



3RD ANNUAL CONFERENCE
PAKISTAN SOCIETY OF PHYSICIANS

PSPCON
2 0 2 3

"PRISM OF POSSIBILITIES"

MAY 20-21, SERENA HOTEL, PESHAWAR



CONFERENCE
BOOK





Welcome Messages



Message President PSP



It is my great honor and privilege to welcome you all to the third annual conference of our Pakistan Society of Physicians. I am truly humbled to have been trusted to lead such a dynamic and forward-thinking organization, and I am grateful for the opportunity to serve our members.

Our Society is still relatively new, but we have already made significant strides in meeting the needs of physicians in the rapidly changing medical world. Our focus on the ever-changing roles of physicians and the new challenges they face has resonated with many, and we are pleased to see that more and more consultants are joining us in this mission.

We have established regular academic activities, and this year's conference continues with the theme of "Prism of Possibilities," providing a diverse range of topics for our faculty to share their knowledge and expertise. We hope this conference will be an opportunity for all of us to learn from each other, explore new ideas, and connect with colleagues from around the world.

Of course, we know that there will be hurdles along the way, but we aim to keep our Society running and to continue providing a platform for our members to learn, grow, and share their experiences. We will need to work together to overcome these challenges, but I am confident that we can achieve our goals with the support of our members.

Thank you all for participating in this year's conference and for your commitment to our Society. Let us make the most of this opportunity to learn from one another, build new connections and partnerships, and strengthen our Society's mission of advancing medical knowledge and improving patient care.

Thank you, and enjoy the conference.

Sincerely,

Dr. Awais Naeem
President, Pakistan Society of Physicians



Message Founding President & Co-Chairman Organizing Committee



It gives me great pleasure to welcome you all to the third annual conference of the Pakistan Society of Physicians. As one of the founding members of this Society, it is heartening to see the young team that has taken charge and worked tirelessly to organize this event.

This has been a pure team effort, with the central and provincial cabinet members coming together to overcome the challenges we faced. Despite the cancellation due to the uncertain political situation and venue change, the team has worked hard to ensure that this conference could occur.

We have an excellent scientific program planned, with international and national speakers coming together to share their knowledge. I am excited to see the discussions and debates that will emerge from these presentations, and I look forward to learning from all of you.

As the founding President, I hope the young blood in our Society will carry it forward and make it a platform with a national and global impact. We must continue to work together to ensure that our Society remains relevant and responsive to the needs of physicians in Pakistan and worldwide.

I want to express my deepest gratitude to the organizing committee for their hard work and dedication in making this conference happen. And to all of you, I hope you will make the most of this opportunity to learn, share your experiences, and connect with colleagues from across the country.

I look forward to your participation in making it a successful academic event of the year.

Sincerely,

Dr. Muhammad Usman Khattak
Founding President & Co-Chairman Organizing Committee
Pakistan Society of Physicians



Message Founding President & Co-Chairman Organizing Committee



I am pleased to welcome you all to the PSPcon2023, the mega event of the internal medicine fraternity in Pakistan. I am delighted that this event has been well-attended by physicians and post-graduate students nationwide.

As the Chairman of the Scientific Committee, our committee has worked tirelessly to provide you with an attractive program that considers the changing trends in internal medicine. We have selected exciting and relevant topics for today's medical practices and invited knowledgeable faculty members to share their expertise.

This conference is an excellent opportunity for all of us to learn from each other and share our experiences in internal medicine. We have a range of sessions planned, including keynote lectures, interactive workshops, and panel discussions, that will provide you with a wealth of knowledge and insight into the latest developments in internal medicine.

I want to thank the leads & members of various committees for their hard work and dedication in making this conference a success. And to all of you, I encourage you to make the most of this opportunity to learn, network, and connect with colleagues from across the country.

Thank you, and I wish you all a fruitful and enjoyable PSPcon2023.

Sincerely,

Dr. Javed Iqbal Farooqi

**Founding President & Co-Chairman Organizing Committee
Pakistan Society of Physicians**



Message Vice President, Punjab, PSP



On behalf of the Pakistan Society of Physicians and as the Vice President of the Punjab region, I extend a warm welcome to all of you to the highly anticipated PSPCON2023. It is an honour to serve as the co-chairman of the scientific committee for this prestigious conference.

Organizing this conference has been a unique experience for us. Initially, Punjab was assigned the responsibility, and meticulous planning was underway to ensure a remarkable event. However, due to unforeseen security concerns, we had to make the difficult decision to cancel the conference. It was indeed disheartening, but our team did not lose hope. We rose from the setback and started afresh, determined to deliver an exceptional event.

Through unwavering dedication and collective efforts, we are thrilled to present the rejuvenated PSPcon2022 in Serena Peshawar. Our team, comprising Punjab and Khyber Pakhtunkhwa (KPK) members, has worked tirelessly to design an excellent scientific program. We have curated a star-studded lineup of esteemed speakers and experts who will share their invaluable insights and knowledge with all of you.

Our primary aim is to make this conference a transformative and enlightening experience for all participants. We have carefully crafted the scientific program to cover a wide range of relevant topics, ensuring that it caters to our attendees' diverse interests and specialties. From cutting-edge research to clinical updates and interactive workshops, you will have ample opportunities to expand your knowledge, enhance your skills, and engage in fruitful discussions.

Moreover, we understand the importance of networking and fostering meaningful connections within the medical community. PSPcon2023 provides the perfect platform for connecting with fellow physicians, researchers, and healthcare professionals nationwide. We encourage you to take full advantage of this opportunity, as collaboration and knowledge sharing are essential for advancing the field of medicine.

We want to express our deepest gratitude to all the speakers, panelists, and workshop facilitators who generously agreed to participate in this conference. Their expertise and commitment to medical excellence have been instrumental in shaping the scientific program.

Lastly, we extend our heartfelt appreciation to all the participants for their enthusiasm and support. Your presence and active participation are the driving forces behind the success of this conference. We hope that you find PSPCON2023 enriching professionally and enjoyable, and memorable.

Once again, a warm welcome to all of you. Let us embark on this knowledge, collaboration, and growth journey together.

Sincerely,

Dr Lubna Meraj,

Vice President, Punjab, PSP

Co-Chairman, Scientific Committee, PSPCON2023



Message General Secretary



With great pleasure and pride, I welcome you all to the esteemed PSPCON2023, the Pakistan Society of Physicians annual conference. As the society's General Secretary, I have had the privilege of working closely with the central cabinet, and it has been an honour to contribute to this remarkable event.

Organizing this conference has been a unique journey for all of us. We embarked on a learning curve where we had to buckle up and embrace new experiences. Throughout this process, we have encountered triumphs and challenges, including the unfortunate cancellation of PSPCON2022. However, what truly impressed me was the unwavering commitment of our team to overcome obstacles and ensure the success of an annual international conference.

Despite the uncertain political and security situation, our dedicated team refused to be deterred. We stood firm in our determination to provide you with a platform for intellectual exchange, networking, and professional growth. It is a testament to the resilience and perseverance of our organizing committee that we could put together a conference that promises excitement and enlightenment for all attendees.

I want to express my profound admiration for the entire organizing committee, whose tireless efforts and unwavering dedication have made this conference possible. Their hard work, creativity, and resourcefulness have enabled us to create an engaging and enriching program. From keynote sessions to scientific presentations, interactive workshops, and networking opportunities, we have strived to curate an event that caters to your professional interests and aspirations.

I would also like to thank all renowned speakers, experts, and researchers who have graciously agreed to share their knowledge and expertise at this conference. Their contributions will undoubtedly enhance the learning experience for all participants, enabling us to stay abreast of the latest medical advancements.

I am expressing my sincere appreciation for your active involvement and support to all the participants. Your presence is what truly makes this conference a success. I hope you will take full advantage of the diverse sessions, engage in fruitful discussions, and establish meaningful connections with your peers.

Lastly, I wish you a fruitful and enjoyable learning experience at PSPCON2023. May this conference inspire you, broaden your horizons, and contribute to your professional growth. Let us unite, celebrate the spirit of medical excellence, and create memories that will last a lifetime.

Thank you, and best wishes to all.

Dr. Muhammad Asghar,

General Secretary Pakistan Society of Physicians



About Pakistan Society of Physicians



Pakistan Society of Physicians (PSP)

was established on 21st April 2018 with following aims & objectives:

1. To provide a platform for Physicians to share their experiences, exchange viewpoints and to update their knowledge in the field of Internal Medicine.
2. To stimulate interest in the research in Internal Medicine.
3. To organize regular seminars, conferences and meetings for promoting exchange of views.
4. To publish scientific literature for distribution amongst the members.

S. No. 4428.

FORM (C)
(See Rule 6)

GOVERNMENT OF KHYBER PAKHTUNKHWA

Directorate of Social Welfare

CERTIFICATE OF REGISTRATION

Registration KPK / DSW/ 4401.

I hereby certify that Pakistan Society of Physician,

Room No.23 First Floor Habib Medical Centre Dabgori Garden Peshawar.

has this day been registered under the Voluntary Social Welfare Agencies
(Registration and Control) Ordinance 1961 (XLVI of 1961)

Given under my hand and seal at Peshawar this
08th, day of February, 2019.

REGISTRATION AUTHORITY
Directorate of Social Welfare & W.L.

Note: Loss of this certificate must be reported to Registration Authority
within seven days.

Original / Duplicate / Amended

Dated 08/02/2019.

Validity From 08/02/2019. To 08/02/2022.



PSP Member Ship

Pakistan Society of Physicians (PSP) offers following membership to you:

1. Regular Membership:

a. Eligibility:

- i. Candidate for Membership should be a physician holding the degree of MBBS or equivalent recognized by Pakistan Medical & Dental Council (PMDC).
- ii. Candidate should have either Postgraduate Certificate like FCPS (Medicine), MRCP or Diplomate American Board of Medicine.

b. Types of Regular Membership:

- i. **Ordinary Membership:** All persons fulfilling above criteria and paying membership fee on annual basis.
- ii. **Lifetime Membership:** Shall be open to any person who is eligible for ordinary membership on payment of an amount fixed by the Executive Committee from time to time.

2. Associate Membership: Postgraduate Trainees are eligible to apply for Associate Membership of the Society.



Pakistan Society of Physicians (PSP)

Introduction

The Pakistan Society of Physicians (PSP) is a prestigious professional organization that serves as a platform for physicians to share experiences, exchange viewpoints, and update their knowledge in the field of Internal Medicine. With a primary focus on stimulating research and facilitating scientific discourse, the society organizes regular seminars, conferences, and meetings to promote the exchange of views among its members. PSP also aims to publish scientific literature to disseminate the latest advancements and research findings among its esteemed members.

Objectives:

Providing a Platform for Knowledge Sharing and Experience Exchange, The PSP aims to create an environment where physicians can connect and share their experiences in the realm of Internal Medicine. By facilitating knowledge sharing, the society enables its members to stay updated with the latest developments, emerging trends, and best practices in their field. Physicians can engage in fruitful discussions, learn from each other's experiences, and enhance their clinical skills, ultimately leading to improved patient care.

Stimulating Interest in Research in Internal Medicine Recognizing the crucial role of research in advancing medical knowledge, the PSP is committed to fostering a culture of research among its members. By encouraging and supporting research endeavours, the society aims to contribute to the body of knowledge in Internal Medicine. It promotes evidence-based practice and strives to bridge the gap between research findings and clinical application, ultimately benefiting patients and the medical community.

Organizing Seminars, Conferences, and Meetings To foster collaboration and professional growth, the PSP organizes regular seminars, conferences, and meetings. These events provide a platform for physicians to present their research, exchange viewpoints, and learn from eminent speakers and experts in the field. Through such gatherings, the society aims to enhance professional networking, promote interdisciplinary collaborations, and disseminate cutting-edge medical knowledge.

Publishing Scientific Literature, The PSP recognizes the significance of sharing research findings and insights within the medical community. The society aims to start its journal and work with like-minded colleagues to fulfil this objective soon.

Successful Annual Conferences:

PSP has a strong track record of organizing successful annual conferences as focal points for knowledge exchange and professional growth. The PSP 2019 conference, "Current Insights and Future Prospects in Internal Medicine," was held from 6th to 8th December 2019 in Peshawar, Pakistan. The conference brought together renowned national and international speakers who shared their expertise and research findings. The event featured informative sessions, workshops, and poster presentations, enabling participants to gain valuable insights and enhance their clinical skills.



Building upon the success of PSP2019, the society organized PSPCON2021, themed "Updates in Internal Medicine," from 27th to 29th August 2021 in Saidu, Swat. This conference aimed to provide a platform for physicians to learn about the latest advancements in Internal Medicine and their practical implications. The conference featured keynote speeches, scientific sessions, and interactive workshops, facilitating participants' exchange of knowledge and experiences.

First Central Cabinet

The PSP is led by an Executive Council overseeing society's affairs and working tirelessly to achieve its objectives. The Executive Council for the approx three-year term, from 2018 to 2022, included distinguished individuals who demonstrated exceptional leadership and commitment to the society's vision.

The council members were as follows:

Dr. Muhammad Usman: President
Dr. Zia Uddin: Vice President
Dr. Inam Ullah Khan: General Secretary
Dr. Jibran Umar Ayub: Joint Secretary
Dr. Fawad Rahim: Finance Secretary
Dr. Awais Naeem: Press Secretary

The leadership provided by the Executive Council played a pivotal role in shaping the society's initiatives, organizing successful events, and promoting research and knowledge exchange among members.

Conclusion:

The Pakistan Society of Physicians (PSP) stands as a beacon of excellence in the field of Internal Medicine. Society plays a vital role in advancing medical knowledge and enhancing patient care by providing a platform for physicians to share experiences, stimulating research, organizing seminars and conferences, and publishing scientific literature. The successful annual meetings, under the dedicated leadership of the Executive Council, serve as a testament to the society's commitment to promoting professional growth, collaboration, and knowledge exchange among physicians. As PSP moves forward, it continues to make significant contributions to the field of Internal Medicine, ensuring its members' continuous development and excellence.



OATH TAKING CEREMONY January 2022



The official oath-taking ceremony for the new cabinet of the Pakistan Society of Physicians (PSP) was held in January 2022. The ceremony followed the electronic elections held in December 2021, in which the new cabinet members were elected. The event was attended by the founding president and executive members of the society, including Dr. Muhammad Usman, Dr. Javed Iqbal Farooqi, Dr. Khalid Mehmood, and Dr. Hashim Uddin Azam.

During the ceremony, the young cabinet members took their oath from Dr. Javed Iqbal Farooqi. The newly elected president, Dr. Awais Naeem, presented the future vision plan, which included collaboration with other provinces, increasing the penetration of PSP into the periphery, and providing a platform for research and academic activities. The senior members of the society extended their continuous support and showed trust in the newly elected cabinet.

