipidemia.

Methods: Patients of age > 40 years with type 2 diabetes mellitus (irrespective of their glycemic status and duration of diabetes) were taken and their clinical data and laboratory data were compared to controls (who were above 40 years and who had normal blood sugar and other parameters).

Results: In the present study serum uric acid positively correlated with duration of diabetes and cardiovascular risk factors like obesity (high BMI, abnormal waist hip ratio), hypertension, dyslipidemia and the results were statistically significant.

Conclusions: Mean serum uric acid levels were high in males, independent of age and smoking status (in males). Elevated serum uric acid levels were significantly noted among those with 1. Body Mass Index (BMI) > 25, 2. Waist Hip Ratio (WHR) abnormality, 3. Dyslipidemia with high triglycerides, 4. Hypertension. Serum uric acid levels increased with increasing duration of diabetes. Serum uric acid above 4 mg/dl in diabetic population is a marker or risk factor for Coronary artery disease.

Suresh Kumar P, Vijay Kumar NB , Santosh Kumar K ,Srinivas Reddy VC, Srinivas Rao B. A study on serum uric acid levels in type 2 diabetes mellitus and its association with cardiovascular risk factors. J Clin Sci Res 2016;5(Suppl 1):S21.

Liver biochemical profile in congestive cardiac failure

Venkatesh Lanka, Ravi Kumar NAVASK, Madhusudhan Babu M, Gandhi MVV

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ABSTRACT

Back Ground: Heart failure (HF) is characterized by inability of systemic perfusion to meet body metabolic demands and is usually caused by cardiac pump failure and may occasionally present with symptoms of non cardiac disorder like hepatic dysfunction. The primary pathophysiology involved in hepatic dysfunction from HF is either passive congestion from increased filling pressures or low cardiac output and consequences of impaired perfusion.

Methods: All the patients with congestive heart failure in all age groups between January 2016 to June 2016. Liver function tests were done.

Results: Sex ratio was 1.5:1 Jaundice is present in 20% of cases. Hepatomegaly in 63%.Hyperbilirubinemia in 77%,serumaminotransferases elevated in 78%,serum alkaline phosphatase elevates in 25%,low serum protein in 72%, low serum albumin in93%, prothrombin time prolonged in 88%.

Conclusions: Present study undertaken shows significant changes in liver biochemical profiles in patients with congestive heart failure. These changes were found useful in assessing the duration and severity of the heart failure.

Venkatesh Lanka, Ravi Kumar NAVASK, Madhusudhan Babu M, Gandhi MVV. Liver biochemical profile in congestive cardiac failure. . J Clin Sci Res 2016;5(Suppl 1):S22.

Study of aetiology, clinical features and complications of atrial fibrillation in 50 cases.

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ABSTRACT

Back Ground: Atrial fibrillation(AF) is the most common cardiac arrhythmia. Its prevalence increases with age and is associated with increased risk for stroke and heart failure.

Methods: 50 consecutive adult male and female cases with atrial fibrillation were included in the study. Diagnosis for various causes was made on clinical grounds, ECG and echocardiogram. Symptoms like dyspnea, palpitations, chest pain, fatigue, dizziness, neurological deficit, oliguria were enquired. Signs like pedal edema, puffiness of face, cyanosis, anemia and signs of hyperthyroidism were made out. Heart rate, pulse rate, pulse deficit, blood pressure, JVP- absent 'a' wave, cardio vascular system examination were documented. ECG features of AF were noted including absent P wave, replaced by irregular chaotic f waves, in the setting of irregular QRS complex. LVH, bundle branch blocks, acute or prior myocardial infarction changes were noted. Echocardiographic features useful for confirmation of etiology were taken.

Results: Occurrence of atrial fibrillation is more with advancing age, female preponderance (58%), and male (42%). Etiology-rheumatic heart disease (62%), hypertensive heart disease (12%), congenital heart disease (8%) and ischemic heart disease (8%). Amongst Rheumatic heart disease (RHD) commonest clinical presentation was combined mitral stenosis with mitral regurgitation (41%) followed by isolated mitral stenosis (29%), and combined mitral and aortic involvement in 10%. The most common symptoms were dyspnea (96%) and palpitations (86%) followed by chest pain (27%) and dizziness (40%). Previous history of RHD was found in 42% of cases. The most common complication was fast ventricular rate (48%) followed by heart failure (32%), while cerebrovascular accident with embolic stroke was found in (4%) of cases. Echocardiography revealed LA clot in 6% of cases and pulmonary hypertension in 44% of cases.

Conclusions: Rheumatic heart disease continues to be a major cause of morbidity in the form of atrial fibrillation with its complications in a predominant rural background. Most of the patients presented with dyspnea and palpitations. Most common complications are Fast ventricular rate and heart failure.

Tejaswi J, Sadhna Sharma, Biju Govind. Study of aetiology, clinical features and complications of atrial fibrillation in 50 cases. J Clin Sci Res 2016;5(Suppl 1):S23.

Abstracts of Platform Presentations (AP APICON 2016)

Echocardiography changes in patients with CKD

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ABSTRACT

Background: This overview emphasizes the interplay between cardiovascular disease (CVD) and chronic kidney disease (CKD) as two aspects of a set of pathophysiological processes, which impact patient outcomes. CKD has an increased risk of not only end-stage renal disease (ESRD), but majority of moderate CKD patients die from CVD before reaching ESRD. The prognosis of these patients is very poor in most developing countries because of late presentation, inadequate diagnostic facilities, and inability to afford treatment. We sought to determine prevalence and pattern of echocardiographic abnormalities in dialysis naïve CKD patients.

Materials and methods: This is a 1 year prospective cross-sectional study carried out at DrPSIMS & RF. 50 patients were recruited from the nephrology clinic, wards and all who met diagnostic criteria for stages 4 and 5 CKD were included.

Results: Pericardial effusion 22(44%), Conc LVH 20(40%), dilated LV 10(20%), dilated LA 4(8%), systolic dysfunction 11(22%), diastolic dysfunction 13(26%), Normal 8(16%).

Conclusions: 1) Pericardial effusion followed by concentric left ventricular hypertrophy was the commonest abnormalities in chronic kidney disease. 2) In Echocardiography, pericardial effusion occurred in 48%, concentric LVH in 40%, dilated LV in 20%, diastolic dysfunction in 26% and systolic dysfunction in 22%. 3) Echocardiographically detectable mild pericardial effusion and concentric left ventricular hypertrophy were present in asymptomatic patients also. 4) Hence this necessitates screening of patients without cardiac symptoms for cardiac abnormalities immediately after the diagnosis of chronic kidney disease has been made.

MerozPillarisetty, Anjani Kumar. Echocardiography changes in patients with CKD. J ClinSci Res 2016;5(Suppl 1):S24.

Hypertension –the silent killer, awareness of risk factors and complications of hypertension among hypertensives

Sahithi B, Sasi Sekhar TVD

Dr Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Gannavaram

ABSTRACT

Background: Hypertension is the largest and most important risk factor for cardiovascular and cerebrovascular diseases which are leading causes of death around the globe and is growing in prevalence but poorly controlled virtually everywhere. In the study it was aimed to evaluate awareness of risk factors and complications of hypertension among hypertensives.

Methods: This study was carried out at Dr PSIMS & RF, who attended outpatient department from May 2015 to January 2016 among 600 hypertensive patients.

Results: Out of 600 patients, majority of patient's age was less than 55 years ie 64%. Females constitute majority of study population i.e 61%. In our study people with BMI more than 25 were more prone to hypertension. Majority of patients are illiterate i.e 68.7%. Majority (89%) are aware that excess salt and lack of exercise constitute major risk for developing hypertension.

Majority of patients among hypertensives were aware that they were more prone to heart damage (66.7%) followed by kidney damage (35.71%), brain damage (34.7%) and others (19%)

Conclusions: Blood pressure is an important modifiable risk factor for cardiovascular, kidney diseases and stroke. The awareness regarding hypertension is very poor amongst patients and normal people. Through this study we identified areas of importance that need to be considered by awareness programs. Masses should be educated on the risk factors, presenting features and complications of hypertension. This is possible through awareness programmes designed by health professionals and the government.

Sahithi B, Sasi Sekhar TVD. Hypertension –the silent killer, awareness of risk factors and complications of hypertension. J Clin Sci Res 2016;5(Suppl 1):S25.

Abstracts of Platform Presentations (AP APICON 2016)

Importance of 15 lead electrocardiograms (ECG)

Sandeep kumar G, Ramachandra Rao IV, Suresh P, Indira priyadarshini, Bhargav K

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ABSTRACT

Background: Posterior wall myocardial infarction is one of the most commonly missed. Type of acute myocardial infarction and it is known to increase the incidence of cardiogenic shock, arrhythmias and conduction blocks. Hence this study was taken to find out the incidence, clinical profile and complications of posterior wall myocardial infarction in a tertiary care hospital using simple non-invasive 15 lead electrocardiography.

Methods: A prospective study was conducted on 50 patients of acute inferior wall infarction proved by ECG and posterior leads were taken at the time of admission.

Results: Out of 50 patients with inferior myocardial infarction studied, 13 had ST segment elevation in posterior leads. Our study showed that hypotension was present in 46%, ventricular fibrillation in 8%, heart blocks in 15%, mortality in 23% of patients with posterior wall myocardial infarction and 16%, 2.8%, 10% and 10% of these complications in patients without posterior wall myocardial infarction.

Conclusions: Incidence of complications like hypotension, arrhythmias and conduction blocks are very high in acute inferior wall myocardial infarction complicated by posterior wall myocardial infarction. Hence 15 lead ECG should be done in all patients with inferior wall myocardial infarction.

Sandeep kumar G, Ramachandra Rao IV, Suresh P, Indira priyadarshini, Bhargav K. Importance of 15 lead electrocardiogram (ECG). J Clin Sci Res 2016;5(Suppl 1):S26.

Abstracts of Platform Presentations (AP APICON 2016)

Pickle ingestion and ischemic heart disease

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ABSTRACT

Background: Pickles are an important constituent of every day diet in most Indian cuisines. Salt and saturated oil are present in high quantities in pickles. Both high salt intake and saturated fat intake are known risk factors for ischemic heart disease.

Methodology: Type of study: hospital based case control study in the department of General Medicine and Cardiology, Guntur Medical College, Guntur. Patients diagnosed with ischemic heart disease and non afflicted controls are included in the study by informed consent. Details of pickle ingestion are taken by oral questionnaire. Sample size: 100 each ischemic heart disease cases and 100 controls. Other data collected [risk factors]: age, sex, hypertension, diabetes, past cerebrovascular accident, coronary artery disease, peripheral vascular disease, smoking, alcoholism, chronic kidney disease, dyslipidemia, metabolic syndrome, obesity, chronic obstructive pulmonary disease, family history, migraine, oral contraceptive pills, hormone replacement therapy.

Result: The proportion of ischaemic heart disease cases was similar between persons taking pickles and those who are not. Pickle users [43.7%] had clinically similar proportion of ischemic heart disease patients than the Non Pickle users [38.5%].

Conclusions: Ingestion of pickles does not appear to be a risk factor for ischemic heart disease.

Percy Priyanka Talari, Srinivasa Rao B, Srinivasa Rao M, Sridhar A. Pickle ingestion and ischemic heart disease. J ClinSci Res 2016;5(Suppl 1):S27.

Potassium level changes-arrhythmia contributing factor in chronic kidney disease patients

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ABSTRACT

Background: As the progressive decline in the renal function is often correlated to diuresis impairment, potassium level changes represent a major pathophysiological factor in monitoring in chronic kidney disease. Even more, potassium level imbalance could lead to situations with the risk of appearance of severe rhythm disorders. The aim of the study was to determine in which degree the serum potassium changes are implicated in development of arrhythmias in CKD patients

Methods: Retrospective study of 30 Patients admitted with chronic kidney disease in svrrggh between January 2016- June2016 and was studied over 6 months predialysis and dialysis patients) recorded with biochemical and clinical features in correlations with the possibility of arrhythmogenesis. Inclusion criteria: patients GFR below 60ml/min/1.73m² after 3 consecutive measurements within one month. Exclusion criteria: Patients with severe chronic diseases that can major influence life expectancy and may interfere with study participation: neoplasm, severe heart or respiratory failure, uncontrolled insulin-dependent diabetes, use of potassium supplements, steroids, digoxin, other drugs of major influence upon potassium levels; patients who did not consent for the inclusion in the study.

Results: We noticed in our predialysis group an important correlation between hyper/hypokalemia and arrhythmias appearance more frequent during hypokalemia episodes. The same situation was observed in chronic dialysis group

Conclusions: Hypokalemia is a stronger risk factor than hyperkalemia, but all together any minimal changes in serum potassium levels could determine arrhythmias in CKD patients

Dilshad Begum N, Imroz S, Balasubramanyam B. Potassium level changes-arrhythmia contributing factor in chronic kidney disease patients. J Clin Sci Res 2016;5(Suppl 1):S28.

Abstracts of Platform Presentations (AP APICON 2016)

Serum ferritin significance in myocardial infarction

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ABSTRACT

Background: Ferritin is a mobilized form of iron. Free iron catalyses free radical production, which generates a range of potent oxidants that can induce oxidation of lipids and atherosclerosis and increased risk of heart disease. An excess of iron can be toxic because it has the ability to accept and donate electrons by exchanging between ferrous and ferric forms. This is the basis to study the role of ferritin whether it is a risk factor or an inflammatory marker in myocardial infarction.

Methods: A case control study of 64 male patients presenting with acute myocardial infarction was done in Dr PSIMS & RF over a period of 1.5 years.

Results: The mean value of serum ferritin ($\mu\text{g/l}$) in cases at admission is 161.78 and on day 3 were found to be slightly elevated 214.47 and in controls is 143.47 at admission. The distribution of serum ferritin for cases and control subjects is not of significant difference. The mean value of serum ferritin in cases on day 3 compared to that at admission, and is of statistical significance ($p=0.013$).

Conclusions: Ferritin levels are not associated with increased risk of myocardial infarction. Ferritin behaved like an acute phase reactant in our study.

Bhavya Chintala, Sasi Sekhar TVD. Serum ferritin significance in myocardial infarction. J ClinSci Res 2016;5(Suppl 1):S29.