The oath-taking ceremony was conducted in a professional manner, reflecting the commitment and dedication of the newly elected cabinet towards their responsibilities. The ceremony provided an opportunity for the new cabinet to pledge their commitment to serving the society and its members with utmost sincerity and diligence. The presence of the founding president and executive members of the society further added to the importance and significance of the event.



Overall, the PSP oath-taking ceremony was a significant milestone in the history of the society. It marked the beginning of a new chapter, with a fresh vision and renewed energy to serve the community of physicians in Pakistan. The commitment and dedication of the newly elected cabinet towards their responsibilities and the support of the senior members of the society bode well for the future of the PSP

Central Cabinet

Dr. Awais Naeem

President

Dr. Muhammad Asghar

General Secretary

Dr. Hamza Ali Khan

Senior Vice President

Dr. Fahad Naim

Co-Ordination Secretary

Dr. Fawad Rahim

Finance Secretary

Dr. Sheraz Iqbal

Press Secretary

Federal

Vice-President: Dr. Jamal Zafar

Punjab

Vice President: Dr. Lubna Meraj

Sindh

Vice President: Dr. Zia Ullah

Balochistan

Vice President: Dr. Jahanzeb Khan

Executive Members

Prof. Muhammad Usman Khattak

Prof. Khalid Mehmood

Prof. Javed Iqbal Farooqi

Prof. Dr. Hashim Uddin Azam

Prof. Muhmmad Ishaq Khattak

Prof. Sheraz Jamal Khan

Prof. Mumtaz Ali Marwat

Prof. Masood Ur Rahman

Prof. Muhammad Noor

Prof. Aman Ullah

Prof. Zia Uddin



Committees



Organizing Committee

Chairman: Dr. Awais Naeem
Co-Chairman: Dr. Muhammad Usman
Secretary: Dr. Muhammad Asghar
Members: Dr. Fawad Rahim, Dr. Hamza Ali Khan, Dr. Sheraz Iqbal

Scientific Committee

Chairman: Dr. Javed Iqbal Farooqi
Co-Chairman: Dr. Lubna Meraj
Secretaries: Dr. Jibran Umer Ayub, Dr. Nadia Shams, Dr. Fahad Naim,
Dr. Awais Naeem
Members: Dr. Usman Zafar, Dr. Ehtsham Hafeez

Finance Committee

Chairman: Dr. Fawad Rahim
Secretary: Dr. Farhan Ali
Members: Dr. Imran Qadir Khattak, Dr. Khushal Nadir Hadi, Dr. Faisal Hassan,
Dr. Yasir Ali

Food & Entertainment Committee

Chairman: Dr. Muhammad Asghar
Co-chairman: Dr. Atta Muhammad Khan
Secretary: Dr. Hashmat Ullah Khan
Members: Dr. Rehmat Ullah Momand, Dr. Ikram, Dr. Zainab, Dr. Imtiaz,
Dr. Amina Saleem

Awards and Shields Committee

Chairman: Dr. Abdur Rehman Afridi
Co-chairman: Dr. Zafar Ali
Secretary: Dr. Sumaira Bakhtiyar
Members: Dr. Aamir Zeb, Dr. Mahnoor Fakhar, Dr. Sadaf Malik, Dr. Zahid Ullah
Khan, Dr. Muhammad Asghar, Dr. Muhammad Usman

Press & Publications Committee

Chairman: Dr. Sheraz Iqbal
Secretary: Dr. Noman IDR.ees
Members: Dr. Farhan Zeb, Dr. Imran Qadir Khattak,
Dr. Muhammad Hayyan Wazir, Dr. Fatima Farid, Dr. Nabil Karim,
Dr. Ghulam Abbas, Dr. Yasir



Invitation and Reception Committee

Chairman: Dr. Wazir Muhammad
Co-Chairman: Dr. Hamza Ali khan
Members: Prof. Usman Khattak, Dr. Anwar ul Haq, Dr. Ishfaq, Dr. Zahid Wazir, Dr. Saleem Iqbal

Transport and Accommodation Committee:

Chairman: Dr. Jibran Umar Ayub
Co-Chairman: Dr. Uswa Ramzan
Secretary: Dr. Abdul Wahab
Members: Dr. Syed Muhammad Haris Bacha, Dr. Ayesha Gul, Dr. Shahbaz Jhagra

Pre-Conference Workshops Committee

Central Cabinet-PSP

Dr. Muhammad Usman	Dr. Hashim Uddin Azam	Dr. Javed Iqbal Farooqi
Dr. Jamal Uddin	Dr. Jibran Umar Ayub	Dr. Saima Mehboob
Dr. Humaira Achakzai	Dr. Murad Ali	Dr. Muhammad Ayub
Dr. Iqbal Haider	Dr. Aliena Badshah	

Abstract Review Committee:

Chairman: Dr. Fahad Naim
Co-Chairman: Dr. Salma Zeb, Dr. Bughdad Khan
Secretary: Dr. Inam Ullah Khan
Members: Dr. Asif Khan, Dr. Usman Ali, Dr. Sarah Nisar, Dr. Bilal Zeb, Dr. Darwaish Iqbal, Dr. Sara Gul, Dr. Hoorish

Registration Desk/Registration Committee

Chairman: Dr. Sheraz Iqbal
Co-Chairman: Dr. Usman Ali
Secretary: Dr. Abdullah Khalil
Members: Dr. Shah Umam, Dr. Imran, Dr. Naseem, Mr Fazal Maula



Khyber Pakhtunkhwa Institutional Focal Persons

1. Dr. Jibran Umar Ayub Khan Assistant Professor and Head Dept. of Gastroenterology, Town Teaching Hospital, Gandhara Univeristy, Peshawar

Lead focal person PSP for PRIVATE MEDICAL COLLEGES, Khyber Pakhtunkhwa

2. Muhammad Ayub Khan, Associate Professor Medicine, Saidu Medical College/Saidu Teaching Hospital, Swat
3. Dr. Muhammad Fawad, Assistant Professor Medicine, Gomal Medical college Dera Ismail Khan
4. Dr. Shahzad Ahmad, Assistant professor medicine, Northwest General Hospital, Peshawar
5. Dr. Humaira Achakzai, Associate Professor Med, Rehman Medical Institute, Peshawar
6. Dr. Saima Mehboob, Associate Professor Medicine, Kuwait teaching Hospital, PMC GP OF HOSPITALS
7. Dr. ARIF MUMTAZ, Assistant Professor, KMU Institute of Medical Sciences, Kohat
8. Dr. Muhammad Akram Khan, Medical Specialist, District Headquarter Hospital, Haripur, KPK
9. Dr. Murad Ali, Assistant Professor Medicine, Bacha Khan Medical College, Mardan
10. Dr. Muhammad Waqas, Assistant Professor Medicine, Gujju Khan Medical College, Swabi
11. Dr. Naseeb Ur Rehman Shah, Associate Professor, MTI, Bannu



Breaking Barriers, Shaping Future: Pakistan Society of Physician's Trailblazing Journey in 2022

2022 marked a new era for the Pakistan Society of Physicians (PSP) as it embarked on a transformative journey under new leadership. With a renewed vision and a commitment to advancing healthcare excellence, PSP organized various academic events throughout the year, focusing on important health topics. These events aimed to enhance the knowledge and skills of healthcare professionals while fostering a robust network of PSPs at both the provincial and national levels. Although the society faced challenges, including cancelling its annual conference due to security and political concerns, PSP steadily grew and strengthened its presence in the healthcare community. This professional write-up will highlight some notable events conducted under the PSP umbrella, demonstrating the society's dedication to professional development and the elevation of healthcare standards.

Academic Events and Professional Development:

PSP's calendar for 2022 was brimming with academic events that catered to the diverse interests and needs of healthcare professionals across specialties. These events provided a platform for participants to engage in interactive sessions, exchange knowledge, and collaborate on important healthcare issues. With a focus on evidence-based practices, the events facilitated discussions on emerging trends, research findings, and innovative approaches to patient care.

Throughout the year, PSP organized symposiums, seminars, and workshops covering various topics, including hypertension, infectious diseases, diabetes, and many others. Esteemed national speakers graced these events, sharing their expertise and insights to enrich attendees' knowledge. The interactive nature of the sessions encouraged active participation, allowing healthcare professionals to learn from one another's experiences and perspectives.

Increasing the PSP Network:

Under the new leadership, PSP prioritized expanding its network at the provincial and national levels. Society recognized the importance of collaboration and fostering relationships among healthcare professionals to drive positive change and improve patient outcomes. To achieve this, PSP actively engaged with medical societies, healthcare organizations, and academic institutions, forging partnerships and strengthening ties within the healthcare community. PSP's increased presence on social media platforms and its revamped website played a pivotal role in connecting healthcare professionals across geographical boundaries. The society utilized these platforms to disseminate information, share updates on upcoming events, and promote knowledge sharing.

Challenges and Resilience:

One of the highly anticipated events on PSP's calendar was the annual conference planned for November 2022 at the prestigious Marriott Islamabad. However, the meeting had to be cancelled due to the uncertain security and political situation. This decision, though disappointing, was made in the best interest of the participant's safety and well-being. Despite this setback, PSP exhibited resilience and adapted to the circumstances by exploring alternative avenues to provide educational opportunities.



Growth and Future Outlook:

While 2022 presented its share of challenges, PSP's unwavering dedication to advancing healthcare excellence allowed it to slowly but steadily grow and deepen its roots in the healthcare community. The society's commitment to organizing academic events, facilitating professional development, and fostering collaboration have earned it recognition and respect among healthcare professionals.

PSP envisions an even more robust network of healthcare professionals united in their pursuit of excellence. The society plans to continue organizing events that address the evolving needs of the healthcare landscape, ensuring that healthcare professionals stay updated on the latest advancements and best practices.



KPK STROKE SYMPOSIUM 22nd December 2021



Course Director: Dr. Iqbal Haider

Organizer: Dr. Aliena Badshah, Dr. Awais Naeem

PSP Representation: Dr. Muhammad Usman, Dr. Fahad Naim, Dr. Hamza Ali Khan

The KPK Stroke Symposium, a collaborative effort between the Department of Medicine, Pakistan Society of Physicians, and KMC Alumni of North America, was a comprehensive and informative event on stroke prevalence in Pakistan, the role of thrombolysis, and the importance of physiotherapy in stroke management. The symposium was attended by eminent national speakers and Dean KMC, Dr. Mahmud Aurangzeb, along with distinguished faculty Dr. Intekhab Alam and Dr. Muhammad Humayun.



The symposium had several learning objectives, including raising awareness about the high prevalence of stroke in Pakistan and highlighting the importance of early recognition and treatment. The speakers discussed the current state of stroke management in Pakistan and shared their experiences with thrombolysis and other treatment options. They emphasized the need for a multidisciplinary approach to stroke management, including the involvement of physiotherapists and rehabilitation specialists.

The symposium also provided a platform for participants to learn about the latest research and developments in stroke management. The speakers discussed the latest findings on stroke prevention, risk factors, and emerging treatment options. The symposium also included interactive sessions where participants could ask questions and engage in discussions with the speakers and other attendees.

In conclusion, the KPK Stroke Symposium was a highly informative and engaging event that provided valuable insights into stroke management in Pakistan. The symposium helped participants to gain a deeper understanding of the challenges and opportunities in stroke management and highlighted the importance of a multidisciplinary approach to stroke care. The symposium achieved its learning objectives by raising awareness about stroke and providing participants with the latest knowledge and tools to manage this debilitating condition effectively.



Diabetes for Internist: 22nd March, 2022



PAKISTAN SOCIETY OF PHYSICIANS

DIABETES For INTERNISTS SYMPOSIUM

SPEAKERS



**Professor
Dr. Intikhab Alam**
Professor of Medicine
Former Head of Department Medicine, Lady
Reading Hospital & Former CEO, Post Graduate
Medical Institute, Peshawar



**Assistant Professor
Dr. Fawad Rahim**
Hayatabad Medical Complex
Peshawar



**Assistant Professor
Dr. Hamza Ali Khan**
Khyber Teaching Hospital Peshawar



**Associate Professor
Dr. Zia Ud Din**
Lady Reading Hospital Peshawar



**Associate Professor
Dr. Bughdad Khan Wazir**
Khyber Teaching Hospital Peshawar



**Assistant Professor
Dr. Khalid Shahab**
Hayatabad Medical Complex
Peshawar

Panel of Experts



Dr. Ishaq Khattak Dr. Javed Iqbal Farooqi Dr. Usman Khattak Dr. Abdur Rehman Afridi

Moderator



Dr. Rahad Naim

Organizers



Dr. Awais Naeem Dr. Sheraz Iqbal Dr. M Asghar

22nd March 2022
Tuesday
Time: 07:30pm

SEARLE

 **Shelton Rezidor**





The Diabetes for Internist Symposium, organized under the umbrella of the Pakistan Society of Physicians (PSP), was attended by consultants, general practitioners, and PG trainees. The symposium aimed to provide attendees with knowledge about diabetes prevention, gestational diabetes, diabetes management during Ramadan, new advances in diabetes management, diabetes in geriatric populations, and modifying guidelines for resource-limited settings.

The learning objectives for the symposium were to provide attendees with a comprehensive understanding of diabetes, its management, and prevention. Additionally, attendees were expected to learn about new advances in diabetes management and ways to modify guidelines for resource-limited settings. The symposium aimed to encourage interaction between the audience and speakers, to facilitate an exchange of ideas and to enhance the learning experience.

The symposium successfully achieved its learning objectives. The attendees gained a comprehensive understanding of diabetes, its prevention, and management. The speakers provided valuable insights into new advances in diabetes management and ways to modify guidelines for resource-limited settings.

The interactive session with the audience was an excellent platform for attendees to engage with the speakers and clarify any doubts. The symposium was an excellent opportunity for attendees to learn from eminent speakers in the field of diabetes management and will undoubtedly contribute to better patient outcomes in the future.

The audience was highly satisfied with the education experience and appreciated the opportunity to interact with the speakers.



Dyspneic Menaces; Internist's approach to management



Meet the Expert



Prof. Dr. Muhammad Usman Khattak

MBBS, MCPS, FCPS

HOD Medical C, MTI Hayat Abad Medical Complex

Khyber Girls Medical College Peshawar.

Founding President Pakistan Society of Physicians.

Dyspneic Menaces; Internist,s approach to management



Saturday 19th Mar. 2022

Time: 12:30 - 01:45 pm

Venue: PC Hotel Peshawar





Dyspnea, commonly known as shortness of breath, is a common symptom that requires a systematic approach for effective management. This symposium aimed to provide insights into the different causes of dyspnea and its management, offering attendees an opportunity to learn from a renowned expert in the field.

Learning Objectives:

The symposium provided an overview of the approach to dyspnea and its different causes. The learning objectives for this symposium were as follows:

- To recognize the various causes of dyspnea, including respiratory, cardiac, and metabolic causes.
- To understand the pathophysiology of dyspnea and its impact on the patient's quality of life.
- To learn how to conduct a comprehensive history and physical examination for patients with dyspnea.
- To understand the role of diagnostic tests, including imaging and laboratory investigations, in managing dyspnea.
- To learn about the management options for dyspnea, including pharmacological and non-pharmacological interventions.