Study of ECG profile of right ventricular infarction in AIWMI

Manjula Sriram, Vijaya Kumar G, Prabhakar Rao R

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ABSTRACT

Background: Acute myocardial infarction is a major non communicable disease which affects people in productive periods of their life. Right ventricular infarction (RVI) in acute inferior wall myocardial infarction (AIWMI) got its own therapeutic and prognostic implication. Management of this differs from the left ventricular infarction, the presence of RVI is known to increase incidence of cardiogenic shock, arrhythmia and conduction blocks in case of AIWMI. The present study was conducted to analyze the incidence of RVI in AIWMI and to study clinical manifestation, complication and ECG manifestation of RVI.

Methods: For patients with AIWMI additional right precordial leads were taken at 12hr, 24hr, 48hr & 72 hrs. for recording ECG, 12lead ECG machine was used and recording were made at 25mm/sec speed, right precordial leads (RPL) were applied on the right precordium on the areas to which leads corresponds to the left. AIWMI is divided into 2 groups, those with RV extension and those without. Historical data, clinical signs, symptoms, there clinical course during hospital stay and ECG (electrocardiogram) manifestations were studied.

Results: In our study Incidence of RVI in AIWMI was about 40%. No difference in the clinical feature between two groups was found. Lead V4R is more sensitive compared to other RPLs, RVI group had more complication 70% compared to without RVI 33.3%% ($p<0.05$). Hypotension 45%, Bradycardia 40% and CHB 40% were more common in RVI group compared to without RVI 10%, 6.6% and 10% respectively ($p<0.01$). Mortality out of 8 patients of AIWMI 6 patients from RVI group ($p<0.05$).

Conclusions: It is essential to be aware of RVI in AIWMI because of its management differs from without RVI and is associated with increased mortality and morbidity.

Manjula Sriram, Vijaya Kumar G, Prabhakar Rao R. Study of ECG profile of right ventricular infarction in AIWMI. J ClinSci Res 2016;5(Suppl 1):S30.

Correlation of surface ECG and 2D-echo to locate the site of infarction and left ventricular ejection fraction in myocardial infarction

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ABSTRACT

Back Ground: Cardiovascular diseases are leading causes of death in developed and developing countries. The purpose of this study is to correlate the site of infarction by ECG and 2D-Echo, estimation of LVEF in Q wave infarction from ECG by QRS scoring method.

Methods: In 100 patients, age groups of 25 – 70 yrs., the site of infarction and left ventricular ejection fraction were estimated in ‘Q’ wave infarction, using the QRS scoring system of Palmeri and then correlating by echocardiography for localization of wall motion abnormalities and ejection fraction by standard method

Results: On ECG, infarct site were as follows in the order of decreasing frequency. Extensive anterior wall > anteroseptal > inferior and inferior wall with right ventricle > antero-inferior > right ventricle. The lesions seen on ECG correlated broadly with those seen on echocardiography; there was a fair correlation between EF by ECG and Echo.

Conclusions: The location of MI seen on ECG correlated broadly with those seen on echocardiography. Echo was able to elaborate regional wall motion abnormalities in detail than ECG. LVEF (pump function) calculated by ECG (QRS scoring) correlated fairly with 2D-Echo. Anterior wall MI & global MI patients had lower EF than inferior wall MI.

Surya Prakash Reddy S, Vijaya Kumar G, Nagaraj S. Correlation of surface ECG and 2D-echo to locate the site of infarction and left ventricular ejection fraction in myocardial infarction. J Clin Sci Res 2016;5(Suppl 1):S31.

Abstracts of Platform Presentations (AP APICON 2016)

Clinical presentation of active tuberculosis in patients admitted to medical intensive care unit (MICU)

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ABSTRACT

Background: Little published data are available regarding the presentation of tuberculosis (TB) in patients admitted to medical intensive care unit (MICU).

Methods: During the period July 2015-June 2016, we prospectively studied clinical presentation, method of confirmation of diagnosis, treatment and outcome of anti-TB treatment in patients admitted to the MICU at our tertiary care teaching hospital at Tirupati.

Results: Of the 566 patients that required admission to the MICU during the study period, TB was the aetiological cause in 18 (3.1%) (mean age 51.6 ± 19.3 years, 9 females); all were HIV seronegative. Diagnosis of TB was confirmed by acid fast bacilli (AFB) smear (n=6); mycobacterial culture (n=1); biopsy histopathology (n=5); biochemical (n=5); polymerase chain reaction (PCR) (n=1); MTB gene Xpert (n=1); radiological (n=14). Most common presentation included sputum smear-positive pulmonary TB (SS+PTB) (n=6; 33.3%); TB pleural effusion (n=4; 22.2%); TB meningitis (n=3); lymph node TB (n=2); Pott's spine presenting with acute respiratory distress syndrome (ARDS) (n=1); miliary TB (n=2). Five of the 18 patients (27.8%) died. Non-survivors had a significantly higher median (IQR) APACHE II score at initial presentation compared to survivors [18 (16-20.5) Vs 8 (5-11.5); $p=0.0001$].

Conclusions: TB is an uncommon but important treatable aetiological cause in patients admitted to MICU. The observation that more than one-third of the patients had SS+PTB highlights the concern regarding the risk to health care workers as the index of suspicion for diagnosis of active TB in MICU setting is low.

Sindhu G, Mohan A, Arun Raja V, Harikrishna J. Clinical presentation of active tuberculosis in patients admitted to medical intensive care unit (MICU). J Clin Sci Res 2016;5(Suppl 1):S32.

Abstracts of Platform Presentations (AP APICON 2016)

A study of clinical, radiological and bacteriological profile in community acquired pneumonia

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ABSTRACT

Background: Pneumonia is one of the leading causes of mortality and morbidity, both in developing and developed countries and is the commonest cause of hospitalization in adults and children. The aim of study is to obtain comprehensive insight into the clinical, radiological and bacteriological profile of Community Acquired Pneumonia requiring hospitalization.

Methods: A prospective clinical study consisting of 50 patients admitted with the diagnosis of Community-Acquired Pneumonia (CAP) from January 2016 to June 2016 at King George Hospital, Visakhapatnam.

Results: The Mean age of patients was 50.18 ± 13.0 years (range 20-80 years). There were 40(80%) males and 10(20%) females. Among them 29(58%) patients were elderly (>50 years). Maximum numbers of patients were in the age group 51-60 years. The mean duration of hospital stay was 9.66 ± 3.62 days (1-21 days). Almost all the patients had fever, cough with expectoration (100%), majority had chest pain (62%) and dyspnea in 50%. Dyspnea was significantly more common in elderly and chest pain was more common in younger patients. The CAP was significantly more common in patients with COPD. COPD was a significant risk factor in elderly age group of patients. The etiological diagnosis was possible by sputum examination only in 30(60%) patients. Sputum culture report showed *Streptococcus pneumoniae* was most common constituted about 28%, Staphylococci about 14%, Klebsiella accounted about 10%, E. coli 4%, Pseudomonas 2%, mixed constituted 2% in this study. Sputum culture was negative in 40% of cases. Radiology showed preponderance of the Right lung involvement.

Conclusions: CAP is more common in elderly and in males. The overall rate of identification of microbial etiology of community-acquired pneumonia was 60%, which was low, and if serological tests for *Legionella*, *Mycoplasma* and *Viruses* are performed the diagnostic yield would definitely be better. This emphasizes the need for further studies to identify the microbial etiology of CAP.

Vijayakumar Punnapu, Gnana Sundara Raju Y, Narsingarao S, Lakshmi Sowjanya S, Kanaka Mahalakshmi A. A study of clinical, radiological and bacteriological Profile in community acquired pneumonia. J Clin Sci Res 2016;5(Suppl 1):S33.

A study of clinical presentation and outcome in community acquired pneumonia in hospitalised adults

Parthasarathy MKR, Swarnakumari B, Prabahkar Rao R, Vijay Kumar G

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ABSTRACT

Background: Community acquired pneumonia (CAP) is one of the most common infectious diseases addressed by clinicians. It is polymicrobial. Patients who require hospital treatment for CAP are typically elderly persons, those with underlying chronic obstructive pulmonary disease (COPD) and immune-compromised individuals.

Methods: A prospective clinical study consisting of 100 CAP patients who were admitted in Santhiram General Hospital, Nandyal during November 2014 to June 2016 is undertaken to study the clinical, radiological and bacteriological profile. The study is about CAP patients with regards to severity, clinical presentation, bacteriological study and response to culture specific antibiotics, course and outcome.

Results: The incidence of CAP is more common in men (68%) when compared with women (32%). Common risk factors for CAP were smoking and alcoholism. The commonest presenting symptoms was fever (99%), cough(98%) and expectoration (98%) other symptoms include dyspnea (70%) and chest pain (70%).The signs of consolidation were present in (90%)of patients. Crepitations were present in 25%. The etologic agent was obtained in 50% of the cases. Streptococcus pneumoniae is the commonest cause 34% followed by klebsiella (20%), pseudomonas (16%), staphylococcus (14%).

Conclusions: The age group in the study varied from 15 -85 years. Complications were seen in 34 cases out of which 3 were died. Most of the patients responded to antibiotics alone. Prognosis was good in the study. The mortality was associated with male gender, COPD, smoking, alcoholism, bacteremic pneumonia, septic shock and requirement of invasive mechanical ventilation.

Parthasarathy MKR, Swarnakumari B, Prabahkar Rao R, Vijay Kumar G. A study of clinical presentation and outcome in community acquired pneumonia in hospitalised adults. J Clin Sci Res 2016;5(Suppl 1):S34.

Effect of anti-tubercular treatment on liver in freshly diagnosed pulmonary tuberculosis patients receiving dots therapy

Shaik hussain, Gnansundar raja Y, Naveen SNR, Kanaka mahalakshmi A, Lakshmi Sowjanya S

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ABSTRACT

Background: Tuberculosis remains a world-wide public health problem despite the fact that the causative organism was discovered more than 100 years ago and highly effective drugs and vaccine are available making tuberculosis a preventable and curable disease. India accounts for nearly one-third of the global burden of tuberculosis. DIH is the most unwanted adverse effect of Anti Tuberculous Treatment (ATT). Unfortunately almost all the chemotherapeutic agents used in tuberculosis cause Hepato-toxicity by single (or) multiple mechanisms. Reports from Western and Indian studies suggest a low incidence of Drug induced hepatotoxicity by Short course chemotherapy. But a few of the Indian studies have shown a high incidence of hepatitis due to short course chemotherapeutic regimen

Methods: A Prospective study was undertaken on 108 patients with pulmonary tuberculosis receiving short course chemotherapy. In these patients LFT was monitored for a period of 6 months.

Results: Incidence of DIH in 108 patients who are on category I, RNTCP, 4 drug regimen is 2.1%. Male: Female ratio is approximately 1:1. Asymptomatic elevation of serum enzymes in 11 patients (11.6%) male: female ratio = 1:1.9. Onset of symptoms is between 1-4 weeks after starting ATT. Withdrawal of the drugs produced complete recovery. Hepatotoxicity confirmed by liver biopsy in 1 out of 2 patients who developed clinical hepatitis.

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

Shaik hussain, Gnansundar raja Y, Naveen SNR, Kanaka Mahalakshmi A, Lakshmi Sowjanya S. Effect of anti-tubercular treatment on liver in freshly diagnosed pulmonary tuberculosis patients receiving dots therapy. J Clin Sci Res 2016;5(Suppl 1):S35.

Significance of symptoms in smokers with preserved pulmonary function

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ABSTRACT

Background: Many smokers who are symptomatic do not meet the definition of chronic obstructive pulmonary disease (COPD), which requires a ratio of forced expiratory volume in 1 second (FEV1) to forced vital capacity (FVC) of less than 0.70 as assessed by spirometry after bronchodilator use.

Method: We conducted study involving 100 current or former smokers and measured their respiratory symptoms using the COPD assessment test (CAT; scores range from 0 to 40). We examined whether current or former smokers who had preserved pulmonary function as assessed by spirometry (FEV1: FVC \geq 0.70 and an FVC above the lower limit of the normal range after bronchodilator use) had symptoms and a higher risk of respiratory exacerbations.

Results: Respiratory symptoms were present in 55% of current or former smokers with preserved pulmonary function with significant respiratory exacerbations.

Conclusions: Although they do not meet the current criteria for COPD, symptomatic current or former smokers with preserved pulmonary function have exacerbations, activity limitation.

John Richards Lingam, Eswar G. Significance of symptoms in smokers with preserved pulmonary function, J ClinSci Res 2016;5(Suppl 1):S36.

Undiagnosed chronic obstructive pulmonary disease (COPD) in tobacco smokers with coronary artery disease (CAD)

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ABSTRACT

Background: Chronic obstructive pulmonary disease (COPD) and coronary artery disease (CAD) share tobacco smoking as a common risk factor and COPD is known to adversely influence the course of CAD. As very little published data are available on this topic from Andhra Pradesh, the present study was conceived.

Methods: Patients with proven CAD who were tobacco smokers seen during the period January 2015-June 2016 were prospectively studied. In patients not already known to have COPD, type and pack years of smoking, pulmonary function testing (PFT) with reversibility testing were carried out.

Results: During the study period, 520 patients with proven CAD were screened for inclusion in the study. Of these, 241 were excluded (non-smoker 141; acute coronary syndromes 69; too ill to perform spirometry 31) and 279 patients (mean age 53.3 ± 11.35 years; all males) who were tobacco smokers were studied. Majority were bidi smokers (n=112; 40.1%), followed by both bidi and cigarette smokers (n=90; 32.3%); and only cigarette smokers (n=77; 27.6%). Of these 33 (11.8%) patients were already known to have COPD. PFT with reversibility testing revealed hitherto undiagnosed obstructive airways disease (OAD) in 22/246 (8.9%) patients [COPD (as defined by GOLD 2016 guidelines) in 8, and reversible airways obstruction in 14]. Overall, in 279 patients with CAD, the burden of OAD was 55/279 (19.7%); the burden of COPD was 41/279 (14.6 %).

Conclusions: The high burden of COPD in tobacco smokers with CAD observed in the present study warrants screening of tobacco smokers with CAD for COPD using spirometry and reversibility testing.

Narayana Murthy D, Mohan A, Prabath Kumar D, Siddhartha Kumar B, Vanajakshamma V. Undiagnosed chronic obstructive pulmonary disease (COPD) in tobacco smokers with coronary artery disease (CAD). J ClinSci Res 2016;5(Suppl 1):S37.