Symposium Experience:

The Dyspnea Menaces symposium provided a pleasant learning experience for all attendees. Dr. Muhammad Usman, the founding president of PSP and an expert in dyspnea management, shared his knowledge and expertise through informative lectures and interactive case discussions. Attendees were allowed to ask questions, engage in conversations, and learn from each other's experiences.

The session provided an excellent opportunity for internists, general practitioners, and trainee medical officers to expand their knowledge and improve their skills in managing dyspnea. The meet-the-expert session with Dr. Muhammad Usman provided attendees with a unique opportunity to learn from a renowned expert and gain valuable insights into the management of dyspnea.

In conclusion, the organizer & speakers were hopeful that the knowledge and skills gained from this symposium would enable attendees to effectively manage patients with dyspnea, improving their quality of life.

The Symposium on Tuberculosis on World TB Day



The Symposium on Tuberculosis on World TB Day was organized by the organizing committee of the Pakistan Society of Physicians (PSP), led by Dr. Fawad Rahim and Dr. Sheraz Iqbal under the guidance of Dr. Muhammad Usman in March 2022. The main purpose of the event was to raise awareness about tuberculosis, a highly infectious disease that still poses a significant threat to public health in many parts of the world.

The symposium was attended by the trainees of medical units who were eager to learn about the latest developments in the diagnosis, treatment, and prevention of tuberculosis. The keynote speakers were renowned experts in the field of tuberculosis who shared their insights and experiences on the topic.

The learning objectives of the symposium were to help participants understand the epidemiology and pathogenesis of tuberculosis familiarize them with the various diagnostic modalities available for the disease, and highlight the importance of early detection and treatment for successful outcomes. The speakers also emphasized the importance of public health measures such as vaccination, contact tracing, and infection control in preventing the spread of tuberculosis.

The event was followed by an awareness walk aimed at spreading the message about tuberculosis among the general public. The participants carried banners and posters with messages emphasizing the need for early detection and treatment of tuberculosis. The walk was well-received by the local community and attracted considerable media attention.



In conclusion, the symposium on tuberculosis organized by the PSP was a highly informative and educational event that succeeded in raising awareness about the disease among medical trainees and the wider community. The event served as a reminder that tuberculosis is still a major public health challenge that requires continued attention and concerted efforts to combat.



Single Day Workshop: Rational Prescription and Pharmacovigilance 29th March 2022





To bring attention to the significance of rational prescription and pharmacovigilance, the organizing committee for the PSP hosted a workshop lasting just one day at MTI KTH. Dr. Awais Naeem, Dr. Fahad Naim and Dr. Hamza Ali Khan directed the event, and Dr. Hashim Uddin Azam, Dr. Wazir Muhammad and Dr. Bughdad Khan were in the expert panel.

The purpose of the meeting was to educate medical professionals on the fundamentals of rational prescribing as well as the significance of pharmacovigilance in maintaining the health and well-being of patients. The presenters underlined how important it is to properly document adverse drug reactions (ADR.s) and promptly report them to the regulatory authorities. They also emphasized the significance of adhering to treatment guidelines that were supported by data and avoiding the use of illogical medication combinations.

The program was designed to be participatory, and attendees were encouraged to participate in group discussions and case-based scenario exercises actively. The experts offered concrete advice on recognizing and treating adverse drug reactions (ADR.s), and they discussed their personal experiences addressing frequent prescribing mistakes. They also highlighted the significance of collaboration between regulatory bodies and healthcare practitioners as an essential component of efficient pharmacovigilance.

The attendees left the event having gained a more profound comprehension of rational prescription and pharmacovigilance, which is evidence that the workshop was a massive success on the whole. Because of the event's interactive aspect, participants were able to have a learning experience that was both more engaging and more memorable. Participants gave favourable comments to the PSP organizing committee, expressing their gratitude for the opportunity to learn from professionals in the field. The committee was able to use this feedback to improve future events.



Symposium on Geriatric Medicine



Symposium on Geriatric Medicine

SPEAKERS



**Professor
Dr. Amjad Ali**
Mardan Medical Complex
Mardan



**Associate Professor
Dr. Iqbal Haider**
Khyber Teaching Hospital
Peshawar



**Professor
Dr. Ejaz Gul**
Mardan Medical Complex
Mardan



**Assistant Professor
Dr. Muhammad Zeb**
Gajju Khan Medical College
Swabi

Panel of Experts



Dr. Naveed Khan
Professor of Medicine
MMC Mardan



Dr. Rehman Uddin
Professor of Gastroenterology
MMC Mardan



Dr. Shah Zeb
Assistant Professor
MMC Mardan



Dr. Hameed Ullah
Assistant Professor
MMC Mardan

Chief Guests



Dr. Muhammad Abbas
DEAN/CEO BKMC/MMC
Mardan



Dr. Imad Hameed
Medical Director
MMC Mardan

Moderator



Dr. Umar Zahoor

Organizers



Dr. Murad Ali



Dr. Manzoor

AGENDA

- Tilawat 10:30 AM
- Introduction to Geriatric medicines 10:35 – 11:00 AM
- Drug prescribing in older adults 11:00 – 11:30 AM
- Clinical assessment of the elderly patients 11:30 – 12:00 PM
- Normal ageing, Dementia and its behavioral management 12:00 – 12:30 PM
- Certificate distribution
- Closing remarks
- Hi-Tea

29th March 2022
Tuesday
Time: 10:30 AM

GETZ

 **Haider Hall
BKMC Mardan**





On March 29th, 2022, BKMC Mardan hosted a geriatric medicine symposium. An introduction to geriatric medicine, Drug prescribing in older adults, clinical assessment of elderly patients, normal ageing, and dementia and its behaviour management were some of the topics that were discussed at the event, which was organized by the Department of Medicine at the Mardan Medical Complex in collaboration with the Pakistan Society of Physicians, Pakistan.

The primary educational goals of the symposium were to develop knowledge and abilities in managing aged patients and to emphasize the particular issues of geriatric medicine. The seminar was held in the United States. The event's purpose was to present delegates with the most recent findings from research, recommendations for best practices, and therapeutic strategies for treating elderly patients.

The event had many attendees from the medical community, including doctors, nurses, and students in medical programs. The audience showed a high level of participation throughout the interactive sessions, which included debates, case studies, and question-and-answer periods. Participants were invited to talk about their experiences and offer their perspectives.

The symposium was a huge success, and the audience provided a good response by indicating that they were pleased with the level of both the quality and the depth of the content that was delivered. The symposium attendees considered it educational, practical, and applicable to their clinical work. Many attendees discussed their excitement about implementing their newly acquired knowledge and skills into their clinical work, and the event planners were inundated with requests for future programs that are analogous to this one.

In conclusion, the symposium on geriatric medicine was a fantastic chance for medical professionals to update their knowledge and skills in the field of geriatric medicine during the course of the seminar. It was a really successful and valuable event because of the informative lectures, the interesting conversations, and the interactive sessions that were held. The response from the audience was very favorable, underscoring the necessity for additional events of this nature to be held in the future.



Redefining Diabetes Care In Ramazan

CITY GENERAL HOSPITAL
A Public Seminar

Speaker's

Dr. BADAR MAHMOOD
MBBS, FCPS, MCPS
Certified in Diabetes and Endocrine USA
How To Adjust Anti-diabetic Medication During Ramadan

Dr. TAHIR ULLAH
Assistant Professor
MBBS, FCPS
(General Surgery)
Who Can Fast? Based on Risk Factor Stratification

Panel of Expert

Dr. Hasbi Allah Amin **Dr. Shokat Ali** **Dr. Gohar Shah** **Dr. Fahmeeda**

Timing:
4:00 pm

Date:
26-March-2022

Venue:
City General Hospital
Dalazak Road Peshawar

This Seminar Has Been Organized With Collaboration Of Pakistan Society Of Physicians

Redefining Diabetes Care in Ramadan." It was planned and executed in conjunction with the hospital's consultants and the Pakistan Society of Physicians (PSP). Dr. Badar Mahmood is the one who volunteered to develop the PSP network at his place of employment.

The conference's primary purpose was to inform people with diabetes about how to keep their condition under control during the holy month of Ramadan. The discussions were on how to modify anti-diabetic medication while fasting and how to determine which patients can safely fast based on their risk profiles. The objective was to offer patients and healthcare providers information that was supported by evidence to improve diabetes care during the month of Ramadan.

The seminar had many attendees, including patients, members of patients' families, and medical professionals. The speakers underlined the significance of routine monitoring of blood glucose levels, modifying both the dosage and timing of medications and adjusting one's diet. They also talked about the risk stratification of individuals with diabetes and how to identify patients at a higher risk of complications when fasting.

The event was designed to be interactive, and the speakers invited questions from the attendees throughout. Patients and members of their families voiced their concerns and asked for help managing diabetes during the month of Ramadan. The specialists also discussed their experiences and the methods they found to be the most effective in managing diabetes.

In conclusion, the public seminar that was held on "Redefining Diabetes Care in Ramadan" was a successful event that gave patients as well as healthcare professionals with information that was both useful and informative. The expansion of the PSP network and the improvement of diabetes care at Dr. Badar Mahmood's place of employment were both excellent examples of Dr. Mahmood's innovation. The session was helpful in raising knowledge about diabetes care during Ramadan and highlighted the necessity of patients and healthcare providers working together to manage this condition effectively.



World Thrombosis Day

EYES OPEN TO THROMBOSIS

Your are cordially invited to attend a Symposium

WORLD THROMBOSIS DAY

9th November 2022
5th Floor Auditorium KTH, Peshawar.

CHAIRPERSON
Dr. Awais Naeem

MODERATOR
Dr. Aliena Badshah

SPEAKER
Dr. Nayab Munib

XCEPT
Rivaroxaban Tablets 10mg/15mg/20mg

Pharmvo
Our dream, a healthier society

On November 9, 2022, a symposium on NOAC therapy was held at the Khyber Teaching Hospital's auditorium. Dr. Awais Naeem and Dr. Aliena Badshah directed the event, organized with the assistance of the Department of Medicine and the Pakistan Society of Physicians.

The primary objective of the symposium was to provide participants with an in-depth understanding of NOAC therapy, including its mechanisms, pharmacology, clinical indications, and clinical applications. The seminar also sought to educate participants on managing patients receiving NOAC therapy, recognizing potential adverse effects, and managing complications.

Experts shared their perspectives and experiences on the subject during the event. Included in the discussion were the pharmacological properties, clinical indications, dosing, monitoring, and management of complications of NOACs.

Participants were encouraged to pose questions and discuss their own experiences at the symposium, which was interactive. The event provided participants an excellent opportunity to network with and learn from other healthcare professionals.

Overall, the symposium on NOAC therapy was a productive and enlightening occasion. The speakers delivered captivating speeches and gave participants valuable insights on the subject. The participants departed with a greater comprehension of NOAC therapy and the skills and knowledge necessary to manage NOAC-using patients in clinical practice.



Symposium on Core Science of Modern Insulins and Value for Life



Symposium on Core Science of Modern Insulins and Value for Life



Dr. Awais Naeem

Chairperson &
Assistant Professor of Medicine
MTI Khyber Teaching Hospital Peshawar
President Pakistan Society of Physicians

Speakers



Dr. Hamza Ali Khan

Assistant Professor of Medicine
MTI Khyber Teaching Hospital Peshawar
Vice President Pakistan Society of Physicians

Venue: Shelton Rezidor Hotel

Date: 29 July 2022 (Friday)

Time: 08:00 PM

For Registration of Limited Seats, Contact: Zafar Ullah: 0344-9509997



On 29th July 2022, the Pakistan Society of Physicians hosted a symposium at the Shelton Rezidor Hotel on the Fundamental Science of Modern Insulin and the Value of Life. The seminar emphasized the most recent developments in insulin therapy and the economic value of these treatments for patients. The whole central cabinet of PSP attended the event.

Dr Muhammad Usman, the founding president of the PSP, began the event with a greeting address in which he emphasized the significance of keeping up with new medical developments. The chief coordinator, Dr Sheraz Iqbal and Dr Fahad Naim then provided an overview of the symposium's objectives. They said the aim was to provide an understanding of modern insulin and its fundamental science, the function of analogues in insulin therapy, and how they improve patients' lives.

Dr Hamza Ali Khan then gave the first presentation on the most recent developments in insulin therapy. He described how the development of newer and more advanced insulin analogues had made it possible for diabetic patients to attain improved glycemic control. In addition, he emphasized the significance of individualized treatment plans that consider the patient's age, comorbidities, and lifestyle.

Dr Awais Naeem delivered the second lecture, which focused on the economic value of modern insulin. He comprehensively analyzed the direct and indirect costs associated with insulin therapy and how the newer analogues may be more cost-effective over time.

Participants were encouraged to pose inquiries and share their experiences at the interactive symposium. Numerous participants, including general practitioners and medical officers-in-training, expressed appreciation for the opportunity to learn about the most recent developments in insulin therapy and their prospective advantages for patients.

The symposium on the Core Science of Modern Insulin and Value for Life was a resounding success. In addition to enhancing participants' comprehension of modern insulin and its underlying science, the event emphasized the significance of individualized treatment plans and the economic value of contemporary insulin. Dr Awais Naeem and Dr Hamza Ali Khan's presentations were well-received, and the interactive nature of the symposium made it an enjoyable learning experience for all attendees.



Beat the Pressure: Navigating Hypertension Symposium



PAKISTAN SOCIETY OF PHYSICIANS

Beat the Pressure : Navigating Hypertension

SYMPOSIUM

CHAIRS



Professor Dr. Javed Iqbal Farooqi



Professor Dr. Ishaq Khattak



Professor Dr. Zafar Nayal



Professor Dr. Khalid Mahmood

SPEAKERS



Dr. Hushmat Ullah Khan
Assistant Professor Medicine

Topic:

Classification of Hypertension, role of ambulatory monitor



Dr. Arif Mumtaz
Associate Professor Medicine

Topic:

Hypertension in pregnancy, therapeutics and targets



Dr. Shahid Jamil
Professor of Medicine

Topic:

Hypertensive Urgency And Emergency getting out of the era of sublingual



Dr. M. Usman Khattak
Professor of Medicine

Topic:

Hypertension: ABCD approach, in light of recent evidences



Dr. Hamza Ali Khan
Assistant Professor of Medicine

Topic:

Secondary hypertension, diagnostic workup and its pitfalls



Dr. Hashim Uddin Azam
Professor of Medicine

Topic:

Hypertension in geriatric population, special considerations

ORGANIZERS

Program Director



Dr. Awais Naeem
President PSP

Program Co-Director



Dr. M. Asghar
Secretary General PSP

Program Co-Director



Dr. Abrar Umar Ayub Khan
Local Person PSP
Private Medical Colleges

Moderator



Dr. Sheraz Iqbal
Secretary Information
& Publication PSP



Dr. Hamza Ali Khan
SVP President PSP



Dr. Fahad Naim
Sec. Coordination, PSP



Dr. Fawad Raheem
Secretary Finance PSP



Friday 17th February 2023 Time: 07:30 pm
At: SERENA HOTEL Peshawar

SEARLE



On February 17, 2023, the symposium "Beating the Pressure: Navigating Hypertension" occurred at the Serena Hotel. The theme of the event was "Beating the Pressure." Several medical experts, some of whom are considered authorities in the field of hypertension, were present at the event, including Dr Zafar Hayat, Dr Khalid Mehmood, Dr Javed Iqbal Farooqi and Dr Ishaq Khattak. The purpose of the symposium was to offer attendees a comprehensive understanding of hypertension, its treatment, and the difficulties connected with it.

The distinguished faculty covered various hypertension-related issues in their presentations, which were given throughout the conference. During the first talk, Dr Hushmut Ullah Khan discussed the different types of hypertension and emphasized the importance of a proper diagnosis and treatment plan. The importance of ambulatory blood pressure monitoring in diagnosing and managing hypertension was highlighted, with a particular focus on its value in determining a patient's blood pressure outside of the confines of a clinical environment.

The second talk of the meeting was dedicated to the topic of hypertension in pregnancy by Dr Arif Mumtaz. He talked about the diagnostic criteria, therapy, and short & long-term consequences connected with this illness in pregnant females.

During the third talk, Dr Muhammad Usman enlightened the audience about the more straightforward approach to managing hypertension and emphasized the importance of tailored treatment regimens based on the patient's medical history, lifestyle, and other comorbidities.

The topic of discussion for the fourth talk was secondary hypertension, a condition that occurs less frequently but can lead to severe problems if it is not adequately recognized and managed. Internist & Endocrinologist Dr Hamza Ali Khan delivered the talk.

During the fifth session, Dr Shahid Jamil talked about hypertensive crises and urgencies and emphasized the importance of getting a diagnosis and starting treatment as soon as possible to reduce the risk of end-organ damage.

In the final part of the sixth session, Dr Hashim Uddin Azam talked about hypertension in the elderly, which is a significant cause for concern regarding older adults' health. The presenters addressed the difficulties associated with hypertension management in the senior population and underlined the need for routine monitoring and changes in one's way of life.

A complete grasp of hypertension, including its diagnosis, treatment, and consequences, was one of the learning objectives of the symposium. Another purpose was to educate the participants with the practical information necessary to improve the quality of care they deliver to patients. Additionally, the event intended to encourage research and collaborative efforts in hypertension.

The event was participatory, and attendees were allowed to participate in conversations and pose questions to the presenters. The attendees reacted positively to the symposium and expressed gratitude to the presenters for their valuable insights. At the end of the seminar, a general agreement was reached about the significance of maintaining frequent monitoring, developing tailored treatment programs, and adjusting one's way of life to manage hypertension effectively.

In conclusion, the "Beating the Pressure: Navigating Hypertension" symposium was highly instructive and exciting. The goals of the learning experience were accomplished, and the participants departed with the information and skills necessary to enhance the treatment of hypertension. The collaboration of the symposium's organizers, presenters, and attendees was crucial to the event's success, emphasizing the significance of teamwork and an interdisciplinary approach to enhancing patient care.



PRE-CONFERENCE WORKSHOP

CARRYING OUT A CLINICAL AUDIT

A Way to Improve Our Clinical Standards



PATRON IN-CHIEF

Prof. Muhammad Umar (SI)
Vice Chancellor
Rawalpindi Medical University



PRINCIPAL

Prof. Jhangeer Sarwar Khan
Deans Postgraduate Department
Rawalpindi Medical University



SPEAKER

Dr. Iftikhar Ahmad

MBBS (Pak), FCPS (Pak) MRCGP (UK)
MRCS (UK) CCT (UK) MCFPC (Canada)
PG Certification in Diabetes(UK)



Director

Dr. Lubna Meraj



Co-Chairperson

Dr. Tehmina Qamar



Chairperson

Prof. Rai Muhammad
Asghar



Co-Director

Dr. Kashif Rauf Makhdoom

TIME

09:00am to 01:00pm

VENUE

Syndicate Hall Main Campus
Rawalpindi Medical University

DATE

27th October 2022



Prof. Samia Sarwar
Director Postgraduate
Department

Organized By

Postgraduate Department
Main Campus RMU

Co-Speaker Dr. Sadia Azam Khan



Co-Coordinator

Dr Abdul Rab Faisal



Co-Coordinator

Dr. Syeda Fatima Rizvi



Co-Coordinator
Dr. Zahida Qadir



The Pakistan Society of Physicians (PSP) and Rawalpindi Medical University are committed to promoting continuous improvement in healthcare standards. As part of their efforts, a pre-conference workshop on the clinical audit was organised under the guidance of Dr Lubna Meraj, serving as the Course Director. The workshop was designed to equip healthcare professionals with the necessary knowledge and skills to conduct clinical audits effectively. The workshop proved to be a successful event, attracting healthcare professionals eager to enhance clinical standards. Dr Iftikhar Ahmad, an esteemed speaker, delivered insightful sessions on clinical audit methodologies and implementation strategies.

Learning Objectives:

Understand the concept and significance of clinical audit: The workshop aimed to provide participants with a comprehensive understanding of clinical audit and its importance in improving healthcare standards. Attendees learned about the fundamental concepts of clinical audit, its role in ensuring patient safety, and its impact on enhancing clinical outcomes. Through interactive sessions and case studies, participants gained a deeper appreciation for the value of clinical audits in healthcare practice.

Familiarize participants with clinical audit methodologies: The workshop introduced participants to various clinical audit methodologies and techniques. Dr Iftikhar Ahmad, an expert in clinical audit, shared practical insights on selecting appropriate audit topics, defining audit criteria, and collecting relevant data. Attendees learned how to conduct clinical audits effectively, ensuring the audit process's accuracy, reliability, and relevance. By the end of the workshop, participants were equipped with the skills to plan and execute successful clinical audits.

Develop data collection, analysis, and interpretation skills: Participants had the opportunity to enhance their data collection, analysis, and interpretation skills during the workshop. This knowledge empowered healthcare professionals to identify areas for improvement and implement evidence-based changes in their clinical practice.

Implement strategies for effective clinical audit feedback and improvement: The workshop emphasized the importance of providing feedback and implementing improvements based on clinical audit findings. Attendees learned about effective feedback strategies, including methods for delivering constructive criticism and positive reinforcement. Additionally, participants explored techniques for implementing changes and ensuring sustained improvement in clinical practice. This objective aimed to empower healthcare professionals to drive quality improvement initiatives within their respective healthcare settings actively.

The pre-conference workshop on clinical audit served as a valuable platform for healthcare professionals to enhance their understanding of clinical audit methodologies and their application in practice. By equipping participants with the necessary skills, the workshop contributed to the overall improvement of clinical standards and patient care. The event fostered a culture of continuous quality improvement within the healthcare community, aligning with the goals of the Pakistan Society of Physicians and Rawalpindi Medical University.

Despite the unfortunate cancellation of PSPCON2022, the successful organization of the pre-conference workshop showcased the resilience and determination of the PSP and Rawalpindi Medical University to continue advancing healthcare practices even amidst challenging circumstances. The workshop highlighted both organizations' commitment to providing healthcare professionals with opportunities for professional development, ultimately benefiting patient outcomes and healthcare delivery in the region.



Scientific Program

PSPCON 2023



PSPCON-2023 ANNUAL CONFERENCE SCIENTIFIC PROGRAM, 20th & 21st May

Day 1 20 th MAY 2023 – SATURDAY		
Diabetes		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	9:00-11:00 am	
Chairpersons/ Experts	PROF. SHAHID JAMIL	
	PROF. SAEED AKHTAR	
	DR. SOHAIL RAJA	
	ASSIST. PROF. DR. IBRAR	
	DR. RAZA KHAN	
Moderator	DR. SALMA ZAIB	
Hours	Talks	Speakers
9:00-9:15am	<i>Diabetes- a multidisciplinary approach to management</i>	DR. HAMZA ALI KHAN
9:15-9:30am	<i>Wait a minute- update on anti-obesity medicines</i>	DR. NOMAN WAZIR
9:30-9:45am	<i>100 years of insulin</i>	DR. IQBAL HAIDER
9:45-10:00am	<i>Diabetes Management in hospitalized patients</i>	DR. FAWAD RAHIM
10:00-10:15am	<i>Gestational Diabetes</i>	AP. DR. FAHIMULLAH
10:15-10:30pm	<i>Prediabetes, its significance, Screening and Management.</i>	DR. NAZIR SHAH
10:30-10:45pm	<i>Comorbidities associated with Diabetes Mellitus in Pakistan</i>	DR. ZIAULLAH
10:45-11:00am	<i>Prevention in diabetes</i>	PROF. QAISER JAMAL
TEA BREAK 11:00-11:30 am SHANDUR HALL		

The PSP CON 2023 will kick off with a series of educational sessions covering various topics related to the treatment and management of diabetes. Well-known authorities will lead the sessions in the field, each of whom will present an original viewpoint on diabetes and the disorders that are associated with it.

Dr Hamza Ali Khan will be the first to talk and address the multidisciplinary approach to controlling diabetes. Diabetes is a term that represents the complicated interplay that exists between obesity and diabetes. Participants will gain an understanding of the most current methods for addressing this mounting threat to the public's health.

Dr Noman Wazir will offer an update on the latest anti-obesity medications, illuminating recent breakthroughs in this sector. The attendees will go away from this event with a clearer awareness of the role that these medications play in the management of obesity, which is a significant risk factor for diabetes as well as other chronic diseases.



After that, on the occasion of insulin's 100th birthday, Dr Iqbal Haider will delve into the history of the hormone. He will talk about how this revolutionary finding completely changed how diabetes is treated and set the door for additional breakthroughs in how diabetes is managed.

The management of diabetes in hospitalized patients is a particularly tough component of diabetes care, and Dr Fawad Rahim will offer some insights into this topic. Participants will understand the specific factors that must be considered when managing diabetes in a healthcare facility like a hospital.

Dr Fahimullah will then focus on gestational diabetes, a form of diabetes during pregnancy. AP. Participants will walk away with a grasp of the dangers connected with this condition and the most current methods for effectively treating it.

Prediabetes will be the topic of discussion, as well as its significance, screening, and management. Dr Nazir Shah will emphasize the value of early detection and intervention in preventing the development of type 2 diabetes.

Dr Ziaullah is going to go into the comorbidities that are connected with diabetes mellitus in Pakistan. He will emphasize how important it is to manage these illnesses to prevent complications and enhance patient outcomes.

In his final presentation, Professor Qaiser Jamal will discuss the topic of diabetes prevention. In particular, he will focus on the impact of lifestyle modifications and other techniques in reducing the risk of developing diabetes and enhancing general health.

The overall goal of the presentation is to provide an in-depth overview of the numerous facets of diabetes management, ranging from prevention to treatment, and to provide audiences with the knowledge and tools they need to manage this complicated condition effectively.

Our conference is only complete with the participation of such illustrious speakers; every one of them brings their own particular domain of expertise and points of view to the table. We are confident that those in attendance will find these sessions both educational and exciting, and we look forward to a productive and illuminating meeting.



Day 1 20 th MAY 2023 – SATURDAY	
PHARMA EXHIBITION INAUGURATION/PARALLEL	
Venue	SERENA HOTEL PESHAWAR/ZAMURD HALL
Timings	11:00 am

Innovative pharmaceuticals and therapies save lives and improve patient outcomes. The sector has also become a major sponsor of academic events, including medical conferences, symposiums, and exhibitions where doctors and researchers can exchange knowledge.

The PSPcon23 Pharma Exhibition Stall shows the industry's dedication to medical education and research. Pharmaceutical businesses sponsoring this event promote their products and services and help healthcare professionals and researchers share knowledge.

Millions of patients nationwide have benefited from the industry's economical and effective therapies. Pharma promotes medical education and research beyond academic gatherings. Many companies offer healthcare workers training and development programs to keep them abreast of medical knowledge and technology. These projects produce competent and knowledgeable staff that can better satisfy the population's healthcare demands.

Finally, Pakistan's pharmaceutical business supports medical education and research. The PSPcon23 Pharma Exhibition Stall showcases the industry's dedication to healthcare innovation and quality. The pharma business can help improve the country's healthcare sector by partnering with healthcare professionals and researchers to give patients the greatest care and give healthcare professionals the skills and resources they need.



Day 1 20 th MAY 2023 – SATURDAY		
Main Conference - Scientific Session 11:45 am -1:15 pm		
Pulmonology / Infectious diseases		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	11:30 am – 1:15 pm	
CHAIRPERSONS/ EXPERTS	PROF. SADIA ASHRAF	
	PROF JAMEEL AHMED	
	PROF QAISER JAMAL	
	PROF. AMJID ALI	
	ASSIST. PROF. DR. ZAFAR ALI	
Moderator	DR. USWA RAMAZAN	
Hours	Talks	Speakers
11:30-11:45	<i>COPD Therapy: Beyond the Inhalers</i>	DR. ABDUL WAHAB
11:45- 12:00	<i>Post Covid Conditions -What oxygen is to the lungs; such is hope to the meaning of life.</i>	DR. SOHAIL RAJA
12:00-12:15 pm	<i>Sleep apnea; an ignored entity</i>	DR. IMRAN MARWAT
12:15-12:30 am	<i>Inpatient antibiotic prescription at a tertiary care hospital; patterns and problems</i>	ASSOCIATE PROF. USMAN ZAFAR
12:30-12:45 pm	<i>An Update on Sepsis: What's New?</i>	DR. AMJAD MEHBOOB
12:45-1:00pm	<i>Monkey Pox</i>	PROF. LUBNA MERAJ
1:00-1:15pm	<i>Dengue Hemorrhagic fever, a menace that will continue to haunt</i>	DR. SALMA ZEB
LUNCH & PRAYER BREAK: 1:15-2:15pm SHANDUR HALL		

The second academic session of PSPCON23 will feature talks by some of the most distinguished physicians who have made a name for themselves in the area of interest. Their contributions promise to be invaluable to the participants, who will be looking to expand their knowledge and stay updated with the latest developments in these fields.

DR. ABDUL WAHAB will be speaking on COPD Therapy: Beyond the Inhalers. He will outline the various therapies available for COPD patients and highlight some of the newer treatments being developed. His talk will be especially relevant for physicians who treat patients with COPD, as it will provide them with a more comprehensive understanding of the disease and the available treatment options.

DR. SOHAIL RAJA will discuss Post Covid Conditions - What oxygen is to the lungs; such is hope to the meaning of life. He will focus on the long-term effects of COVID-19 on patients who have recovered from the disease. His talk will be particularly relevant given the ongoing pandemic and the need to understand the long-term impact of the disease on patients' health and well-being.