Abstracts of Platform Presentations (AP APICON 2016)

A comparative study of pattern of dyslipidemia among alcoholics and non alcoholics

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ABSTRACT

Background: Alcohol abuse is one of the most common forms of addiction prevalent throughout the world. Its effects on major systems of the body are very well documented. Consumption of alcohol in large amounts for a long duration produces toxic effects on liver, thus impairing the lipid metabolism, and hence alteration of serum lipid profile is seen. The aim is to study the association of alcohol intake and dyslipidemia.

Methods: The study was conducted in Dr Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation. Duration of study is from July 2015 to June 2016. A total of 200 males of age groups 28-55 years of age were included in the study. Among them 70 were heavy drinkers [Heavy drinkers (consuming 5 or more drinks on the same occasion on each of 5 or more days in the past 3 years)] and 80 males were moderate drinkers and rest of them who consumed alcohol occasionally were included in the study. The serum lipid profile (Triglyceride, Total Cholesterol, LDL-C, HDL-C, VLDL-C levels) was analysed on fully auto analyzer EM 360 in Biochemistry lab, Dr PSIMS & RF.

Results: Statistical Analysis was done by Microsoft Excel. Mean \pm SD of serum triglyceride, total cholesterol, LDL-C, HDLC and VLDL-C levels were calculated in all cases. The results were compared by student's unpaired t-test. P value was < 0.05 , which is highly significant.

Conclusions: The levels of serum TG, total cholesterol, LDL-C was found to be raised and level of serum HDL-C was found to be low.

Santhi kiran S, Madhu kiran B, Eswar G. A comparative study of pattern of dyslipidemia among alcoholics and non-alcoholics. J Clin Sci Res 2016;5(Suppl 1):S38.

A study of comorbidities associated with diabetes mellitus

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ABSTRACT

Background: Kuppam is a town situated at the tri junction of Andhra, Karnataka and Tamil Nadu. Diabetes mellitus is a common disorder seen in all specialties of the PES Medical College Hospital. Diabetes clinic established in 2007 is catering to the outdoor patients and the registry has more than 1100 patients. On a general observation, every 4th or 5th patient appears to be diabetic and the majority of the patients hail from rural background. The incidence of metabolic syndrome cases appears to be on the rise partly due to life style and close inbreeding.

Methods: A retrospective, cross sectional observational study was conducted in PESIMSR Kuppam over a period of four years (2009-2013) using hospital records.

Results: Among 395 diabetic patients in the study, Hypertension(33%) was the most common comorbidity followed by Dyslipidemia(32%), Ischemic heart disease (8%), Ischemic heart disease & Dyslipidemia (6%), Cerebrovascular disease (6%), Hypertension and Dyslipidemia (5%), Hypertension and Cerebrovascular disease (5%), Hypertension and Chronic kidney disease (3%), Pulmonary tuberculosis(2%) in decreasing order of frequency.

Conclusions: In every patient diagnosed to have diabetes, one has to search for other comorbidities. Metabolic syndrome cases appear to be on the rise. Health education and life style changes will help to bring down not only Diabetes but the comorbidities as well.

Praveen Kumar Reddy, Achint Krishna, Manasa T, Visweswara Reddy YJ. A study of comorbidities associated with diabetes mellitus. J ClinSci Res 2016;5(Suppl 1):S39.

Clinical profile in diabetic ketoacidosis

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ABSTRACT

Background: Diabetic ketoacidosis (DKA), one of the commonest medical emergencies in the World. Patients may present with manifestations like ketosis, ketoacidosis, ketoacidosis pre-coma and coma but these manifestations are submerged in clinical presentation of precipitating illnesses. Early detection and prompt management of ketoacidosis and co-morbidities to the extent of making changes in the natural history of illness is observed. Therefore it will be interesting to look into today's scenario of clinical presentation of DKA.

Methods: This study consists of 50 in-patients admitted in Narayana Medical Hospital, Nellore, during the period of November 2015 to May 2016. The following patients were included in the study: 1. Known diabetics either type 1 or type 2 presenting with DKA. 2. Accidental detection of DKA but primarily admitted for other diseases. The following criteria taken: 1. Hyperglycemia >250 mg/dl 2. Acidosis with blood pH <7.3 3. Serum bicarbonate <15 mEq/L 4. Urine positive for ketones. Detailed history and examination done.

Results: Out of 50 cases of DKA, 42 were type 2 diabetes mellitus (84%) and 8 were type 1 diabetes mellitus (16%), 25 were male (50%) and 25 female (50%). In our study, the minimum age was 14 years and the maximum age was 69 years. The commonest precipitating factor was infection in 28 patients (56%), 8 (16%) had either omitted treatment or were on irregular treatment, 5 (10%) patients surgery was the precipitating factor, cerebrovascular accident and ischemic heart disease in 4 (8%) and 3 (6%) patients respectively. Out of 50 patients 41 (82%) were dehydrated and 40 (80%) were breathless at time of admission. 9 (18%) were drowsy and 4 (8%) were stuporous. 35 (74%) patients were fully conscious at admission.

Conclusions: Type 2 diabetics most commonly presents in the age group 40-60 years. Diabetic ketoacidosis complicates in a significant number of patients with type 2 diabetics. Most common cause of diabetic ketoacidosis is infection. Most common presenting clinical features are vomiting, abdominal pain, dehydration, acidotic breathing altered sensorium and fever.

Aparna Swathi Kilani, Bhimasein Soren. Clinical profile in diabetic ketoacidosis. J Clin Sci Res 2016;5(Suppl 1):S40.

Validity of Indian Diabetic Risk Score (IDRS) in a clinical setting in a tertiary care hospital of coastal Andhra Pradesh

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ABSTRACT

Background: Diabetes is one of the most common chronic diseases. Most of the cases are undiagnosed until complications appear. Early detection of at risk population is an important step for reducing the burden and complications. Measuring either fasting or postprandial blood glucose is not only invasive but expensive, time consuming and hence the need for simple screening tools for identifying at risk groups. IDRS is a simple screening tool for predicting people at risk of developing diabetes. Includes four simple variables: Age, family history, physical activity and waist circumference and scoring system of 0 to 100. Scores (≥ 60) correspond to high risk, (30-50) moderate risk and (<30) low risk.

Methods: The objective of this study is to see whether IDRS can be validated in a clinical setting in a tertiary care hospital. It is a Cross sectional observational study, conducted between 1st August 2015 and 31st January 2016, included persons above 20 years. A pre designed questionnaire was used to collect the clinical data. Fasting and postprandial blood glucose levels were estimated using glucose oxidase method.

Results: A total of 619 subjects were examined, of which 356(57.5%) males and 263(42.5%) females. Mean age was 47.51 ± 16.14 . 52 subjects (8.4%) were newly diagnosed diabetics, 81 (13.08%) pre-diabetics and 486 (78.51%) normal glucose tolerance. 75 subjects (12.12%) had positive family history. 71% leads sedentary life style. 29% were engaged in moderate to strenuous physical activity. The prevalence of newly diagnosed diabetes and pre-diabetes increased with increasing IDRS score with maximum prevalence at scores of 80 and 70 respectively. A Score of ≥ 60 has a sensitivity of 63.46%, specificity of 81.13% for diabetes and 44.44%, 80.6% for pre-diabetes respectively.

Conclusions: IDRS is a simple, safe, effective and inexpensive screening tool for identifying people at risk of developing diabetes which can be used at field level. This present study validates IDRS even in a clinical setting.

Kalyan Chakravarthy S, Srihari Babu M, Subbarao PLV. Validity of Indian Diabetic Risk Score (IDRS) in a clinical setting in a tertiary care hospital of coastal Andhra Pradesh. J Clin Sci Res 2016;5(Suppl 1):S41.

Factors contributing to dislipidemia in type-2 diabetes mellitus

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ABSTRACT

Background: Patients with type-2 diabetes commonly have a number of risk factors for atherosclerosis, among which dyslipidemia plays a major role in the excess CAD mortality associated with the condition. Controversy exists recording the association of dyslipidemia with gender, age and duration of diabetes and reports of prevalence and distribution of dyslipidemia are varied. We investigated the prevalence and association of lipid disorders with gender, age and duration of type 2 diabetes mellitus.

Methods: This is a cross-sectional prospective study. A total of 540 patients of both sexes were randomly selected and were grouped based on the gender, age, duration of diabetes and into subgroups by five year scale based on the age and duration of diabetes. Inclusion criteria: subjects of both sexes in the age group of 35-70 years with the history of type-2 diabetes and under treatment with either oral anti diabetic drugs or insulin were included in the study. Exclusion criteria: The subjects with history of any cardiovascular, renal or thyroid disorders and whose duration of diabetes is less than one year or more than 15 years were excluded from the study. Statistical analysis was carried out using graph pad prism 6.0 versions. Data were described as mean with S.D for continuous variables and proportions for categorical variables. Anova test was used to assess statistical significance of the differences between continuous variables. A p-value <0.05 was considered statistically significant.

Results: The study includes 260 male and 280 female subjects. The mean age of male diabetics 54.53±10.23 years was slightly lower than 55.27±9 years of the female diabetics, and the duration of diabetes longer in female than male subjects, 5.9±3.67 and 5.35±3.34 respectively. Overall prevalence of type 2 diabetes was 74% and higher in female diabetics 78% against 69% in male diabetics. Dyslipidemia by age is higher in subgroups of 41-50yrs in male 46-55yrs in female subjects. Subgroup with type-2 diabetes duration of 5-10 yrs.

Umadevi U, Sesi Sekhar TVD. Factors contributing to dislipidemia in type-2 diabetes mellitus. J Clin Sci Res 2016;5(Suppl 1):S42.

Hypomagnesemia in patients with Diabetes mellitus and its relation to diabetes mellitus complications

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ABSTRACT

Back Ground: Diabetes mellitus is a heterogeneous group of metabolic disorders characterized by chronic hyperglycemia with disturbance of carbohydrate, fat and protein metabolism resulting from defects in Insulin secretion, insulin action or both.

Methods: To estimate fasting serum magnesium concentration in patients with type 2 DM and correlating serum magnesium concentration with complications of type 2 DM. 100 type 2 diabetes mellitus patients admitted in King George Hospital, Visakhapatnam over the period of six months from 1st December 2015 to 31st May 2016, were selected for this study. Detailed history, general physical examination, systemic examination, and various investigations like FBS, PPBS, HbA1C, Serum Magnesium, ECG, Blood Urea, Serum Creatinine and urine examination were carried out. Retinopathy was assessed by direct ophthalmoscopy.

Results: Hypomagnesemia was found in 32 patients. Observations revealed a significant correlation between hypomagnesium and diabetic retinopathy ($\chi^2=14.343, P=0.0015, DF=1$) prevalence of hypomagnesemia in diabetic with complications was significantly higher compared to diabetic with no complications (42.85% vs 18.18%) ($\chi^2=6.894, P=0.008, DF=1$).

Conclusions: Prevalence of hypomagnesemia was significantly higher in diabetic with microvascular complications compared to diabetics with no microvascular complications. Prevalence of hypomagnesium was significantly higher in patients with retinopathy. Prevalence of hypomagnesemia was higher in patients with FBS > 130 and HbA1c > 7.

Madhusudhan Babu M, Rambabu P, Soumya K. Hypomagnesemia in patients with diabetes mellitus and its relation to Diabetes mellitus complications J Clin Sci Res 2016;5(Suppl 1):S43.

Abstracts of Platform Presentations (AP APICON 2016)

A study on obesity related hypertension and its awareness among the people

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ABSTRACT

Background: In the study it was aimed to evaluate the prevalence of obesity and awareness of its relation with the hypertension among hypertensive study population.

Methods: This study was carried out at Dr. PSIMS & RF, who attended outpatient department from May 2015 to January 2016 among 600 hypertensive patients.

Results: Out of 600 patients, majority of patient's age was less than 55 years ie 64%. Females constitute majority of study population i.e 61%. In our study, people with BMI more than 25 were more prone to hypertension. Majority of patients are illiterate i.e. 68.7%. Majority (89%) are aware that excess salt and lack of exercise constitute major risk for developing hypertension. Majority of patients among hypertensives were aware that they were more prone to heart damage.

Conclusions: Blood pressure is an important modifiable risk factor for cardiovascular, kidney diseases and stroke. The awareness regarding hypertension and its relation with obesity is very poor amongst patients and normal people. Through this study we identified areas of importance that need to be considered by awareness programs. People should be educated on the risk factors, presenting features and complications of hypertension. This is possible through awareness programme.

Shefali Anne, Sasi Shekhar TVD. A study on obesity related hypertension and its awareness among the people. J Clin Sci Res 2016;5(Suppl 1):S44.

Study of vitamin D3 levels in patients with type 2 diabetes mellitus

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ABSTRACT

Background: Diabetes is defined as disturbance in intermediary metabolism manifesting as chronic sustained hyperglycemia, primarily due to either an absolute or relative lack of insulin. During the last 2 decades new research and data is showing that vitamin D3 deficiency could be a risk factor in many chronic diseases like diabetes mellitus, hypertension, dyslipidemia cardiovascular diseases, auto immune disorders, tuberculosis and some cancers. Many epidemiological studies have demonstrated an inverse relationship between vit D3 levels and diabetes mellitus. Studies in India have demonstrated that the level of vitD3 in the population is low and there is high prevalence of chronic diseases like diabetes, hypertension and cardiovascular disease among vit D3 deficient subjects. However there is a paucity of literature regarding the levels of vit D3 in type2 DM, which is common in our community. In view of the above facts that the present study has been undertaken.

Methods: Cross sectional study. Cases of type 2 diabetes mellitus attending to the opd or admitting in the wards of King George Hospital, Visakhapatnam diagnosed as per the ADA criteria 2011, laid down in Harrison's principles of internal medicine, 18th edition between ages of 35-75 years (inclusion criteria).

Results: Vit D3 was found to be significantly lower in the study group (19.91 +/- 7.0) as compared to the control group (32.22 +/- 4.0).

Conclusions: Significant hypovitaminosis D was present in diabetic patients compared to healthy subjects.

Gowri Sankar Bommi, Srinivas, Sridevi, Naidu A RK, Padmalatha A. Study of vitamin D3 levels in patients with type 2 diabetes mellitus. J ClinSci Res 2016;5(Suppl 1):S45.