DR. IMRAN MARWAT will be speaking on Sleep Apnea - An Ignored Entity. He will highlight the importance of recognizing and treating sleep apnea in patients, as it can have severe consequences for their health. His talk will be particularly relevant for physicians who treat patients with sleep disorders, as it will provide them with a better understanding of the condition and its treatment.

ASSOCIATE PROF. USMAN ZAFAR will discuss Inpatient Antibiotic Prescription at a Tertiary Care Hospital - Patterns and Problems. He will highlight some of the common issues when prescribing antibiotics to inpatients and discuss strategies for reducing the risk of antibiotic resistance. His talk will be particularly relevant given the rise of antibiotic-resistant infections, which have become a significant public health concern.

DR. AMJAD MEHBOOB will provide an Update on Sepsis: What's New? He will discuss the latest developments in diagnosing and treating sepsis, a life-threatening condition that can arise in patients with infections. His talk will be particularly relevant for physicians who treat patients with infectious diseases, as it will provide them with a more up-to-date understanding of sepsis and its management.

PROF. LUBNA MERAJ will be speaking on Monkey Pox. She will discuss the symptoms, diagnosis, and treatment of this rare viral disease, recently reported in some parts of the world. Her talk will be particularly relevant for physicians who treat patients with infectious diseases, as it will provide them with a more comprehensive understanding of this emerging disease.

DR. SALMA ZEB will discuss Dengue Hemorrhagic Fever, a Menace that Will Continue to Haunt. She will highlight the challenges in diagnosing and treating this viral disease, a worldwide public health concern. Her talk will be particularly relevant for physicians who work in areas where dengue fever is endemic, as it will provide them with a better understanding of the disease and its management.

The session's learning objectives are to provide participants with a better understanding of the latest developments in Pulmonology and Infectious Diseases and equip them with the knowledge and skills needed to diagnose and manage various conditions. The talks by these distinguished physicians promise to be insightful and informative, and their contributions to the conference are highly appreciated. We are confident that the participants will receive their talks well and will help further the cause of medical education and research.



Day 1		20 th MAY 2023 – SATURDAY	
Rheumatology / Nephrology			
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL		
Timings	2:15-3:45pm		
Chairpersons	PROF. AAMIR AZHAR		
	PROF. KHALID MAHMOOD		
	PROF. DR. JAMALUDDIN		
	ASSOC. PROF. SALIM IQBAL		
	PROF. NOOR WAZIR		
	PROF. ZIAUDDIN		
Moderator	Dr. Murad Ali		
Hours	Talks	Speakers	
2:15-2:30pm	Renal transplant	PROF SAEED AKHTAR (PKLI)	
2:30-2:45pm	Tricks and trades of managing hypertension in CKD	PROF MUJTABA QADRI	
2:45-3:00pm	Pregnancy associated renal failure	DR EHTSHAM HAFEEZ	
3:00-3:15pm	Rheumatology and biologics in Pakistan	DR AMJID TAQWEEM	
3:15-3:30pm	Fibromyalgia, What’s New	DR. FAHAD NAIM	
3:30-3:45pm	Osteoporosis- not an inevitable rather preventable	DR ZAFAR HAYAT	
3:45-4:00Pm	Approach to patient with Vasculitis	DR AWAIS NAEEM	

The 3rd academic session of PSPCON23 focuses on Rheumatology/Nephrology and aims to provide an opportunity for healthcare professionals to gain knowledge about the latest advancements in the field. The session will include talks from distinguished speakers who are renowned experts in their respective fields. Here are the learning objectives and praises for each of the speakers:

Renal transplant by PROF SAEED AKHTAR (PKLI)

Professor Saeed Akhtar is a highly respected physician in the field of Nephrology. His vast knowledge and experience in renal transplants will be valuable for all attendees. He is known for his expertise in managing complex cases and has been instrumental in advancing the field of Nephrology in Pakistan. He will be sharing his experience and simplifying this complex topic for the attending physicians.

Tricks and trades of managing hypertension in CKD by PROF MUJTABA QADRI

Describe the various treatment options for hypertension in CKD patients

Identify the challenges in managing hypertension in CKD patients

Professor Mujtaba Qadri is a renowned physician in the field of Nephrology. His expertise in managing hypertension in CKD patients is widely acknowledged. He is a great teacher with a unique ability to simplify complex concepts, making them easy to understand for all attendees.



Pregnancy-associated renal failure by DR EHTSHAM HAFEEZ

Understand the aetiology and pathogenesis of pregnancy-associated renal failure

Describe the diagnostic approach and management of pregnancy-associated renal failure

Identify the challenges in managing pregnancy-associated renal failure

Dr Ehtsham Hafeez is an experienced physician. His vast experience managing complex cases and ability to provide practical solutions to problems make him an excellent speaker.

Rheumatology and Biologics in Pakistan by DR AMJID TAQWEEM

Understand the principles of biologics therapy in rheumatologic diseases

Describe the indications and contraindications for biologics treatment in rheumatologic diseases

Identify the challenges in managing patients on biologics therapy

Dr Amjid Taqweem is a well-known physician in the field of Rheumatology. His expertise in biological therapy has helped many patients with rheumatologic diseases. He is a passionate speaker with a knack for making complex concepts easy to understand.

Fibromyalgia, What's New by DR. FAHAD NAIM

Understand the pathophysiology of fibromyalgia

Describe the diagnostic approach and management of fibromyalgia

Identify the challenges in managing fibromyalgia

Dr Fahad Naim is an expert physician with a keen interest in Rheumatology. His vast knowledge and experience in managing fibromyalgia will be valuable for all attendees. He is known for his compassionate approach towards patients and unique ability to connect with them.

Osteoporosis- not an inevitable, rather preventable by DR ZAFAR HAYAT

Describe the diagnostic approach and management of osteoporosis

Identify the challenges in managing osteoporosis

Dr Zafar Hayat is a distinguished physician in Khyber Pakhtunkhwa. His expertise in managing osteoporosis is widely acknowledged. He is a great teacher with a unique ability to simplify complex concepts, making them easy to understand for all attendees.

Approach to the patient with Vasculitis by DR AWAIS NAEEM

Understand the pathophysiology of vasculitis

Describe the diagnostic process and management

The 3rd academic session of PSPCON23 on Rheumatology/Nephrology will provide a comprehensive understanding of various aspects of nephrology and rheumatology, and the speakers will offer insightful knowledge and practical approaches to managing these diseases effectively.



The speakers' expertise and experience will be evident throughout the session, making it an informative and valuable experience for all attendees.

Overall, the session will provide an excellent platform for attendees to understand better the complexities of these specialties and the latest advancements in their management. The insights shared by the speakers will undoubtedly enhance the knowledge and clinical skills of healthcare providers in managing patients with rheumatologic and renal disorders.



Day 1 20 th MAY 2023 – SATURDAY		
MEDICAL EDUCATION-STATE OF THE ART LECTURES		
Venue	SERENA HOTEL PESHAWAR//KEHKASHAN HALL	
Timings	4:00 pm-6:00pm	
Chairpersons	PROF SAEED AKHTAR (PKLI)	
	PROF MUJTABA QADRI	
	PROF LUBNA MERAJ	
	PROF ATTIYA SABEEN	
	PROF. INTEKHAB ALAM	
	DR. INAMULLAH KHAN	
	ASSIST. PROF. DR. BILAL AWAN	
MODERATOR	DR. HAMZA ALI KHAN	
Hours	TOPICS	PRESENTERS
4:00-4:20pm	INTERNAL MEDICINE TRAINING IN PAKISTAN: ARE WE DOING ENOUGH	DR. FAROOQ AHMED
4:20-4:40pm	BED SIDE MEDICINE	PROF. HASHIMUDDIN
4:40-5:00pm	DISTANT LEARNING/LEARNING MANAGEMENT SYSTEM	PROF NOOR WAZIR
5:00-5:20pm	INTERNAL MEDICINE CAREER, FUTURE IS STILL BRIGHT (USA)	DR KHALID NAWAB
5:20-5:40pm	RESEARCH INTEGRITY: ROLE OF INSTITUTION AND SUPERVISORS IN TRAINING OF FUTURE CLINICAL RESEARCHER	PROF. AKHTAR SHIREEN
5:40-6:00	ULCERATIVE COLITIS, TREATING IN RESOURCE LIMITED SETTINGS. (USA)	DR. ASAD UR REHMAN

The 4th academic session of PSPCON23 focuses on medical education, and experts in the field will deliver state-of-the-art lectures on this topic. The learning objectives for the session include understanding the current status of medical education in Pakistan, exploring the role of bedside medicine in training physicians, examining the use of distant learning and learning management systems, identifying career opportunities in internal medicine, understanding the importance of research integrity in clinical research, and learning how to treat ulcerative colitis in resource-limited settings.

Dr Farooq Ahmed, an eminent national speaker, will talk about the state of medical education in Pakistan and whether we are doing enough to train the next generation of physicians. He will highlight the challenges medical schools face in the country and emphasize the need for more resources and support to improve medical education. His talks are insightful and provide a much-needed perspective on the current state of medical education in Pakistan.

Prof. Hashimuddin, another expert in the field, will lecture on bedside medicine and its role in training physicians. He will emphasize the importance of clinical skills and the need for physicians to spend more time with patients, listening to their concerns and symptoms. His talks are engaging and highlight the importance of a patient-centred approach to medical education.



Prof. Noor Wazir will discuss using distant learning and learning management systems in medical education. He will highlight the benefits of these tools, including their ability to provide access to education to students in remote areas. He will also discuss the challenges associated with their use and emphasize the need for more research.

Dr Khalid Nawab will discuss the career opportunities available in internal medicine. He will highlight the diverse career paths available to physicians in this field and elaborate on the skills and attributes required to succeed in these roles. His talk will be informative and inspiring and will provide valuable insights for medical students and residents.

Prof. Akhtar Shireen will speak about research integrity and the role of institutions and supervisors in training future clinical researchers. He will emphasize the importance of ethical conduct in research and discuss the role of mentors and supervisors in guiding and supporting students in this area.

Finally, Dr Asad Ur Rehman will speak about treating ulcerative colitis in resource-limited settings. He will discuss the challenges physicians face in these settings and highlight the need for innovative approaches to diagnosis and treatment. His talk will provide valuable insights into the challenges of treating this condition in resource-limited settings.

The 4th academic session of PSPCON23 aims to provide valuable insights into medical education and the challenges physicians face in this field. The speakers are knowledgeable and engaging, and their talks offer helpful information and guidance for medical students, residents, and physicians. The session highlights the importance of ongoing medical education and training and emphasizes the need for continued research and innovation in this area.



Day 1		20 th MAY 2023 – SATURDAY
GENERAL BODY MEETING & EXECUTIVE COUNSEL MEETING		
Venue	SERENA HOTEL PESHAWAR//KEHKASHAN HALL	
Timings	6:30–7:30 PM	
Agenda	PLENARY SESSION/ FUTURE ROAD MAP	
Chair	PRESIDENT PSP	
Co-chair	ALL CHAPTERS	
Panel of Discussion	MEMBERS PSP	

		20 th May 2023 – SATURDAY
Inauguration Ceremony + Welcome address & Prize Distributions		
Venue	SERENA HOTEL PESHAWAR//KEHKASHAN HALL	
Timings	7:45-8:45 pm	
Moderator	Dr. Muhammad Asghar	
Opening speech	PROF USMAN KHATTAK (FOUNDER PSP) DR AWAIS NAEEM (CURRENT PRESIDENT PSP)	
GUESTS OF HONOUR	PROF. UMAR KHAN, VC RMU PROF. DR. ZIA UL HAQ, VC KMU	
CHIEF GUESTS	PROF. DR. NOOR UL IMAN PROF. DR, HUMAYUN MARWAT PROF. DR. FAIZ UR REHMAN PROF. DR. AMIR KHAN PROF. DR. SHAKEEL JADOON PROF. DR. BUSHRA KHAR PROF. DR. MUHAMMAD NOOR PROF. ISHAQ KHATTAK PROF. NOOR WAZIR PROF. MUMTAZ MARWAT PROF. DR, SHERAZ JAMAL PROF. DR. LUBNA MERAJ PROF. DR. JAMAL ZAFAR PROF. DR. ZIAULLAH PROF. DR. JEHANZEB KHAN PROF. DR. JAVED IQBAL FAROOQI PROF. DR. KHALID MEHMOOD PROF. DR. INTEKHAB ALAM PROF. DR. AMJID TAQWEEM	

Dinner (8:45-10:00 pm) SERENA HOTEL PESHAWAR SHANDUR HALL		
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Day 2			21 th MAY 2023 – SUNDAY
			Main Conference – Scientific Session
			Gastro-Hepatology Parallel Session
Venue	Serena Hotel Peshawar/Kehkashan Hall		
Timings	9:00-10:15 Am		
Chairpersons	Prof. Zafar Hayat		
	Prof. Masood Ur Rehman		
	Prof. Syed Amin		
	Prof. Humaira Achakzai		
	Assist. Prof. Dr. Muhammad Abbas		
Moderator	Dr. Muhammad Ayub		
Hours	Talks	Speakers	
9-9:15am	Gut-Liver-Brain Axis In Liver Cirrhosis	Prof Javed Iqbal Farooqi	
9:15-9:30am	Hcv Treatment In Special Populations	Dr Jibran Umar Ayub	
9:30-9:45am	Ibs – Bread & Butter For Physicians	Dr. Nizamuddin Utmani	
9:45-10:00am	Fatty Liver; The Physicians Perspective	Assoc. Prof. Dr. Farhan Ali	
10-00-10:15	Hepatitis B In Pregnancy	Dr. Zahid Wazir	

At the beginning of the second day of the PSPCON23 conference, a Gastro-hepatology session will be pretty educational. The primary objective of this meeting is to offer participants an in-depth understanding of various issues linked to gastroenterology and hepatology. The meeting will be presided over by healthcare leaders who will make sure that the attendees receive the utmost benefit possible from the lectures they attend.

The following is a list of the learning objectives that will be covered during the session on gastro-hepatology:

To get an in-depth comprehension of the gut-liver-brain axis and its part in developing liver cirrhosis.

To get an understanding of the most recent advancements that have been made in the treatment of hepatitis C in certain groups.

To get an understanding of irritable bowel syndrome (IBS) and the treatment options available for it.

To have an understanding of the physician's point of view about fatty liver disease and its treatment of it.

To gain knowledge on diagnosing and treating hepatitis B in pregnant women.

Because of the high regard in which they are held in their respective disciplines, the individuals who have been selected to speak at this session are expected to provide great talks.

Prof. Javed Iqbal Farooqi will discuss "Gut-Liver-Brain Axis in Liver Cirrhosis," focusing on the relationship between the three organs. Because Professor Farooqi is such a well-known authority in gastroenterology and hepatology, his presentation is anticipated to reveal a significant amount of new information regarding the gut-liver-brain axis and its role in liver cirrhosis.



An authority on the treatment of hepatitis C, Dr Jibran Umar Ayub, will offer a talk titled "HCV Treatment in Special Populations" It is anticipated that the topic of his discussion will revolve around the most recent breakthroughs in the treatment of hepatitis C in particular populations, such as those who have HIV co-infection as well as those who have renal impairment.

"IBS – Bread & Butter for Physicians" is the topic that will be covered during Dr Nizamuddin Utmani's next presentation. His discussion is anticipated to give an in-depth overview of irritable bowel syndrome (IBS) and its management, including the most recent treatment approaches.

A talk titled "Fatty Liver; The Physician's Perspective" is going to be given by Associate Professor Dr Farhan Ali. It is anticipated that his talk will provide insights into the diagnosis and management of fatty liver disease from the perspective of a medical practitioner.

Last but not least, Dr Zahid Wazir will discuss "Hepatitis B in Pregnancy" during his presentation. His discussion is anticipated to give an in-depth knowledge of the diagnosis and treatment options available for pregnant women with hepatitis B.

In conclusion, the Gastro-hepatology session will allow all attendees to have a very instructive and exciting encounter. Attendees may anticipate gaining a firmer grasp of different gastroenterology and hepatology-related subjects thanks to the presence of professional presenters and a wide range of topics that will be covered at the conference.

In parallel to the gastro-hepatology session, we will have the Pearls of Wisdom session of PSPCON2023, where knowledge converges, and excellence thrives. The Pearls of Wisdom session promises to be an enriching experience, featuring esteemed national and international speakers who will delve into fascinating topics in healthcare. This session will take place in the Kehkashan Hall on Sunday morning, offering participants a unique opportunity to expand their horizons and acquire valuable insights to elevate patient care.



Day 2 21 th MAY 2023 – SUNDAY		
Main Conference – Scientific Session		
Pearls Of Wisdom Session 1/Parallel Session		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	9:00-10:15 Am	
Chairpersons	PROF. IFTIKHAR	
	ASSISTANT PROF. DR. HAMZA ALI KHAN	
	ASSISTANT PROF. DR. ZAHID WAZIR	
	ASSISTANT PROF. DR. GHULAM ABBAS	
Moderator	DR. ALIENA BADSHAH	
Hours	Talks	Speakers
9:00 - 9:15am	Improving Health Care System Of Kpk	Dr. Anwar Ul Haq
9:15-9:30am	Dengue Vaccination	Dr. Tariq Mehr
9:30-9:45am	New Diabetes Therapies In Ckd	Dr. Mufti Baleegh
9:45-10:00am	Noac's – Risks And Recommendations.	Dr. Bughdad Khan
10-00-10:15	Thyroid Diseases In Pregnancy (UK)	Dr. Ilyas Khan

Learning Objectives:

Gain insights into enhancing the healthcare system of Khyber Pakhtunkhwa (KPK): Dr Anwar ul Haq, an esteemed medical specialist, will share his knowledge and expertise on improving the healthcare system in KPK, with the ultimate goal of optimizing patient care and outcomes.

Understand the importance of dengue vaccination and its impact on public health: Dr Tariq Mehr, an internist with vast experience in managing Dengue patients, will shed light on the significance of dengue vaccination as a preventive measure. Attendees will comprehensively understand the benefits, challenges, and practical implementation strategies for dengue vaccination programs. This knowledge will empower healthcare professionals to contribute to the prevention and control of dengue actively.

Explore novel diabetes therapies in chronic kidney disease (CKD): Dr Mufti Baleegh, a renowned nephrologist, will unveil cutting-edge advancements in diabetes management specifically tailored for individuals with CKD. Participants will acquire in-depth insights into emerging therapies, personalized treatment approaches, and their impact on patient outcomes. This knowledge will equip healthcare professionals with the tools to optimize diabetes care in the context of CKD in KPK.

Understand the risks and recommendations associated with Non-Vitamin K Oral Anticoagulants (NOACs): Dr Bughdad Khan, Associate Professor of Medicine, will provide comprehensive insights into the risks and benefits of NOACs compared to traditional anticoagulants. Participants will gain a deep understanding of patient selection, monitoring strategies, and appropriate prescribing practices. This knowledge will empower healthcare professionals to make informed decisions regarding anticoagulation therapy, enhancing patient safety and treatment outcomes.



Gain expertise in managing thyroid diseases during pregnancy based on UK guidelines: Dr Ilyas Khan, a renowned endocrinologist, will share best practices and guidelines for the diagnosis and management of thyroid diseases in pregnancy, drawing from his experiences in the United Kingdom. Attendees will learn about the latest evidence-based approaches, enabling them to provide optimal care to pregnant women with thyroid disorders.



Day 2 21st MAY 2023 – SUNDAY		
Pearls Of Wisdom Session 2		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	10:15 – 11:30	
CHAIRPERSONS	DR. ABDUL REHMAN	
	PROF. JAVED IQBAL FAROOQI	
	DR. JEHAZEB KHAN	
	PROF. ABDUL AHAD	
	ASSOC. PROF. DR. QASIM	
	ASSOC. PROF. DR. ATTA MUHAMMAD	
Moderator	DR. SAIMA MEHBOOB	
Hours	Talks	Speakers
10:15-10:30 Am	Cardio-Renal And Hepatorenal Syndrome	PROF AMJAD ALI
10:30-10:45 Am	Prognostication In Cancer	DR. MUHAMMAD TARIQ
10:45-11:00 Am	Medication Adherence- Overcoming The Barriers	PROF NADIA SHAMS
11:00-11:15 Am	Internist As An Acute Physician, A Role Under Recognized	DR HASHMATULLAH
11:15-11:30 Am	Physiotherapy Perspective In Gynae An Obs.	DR SADAF TAREEN
TEA BREAK 11:30 Am – 12:00 Noon SHANDUR HALL		

Pearls of Wisdom session two will be an extraordinary gathering of renowned speakers from various disciplines. This session promises to be enlightening and thought-provoking, offering attendees valuable insights into diverse areas of healthcare. Each speaker brings a unique perspective, shedding light on important topics that will broaden participants' horizons and foster excellence in patient care. Join us as we embark on a journey of discovery and learning.

Learning Objectives:

Understand the complexities of cardio-renal and hepatorenal syndromes: Prof. Amjad Ali, an esteemed expert in the field, will explore the intricacies of cardio-renal and hepatorenal syndromes. Attendees will gain comprehensive insights into these conditions' pathophysiology, diagnostic approaches, and management strategies. This knowledge will equip healthcare professionals with the tools to provide optimal care for patients affected by these syndromes.

Enhance prognostication skills in cancer care: Dr Muhammad Tariq, a distinguished oncologist, will delve into the art and science of prognostication in cancer. Participants will learn about prognostic factors, predictive models, and novel techniques for determining patient outcomes. This session will empower healthcare professionals to make informed decisions and deliver personalized care based on prognostic information to cancer patients.



Overcome barriers to medication adherence: Dr Nadia Shams will address the challenges associated with medication adherence and offer practical solutions. Participants will gain insights into patient-centred approaches, effective communication strategies, and innovative interventions to promote medication adherence. This knowledge will enable healthcare professionals to support patients in overcoming barriers and achieving better treatment outcomes.

Recognize the role of internists as acute physicians: Dr Hashmatullah, an experienced internist, will shed light on the under-recognized role of internists as acute physicians. Participants will explore internists' unique skill set and expertise in acute care settings. This session will highlight the critical contributions of internists in managing complex medical conditions and coordinating comprehensive care for acutely ill patients.

Embrace the physiotherapy perspective in gynecology and obstetrics: Dr Sadaf Tareen, an esteemed physiotherapist, will provide valuable insights into the role of physiotherapy in gynecology and obstetrics. Participants will learn about evidence-based interventions, rehabilitation techniques, and preventive measures that can enhance women's overall well-being in these specialities. This session will broaden participants' understanding of the multidisciplinary approach to women's health.



Day 2 21 th MAY 2023 – SUNDAY		
Main Conference – Scientific Session		
Neuro-cardiovascular		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	12:00-2:00 pm	
CHIEF GUEST	PROF. HIKMATULLAH JAN	
	PROF. WAZIR MUHAMMAD	
	ASSOC. PROF. DR. SHIFAT AZAM	
	ASSIST. PROF. DR. FAHIMULLAH	
	DR. SAMAN SHAHID	
	PROF. DR. SHIRAZ JAMAL	
	PROF. NOOR MUHAMMAD	
Moderator	DR. ABDUL WAHAB`	
Hours	Talks	Speakers
12:00-12:15pm	Recent advances in Heart failure management	PROF. AMBER ASHRAF
12:15-12:30pm	<i>Atrial Fibrillation, Rate Control Vs Rhythm Control</i>	DR. SHOAB SUBHAN
12:30-12:45pm	<i>Acute Stoke in public sector Hospital, KPK</i>	DR. ALIENA BADSHAH
12:45-1:00pm	<i>Neurocritical care; a feather in the cap.</i>	DR. WAQAR HAFEEZ
1:00-1:15pm	<i>Basics of Stroke Rehabilitation- we have plenty of tomorrows to compensate for yesterday.</i>	DR. SUMEERA MATI
1:10-1:30pm	<i>Acute /Hyperacute stroke intervention – TPA thrombolysis and Mechanical thrombectomy- Make very minute count</i>	DR. SALMAN ABDUL QAYYUM
1:30-1:45pm	<i>Diabetic Neuropathy - Beyond the basics</i>	PROF. ATTIYA SABEEN
1:45-14:00	<i>Meningoencephalitis & it's sequela</i>	DR. BADAR MAHMOOD
CLOSING CEREMONY + CERTIFICATE DISTRIBUTION		
LUNCH 2:00 pm SHANDUR HALL		

The session on neuro cardiovascular disorders will serve as the concluding event of the academic marathon that will be remember as PSPcon23. The most current advancements in neurocritical care will be discussed during this session, along with recent breakthroughs in treating heart failure, atrial fibrillation, stroke, and diabetic neuropathy. Additionally, the focus will be on recent innovations in the management of heart failure.



The session's first presentation will be made by Professor Amber Ashraf, who will talk about current developments in the treatment of heart failure. She will discuss the most recent pharmacological and non-pharmacological therapies for heart failure and emphasise the significance of developing individualised treatment strategies for each patient.

The second presentation on atrial fibrillation, titled "Rate Control Vs Rhythm Control," will be given by Dr Shoib Subhan. He will talk about the benefits and drawbacks of each technique and how to choose the treatment plan that is most suited for each patient. In addition, he will emphasise the need for productive conversations with patients and the requirement of jointly making decisions.

Dr Aliena Badshah, who works at the public sector hospital in KPK, will deliver the third, titled "Acute Stoke in Public sector hospital". She will explain the issues healthcare personnel encounter in contexts with few resources and share her experience managing acute strokes in a hospital that is part of the public sector.

A crowning achievement for Dr Waqar Hafeez, this session on neurocritical care will be the fourth one given on the topic. He will talk about the most recent breakthroughs in neurocritical care. In addition, he will emphasise the need to utilise a collaborative effort from a group of experts from other fields in treating seriously sick neurologic patients.

Dr Sumeera Mati will provide the sixth presentation, which is titled "Basics of Stroke Rehabilitation," and she will say that "we have plenty of tomorrows to compensate for yesterday." She will talk about the significance of beginning stroke rehabilitation as soon as possible after the event and the role that physical, occupational, and speech therapy have in the recuperation process. In addition to this, she will emphasise the need for patient education and the participation of family members in the recuperation process.

The sixth session on Acute / Hyperacute stroke intervention – TPA thrombolysis and Mechanical thrombectomy - Make every minute count will be given by Dr. Salman Abdul Qayyum. He will talk about the most recent breakthroughs in acute stroke intervention, such as the utilization of thrombolytic treatment and mechanical thrombectomy. In addition to this, he will emphasize the significance of prompt diagnosis and treatment in enhancing the overall health of patients.

Prof. Attiya Sabeen will deliver the seventh session, which is entitled "Diabetic Neuropathy - Beyond the Basics," to the audience. She will talk about the most recent breakthroughs in the diagnosis and treatment of diabetic neuropathy, such as the application of innovative pharmacological drugs and non-pharmacological therapies. She will also emphasise the need of diagnosing diabetic neuropathy at an early stage and treating it aggressively in order to forestall the development of long-term consequences.

Dr. Badar Mahmood will provide the last presentation, which will focus on meningoencephalitis and the complications that might arise from it. He will talk about the most recent breakthroughs that have been made in the diagnosis and treatment of meningoencephalitis, including the utilization of cutting-edge imaging and laboratory procedures. In addition to this, he will emphasise the significance of prompt diagnosis and rapid treatment in maximising positive patient outcomes and minimising the risk of long-term complications.



In general, those who attend this Neurocardiovascular session will get the most recent knowledge available on the treatment of heart failure, atrial fibrillation, stroke, and diabetic neuropathy, as well as the most recent breakthroughs in neurocritical care. The presenters have recognized authorities in their disciplines, and they will provide insightful knowledge regarding the potential problems that exist within the field of neuro cardiovascular medicine. After attending this event, attendees will go away with a more in-depth comprehension of these complicated illnesses as well as the most recent tools and techniques for managing them.



Day 2		21st MAY 2023 – SUNDAY
Abstract Presentations + Posters Display /Parallel session		
Venue	SERENA HOTEL PESHAWAR/KEHKASHAN HALL	
Timings	10:15 – 1:30 PM	
Moderator Session 1	10:15 am – 11:45 am	Dr. Asif Khan/Dr. Shahzad
Moderator Session 2	12:00 - 1:30 PM	Dr. Saad/Dr. Nawal Qudus
Judges 1	PROF. USMAN KHATTAK, PROF. AMAN, DR. ZAFAR ALI	
Judges 2	PROF. ISHAQ KHATTAK, ASSOC. PROF. DR. TARIQ MEHR	



PSPCon 2023

Pre-Conference Workshops



Under the umbrella of the Postgraduate Society of Physicians (PSP), a pre-conference workshop titled "Empowering our Postgraduate Trainees to Manage Tuberculosis: A Comprehensive Refresher" was held on May 11th, 2022, at the Hayatabad Medical Complex in Peshawar. This workshop aimed to enhance the knowledge and skills of postgraduate trainees in effectively managing tuberculosis (TB) cases. Dr Fawad Rahim organized the seminar, and Dr Anwar ul Haq and Dr Muhammad Ishfaq were recognized experts in TB management. With a significant number of trainees in attendance, the workshop sought to provide a comprehensive understanding of TB management, considering it a crucial skill that all healthcare professionals should possess.

Learning Objectives: The primary learning objectives of the workshop were designed to equip postgraduate trainees with the necessary knowledge and skills to manage tuberculosis cases effectively. The specific goals included:

- Understanding the basics of tuberculosis
- Diagnosis and diagnostic tools for tuberculosis
- Treatment and management of tuberculosis
- Infection control and prevention of tuberculosis
- Multidisciplinary approach and collaboration in TB management

Workshop Content: The workshop comprised a series of interactive sessions, case-based discussions, and practical exercises to enhance the participants' understanding and skills in TB management. The content was carefully designed to address the diverse learning needs of postgraduate trainees and foster active engagement.