A clinical study of etiology and outcome of altered sensorium in non traumatic cases at K.G.H Visakhapatnam

Kalindi Bendalam, Indira Devi K, Vijaya Babu D, Jyothirmayi, Katyayani

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ABSTRACT

Background: Estimation of prognosis in non-traumatic cases of altered sensorium provide great reassurance to those involved in decision making process, including patient's families and physicians. Present study is concerned with identification of clinical data required to make a prediction of outcome in cases of altered sensorium. Because, no single investigative procedure has been found to be unequivocally useful in predicting the outcome and also such procedures are not available in all centers.

Methods: Seventy-five patients, who came in altered sensorium of non-traumatic origin, underwent medical and neurological evaluation clinically at the time of admission through a detailed history. Neurological condition was judged by evaluating forebrain and brainstem function using GCS score. Daily examination was conducted. The outcome at the end of one month was graded and recorded. Patients discharged earlier to one month were called at the end of one month for grading outcome.

Results: Cerebrovascular accidents, followed by toxin and drug intake accounted for majority of cases of altered sensorium. This is followed by infections. Alteration of consciousness in patients with cerebrovascular accidents, hemorrhagic stroke, in particular, carries a high mortality. The absence of oculo-cephalic reflexes, pupillary reflexes, suggest poor outcome. The patient with low coma score of 3 to 4 had poorer prognosis. Combination of multiple clinical indicants enhanced the predictive ability. Mortality is 100 % when there was combined absence of oculo-cephalic and pupillary reflexes and low GCS score of 3 – 4.

Conclusions: By interpreting the coma score and brainstem reflexes one can decide in choosing intensive (and expensive) therapy for patients most likely to benefit. Thus simple, repeated pain stacking observation at bedside can help us to predict the outcome of brain damage of whatever etiology.

Kalindi Bendalam, Indira Devi K, Vijaya Babu D, Jyothirmayi, Katyayani. A clinical study of etiology and outcome of altered sensorium in non traumatic cases at K.G.H Visakhapatnam. J Clin Sci Res 2016;5(Suppl 1):S46.

A study of etiology, clinical presentation and treatment outcome in patients with idiopathic intra cranial hypertension

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ABSTRACT

Background: Idiopathic intracranial hypertension (IIH), also known as Primary pseudotumor cerebri syndrome (PTCS) is defined as increase in intracranial pressure with normal CSF composition and absence of ventriculomegaly and intracranial lesion on MRI. It tends to affect young, overweight women of reproductive age with headache, nausea, vomiting, transient visual loss, impaired visual fields, diplopia, CSF rhinorrhoea and eye pain. Main objective is to study various etiologies, clinical presentations and different treatment outcomes

Methods: 33 patients with IIH admitted in PSIMS & RF in last 6 years who are clinically suspected and diagnostically confirmed by MRI with MR venogram and lumbar puncture and treated with different treatment options and their outcomes were included in study

Results: Of 33 patients, 31 were females and 2 are males with mean age of 29.7 years, with maximum incidence in age group between 20-40 years. Papilledema was seen in almost all patients except two. Most common symptoms were headache 88%, visual disturbances 78%, nausea and vomiting 55%, dizziness 44%, lateral rectus palsies were seen in 2 cases, CSF rhinorrhea in 2 cases and tinnitus in one case. The BMI is < 25 in 22% patients, 25 – 29 in 45%, 30 – 35 in 22 %, > 35 in 11% patients. Out of 33 patients 30% (10) relieved symptoms after lumbar puncture, 52% (17) with acetazolamide, 12% (4) with added steroids and acetazolamide, 6% (2) had persistent symptoms who are treated with surgical management; response to treatment modalities is evaluated by regression of papilledema.

Conclusions: The present study emphasizes that Idiopathic intracranial hypertension (IIH) is most commonly associated with young age and female sex; 94% pts respond to medical treatment 6% patients needed further surgical evaluation. Contrary to conventional studies, the grade of obesity in our study is comparatively on the lower end. Neuro-ophthalmic examination, neuro-imaging, and lumbar puncture are useful diagnostic tools.

Prathyusha T, Satya Sahi A, Anjani Kumar C. A study of etiology, clinical presentation and treatment outcome in patients with idiopathic intra cranial hypertension. J Clin Sci Res 2016;5(Suppl 1):S47.

A study of stroke-its relation to hypercoaguability of blood

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ABSTRACT

Background: The purpose of this study is to evaluate altered coagulability in the etiopathogenesis of stroke.to compare coagulable state of blood in young stroke patients with old stroke patients. many studies in western population show statically significant association. There is paucity of data in Indian population. So we wanted a study to identify the association between these variables.

Methods: This is a prospective observational study, a study of 30 patients. Detailed history taking.clinical examination and all available investigative procedures were done to establish the etiology of stroke. it was ensured that patients admitted 48hrs of stroke.blood sample taken before starting antiplatelet or anti coagulant therapy. Plasma fibrinogen estimation, prothrombin time, platelet count. Valvular heart disease, ischaemic heart disease, diabetesmilletus, liver disorders and on drugs are excluded from the study.

Results: All the pts were ensured that admitted 48hrs of stroke. Blood sample taken before starting antiplatelet or anti coagulant therapy. Plasma fibrinogen estimation, PT, plateletcount, other investigations available in the hospital, are done and compared with controls.

Conclusions: The data showed state of hypercoagulability,increasedfibrinogen,increased platelet count reflect hypercoaguabilitystate,there is no differenc between young and old as far hypercoaguabilityconcerned.and also these are independent risk factors for stroke.

John Israel, Keerthana. A study of stroke-its relation to hypercoaguability of blood. J Clin Sci Res 2016;5(Suppl 1):S48.

ECG and 2D-echo changes in patients suffering from acute ischemic stroke

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ABSTRACT

Background: Stroke remains the most common life-threatening neurological disease globally and impacts individuals, their families and society. Data from several epidemiologic trials have indicated that cardioembolic events account for 14% to 30% of all ischemic strokes. The trial of org 10172 in acute stroke treatment [TOAST] study defined cardiac abnormalities as either higher risk or medium risk for embolization. High-risk cardiac abnormalities include atrial fibrillation [AF], prosthetic valve disease, rheumatic heart disease, bacterial endocarditis, atrial myxoma and dilated cardiomyopathy. The prognosis of stroke related to a cardiogenic cause is generally worse than that for stroke of other causes.

Methods: The objective of the study is to know the ECG and 2d-echo changes in patients with acute ischemic stroke in a clinical setting in a tertiary care hospital. It is a cross-sectional study, conducted between 1st August 2015 and 31st January 2016, includes patients presenting to GSL general hospital with acute ischemic stroke and Known case or newly diagnosed cases of cardiovascular diseases associated with acutely presenting ischemic stroke.

Results: A total of 100 cases of acute ischemic stroke were included in the study. Of 100 cases 64 were males and 36 were females. The mean age of study population was 54. The mean age for males is 56.84 ± 13.9 . The mean age for females is 54.56 ± 15.74 . Of 14 cases of atrial fibrillation on ECG maximum number of cases of AF were found in 50-60 years age group. Of 11 cases of ischemic changes evident on ECG 4 cases were from same age group. 15 cases had left ventricular hypertrophy and others ECG was normal. 8 patients had left ventricular systolic dysfunction. 1 subject has MR, 5 have MS, 1 have AR. 2 cases have RHD. 1 case had left atrial myxoma.

Conclusions: Timely diagnosis and control of cardiovascular risk factors is a priority objective for adequate primary and secondary prevention of acute stroke. Hypertension, atrial fibrillation and diabetes mellitus are the most common risk factors for acute cerebrovascular events.

Navya Manasa V, Chaitanya RK, Sreenivas S. ECG and 2D-echo changes in patients suffering from acute ischemic stroke. J Clin Sci Res 2016;5(Suppl 1):S49.

Etiological spectrum of seizures in women in rural hospital

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ABSTRACT

Background: Epilepsy in women raises special reproductive and general health concerns. Seizure frequency and severity may change at puberty, over the menstrual cycle, with pregnancy, and at menopause. An increase in generalized tonic-clonic seizures has been noted during puberty. Women face unique challenges in the management of their epilepsy throughout life. In India, about 5.5 million people have epilepsy and 2.5 million of them are women.

Methods: 110 patients admitted to intensive care unit from Jan 2011 to Aug 2013 with seizure disorder were included. Data was analysed. Necessary investigations done.

Results: Out of total 110 patients, 55 were women. Highest no of seizure was observed between 18-30 yrs (22 cases -40%). Single episode of seizure was more common, found in 49 patients. Age group: 18 to 30 yrs: 22 (40%) 31 to 50 yrs: 15 (27.27%) 51 to 70 yrs: 18 (32.72%). Co-morbidities: diabetes: 3 hypertension: 6 cases. Mode of onset of seizures: first onset: 49 (89.09%) chronic: 6 (10.90%). Etiology: neurocysticercosis: 15 TB meningitis: 12 CVA: 10 Idiopathic: 5 EEG Findings: normal: 15 abnormal: 40 CT findings : normal : 17 abnormal : 38

Conclusions: In this study, women with epilepsy constituted 50% of the total, maximum between 18-30 yrs (40%) , common type of seizure being first onset GTCS (89%) and common etiology being neurocysticercosis.

Dayanka Dukkipati, Naga Raj S, Prabhakar Rao R. Etiological spectrum of seizures in women in rural hospital. J Clin Sci Res 2016;5(Suppl 1):S50.

A study on Assessment of Hypertensive Intracerebral Haemorrhage using Prognostic Parameters Of Computerized Tomography (CT) Scan

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ABSTRACT

Background: To study the prognosis of hypertensive intracerebral haemorrhage (ICH) clinically and with help of CT-scan.

Methods: All patients admitted with hypertensive intracerebral haemorrhage, CT proven were included in this study. A thorough clinical examination was done. The clinical prognosis was assessed with thorough neurological examination, a low glassgow coma scale score, coma, ataxic respiration, abnormal pupils and acute hypertension. The prognosis was assessed also using CT scan with parameters in terms of location of the bleed, the size of the haemorrhage, the presence of ventricular communication, the degree of mass effect and cerebral oedema.

Results: Of the 50 patients admitted with hypertensive intracerebral haemorrhage, 60% had previous history of hypertension and majority of patient with hypertensive intracerebral haemorrhage belongs to 5th and 6th decade. Most of them presented with headache and vomiting along with weakness of one half of the body. Mortality rate was 45% and factors found to be significant predictors were conscious level, BP on admission, grade of coma, GCS score, size and site of haemorrhage, mass effect, ventricular communication and cerebral oedema.

Conclusions: Intracerebral haemorrhage constitutes 10-15% of all strokes and CT is gold standard to diagnose intracerebral haemorrhage. 70% of patients had previous history of hypertension. Most common clinical presentation at the time of presentation was headache, vomiting associated with weakness of one half of body. Mortality rate in hypertensive intracerebral haemorrhage is 30-50% and most notable predictors of prognosis are, conscious level, BP on admission, grades of coma, GCS score, size and site of haemorrhage, mass effect.

Venkatanand K, Jogi Naidu M. A study on Assessment of Hypertensive Intracerebral Haemorrhage using Prognostic Parameters of Computerized Tomography (CT) Scan. . J Clin Sci Res 2016;5(Suppl 1):S51.

Pattern of stroke in diabetes

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ABSTRACT

Background: Diabetes mellitus has been established as a risk factor for stroke. Diabetes increases the risk of stroke in younger patients and diabetics are more likely to have an ischemic stroke. There are numerous studies on microvascular complications but there are only a few studies on strokes in diabetics. Modifiable risk factors other than diabetes in stroke include hypertension, hyperlipidemia, cigarette smoking, cardiac diseases, drug abuse, and heavy alcohol consumption. Therefore, this study was conducted to assess the impact of diabetes on the pattern of stroke in our population.

Methods: This observational study was carried out in department of medicine, MGMCRI Pondicherry, from Dec 2014 to Aug 2015. After confirmation of stroke from radiologic investigation, hbA1c value is calculated and patients with HbA1c > 6.5 % and diabetic patients on medication even with HbA1c < 6.5% is included in study population. Thirty diabetic stroke patients were included in the study. Risk factors were noted and their distribution in group was analysed.

Results: The difference in age and gender distribution was not significant. Out of 30 patients, 3 patients have Haemorrhagic (10.0%) , 27 patients have ischemic(90%). Out of ischemic stroke cortical infarct (17%) is more common. Mean hbA1c of patients with haemorrhagic stroke is 8.53, for brain stem ischemic stroke mean of 7.53, for cerebellar ischemic stroke mean of 6.22, for cortical ischemic stroke mean of 9.11. There is statically significance of variation of hbA1c values ($P \leq .05$). There was no significant difference in distribution of risk factors.

Conclusions: Diabetics are more likely to have an ischemic stroke and lacunar infarctions. Diabetics with high hbA1c value have hemorrhagic stroke. We recommend greater use of antiplatelet agents, strict control of blood pressure, modification of lifestyle risk factors, ACE inhibitors, and statins to lower the risk of ischemic and lacunar stroke in diabetic patients.

Sivaji Patibandla, Jayasingh K, Tumbanatham Appikatla. Pattern of stroke in diabetes. J Clin Sci Res 2016;5(Suppl 1):S52.

Assessment of outcome in acute stroke using National Institute of Health Stroke Scale (NIHSS).

Siva Kumar B, Nageswara Rao CV, Ramana Murthy SV.

GSL Medical College, Rajahmundry

ABSTRACT

Background: Stroke is the second leading cause of death. The economical and psychological costs of stroke are enormous. Clinical examination for stroke is important despite modern non-invasive neuroimaging technologies as acute stroke therapy is time dependent. Bearing this in mind and the wide variety of conditions that can mimic stroke, various stroke scales have been devised and tested in patients presenting with stroke. Among these, National Institute of Health Stroke Scale (NIHSS) was selected and applied on patients suspected to have stroke and its effectiveness in diagnosing stroke and assessing its outcome was studied.

Methods: Observational prospective study using NIHSS to diagnose (if NIHSS > 3) and assess outcome of acute stroke using it. NIHSS was applied on patients suspected to have stroke, two scores were obtained for each patient, one on admission and another at the time of discharge/referral/death.