Real-life case scenarios were presented to stimulate the trainees' critical thinking and problem-solving skills. Interactive group activities allowed participants to collaborate, exchange ideas, and learn from each other's experiences.

Conclusion: The "Empowering our Postgraduate Trainees to Manage Tuberculosis: A Comprehensive Refresher" workshop held on May 11th, 2022, at Hayat Medical Complex in Peshawar successfully fulfilled its objectives of enhancing the knowledge and skills of postgraduate trainees in TB management—the workshop aimed to equip trainees with comprehensive understanding and practical skills required to manage tuberculosis cases effectively.

The workshop fostered a culture of excellence in TB management among the participants by providing a platform for interactive learning and knowledge sharing. The organizers, Dr Fawad Rahim, Dr Anwar ul Haq, and Dr Muhammad Ishfaq, played a crucial role in curating the content and delivering engaging sessions.

The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development. The Department of Medicine at Hayat Medical Complex and the Pakistan Society of Physicians remains committed to organizing such educational initiatives to ensure that postgraduate trainees are well-prepared to manage tuberculosis effectively and contribute to improving healthcare outcomes in the region.



3RD ANNUAL CONFERENCE
PAKISTAN SOCIETY OF PHYSICIANS

PSPCON
2023

MAY 20-21, SERENA HOTEL, PESHAWAR



PRE CONFERENCE WORKSHOP ON

APPROACH TO A PATIENT WITH PYREXIA OF UNKNOWN ORIGIN (PUO)

Date: 11th May 2023, Time: 11:00-14:00

Venue: CPC hall, Administration Block, MTI MMC, Mardan

Course Directors:

Dr. Murad Ali , Dr. Shah Zeb
Dr. Manzoor Hussain

FACILITATORS and SUPERVOISERS

Prof. Amjad Ali, Prof. Naveed Khan, Assct. Prof. Muhammad Abbas
Dr. Hameed Ullah, Dr. Sohrab Khan, Dr. Fazle Rabi

Target Audience: Postgraduate trainees of medicine and allied

Learning objectives:

By the end of this One Day Workshop, the participants will be able to:

- Understand the definition and diagnostic criteria for PUO
- Familiarize with the differential diagnosis of PUO
- Be aware of the diagnostic tests and imaging modalities used in the evaluation of PUO
- Understand the challenges and pitfalls in the diagnosis of PUO
- Formulate an appropriate management plan for PUO
- Understand the role of multidisciplinary team in the management of PUO
- Communicate effectively with patients and families about PUO

Limited Seats
Registration is Free

Central Cabinet, PSP:

- | | | | |
|--------------------------------|--|---|--|
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The pre-conference workshop on "Pyrexia of Unknown Origin" was held at the CPC Hall in the Administration Block of Mardan Medical Complex, Mardan. Under the guidance of Course Directors Dr Murad Ali, Dr Shah Zeb, and Dr Manzoor Hussan, the workshop aimed to provide healthcare professionals with the necessary knowledge and skills to effectively diagnose and manage cases of pyrexia of unknown origin (PUO). With the challenge of diagnosing and treating patients with unexplained fevers, the workshop attracted many trainees who sought to enhance their understanding and expertise in this complex area of medicine.

Learning Objectives: The primary learning objectives of the workshop were designed to enhance the skills of healthcare professionals in diagnosing and managing pyrexia of unknown origin. The specific goals included:

- Understanding the concept and significance of pyrexia of unknown origin
- Utilizing a comprehensive diagnostic approach
- Applying a systematic differential diagnosis
- Employing evidence-based management strategies
- Enhancing communication and patient care

The workshop employed an interactive and participatory approach to optimize knowledge retention and skills development among the participants. The facilitators and speakers, led by Dr Amjad Ali, Dr Murad Ali, Dr Shah Zeb, and Dr Manzoor Hussan, utilized their expertise in PUO to deliver engaging sessions. Participants actively participated in case-based discussions, diagnostic exercises, and mock clinical scenarios to apply the knowledge gained and receive feedback from the facilitators and peers.

Conclusion: The Pyrexia of Unknown Origin workshop held at the Mardan Medical Complex in Mardan in collaboration with the Pakistan Society of Physicians provided healthcare professionals with valuable knowledge and skills in diagnosing and managing this challenging clinical entity. The workshop recognized the importance of a systematic and multidisciplinary approach to PUO to optimize patient outcomes and provide appropriate care.

The organizer and focal person PSP, Dr Murad Ali and Professor Dr. Amjad Ali, played a crucial role in curating the content and delivering engaging sessions.

Continued efforts in promoting skills development and a systematic approach to the diagnosis and management of PUO will improve patient outcomes and reduce the burden of undiagnosed fevers in the healthcare system.



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PAKISTAN SOCIETY OF PHYSICIANS

PSPCON
2023

MAY 20-21, SERENA HOTEL, PESHAWAR



PRE CONFERENCE WORKSHOP ON

Synopsis Writing

Date: 13th May 2023, Time: 0900-1300

Venue: Training Room Fourth Floor, RMI, Peshawar

Course Director: Dr. Humiara Achakzai

Course Co-Directors: Dr. Mohsin Shah

Dr. Naseer Ahmed

Target Audience: Trainee doctors, dentist, MPhil/PhD Scholars

Learning objectives:

Participants will be able to

1. Understand of basics of research?
2. Select a good research topic
3. Learn how to write methodology
5. Develop tool for data collection and define means of data collection
6. learn how to add references

Limited Seats
Registration is Free

Contact : Dr. Safa , 0320-5418188

Central Cabinet, PSP:

- | | | |
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The Pre-conference workshop on "Synopsis Writing" was held at Rehman Medical Institute in Peshawar under the guidance of Course Director Dr Humaira Achakzai and Coordinators Dr Mohsin Shah and Dr Naseer Ahmed. The workshop aimed to equip healthcare professionals and researchers with the skills to develop practical research proposals through synopsis writing. The workshop attracted many trainees who recognized the importance of synopsis writing in conducting high-quality research and contributing to scientific knowledge.

Learning Objectives: The primary learning objectives of the Synopsis Writing Workshop were designed to enhance the skills of healthcare professionals and researchers in developing well-structured and comprehensive research proposals. The specific goals included:

- Understanding the importance of research proposals
- Setting research questions and objectives
- Conducting a literature review
- Structuring the research proposal
- Writing and presenting the research proposal

Workshop Content: The Synopsis Writing Workshop featured comprehensive sessions and activities to provide participants with the necessary knowledge and practical skills in research proposal development.

Workshop Methodology: The Synopsis Writing Workshop employed an interactive and participatory approach to optimize participants' knowledge retention and skills development. The sessions included lectures, group discussions, practical exercises, and hands-on activities. Participants actively participated in group discussions and exercises to apply the knowledge gained and receive feedback from the facilitators and peers.

Conclusion: The Synopsis Writing Workshop held at Rehman Medical Institute in Peshawar gave healthcare professionals and researchers valuable knowledge and skills in developing practical research proposals. The workshop recognized the significance of synopsis writing as a crucial skill for healthcare professionals and researchers in conducting high-quality research.

The workshop aimed to enhance the quality and impact of research conducted in the region by equipping participants with comprehensive synopsis writing skills. The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development.



Rehman Medical Institute remains committed to organizing educational initiatives, such as the Synopsis Writing Workshop, to ensure that healthcare professionals and researchers possess the necessary skills to conduct meaningful research.



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MAY 20-21, SERENA HOTEL, PESHAWAR



PRE CONFERENCE WORKSHOP ON

AN APPROACH TO DIABETIC FOOT

Date: 13th May 2023, Time: 0900-1200

Venue: Auditorium, MTH , Peshawar

Course Director: Dr Saima Mehboob

Facilitator: Dr Fahimullah

Dr Saud Khalid

Dr Sajjad Malik

Target Audience: PGs and Nurses

Learning objectives:

1. Pathophysiology of diabetic foot ulcers
2. Examination protocols
3. Photo atlas of common ulcers with key differentiating features
4. An approach to treatment and rehabilitation

Limited Seats
Registration is Free

Contact :

Muhammad faizan: 03359866356

Central Cabinet, PSP:

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Finance Secretary





The pre-conference workshop on "An Approach to Diabetic Foot" was held at Peshawar's Auditorium Mercy Teaching Hospital. Under the guidance of Course Director Dr Saima Mehboob and facilitated by Dr Fahim Ullah and Dr Saud Khalid, the workshop aimed to provide healthcare professionals with the necessary knowledge and skills to prevent and manage diabetic foot complications effectively. With the increasing prevalence of diabetes and its associated foot complications, the workshop attracted many trainees who sought to enhance their understanding and expertise in this critical area of healthcare.

Learning Objectives: The primary learning objectives of the workshop were designed to enhance the skills of healthcare professionals in preventing and managing diabetic foot complications. The specific goals included:

- Understanding the pathophysiology of diabetic foot:
- Conducting comprehensive foot assessments:
- Implementing preventive strategies:
- Managing diabetic foot ulcers:
- Collaborative care and multidisciplinary approach

The workshop employed an interactive and participatory approach to optimize knowledge retention and skills development among the participants. Case scenarios and interactive discussions illustrate the concepts and provide practical examples. Participants actively participated in hands-on workshops, group exercises, and skill-building activities to apply the



knowledge gained and receive feedback from the facilitators and peers.

Conclusion: The workshop on An Approach to Diabetic Foot held at the Auditorium Mercy Teaching Hospital in Peshawar provided healthcare professionals with valuable knowledge and skills in preventing and managing diabetic foot complications. The workshop recognized the significance of a comprehensive approach to diabetic foot care in improving patient outcomes and reducing the burden of foot-related complications.

By equipping participants with comprehensive skills in diabetic foot care, the workshop aimed to enhance the quality of care provided to patients with diabetes. The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development.

The organizers, led by Dr Saima Mehboob, Dr Fahim Ullah, and Dr Saud Khalid, played a crucial role in curating the content and delivering engaging sessions. The Auditorium Mercy Teaching Hospital workshop reflects their commitment to providing high-quality educational initiatives to enhance diabetic foot care in the region.

Continued efforts in promoting skills development in preventing and managing diabetic foot complications will contribute to better patient outcomes, reduced amputations, and improved quality of life for individuals with diabetes in the healthcare system.



Under the Pakistan Society of Physicians (PSP) umbrella, a pre-conference workshop titled "Comprehensive ECG Workshop" was held on May 17th, 2022, at the Hayat Medical Complex in Peshawar. This workshop aimed to provide healthcare professionals with comprehensive knowledge and skills in interpreting and analyzing electrocardiograms (ECGs). The workshop was organized by Dr Muhammad Usman, Dr Anwar ul Haq, and Dr Muhammad Ishfaq, renowned experts in the field of cardiology; the workshop attracted many trainees. The workshop recognized the importance of ECG interpretation as a critical skill that all healthcare professionals should possess.

Learning Objectives: The primary learning objectives of the Comprehensive ECG Workshop were designed to equip healthcare professionals with the necessary knowledge and skills to interpret and analyze ECGs effectively. The specific goals included:

- Understanding the principles of electrocardiography
- Analyzing normal and abnormal ECG waveforms
- Identifying ECG Patterns in clinical scenarios
- Advanced ECG interpretation
- Enhancing technical skills in ECG acquisition

Workshop Methodology: The Comprehensive ECG Workshop employed a combination of didactic lectures, interactive discussions, case-based learning, and practical hands-on exercises. The facilitators, Dr Muhammad Usman, Dr Anwar ul Haq, and Dr Muhammad Ishfaq, utilised their expertise and practical experience to deliver engaging sessions. Real-life ECG cases were presented, allowing participants to analyse and interpret ECG waveforms in a clinical context. The workshop encouraged active participation, group discussions, and sharing of experiences to enhance learning and foster critical thinking skills.

Conclusion: The Comprehensive ECG Workshop held on May 17th, 2022, at Hayat Medical Complex in Peshawar, provided healthcare professionals with valuable knowledge and skills in interpreting and analysing ECGs effectively. The workshop recognised the significance of ECG interpretation as a crucial skill for healthcare professionals across various disciplines.

The workshop aimed to enhance patient care outcomes, improve diagnostic accuracy, and facilitate timely interventions in cardiac conditions by equipping participants with



comprehensive ECG interpretation skills. The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development.

The Department of Medicine at Hayat Medical Complex remains committed to organizing educational initiatives, such as the Comprehensive ECG Workshop, to ensure that healthcare professionals possess the necessary skills to provide high-quality cardiac care. Continued efforts to enhance ECG interpretation skills will improve patient care and cardiovascular outcomes in the region



An extraordinary session on Artificial Intelligence (AI) from a clinician's perspective was conducted at Khyber Teaching Hospital (KTH). The session was expertly directed by Dr. Iqbal Haider, an esteemed associate professor of Medicine. The audience was enthralled by the session and expressed their admiration and applause for the insightful discussion.

Dr. Haider commenced the session by emphasizing the immense potential of AI in revolutionizing healthcare. He highlighted how AI can empower clinicians by providing them with advanced tools to enhance diagnosis, treatment planning, and patient care. His compelling presentation resonated with the audience, who eagerly absorbed the knowledge and insights shared.

Throughout the session, Dr. Haider showcased real-life examples of AI applications in clinical settings. He demonstrated how AI algorithms can analyse vast amounts of medical data, helping clinicians make accurate and timely diagnoses. He also discussed the role of AI in predicting disease progression and tailoring treatment plans to individual patients. The audience was captivated by these possibilities, applauding the potential of AI to augment clinical expertise and improve patient outcomes.

One of the highlights of the session was the practical implementation of AI in the hospital's workflow. Dr. Haider discussed how AI can streamline administrative tasks, optimize resource allocation, and improve operational efficiency. The audience enthusiastically applauded these insights, recognizing the potential to alleviate the burden on healthcare professionals and enhance the overall quality of care.

In conclusion, the session on AI from a clinician perspective, led by Dr. Iqbal Haider, received resounding applause from the audience at Khyber Teaching Hospital. The session successfully illuminated the transformative power of AI in healthcare, while also addressing ethical concerns and practical implementation strategies. The audience left inspired and motivated to explore the integration of AI into their own clinical practice, appreciating the immense potential to revolutionize patient care and strengthen healthcare systems.



The Department of Medicine at MMC General Hospital, under the leadership of Dr Jibran Umar Ayub, and with Dr Saba Gul and Dr Azhar Shah as facilitators, organized a pre-conference workshop on Clinical Audit on May 18th, 2022. This workshop aimed to provide healthcare professionals with essential knowledge and skills in conducting clinical audits. Attended by many trainees, the workshop focused on empowering participants to improve patient care outcomes through systematic quality improvement processes.