Results: There are statistically significant relations between NIHSS score at admission - stroke outcome and NIHSS score at discharge - duration of hospital stay. Out of 55 patients, who were discharged home independently, 51 patients had score of 6-14 and 4 patients had score of less than 6 during admission. Out of 39 patients who were discharged home with assistance, 28 patients had score of 6-14 and 11 patients had score of more than 14 during admission. All those patients who died had their base line NIHSS score more than 14. Out of 58 patients who stayed in hospital for 6-10 days, 38 individuals had score less than 6 and 20 patients had score of 6-14. Out of 31 patients who stayed in hospital for 11-15 days, 12 individuals had score less than 6 and 18 patients had score of 6-14.

Conclusions: NIHSS is helpful in identifying persons with stroke from those suspected to have stroke. NIHSS score on the day of admission predicts the outcome of stroke, volume of Infarct in CT - Scan and thus prognosis of stroke.

Siva Kumar B, Nageswara Rao CV, Ramana Murthy SV. Assessment of outcome in acute stroke using National Institute of Health Stroke Scale (NIHSS). J Clin Sci Res 2016;5(Suppl 1):S53.

Abstracts of Platform Presentations (AP APICON 2016)

Pickle ingestion as a risk factor of cerebrovascular accident; a case control study

Aruna K, Sreedhar, Sundarachary NV, Veeramma U, Ramakrishna

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ABSTRACT

Background: Pickles are an important constituent of every day diet in most Indian cuisines. Salt and saturated oil are present in high quantities in pickles. Both high salt intake and saturated fat intake are known risk factors for stroke.

Methods: Type of study: This is a hospital based case control study in the department of Neurology, Guntur Medical College, and Guntur. Consecutive Patients diagnosed with stroke and non afflicted controls are into the study by informed consent. Details of pickle ingestion are taken by oral questionnaire. Other data collected (risk factors): Age, Sex, hypertension (HTN), diabetes mellitus(DM), past history of Cerebrovascular accident (CVA), coronary artery disease (CAD), peripheral vascular disease (PVD), smoking, alcoholism, chronic kidney disease (CKD), dyslipidaemia, metabolic syndrome, obesity, chronic obstructive pulmonary disease (COPD), family history, migraine, oral contraceptive pills (OCP), hormone replacement therapy (HRT). Sample size: 75 each stroke cases and 75 controls.

Results: The proportion of stroke cases was similar between persons taking pickles and those who are not. Pickle users [33.7%] had clinically similar proportion of stroke patients than the non pickle users [28.2%].

Conclusions: Ingestion of pickles does not appear to be a risk factor for stroke.

Aruna K, Sreedhar, Sundarachary NV, Veeramma U, Ramakrishna. Pickle ingestion as a risk factor of cerebrovascular accident; a case control study. J Clin Sci Res 2016;5(Suppl 1):S54.

Predictors of early mortality in anterior circulation stroke

Raghavendra Prasad Adda, NV, Murthy SVR

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ABSTRACT

Background: Stroke is the second most common cause of death and major cause of disability worldwide. Stroke or cerebrovascular accident (CVA) by definition is a syndrome of rapidly developing clinical signs of focal or global disturbance of cerebral function, with symptoms lasting 24 hours or longer or leading to death with no apparent cause other than of vascular origin. Several factors influence the prognosis in CVA. This study has attempted, to identify the factors which predict early mortality in stroke.

Methods: All cases of anterior circulation strokes of age 20 – 80 years between October 2015 to March 2016 are included in the study. Patients with subarachnoid hemorrhage, other structural, metabolic, traumatic causes for the clinical features, patients with serious infections or other systemic diseases (eg. heart disease) which could alter the clinical course were excluded.

Results: 160 patients admitted with diagnosis of anterior circulation stroke during the study period were included in the study. Of these 82 were men and 78 were women. Among these 133 suffered infarction and 27 had hemorrhage. 13 patients out of 27 in the hemorrhagic group and 16 out of 133 in the ischemic group died. The overall mortality was 18.1% in all the patients. 18 out of 65 in the 60 and above age group died. 20 out of 65 diabetic patients died. 26 out of 88 hypertensive patients died. 51 patients had blood sugar level of 126 mg/ dL and more on admission and 23 of them died.

Conclusions: Hemorrhagic strokes have poor outcome than ischemic strokes. Hyperglycemia on admissions were associated with a poor outcome. Diabetes and hypertension are not only risk factors for stroke but they were also clear predictors for early mortality. Increasing age of patients worsens prognosis and predicts early mortality.

Raghavendraprasadadda NV, Murthy SVR. Predictors of early mortality in anterior circulation stroke. J Clin Sci Res 2016;5(Suppl 1):S55.

Study of beneficial role of steroid therapy in the acute management of Landry-Guillain-Barre-Strohl syndrome.

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ABSTRACT

Background: Guillain-Barre Syndrome (GBS) is the most common cause of acute or sub-acute generalized paralysis in practice. Guillain-Barre Syndrome occurs in all parts of the world and in all seasons, affecting children and adults of all ages and both sexes.

Methods: A total of 30 patients with sudden onset of paresthesia and weakness of all 4 limbs were assessed clinically and with a confirmatory investigation i.e Nerve Conduction studies. Nearly 90 % of these patients are having primary axonal degeneration. Parenteral therapy with IV Methylprednisolone for 5 days followed by oral steroid therapy in the following 2 weeks with tapering was given from the day of the confirmatory investigation. The pharmacotherapy was supported by physiotherapy and vitamins.

Results: Patients were reassessed at the end of the steroid therapy. All the patients who were treated have shown clinically considerable improvement in the motor power by 1-2 grades, and the sensory symptom of paresthesia subsided with sufficient relief to the patients. These patients were followed up for 2 years and were maintained on vitamins and calcium. It is found that only 1 patient suffered with recurrent Guillain-Barre Syndrome. At the end of 2 years, all the patients except one improved to normal power with total subsidence of the sensory symptoms.

Conclusions: Though it is mentioned that the corticosteroids have no role in the management of Guillain-Barre Syndrome, from this present study it is observed that they seemingly halted the progression of the acute axonal degeneration resulting in abbreviating the recovery time. Hence, keeping in view the natural history of the Guillain-Barre Syndrome, it is to be reviewed that the cases of GBS occurring in the Indian Sub-continent may be having a variant pathology and pathogenesis as is revealed by the present study.

Anirudh Kovvali. Study of beneficial role of steroid therapy in the acute management of Landry-Guillain-Barre-Strohl syndrome. J Clin Sci Res 2016;5(Suppl 1):S56.

Study of clinical profile, risk factors and diagnosis of stroke in young

Sasidhar P, Sarath Kumar Reddy B, Vijaya Kumar G, Prabhakar Rao R

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ABSTRACT

Background: Stroke is a major health problem commonly encountered in elderly, it may be found in young. The etiology, clinical picture and risk factors causing stroke in young evokes curiosity for analysis.

Methods: 50 patients with stroke admitted in medical and emergency wards were included in the study. Cases were analysed by detailed history, examination and all necessary investigations. CT – Brain was done for all cases. Echocardiogram and Doppler study were done for necessary cases.

Results: Chronic rheumatic heart disease (36%) is the commonest cause of stroke in young followed by TB Meningitis (24%), cortical vein thrombosis (12%), hypertension (10%), systemic lupus erythematosus (8%). Ischaemic stroke (90%) is seen in 45 cases and haemorrhagic stroke (10%) in 5 cases. Middle cerebral artery (64%) is the commonest vascular territory followed by anterior cerebral artery (12%), internal capsule bleed (10%), with venous infarcts in (8%), posterior cerebral artery in 2%. Hemiparesis (86%), hemiplegia (12%), hemi sensory loss (14%). Speech abnormalities were seen in 52% patients. Facial nerve is the most common cranial nerve affected (56%).

Conclusions: Chronic rheumatic heart disease (36%) is the most common cause of stroke in young followed by TB Meningitis (24%), cortical vein thrombosis (12%). Ischaemic Stroke with MCA involvement is the commonest vascular territory.

Sasidhar P, Sarath Kumar Reddy B, Vijaya Kumar G, Prabhakar Rao R. Study of clinical profile, risk factors and diagnosis of stroke in young. J Clin Sci Res 2016;5(Suppl 1):S57.

Abstracts of Platform Presentations (AP APICON 2016)

Various clinical presentations and radiological correlation of lacunar infarcts

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ABSTRACT

Background: This study was aimed to evaluate various clinical presentations of lacunar infarcts and correlating their localization with Radiological imaging

Method: This Cross sectional study was conducted on 100 patients who admitted and attended at Dr PSIMS & RF which is a rural tertiary health care centre from August 2015 to June 2016. Patients presenting with various clinical lacunar syndromes, were evaluated for etiopathogenesis, confirming the lesion localization with radiological imaging.

Results: 100 patients were studied out of which 82 were hypertensives and 63 were smokers, 56 were diabetics. Pure motor hemiparesis was seen 76% in patients, out of which 68% lesions were located in internal capsule region on radiological localization. Sensorimotor lacunar syndrome was seen in 14% patients, half of them having a thalamic lesion. 3 patients with ataxia hemiparesis had lesion at cortical and capsule ganglionic regions. Remaining 5 had lesions mostly located in brain stem with different presentations, others have nonspecific symptoms

Conclusion: In our study, hypertension and smoking were two most common risk factors for lacunar infarct. Pure motor hemiparesis is the most common type of lacunar syndrome with lesions commonly localized in internal capsule region.

Saikrishna K, Eswar G. Various clinical presentations and radiological correlation of lacunar infarcts. J Clin Sci Res 2016;5(Suppl 1):S58.

A study of clinical profile and histological pattern of nephritic syndrome in adults

Aparanji Gopidi, Bhaskara Rao B

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ABSTRACT

Background: Nephrotic syndrome is a clinical syndrome which is characterized by (1) proteinuria: > 3.5g/day; (2) hypoalbuminemia < 3.5 g/dl, (3) edema (4) hypercholesterolemia (5) lipiduria and hypercoagulability. The diagnosis cannot be complete unless the specific etiology is known. By knowing the underlying histopathology, treatment specific for the disease can be instituted and prognosis can be predicted. The objective of the study is to elucidate the underlying disease in primary nephrotic syndrome in adults and to determine any significant changes, in the spectra of glomerular disease, causing nephrotic syndrome in adults.

Methods: This is a prospective, descriptive study comprising of 50 patients. Inclusion criteria: 1. All patients presenting with proteinuria of > 3.5gms/24hrs. 2. Diabetic patients with nephrotic proteinuria where non diabetic cause is likely were included. This study involved a detailed history, physical examination and biochemical investigations. Renal biopsy with histopathological examination was the gold standard confirmatory investigation. Other investigation like ANA, HIV, HCV & HBsAg were also done.

Results: Pedal edema followed by facial puffiness emerged as the commonest clinical presentation. 40% presented with hypertension. Hypoalbuminemia was detected in 64% patients. Hyperlipidemia was noted in 60% of patients. Renal biopsy showed 36% MCN followed by 16% MGN, 16% FSGS, 12% MPGN, 8% lupus nephritis, 4% interstitial nephritis, 4% IgA nephropathy and 2% MSPGN and amyloid nephropathy each.

Conclusions: In this current study Minimal change nephrotic syndrome with male preponderance and in the age group of 14 – 25 years emerged as the significant lesion.

Aparanji Gopidi, Bhaskara Rao B. A study of clinical profile and histological pattern of nephrotic syndrome in adults. J Clin Sci Res 2016;5(Suppl 1):S59.

Acute kidney injury outcome in elderly

Krishna Kavya TVM, Ramana Murthy SV

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ABSTRACT

Background: Acute kidney injury(AKI),previously known as acute renal failure,is characterised by sudden impairment of kidney function,resulting in retention of nitrogenous and other waste products.AKI is the major cause of hospital mortality and morbidity because of underlying illness.The advancing age on decreasing renal reserve and the associated co morbid conditions of elderly patients increase risk for development of AKI.Increased incidence of AKI in elderly is thought to be multifactorial.

Methods: Study was conducted in 124 patients to evaluate course and outcome of AKI in elderly(≥ 60 years) in GSL Medical college and General hospital,Rajanagaram between October 2015 and march 2016.Patients with age ≥ 60 years and patients with AKI as per RIFLE(R-risk,I-injury,F-failure,L-loss,E-end stage renal disease) are included.Patients with stage 5 of chronic kidney size < 8 cm or grade 3 renal parenchymal changes on USG are excluded.

Results: Study included 124 elderly patients,males (80) and females(44).Maximum patients were in age group 60 – 69 years followed by 70 – 79 years and ≥ 80 years.Sepsis is most common etiology for AKI(26.6%).Sepsis related AKI mortality was 54%.Majority of patients in study belonged to RIFLE class F(60.5%) followed by class I(33.9%)and R(5.6%).Patients belonging to class F as per RIFLE criteria had a poor outcome with death occurring in 32% whereas 21.4% belonging to class I and none of patients belonging to class R died.

Conclusions: Sepsis is the most common cause for AKI in elderly.RIFLE criteria is useful in determining severity of AKI in elderly with increasing of death from Risk to Injury to Failure.In elderly AKI mortality progressively increases with age.

Krishna Kavya TVM, Ramana Murthy SV. Acute kidney injury outcome in elderly. J ClinSci Res 2016;5(Suppl 1):S60.

Abstracts of Platform Presentations (AP APICON 2016)

Assessment of physical and mental health in patients with chronic kidney disease

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ABSTRACT

Background: The information available on the quality of life of patients on conservative treatment and the relationship between the quality of life and glomerular filtration rate is limited. This study is to compare quality of life in different stages of chronic kidney disease.

Method: This study was conducted at the Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, which is a rural tertiary health care centre. This is a cross sectional study including 100 patients of CKD stage 1-5 and 50 patients of CKD on dialysis. Quality of life was rated by the Medical Outcomes Study Short Form 36-Item (SF-36) and functional status by the Karnofsky Performance Scale.

Results: Quality of life decreased in all stages of kidney disease. The dimensions showing lower values in stages 1 and 2 were emotional role functioning and general health; in stage 3, physical role functioning and vitality; and in stages 4 and 5 and hemodialysis, physical role functioning and general health.

Conclusions: Quality of life is better in early stages of CKD when compared to later stages and dialysis. so early treatment and control of risk factors and associated diseases have impact on outcome of these patients.

Appala Naidu, Rongali, Sasi Shekar TVD. Assessment of physical and mental health in patients with chronic kidney disease. J Clin Sci Res 2016;5(Suppl 1):S61.

Elusive comparison of formulae for eGFR

Eswar Ganti, Geethika Nutakki

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ABSTRACT

Background: We compared the estimations of Cockcroft-Gault, modification of diet in renal disease (MDRD), chronic kidney disease epidemiology collaboration (CKD-EPI) and mayo clinic quadratic equations within strata of GFR, gender, age, body weight, and body mass index (BMI) in a random sample of 200 patients.

Methods: Data were collected on 200 patients aged 16-85 years whose eGFR was calculated using Cockcroft-Gault, CKD-EPI, MCQE and MDRD.

Results: Overall ($n = 200$, 41% male, mean measured GFR 114.6 ml/min per 1.73 m² [SD 30.4 ml/min per 1.73 m²]), mean bias was smallest for MDRD ($P < 0.01$). CKD-EPI had highest accuracy ($P < 0.001$ compared with Cockcroft-Gault), which did not differ from MDRD ($P = 0.14$). The absolute bias of all formulas was related to age. For MDRD and CKD-EPI, absolute bias was also related to the GFR; for Cockcroft-Gault, it was related to body weight and BMI as well. In all extreme subgroups, MDRD and CKD-EPI provided highest accuracies.

Conclusions: The absolute bias of all formulas is influenced by age; MCQE, CKD-EPI and MDRD are also influenced by GFR. Cockcroft-Gault is additionally influenced by body weight and BMI. In general, CKD-EPI gives the best estimation of GFR, although its accuracy is close to that of the MDRD.

Eswar Ganti, Geethika Nutakki. Elusive comparison of formulae for eGFR. J Clin Sci Res 2016;5(Suppl 1):S62.

**Etiological profile of patients admitted with AKI in a tertiary care hospital
SVRRGGH Tirupati**

Phanikumar P, Ramadevi M, Jayabhaskar C

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ABSTRACT

Background: AKI is characterized by rapid deterioration of renal function over a period of hours to days resulting in the failure of kidneys to excrete nitrogenous waste products and to maintain fluid and electrolyte homeostasis. Various prerenal, renal and post renal causes account for AKI. The present study was undertaken to determine the etiological profile in patients admitted with AKI.

Methods: It is an hospital based, retrospective study of patients of age group above 15 years admitted with AKI in Department of General Medicine from Jan' 2016 to June 2016 in SVRR Govt. General Hospital, S.V. Medical College, Tirupati.

Results: Out of total 50 cases admitted during the above period, 35 were males and 15 were females. Gastroenteritis accounted for 26 (53.33%) cases, sepsis 14 (26.66%) cases (Pneumonia 3 cases, Urosepsis 5 cases and Cellulitis 6 cases), Poisons (supervasmol) 3 (6.66%) cases and snake bite 7 (13.33%) cases. Out of 50, 40 cases were recovered after Dialysis and 10 cases recovered without Dialysis. No deaths were noted.

Conclusions: Prompt identification of etiological profile and early institution of renal replacement therapy (Dialysis) will save many of the patients with AKI.

Phanikumar P, Ramadevi M, Jayabhaskar C. Etiological profile of patients admitted with AKI in a tertiary care hospital SVRRGGH Tirupati. J Clin Sci Res 2016;5(Suppl 1):S63.

A study of acid base changes in acute diarrheal disease

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ABSTRACT

Background: Disorders of acid base homeostasis complicate a variety of disease conditions and contribute to mortality and morbidity. Acute diarrheal disease is another cause of acid base disturbance apart from kidney and lung causes. Diarrhea is defined as passage of 3 or more loose, liquid or watery stools.

Methods: A total of 52 patients of acute diarrheal disease admitted in MIMS hospital from July, 2015 to July, 2016 were evaluated. Patients who passed 3 or more loose stools per day for duration of less than 14 days were included. Hemoglobin, urine for albumin, sugar and acetone, arterial blood gas analysis (ABG), serum creatinine, serum electrolytes and stool culture were done for all patients. Diarrhea was treated with ORS, IV fluids, sodium bicarbonate and dialysis as required. Metabolic acidosis was taken as a parameter to assess the prognosis of diarrheal patients.

Results: Out of the 52 patients studied, 32 patients had a normal anion gap metabolic acidosis, 14 patients had an increased anion gap metabolic acidosis, 6 patients had normal ABG values. 14 out of 52 patients had acute renal failure (ARF) at presentation to hospital and all of them demonstrated a high anion gap metabolic acidosis. 7 out of 52 patients with acute diarrhea had a severe metabolic acidosis i.e., $\text{pH} < 7.2$ in ABG study, hence the incidence was 13.46%. It was found that two out of seven patients with severe acidosis died while no death occurred in the remaining 45 patients. So the incidence of mortality in those with severe acidosis was 28.57% while no death occurred in those with a $\text{pH} > 7.2$.

Conclusions: The most common acid-base disturbance observed in patients with acute diarrheal disease is normal anion gap metabolic acidosis. The acid-base abnormality observed in post diarrheal ARF is increased anion gap metabolic acidosis. Metabolic acidosis is a prognostic factor and early recognition and prompt correction of metabolic acidosis improves the outcome.

Siva Krishna Sirasapalli, Kamal Lochan, Sahoo AK, Sastry AS. A study of acid base changes in acute diarrheal disease. J Clin Sci Res 2016;5(Suppl 1):S64.

Evaluation of thyroid dysfunction in patient with chronic kidney disease

Veeramani Kartheek AS, Siva Sankar A, Tirumala Rao MVV, Kiran V

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ABSTRACT

Background: Chronic Kidney Disease (CKD) alters the 'Milieu interior' of the human body affecting almost every system, one among them being the thyroid hormonal system. The relation between thyroid dysfunction and severity of CKD is not clear. In view of variability of thyroid function test in patients with CKD in previous studies, a prospective clinical and biochemical study on thyroid function in CKD patients has been undertaken.

Methods: The present study was conducted on 50 patients who are diagnosed to have CKD and have been admitted in government general hospital Kakinada. Patients who fulfil the criteria for CKD as per KDOQI staging and who are on conservative management are enrolled by using simple random sampling method. Patients with liver disease, acute illnesses and those on haemodialysis and peritoneal dialysis, were excluded from the study. Informed consent was obtained from all the patients. Quantitative determination of T3, T4, TSH was done by Chemiluminescence method.

Results: Among the 50 patients in the present study 26 of them had low serum T3 levels (52%), with 5 of them having Primary Hypothyroidism. 11 patients had low T4 levels accounting for 22% of the patients. 13 patients did not show thyroid dysfunction accounting for 26% of the patients.

Conclusions: In this study it was found that in patients with CKD, Thyroid dysfunction occurs in 74% of the patients. There is more incidence of Thyroid dysfunction in patients with CKD. Number of patients with low T3 and T4 syndrome progressively increased with the severity of CKD. Serum level of T3 and T4 has positive correlation with the severity of chronic kidney disease.

Veeramani Kartheek AS, Siva Sankar A, Tirumala Rao MVV, Kiran V. Evaluation of thyroid dysfunction in patient with chronic kidney disease. J Clin Sci Res 2016;5(Suppl 1):S65.

Abstracts of Platform Presentations (AP APICON 2016)

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

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Santhiram Medical College and General Hospital, Nandyal

ABSTRACT

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

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

Results: Fever was commonest, 30% no urinary symptoms. Pyelonephritis is higher (p:0.04) in diabetics. Benign prostatic hyperplasia, common predisposing factor in all males followed by catheterization. Indwelling catheter, common in females. Acute kidney injuries, recurrent UTI, septicemia, renal papillary necrosis were more in diabetics. Escherichia coli was frequent in UTI and recurrent UTI in all. Extended spectrum β -Lactamase producing E.coli is higher in diabetics. Most were resistant to ampicillin, amoxicillin, cotrimoxazole and quinolones but were sensitive to amikacin and meropenem

Conclusions: Elevated glycosylated hemoglobin (HbA_{1C}) correlates with UTI. Predisposition of diabetics to UTI depends on degree of glycemic control. HbA_{1C} < 6.5% decreased the risk of UTI.

Sasidhar P, Vamsi chaitanya Gude, Vijaya kumar G, Prabhakar Rao R. Study of clinical profile of urinary tract infections in diabetics and non-diabetics. J Clin Sci Res 2016;5(Suppl 1):S66.

The study of factors affecting the outcome in acute renal failure

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Dr Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation, Gannavaram

ABSTRACT

Background: Acute renal failure (ARF) continues to be associated with high mortality despite the significant improvement in medical care. Factors other than renal functions probably determine the outcome, and their identification is necessary to improve the prognosis. This study is undertaken to study the clinical course, outcome and the factors affecting the outcome in acute renal failure.

Method: Prospective clinical descriptive study done between January 2016 to July 2016. 100 patients admitted to Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & research foundation, Gannavaram with ARF were included in the study. Every patient will be evaluated by detailed history, clinical examination and relevant investigations.

Results: Oliguria or anuria, fever, and altered sensorium were the most common presenting symptoms. Medical causes top first among the causes of ARF in 80 %, followed by surgical 16%, and obstetric 4%. Among the medical causes, acute GE with septicemia 34%, severe malaria 20%, and pneumonia with septicemia 10% are the predominant causes. Among surgical causes, sepsis following trauma was the leading cause. Among 100 cases, 30(30%) completely improved, 24(24%) cases only partially improved, and 46 (46%) cases not improved and dead. Surgical causes of ARF had 75% mortality rates. Patients with multi organ dysfunction syndrome, hyperkalemia, septic shock, hypertension, ischemic heart diseases, and diabetes mellitus had significantly poor outcome.

Conclusions: Many factors other than acute renal failure determine the outcome in ARF. Early and prompt diagnosis, and treatment of primary disease causing ARF, with prevention and aggressive treatment of complications can improve the mortality.

Gopala Krishna Chandu, Sasi Shekar TVD. The study of factors affecting the outcome in acute renal failure. J ClinSci Res 2016;5(Suppl 1):S67.

To identify risk factors for bacteremia in urinary tract infections

Sateesh Gudla, Bhaskara Rao B, Ganga Prasad U, Mounika A

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ABSTRACT

Background: Urinary tract is the most common source of bacteremia both in general population and hospital acquired infections. Mortality and morbidity is very high in UTI complicated with bacteremia. Present study is aimed at identifying the risk factors for urinary source bacteremia so that an early and effective treatment can be initiated and hence complications of bacteremia can be minimized.

Methods: The present study is a prospective case control study. 198 patients are included in the study based on inclusion criteria out of which 66 cases of urinary source bacteremia (cases) are compared with 132 urinary tract infected patients without bacteremia (controls). Urinary tract infection as diagnosed by CDC criteria.

Results: Escherichia coli is the most common organism isolated from urinary source bacteremia. Patients presenting with pyelonephritis has 5 times higher chance for developing bacteremia. Urinary tract infected patients with uncontrolled diabetes mellitus has 6 times higher chance for developing bacteremia. Catheter associated urinary tract infection, renal stone disease, instrumentation history are not significant risk factors for urinary source bacteremia.

Conclusions: Upper UTI and complicated UTI patients should be evaluated for bacteremia, since it alters patients' treatment and management. E coli is the most common organism causing urinary source bacteremia. There is no significant association of lower urinary tract symptoms with bacteremia. Uncontrolled diabetes mellitus is the single most important risk factor for bacteremia.

Sateesh Gudla, Bhaskara Rao B, Ganga Prasad U, Mounika A. To identify risk factors for bacteremia in urinary tract infections. J Clin Sci Res 2016;5(Suppl 1):S68.

A study of health problems of elderly women admitted to the medical wards in a teaching hospital

Kamalkumar VV, Padmaja N, Lepakshi G

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ABSTRACT

Background: India has acquired the label of 'ageing nation' with 5.7% of its population greater than 60 years old. Estimates of health problems of the elderly are required to predict trends in disease burden and plan health care for the elderly.

Methods: A hospital based cross sectional study. All women aged ≥ 60 yrs of age admitted to medical wards were studied between the period 15th May 2016- 15th June 2016. History and physical examination were recorded and baseline investigations were performed.

Results: The study group consisted of 60 patients with 60 to 70 years age group consisting of about 81.7%, 71 to 80 years age group consisting of about 15%, >80 age group consisting of about 3.3%. Hypertension (43.3%) being the most common presenting health problem in the elderly woman in the present study followed by diabetes mellitus (38.3%) and cerebro-vascular accidents (CVA) 11.7%. Hypertension and Diabetes mellitus being the most common comorbidities contributing to 13.3% followed by diabetes, hypertension with coronary artery disease (CAD) in 3.3% patients. Anti-hypertensive medications being the most frequently prescribed drugs contributing to 31.7% followed by anti-diabetic drugs 28.3% of patients. The short term outcome of this 60 patients was the health problem was controlled in 55%, cured in 16.7%, disabled were 11.7%, 6.7% of patients died.

Conclusions: This study emphasizes on the importance of health problems of elderly women, especially the growing prevalence of non-communicable diseases and the need for preventive, promotive, curative, rehabilitative aspects of health.

Kamalkumar V V, Padmaja N, Lepakshi G. A study of health problems of elderly women admitted to the medical wards in a teaching hospital. J Clin Sci Res 2016;(Suppl 1):S69.

A study on skin lesions in patients with type 2 diabetes mellitus

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ABSTRACT

Background: 1. To assess the prevalence of skin lesions in type 2 diabetes patients. 2. To assess the pattern of skin lesions which are commonly associated with diabetes 3. To assess correlation between glycemic control and skin lesions

Methods: To identify the skin lesions with type 2 diabetes mellitus patients. To identify any association between age, sex, disease duration, glycemic levels and complications associated with diabetes.

Results: In present study skin lesions are more with long duration of diabetes and some of the skin lesions like furunculosis, carbuncle, candidiasis and malignant otitis externa are present with poor glycemic control.

Conclusions: skin lesions are more common in long duration of diabetes, females, body mass index (BMI) > 25 and complications associated with diabetes.

Madhuri Devi V. A study on skin lesions in patients with type 2 diabetes mellitus. J Clin Sci Res 2016;5(Suppl 1):S70.

Abstracts of Platform Presentations (AP APICON 2016)

Aetiological spectrum of fever of unknown origin (FUO): a prospective study

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ABSTRACT

Background: With the advent of HIV/AIDS pandemic and increasing use of immunosuppression the aetiological spectrum of fever of unknown origin (FUO) is changing. As sparse published data are available on this topic, present study was planned.

Methods: We prospectively studied the clinical presentation, methods of localization and confirmation of aetiological diagnosis in 45 consecutive HIV- negative patients with FUO defined as per Durack and Street definition (CurrClin Trop Infect Dis 1991;11:35-51) seen at our tertiary care teaching hospital during the period January 2015 to June 2016.

Results: Their mean age was 43.1 ± 18.9 years; there were 25 females. Imaging provided initial localization clue to the cause of fever in 11 (24.4%) patients. Of the imaging modalities CT (6/11); MRI (1/11); PET-CT (5/11) were helpful in focus localization. The most common aetiological cause was tuberculosis (TB) (n=19; 42.2%). Image guided tissue sampling, cytopathological, histopathological, microbiological and molecular diagnostic methods (n=25; 55.6%), bone marrow aspiration/biopsy (n=7), CSF examination (n= 1) were helpful in confirming the aetiological diagnosis in 33/45 (73.3%) patients. Among patients with TB, disseminated/miliary TB (n=10), extrapulmonary TB (n=6) and pulmonary TB (n=3) were the causes. The other frequent causes were malignancy (n=9), connective tissue disease (n=6) and others (n=3). Five patients had responded to empirical anti-TB treatment. Spontaneous resolution of fever was seen in 2 and cause remained. Undiagnosed in 2 patients.

Conclusions: Imaging especially PET-CT is useful in providing focal localizing clue in patients with FUO. Image guided FNAC and biopsy are helpful in confirming the diagnosis.

Arun Kumar D, Alladi Mohan, Harikrishna J, Prabath Kumar D, Siddhartha Kumar B, Kalawat TC. Aetiological spectrum of fever of unknown origin (FUO): a prospective study. J Clin Sci Res 2016;5(Suppl 1):S71.

Clinical profile of Hypokalemic periodic paralysis

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ABSTRACT

Background: To evaluate cases of hypokalemic periodic paralysis with reference to the clinical presentation, mode of diagnosis, various methods of treatment and Outcome of the different modalities of therapy. To find out the ways of preventing acute attacks, early diagnosis of attacks and when they occur to treat them effectively. To analyze the age incidence and also gender prevalence.

Methods: Cases admitted in the medical wards with history of flaccid weakness of limbs with low serum potassium or electrocardiographic changes suggestive of hypokalemia were included in this study. Also cases referred from other hospitals for evaluation of hypokalemic paralysis to find out secondary causes of hypokalemia. After admission, a thorough clinical examination of the patient was done after eliciting detailed history and blood was sent for biochemical analysis such as blood urea, sugar, serum creatinine, serum electrolytes including sodium and potassium. Electrocardiogram was taken simultaneously. Treatment was initiated soon after admission.

Results and Conclusions: Incidence ratio M: F = 3:1. Commonest age group is in the third decade. 40% have had similar attack in the past. Flaccid quadriplegia was the commonest mode of presentation. About 37% of the patient had first degree relative with similar attacks. Most of the patient have had serum potassium level between 2 to 3 mEq/L. ECG abnormalities have been observed in 80% of the patients most of these patients were treated with oral potassium chloride alone. Outcome was good in all patients.

Prasanna Kumar Sannapu, Anand Sastry. Clinical profile of Hypokalemic periodic paralysis. J Clin Sci Res 2016;5(Suppl 1):S72.

Abstracts of Platform Presentations (AP APICON 2016)

Disease profile and outcome of geriatric patients admitted in the department of general medicine in a tertiary care hospital, SVRR Government general hospital, Tirupathi

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ABSTRACT

Background: The elderly age groups ≥ 60 years is one of the most vulnerable high risk groups in terms of health and their health seeking behaviour. “Old age is an incurable disease”. The present study was undertaken with objectives to determine the disease profile and outcome of geriatric patients admitted in the department of general medicine in SVRR Government General Hospital, Tirupati.

Methods: hospital based retrospective study, from 1st January 2016 to 30th June, 2016, of geriatric age group (> 60 years) admitted in department of medicine, in SVRR Government general hospital, SV medical college, Tirupati.

Results: Out of the total 3140 cases admitted in medicine department 40% cases were of geriatric age group and accounting about 85% of the acute medical care admissions and 36% were females. Mortality was 12%, maximum of the deaths were in acute medical care. Hypertension and cerebrovascular accidents remain as the main cause for admission (35%).

Conclusions: Hypertension followed by cerebrovascular accidents accounted for most of the cases, next followed chronic renal disease, chronic obstructive pulmonary disease, ischemic cardiac disease and endocrine diseases like diabetes. As maximum admissions are in acute medical care, focus should be drawn on the need of geriatric clinics, proper education regarding disease, drug usage, need of follow up is warranted.

Key words: *Geriatric, mortality, cerebrovascular accidents, hypertension.*

Divyalatha Y. Disease profile and outcome of geriatric patients admitted in the department of general medicine in a tertiary care hospital, SVRR Government General Hospital, Tirupati. J ClinSci Res 2016;5(Suppl 1):S73.

Abstracts of Platform Presentations (AP APICON 2016)

Prognosis of left ventricular systolic dysfunction in critically ill septic shock patients

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ABSTRACT

Introduction: The prognosis of myocardial dysfunction in critically ill patients with sepsis and its association with mortality is controversial. We aim to determine the significance of left ventricular systolic dysfunction in septic shock patients and their associated outcome.

Methods: A prospective, single center, observational study was carried out at an intensive care unit of a tertiary care hospital (PSIMS). A total of 132 patients diagnosed with septic shock were enrolled in the study from September 2014 to June 2016. The 2D echocardiography was performed for all the patients. Ejection fraction < 50% was the diagnosing parameter for the patients with systolic dysfunction in septic shock. Acute Physiology and Chronic Health Evaluation III (APACHE III) score was calculated.

Results: The mean age of patients were found to be 54 ± 15.15 years. The mortality rate was found to be 48.9% and among them 43.8% patients had ejection fraction < 50%. Non-survivors exhibited significantly lower mean blood pressure (75 ± 10.28 versus 81 ± 11.31 ; $p = 0.008$), lower ejection fraction (53 ± 16.37 versus 63 ± 8.31 ; $p = 0.029$) and higher APACHE III score (89.34 ± 15.41 versus 70.65 ± 13.27 ; $p < 0.001$). The receiver operating characteristic curves APACHE III score (area under curve = 0.830) and ejection fraction (area under curve = 0.656) were used to predict the mortality in septic patients.

Conclusions: Low ejection fraction, a marker to measure left ventricular systolic dysfunction is a predictor of mortality in septic shock patients. However, more research is needed to confirm the findings.

Umadevi U, Sesi Sekhar TVD. Prognosis of Left Ventricular Systolic Dysfunction in critically ill Septic Shock Patients. J Clin Sci Res 2016;5(Suppl 1):S74.

Liver function abnormalities in HIV positive individuals with viral hepatitis co infection

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ABSTRACT

Background: Liver enzyme elevations are common in human immunodeficiency virus (HIV)-infected patients, and their diagnosis or management may be difficult because of the intricacies of the pathogenic mechanisms involved. Liver enzyme abnormalities may also reflect hepatitis B (HBV) or hepatitis C (HCV) infection, which each have their own risks for chronic immune-mediated liver disease and of direct cytotoxicity.

Objectives: The present study was done to identify various liver function abnormalities in HIV and viral hepatitis co infection

Methods: The study included 100 HIV positive patients selected from Sri Ramachandra Medical College and Hospital. Complete haemogram, blood urea, serum creatinine, liver function tests, CD4 count, HBsAg, anti - HCV and ultrasound abdomen was done for all the patients. 19 patients were HBsAg positive and 3 patients were HCV positive.

Results: Abnormal LFT was lesser in comparison with patients with no viral hepatitis. Only a modest elevation of liver enzymes was seen in hepatitis co infection. Majority of the patients had elevation of transaminases and INR was normal in all HCV positive patients.

Conclusions: Hepatitis and HIV co infection does not increase the liver enzymes only a moderate increase was noted.

Rahul Chowdary Kongara, Vengadakrishnan K. Liver function abnormalities in HIV positive individuals with viral hepatitis co infection. J Clin Sci Res 2016;5(Suppl 1):S75.

Haematological abnormalities in decompensated chronic liver disease

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ABSTRACT

Background: Liver plays a major role in maintaining the haematological parameters in normal and maintain hemostasis. Liver is the storage site for iron, vit. B12, folic acid, which are necessary for the normal hematopoiesis. Liver also secretes the clotting factors and the inhibitors and keep the hemostasis in normal pace. Haematological abnormalities in liver disease are increased plasma volume, macrocytic or normocytic, normochromic anaemia(in uncomplicated) microcytic, hypochromic (in complicated) and iron deficiency anaemia; altered folate and vit.B12 metabolism causes macrocytosis; haemolytic syndromes; leukocytosis and leucopenia can occur in CLD; defects of platelet number and function are well documented. Abnormalities of hemostasis, such as impaired synthesis of clotting factors, DIC.

Methods: The objective of this study is to assess the haematological abnormalities in CLD in a tertiary care hospital. It is a Cross sectional study, conducted between 1st August 2015 and 31st January 2016.

Results: This study conducted among 50 inpatients; out of them, 40 are male, and 10 female patients. The age of the patients in this study were in the range from 20 to 60; 44 patients had anaemia, 16 patients had severe anaemia, less than 8gm%. Leukocytosis was observed in 11 patients. Leucopenia is present in 6% patients. 8% has platelet count <50,000. 12% patients has platelet count between 50,000-1,00,000. 30% patients has prolonged PT. two patients have DIC

Conclusion: all the CLD patients must be evaluated for hematological and hemostatic abnormalities should be monitored for any complication; early treatment to correct these comorbidities can decrease the mortality.

Sai krishna G, Murthy S V R. Haematological abnormalities in decompensated chronic liver disease. J Clin Sci Res 2016;5(Suppl 1):S76.

Lupus nephritis clinicopathological study and outcome

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ABSTRACT

Background: To study the spectrum of clinical presentations of lupus nephritis to study the clinic pathological correlation of the disease . Clinical course of the disease in these patients on follow up with standard treatment protocols.

Methods: Thorough clinical history, ACR criteria, haemogram with peripheral smear, chest x-ray, 2D-ECHO,CT brain, serological investigations like ana, dsdna ,compliment,c4,crp, APLA, serum electrolytes, renal function tests, renal biopsy. Follow up studies were serum creatinine, blood urea, Hb, Tc, urine examination, 24hr urine protein.

Results: Male: Female 1:19, most common presentation joint pains, malar rash, discoid rash, photo sensitivity. Renal biopsy revealed class IV picture in 66% cases. Induction with cyclophosphamide and maintenance with oral azathioprine showed complete response in 77%. Renal flares occurred in 9/71 patients all of which had class IV kidney lesion.

Conclusions: Acute nephritic syndrome is the most common presentation. Class IV Lupus nephritis is the predominant histological class was commonly associated with chronicity and had poorer response rate. Induction with mycophenolate is as good as inj. cyclophosphamide, maintenance is equal with Azathioprine or MMS. Remission depends on class of lupus, chronicity and level of S.Creatinine.

Prudhvi Raj Attada, Indira Devi K, Jyothirmai. Lupus nephritis clinicopathological study and outcome J Clin Sci Res 2016;5(Suppl 1):S77.

**Clinical profile of systemic lupus erythematosus patients coming to GGH,
Vijayawada**

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ABSTRACT

Background: Systemic lupus erythematosus (SLE) is a prototype multisystem autoimmune disease; expression of which is greatly influenced by genetic, environmental, demographic and geographical factors. The aim of the study is to ascertain clinical manifestations that can be found in SLE patients in our area

Methods: Cross sectional hospital based study conducted at Government General Hospital, Vijayawada during the period between January 2015 and June 2016. Diagnosis of SLE is based on Systemic Lupus International Consensus Criteria (SLICC). They were analyzed regarding clinical manifestations.

Results: 25 cases of SLE are included in the study. 92% are females & 8% are males. 72% were under the age of 30 years. Features observed in this study were immunological (96%), mucocutaneous (64%), hematological (72%), renal (56%), arthritis (60%). Anemia was the most common clinical feature seen in 72% cases followed by arthritis (60%) and proteinuria (56%). Antinuclear antibody (ANA) is positive in 96% cases. Double stranded deoxy-ribonucleic acid [dsDNA] is positive in 56% cases. All cases with renal involvement showed dsDNA positivity

Conclusion: Analysis showed that disease is more common in females of child bearing age group with high frequency of hematological, musculoskeletal and renal manifestations in these patients.

Sai Sundeep Kondari, Chakradhar G, Niveditha R, Chennakesavulu D. Clinical profile of systemic lupus erythematosus patients coming to GGH, Vijayawada. J Clin Sci Res 2016;5(Suppl 1):S78.

A study of serum amylase level in acute organophosphorus poisoning

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ABSTRACT

Background: Organophosphorous compounds are principally used as pesticides and their exposure is highly prevalent in developing countries. In India, OP compounds cause more self-poisoning deaths in southern and central India. OP compounds increase the intraductal pressure and exocrine pancreatic flow. There are many studies which showed increase in serum amylase levels in patients of OP poisoning and also elevation of amylase levels was predictive of subsequent respiratory failure. So early diagnosis and treatment of these conditions improves the prognosis of the patient.

Methods: 1. To identify the levels of amylase in OP poisoning patients, 2. To find out its relationship with clinical severity.

Results: In our study amylase levels were significantly elevated at the time of admission and have shown gradual remission with proper treatment. Age and sex of the patients have no significant relation with amylase levels. The mean amylase levels in first 24 hours were significantly higher than the healthy control group. The bad bedside prognostic factors which correlated very well with serum amylase levels in the order of increasing severity include – 1. Convulsions (amylase – 156 u/l) 2. Severe Secretion (242 u/l) 3. CNS depression (261 u/l) 4. Fasciculation (272 u/l) 5. Respiratory failure (297 u/l). From our observation it can be suggested that estimation of the amylase levels would be extremely useful to assess clinical severity.

Conclusions: From the observation we made OP pesticide poisoning is a serious condition that needs rapid diagnosis and treatment. The mean amylase in first 24 hours of OP poisoning was 154 u/l which was significantly higher than the control group. The bad bedside prognostics factors correlated with increasing amylase levels. Hence serum amylase may be considered as marker of organophosphorus intoxication since it enables early recognition of severity and also helps to identify those at risk of developing complications

Sreerama Vishnu Priya. A study of serum amylase level in acute organophosphorus poisoning. J Clin Sci Res 2016;5(Suppl 1):S79.

A study on serum amylase levels in acute organophosphorous poisoning

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ABSTRACT

Background: Acute poisoning by organophosphorous Pesticides (OP) is the most common cause of deaths in rural areas because of the ease of access and paucity of medical access.

Methods: The present study was a prospective cross sectional study conducted at the Department of General Medicine in Konaseema Institute of Medical Sciences, Amalapuram from March 2015 to February 2016. Ethics approval was taken before the study. The sample size was 40 which include the patients with acute organophosphorus poisoning admitted in the KIMS hospital, Amalapuram. The aims of the study were to estimate serum amylase levels in acute organophosphorus compound poisoning and to find out its relationship with a) clinical severity b) outcome Data analysis was done with the help of computer software, epidemiological information package

Results: In the present study, the amylase levels were significantly elevated at the time of admission [185.2 U/L] and have shown a gradual remission with proper treatment. The mean amylase level in severely poisoned patients was 297.7 U/L which was significantly $P < 0.01$ higher than the healthy control group. Of the 40 patients, respiratory depression was observed in 10 (25%) cases. The most marked muscarinic signs in our study population were, miosis (55%), excessive secretions (60%), and respiratory distress (25%). The most prominent of the nicotinic effect is muscular end plate block, resulting in muscle weakness and fasciculations (30%). The CNS symptoms, like depressed mental status was found in (27.5%) patients.

Conclusions: Organophosphorus compounds cause more suicidal deaths among the earning and nonearning members of the society. Of the 40 patients in this study 15 patients (37.5%) had normal serum amylase level, 25 patients (62.5%) had elevated serum amylase level which was very significant. This study also showed that there was a significant correlation between markedly elevated amylase level and respiratory failure and therefore poor outcome.

Premchand G. A study on serum amylase levels in acute organophosphorous poisoning. J Clin Sci Res 2016;5(Suppl 1):S80.

Abstracts of Platform Presentations (AP APICON 2016)

A study on the outcome of snake bite induced damage to kidneys

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ABSTRACT

Background: Snakes are an ardent part of nature in India especially in rural areas. Snake bite is a common in Godavari districts of Andhra Pradesh and the most common cause of morbidity and mortality.

Methods: The present study was conducted at the Department of General Medicine and intensive care unit in Konaseema Institute of Medical Sciences, Amalapuram from January 2015 to December 2015. The sample size is 50. Both male and female patients aged 11 to 70 years, with snake bite induced acute kidney injury were taken into study. The aims of the study were to analyse the species causing acute kidney injury, to analyse the various risk factors associated with adverse outcome, to correlate the association of treatment delay and outcome of acute kidney injury. Statistical analysis was done with chi-square test.

Results: In the present study of 50 patients the species of snake was identified in 30 (60%) of the patients. All of the 30 were identified as vipers out of which 22 (44%) were Russell viper and 8 (16%) were saw scaled viper. The mortality rate was 38%. In the present study of 50 patients, 49 (98%) patients had cellulitis, 9 patients (18%) presented with bleeding manifestations, 23 presented with hypotension, 32 patients received early therapy (Bite to ASV (anti snake venom) < 6hrs) with polyvalent Anti Snake Venom out of which 5 died. Of the remaining 18 patients who received ASV > 6hrs, 14 died. 30 patients were treated with dialysis out of which only 7 died. Mortality rate in patients treated with dialysis is 14%.

Conclusions: Viper bite accounted for definite acute kidney injury. Major Risk factors linked with adverse outcome in snake bite with acute kidney injury were hypotension, bleeding manifestations, delayed specific therapy with ASV. Early therapy with ASV and dialysis were associated with better outcome in terms of mortality.

Premchand G. A study on the outcome of snake bite induced damage to kidneys. J Clin Sci Res 2016;5(Suppl 1):S81.

The need for ventilatory support decreased the mortality in OP poison patients

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ABSTRACT

Background: The leading cause of death in organophosphorus poisoning is respiratory failure, which results from a combination of respiratory muscle weakness, central respiratory depression, increased bronchial secretions, bronchospasm and pulmonary edema. A substantial number of deaths can be prevented with timely institution of ventilator support. The present study was undertaken to identify the factors, which help in predicting the need for ventilator support and monitoring in the ICU.

Methods: 30 consecutive patients of organophosphorus poisoning admitted to Santhiram Medical College, Nandyal from June 2015 to June 2016 were studied. Patients were selected irrespective of age or sex. A provisional diagnosis of organophosphorus poisoning was made on the basis of a definite history of organophosphorus poisoning by patient or attenders. This was substantiated by examination of the container, when available. The diagnosis was further substantiated by typical clinical features (hypersalivation, miosis and fasciculations) and characteristic odor of stomach wash or vomitus. Also cholinesterase level was performed to confirm diagnosis.

Observation: Of 30 patients, 7 required assisted ventilation. The need for ventilator support was significantly more with greater time duration of institution of specific treatment, low level of sensorium at admission, pin point pupils, generalized fasciculations, presence of convulsions and presence of respiratory insufficiency at admission.

Conclusions: The ventilator support in organophosphorus poisoning patients decreases the mortality secondary to organophosphorus related respiratory failure.

Gopinandan V, Vijaya Kumar G, Prabhakar Rao R. The need for ventilatory support decreased the mortality in OP poison patients. J ClinSci Res 2016;5(Suppl 1):S82.

To assess the cause of reduction in mortality & morbidity in vasmol poisoning

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ABSTRACT

Background: The aim of this descriptive to assess the cause of reduction in mortality & morbidity in vasmol poisoning admitted to our ICU, RIMS, Kadapa in 2009 & 2015 by the retrospective study.

Methods: All cases of vasmol poisoning admitted to icu of the RIMS, Kadapa in 2009 and 2015 were included and compared in this study. Demographic features, clinical features and outcome of the patients were recorded.

Results: A total number of 303 vasmol poisoning cases have been admitted in 2009 and 270 cases admitted in 2015. In 2009 Out of 303 cases, 50 cases were presented cervico-facial edema with stridor out of them 26 cases underwent tracheostomy and then 2 cases were died on ventilator, 4 cases were intubated and recovered, 54 cases were presented with cervico-facial edema but recovered with conservative management, 15 cases presented with seizures, 27 cases presented with headache, 102 cases were presented with GI disturbances, 50 were presented with myalgia, 4 cases were develop ARF underwent dialysis and recovered, 4 cases were died immediately after reaching the hospital. In 2015 out of 270 cases, 30 cases were presented with cervico-facial edema with stridor out of these 20 cases were tracheostomy done and 2 cases died on ventilator, 6 cases were intubated and recovered, 20 cases presented with with cervico-facial edema and recovered with conservative management, 38 cases presented without manifestations, 36 cases presented with headache, 4 cases presented with seizures, 2 cases were develop ARF underwent dialysis, 82 cases presented with GI disturbances, 52 cases were presented with myalgias, 2 cases were died immediately after reaching the hospital. Reduction in the morbidity and mortality was observed in 2015 when compared with 2009.

Conclusions: The complications, morbidity and mortality of vasmol poisoning was reduced in 2015 when compared to 2009. Reduction in the PPD concentration, by increased awareness regarding complications of vasmol poisoning and early intervention measures were shown to reduce the mortality and morbidity in vasmol poisoning.

Mohini P, Yadavendra Reddy KB. To assess the cause of reduction in mortality & morbidity in vasmol poisoning. J Clin Sci Res 2016;5(Suppl 1):S83.

To determine the spectrum of liver histopathological features and probable etiology in patients with chronic hypertransaminaesemia of unknown etiology

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ABSTRACT

Background: Asymptomatic persistent transaminaesemia is a common finding and may alter treatment plan if correct diagnosis is made. Liver biopsy is critical component in establishing the diagnosis of many forms of liver diseases especially atypical, subclinical diseases of obscure etiology.

Methods: From January 2016 to July 2016 17 patients with persistent hyper transaminaesemia of more than 6 months with no clear diagnosis on clinical, sonological and serological evaluation were included. Liver biopsies were done as outpatient procedure and were stained with H&E staining and later with trichrome, orcein, rubeanic acid, periodic acid Schiff and peri stain as necessary. Fibrosis was staged by Ishak method.

Results: Total 17 patients were selected for the study, mean age was 33yrs(3-46). In patients with bland fibrosis, one patient had cirrhotic portal fibrosis and another patient had only fibrosis who later found to have occult hepatitis B. In one patient with fibrosis with chronic hepatitis, patient had interface hepatitis with fibrosis and was diagnosed as autoimmune hepatitis who later also developed ASMA positivity. In steatohepatitis patients (n=6), two patients had fibrosis (Ishak 3/6). In cirrhotic patients (n=2), one had hemochromatosis secondary to non transfusion dependent thalassemia and another was cryptogenic. One patient had bland cholestasis? drug induced cholestasis. Two patients had Dubin Johnson syndrome.

Conclusions: Liver biopsy is a useful investigation in patients with persistent hypertransaminaesemia based on which further evaluation could pick up underlying etiology. In our study most common histopathological findings were non alcoholic steatohepatitis.

Vijaykrishna M, Sadhana Sharma. To determine the spectrum of liver histopathological features and probable etiology in patients with chronic hypertransaminaesemia of unknown etiology. J Clin Sci Res 2016;5(Suppl 1):S84.

Respiratory complications in patients with acute deliberate self-poisoning with organophosphorous compounds

Thejeswini P, Alladi Mohan, Harikrishna J, Siddhartha Kumar B, M H Rao, KVS Sarma

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ABSTRACT

Background: Respiratory complications are an important cause of morbidity and mortality in patients with acute deliberate self poisoning with organophosphorous compound (OPC) poisoning.

Methods: We prospectively studied the burden of respiratory complications and outcome in patients admitted to our medical intensive care unit (MICU) with OPC poisoning.

Results: During the period January 2015-June 2016, 70 patients with poisoning were admitted to the MICU. Of these, 18 patients were excluded (non-OPC poisoning 16, died within 24 hours 2) and 52 patients (mean age 41.9 ± 16.5 years; 41 males) were included in the study. Majority had consumed WHO class II compounds (n=26; 50%) followed by highly hazardous WHO class Ib (n=14; 26.9%) and extremely hazardous WHO class Ia (n=9; 17.3%) substances. As per the IPCS-CSS severity grading, most of the patients had grade 1 (n=21; 40.4%), grade 2 (n=20; 38.5%) and grade 3 (n=11; 21.9%) severity. Of these, 32 (61%) required mechanical ventilatory (MV) support; other respiratory complications included intermediate syndrome (n=15, 28.8%); ventilator associated pneumonia (n=7, 13.5%); aspiration pneumonia (n=5, 9.6%). Median (IQR) time lapse between consumption and reaching ER was 7 (5-24) hours. Sixteen patients (31%) died. Patients requiring MV (n=32) compared to those not requiring MV (n=20) had a significantly higher median (IQR) APACHE II score [14.5 (9.5-20.7) Vs 5(3-9.3); $p < 0.0001$]; and SOFA score [8(6-10) Vs 3.5(1-6.8); $p < 0.0001$]. Both APACHE II score (cut off > 7 , sensitivity 90.6%, specificity 75%) and SOFA score (cut off > 7 , sensitivity 56.2%, specificity 75%) at initial presentation performed comparably in predicting need for MV [AUC 0.873 with 95%CI (0.752-0.949) Vs 0.838 (0.710-0.926) $p = 0.592$].

Conclusions: Our observations suggest that need for MV and other respiratory complications is an important cause of morbidity in patients with OPC poisoning. APACHE II and SOFA score at initial presentation are useful in predicting the need for MV in these patients.

Thejeswini P, Mohan A, Harikrishna J, Siddhartha Kumar B, MH Rao, KVS Sarma. Respiratory complications in patients with acute deliberate self-poisoning with organophosphorous compounds. J Clin Sci Res 2016;5(Suppl 1):S85.

Abstracts of Platform Presentations (AP APICON 2016)

Gender differences and study of the clinical profile of carcinoma stomach in a tertiary care centre of coastal Andhra

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ABSTRACT

Background: Surgically curable early Gastric cancers are usually asymptomatic and only infrequently detected outside the realm of a screening program. Hence a better understanding of the condition's clinical profile is essential for early diagnosis and treatment.

Methods: Patients who presented to our tertiary centre from May 2014-May2016 with complaints such as pain abdomen, lump, dyspepsia etc were evaluated and 65 such cases which have been diagnosed as carcinoma stomach were identified. The patients were categorized based on gender and the clinical profile studied, statistical evaluation performed.

Results: Among the patients studied, 18 cases were females and 47 cases were males.

Feature	Females	Males
1. Median age of presentation	42.5 years(range 26-75 yrs)	55 years(range 20-75 yrs)
1. Presenting features	dyspepsia (33%) ; vomiting (20%) -pain abdomen+ vomiting(33%) -painabdomen(14%)	-pain abdomen+ vomitings(33%) -pain abdomen(14%) -vomitings(14%) -malena(10%) -abdominal distention(10%)
1. Stage at presentation	-stage ii(20%) -stage iii(30%) -stage iv(50%)	-stage ii(28%) -stage iii(22%) -stage iv(50%)
1. Site of involvement	- Body and lesser curvature(33%) - Antrum(22%) - Body of stomach(22%)	- Body and lesser curvature(30%) - Antrum(25%) - Body of stomach(25%)
1. Treatment	Capecitabine+ oxaliplatin regimen	Capecitabine+ oxaliplatin regimen/ cisplatin+5- fluoro uracil regimen

Conclusions: Most of the patients in the study presented with Dyspepsia, mild epigastric pain, nausea or anorexia. Since these symptoms are vague, early identification has become difficult, resulting in significant number of cases progressing to metastasis at the time of presentation. Hence, better understanding of the condition and active screening programs are necessary to enable early diagnosis and improvement of outcome.

Meena K, Sarma YS, Praveen NVS. Gender differences and study of the clinical profile of carcinoma stomach in a tertiary care centre of coastal Andhra. J ClinSci Res 2016;5(Suppl 1):S86.