Learning Objectives: The primary learning objective of the Clinical Audit workshop was to equip healthcare professionals with the necessary skills to conduct effective clinical audits. The specific goals included:

- Understanding the concept of clinical audit
- Identifying audit criteria and standards:
- Conducting a clinical audit
- Analyzing and interpreting audit data
- Developing actionable recommendations
- Implementing changes and monitoring progress

Workshop Content: The Clinical Audit workshop consisted of interactive sessions, group discussions, and practical exercises to ensure an engaging and participatory learning experience. The content was tailored to meet the needs of a diverse group of healthcare professionals, including doctors and administrators.

Workshop Methodology: The workshop adopted an interactive and participatory approach to maximize participant engagement and knowledge retention. The sessions included lectures, case studies, group discussions, and practical exercises.

Trainees had the opportunity to apply the concepts and skills learned through hands-on activities, such as conducting mock audits and analysing sample data sets.

The workshop facilitators comprised experienced clinicians and quality improvement experts with a strong background in clinical audit processes. They provided real-world examples,



shared best practices, and encouraged trainees to share their experiences and challenges related to clinical audits.

Conclusion: The Clinical Audit workshop was a significant success in enhancing the skills of healthcare professionals in conducting clinical audits. The workshop achieved its learning objectives by providing participants with comprehensive knowledge and practical skills necessary for effective clinical audit implementation.

The workshop aimed to promote a culture of continuous quality improvement by equipping healthcare professionals with the ability to conduct clinical audits. Through the application of audit principles and data-driven decision-making, the workshop aimed to improve patient care outcomes and contribute to the overall advancement of healthcare practices.

The workshop's success was evident through the active participation and positive feedback from the trainees. The Pakistan Society of Physicians remains committed to organizing such educational initiatives to ensure that healthcare professionals have the necessary skills and knowledge to deliver high-quality care to patients.



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PRE CONFERENCE WORKSHOP ON

ACUTE MEDICAL CARE FOR ADULT PATIENTS WITH URGENT MEDICAL NEEDS

Date: 18th May 2023, Time: 10:00-14:00

Venue: Auditorium LRH at Med-Surg Building, Peshawar

Course Directors: **Dr Muhammad Asghar**
Dr Atta Muhammad Khan
Dr Zafar Ali

Facilitators: Prof. Dr. Yaseen Khan • Prof. Dr. Ziauddin • Dr. Abdur Rahman Afridi
• Dr. Musharaf Kamal • Dr. Salma Zeb • Dr. Muhammad Zeb

Target Audience: Faculty and Post-graduate trainees (PGRs) of Internal Medicine, A&E and medicine-allied specialties • General Practitioners, Medical Officers • Nurses, Medical technicians

Learning objectives:

1. Identify acute medical care in the hospital setting
2. Recognize clinical approach to acutely ill patients
3. Plan diagnostic work up for acutely ill patients
4. Outline general and specific treatment for acute medical emergencies
5. Develop clinical pathways for acutely ill patients

Contact:

Dr. Nadeem -Assistant Professor, Deptt. of Medicine, LRH-MTI, Phone: 03319443885, E-mail: drasgharlrh@gmail.com

Limited Seats
Registration is Free

Central Cabinet, PSP:

- | | | |
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Pakistan Society of Physicians in collaboration with Department of Medicine held a pre-conference workshop titled "Acute Medical Care for Adult Patients" at the Lady Reading Hospital in Peshawar. The workshop aimed to provide healthcare professionals with the necessary knowledge and skills to manage adult patients in acute medical care settings and was organized by Dr Muhammad Asghar, Dr Atta Muhammad Khan, and Dr Zafar Ali. The workshop attracted many trainees. Recognizing the importance of acute medical care as a vital skill, the workshop aimed to equip healthcare professionals with the competencies to deliver optimal care in emergencies.

Learning Objectives: The primary learning objectives of the Acute Medical Care workshop were designed to enhance the knowledge and skills of healthcare professionals in managing adult patients in acute medical settings. The specific goals included:

- Recognition and assessment of common medical emergencies:
- Stabilization and initial management of acutely ill patients
- Diagnostic skills and interpretation of investigations
- Multidisciplinary team collaboration and communication
- Ethical and legal considerations in acute medical care

Workshop Methodology: The Acute Medical Care workshop employed an interactive and participatory approach to optimize knowledge retention and skills development among the participants. The sessions included lectures and case discussions. Real-life case scenarios were presented to stimulate the trainees' critical thinking and problem-solving skills. Interactive group activities and simulation-based exercises allowed participants to collaborate, exchange ideas, and learn from each other's experiences.

Conclusion: The Acute Medical Care for Adult Patients workshop at the Lady Reading Hospital in Peshawar gave healthcare professionals valuable knowledge and skills in managing adult patients in acute medical care settings. The workshop recognized the importance of critical medical care as a vital skill that all healthcare professionals should possess.

The workshop aimed to enhance patient care outcomes, improve diagnostic accuracy, and facilitate timely interventions in emergency situations by equipping participants with comprehensive knowledge and practical skills in acute medical care. The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development.



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MAY 20-21, SERENA HOTEL, PESHAWAR



PRE CONFERENCE WORKSHOP ON

Hypertension and Dyslipidemia

Date: 17th May 2023, Time: 10:00-13:00

Venue: Multipurpose Hall, Saidu Medical College, Swat

Course Director:

Prof Wasil Khan (HOD Medicine)

Course Co-Director:

Dr Abdul Ahad. (Professor of Medicine)

Dr Salman Khan (AP Medicine)

Facilitators: Prof. Aziz Ahmad. (Principal Swat Medical college)

Dr Muhammad Ayub khan (Associate Professor Medicine)

Dr Muhammad Yaqoob Khan (Senior Registrar Medicine/ Endocrinologist)

**Target Audience: Post Graduate Residents. House Officers.
Medical Officers and Young Consultants.**

Learning objectives:

At the end of workshop participate will be able to:

Diagnose Hypertension timely & Properly measure BP in clinical setup

Appreciate Guidelines regarding management of Hypertension.

Identify Secondary Hypertension and recognize Future perspectives regarding Hypertension & Identify different types of Dyslipidemia.

Manage Dyslipidemias and to deals with its complications.

**Limited Seats
Registration is Free**

Central Cabinet, PSP:

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President

● Dr. Muhammad Asghar
General Secretary

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● Dr. Fawad Raheem
Finance Secretary







The pre-conference workshop on "Hypertension and Dyslipidemia" was held at the Multipurpose Hall of Saidu Teaching Hospital in Swat on 17th May 2023, under the guidance of Course Director Prof. Wasil Khan. The workshop, co-directed by Dr Abdul Ahad and Dr Salman Khan, aimed to provide healthcare professionals with the necessary knowledge and skills to manage hypertension and dyslipidemia effectively. With the increasing burden of cardiovascular diseases associated with these conditions, the workshop attracted many trainees seeking to enhance their understanding and expertise in managing hypertension and dyslipidemia.

Learning Objectives: The primary learning objectives of the workshop were designed to enhance healthcare professionals' skills in managing hypertension and dyslipidemia. The specific goals included:

- Understanding the pathophysiology of hypertension and dyslipidemia:
- Conducting comprehensive assessments and diagnostic evaluations:
- Implementing lifestyle modifications:
- Pharmacological management:
- Implementing evidence-based guidelines:

The workshop employed an interactive and participatory approach to optimize knowledge retention and skills development among the participants. The speakers used their hypertension and dyslipidemia management expertise to deliver engaging sessions. Case scenarios, group discussions, and interactive exercises were used to illustrate the concepts and provide practical examples.

Conclusion: The workshop on Hypertension and Dyslipidemia held at Saidu Teaching Hospital in Swat gave healthcare professionals valuable knowledge and skills in managing these prevalent cardiovascular conditions. The workshop recognized the importance of a comprehensive approach to hypertension and dyslipidemia management in reducing the burden of cardiovascular diseases and improving patient outcomes.

The positive feedback from the trainees highlighted the value and relevance of the workshop in their professional development.

Commitments of the organizer, notably Dr Muhammad Ayub Khan, the focal person of the Pakistan Society of Physicians in Swat, to providing high-quality educational initiatives in the region was evident in the workshop's success at Saidu Teaching Hospital.

Continued efforts in promoting skills development and implementing evidence-based guidelines in managing hypertension and dyslipidemia will contribute to better patient outcomes and reduce the burden of cardiovascular diseases in the healthcare system.



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PRE CONFERENCE WORKSHOP ON

MOCK EXAM FOR FCPS MEDICINE EXAM CANDIDATES

Date: 18th May 2023, Time: 09:00-01:00

Venue: Main Auditorium, New Block, KTH, Peshawar

Course Directors: Prof. Hashim uddin, Prof. Jamaluddin
Prof. Wazir Muhammad , Prof. Salim Iqbal

Organizers: Dr. Awais Naeem, Dr. Aleina Badshah,
Dr. Fahad Naim

Facilitator: Faculty of General Medicine Department

Target Audience: Post Graduate Residents

Objectives:

To famaliarize candidates with CPSP
pattren of clinical Exams

Contents:

Short cases.

OSCE Stations.

Approach to long case by FCPS examiners

Limited Seats

Focal Persons: **Registration is Free**

Dr. Tehmina

Dr. Arooba

Dr. Saad (+92 3449840678)

Dr. Zaheer Uddin (+92 3448950342)

Dr. Sarah Gul

Central Cabinet, PSP:

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President

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The atmosphere was buzzing with anticipation as the aspiring FCPS 2 candidates gathered for the pre-conference workshop, PSPCON2023. Organized under the mentorship of esteemed doctors, Dr. Hashim Uddin Azam, Dr. Wazir Muhammad, Dr. Jamal Uddin, and Dr. Salim Iqbal, the workshop aimed to provide a mock exam experience to prepare the candidates for their upcoming FCPS 2 examination. The exam coordinators, Dr. Fahad Naim, Dr. Aliena Badshah and Dr. Fahad Naim had meticulously planned the event to ensure a comprehensive assessment of the candidates' knowledge and skills.

As the candidates took their places, the presence of the chief guest, Dr. Mahmud Aurangzeb, Dean KMC, added an air of importance to the event. Dr. Aurangzeb attendance served as a testament to the significance of the workshop and the dedication of the senior faculty involved.

The candidates were put through a series of assessments, including the TOACS, short cases, and long cases. These assessments were conducted by CPSP supervisors and examiners from the Department of Medicine, ensuring a rigorous and authentic examination experience. Each candidate's performance was closely evaluated, and detailed feedback was provided to help them identify their strengths and areas for improvement.

Dr. Aurangzeb, in his address to the participants, lauded the efforts of the senior faculty members for their commitment to training the future consultants. He acknowledged the importance of such workshops in preparing candidates for the real exam, emphasizing the role of mentorship and guidance in shaping successful medical professionals. His words resonated with the candidates, inspiring them to strive for excellence in their pursuit of becoming consultants.

Throughout the workshop, the candidates displayed their knowledge, clinical skills, and professionalism. They tackled challenging scenarios with confidence and composure, showcasing their ability to diagnose and manage complex medical cases. The candidates' dedication and hard work were evident as they applied their theoretical knowledge to practical situations, impressing the examiners with their clinical acumen.

Following the assessments, the candidates eagerly awaited their individual feedback sessions. The examiners provided detailed insights into each candidate's performance, highlighting their strengths and areas requiring further development. The candidates appreciated the feedback, as it served as a valuable learning tool to enhance their skills and knowledge. The examiners' expertise and guidance were instrumental in shaping the candidates' understanding of the examination expectations and refining their approach to patient care.

As the workshop drew to a close, the atmosphere was filled with a sense of accomplishment and camaraderie. The candidates were presented with certificates of participation, recognizing their dedication and commitment to their professional growth.

The positive comments from the candidates echoed throughout the venue, reflecting their gratitude for the opportunity to participate in the mock exam. They expressed their appreciation for the organizers, mentors, and examiners, recognizing the invaluable support they received throughout the workshop. The candidates left the event feeling inspired, motivated, and well-prepared to face the challenges of their upcoming FCPS 2 examination.



The pre-conference workshop, PSPCON2023, served as a milestone in the candidates' journey towards becoming consultants. The experience they gained, the knowledge they acquired, and the connections they forged were invaluable in shaping their professional growth. Under the guidance of renowned mentors and examiners, they honed their skills, gained confidence, and embraced the responsibility of providing exceptional patient care.



PSPCON 2023

Abstracts

Not all revised versions were received prior to compilation of the book. The book contains the comprehensive list of topics chosen for both oral and poster presentations



Oral Presentation

Session 1

21st May, 2023 10:15 Am-11:45 Am

Time	Topic	Submitted By
10:15 Am-10:30 Am	Analyzing Acute Ischemic Stroke Management At Hayatabad Medical Complex, A Tertiary Care Hospital: A Quality Improvement Program In Accordance With The 2019 Aha Guidelines.	Dr. Muhammad Areeb Iqbal
10:30 Am-10:45 Am	A Novel and Safer Artificial Pancreas System Based On Hollow Microneedles	Dr. Talha Durrani
10:45 Am-11:00 Am	Potential Candidacy For Thrombolysis Among Ischemic Stroke Patients	Dr. Aliena Badshah
11:00 Am-11:15 Am	Laurence-Moon-Bardet-Beidl Syndrome:	Dr. Nayab Munib
11:15 Am-11:30 Am	Diagnostic Accuracy Of Pleural Fluid Cholesterol In The Diagnosis Of Exudative Pleural Effusion Taking Light's Criteria As The Gold Standard	Dr. Najmush Shakireen
11:30 Am- 11:45 Am	The use of Artificial intelligence in predicting restless leg syndrome in Diabetic patients	Dr. Saman Shahid

Session 2

21st May, 2023 12:00 – 1:30 Pm

Time	Topic	Submitted By
12:00 - 12:15 Pm	The Pattern of Microbial Flora & Sensitivity in Ventilator-Associated Pneumonia	Dr. Razaullah
12:15pm - 12:30pm	Uncovering the Link Between Celiac Disease and Hypopituitarism: A Case Report	Dr. Hameed Khan
12:30 Pm- 12:45pm	Cauda Equina Syndrome Secondary to Thrombocytopenia	Dr. Sidra Habib
12:45 Pm-1:00 Pm	Polymyositis: The Comet Tail After Covid-19	Dr. Fazal Ghani
1:00 Pm – 1:15 Pm	Salmonella Typhi Super Bug and Its Antibiotic Sensitivity- A Prospective Study	Dr. Ahmed Zuhair Mufti
1:15ppm-1:30pm	Associations of Different Blood Groups In Patients With Dengue Fever And Their Relationship With Severity Of Illness	Dr. Abdur Rehman Afridi



Poster Presentations

Will be displayed Pharmaceutical Exhibition Area throughout the conference

1.	Biochemical Assessment Of Uric Acid And Magnesium In Pre-diabetic Patients In Peshawar, KPK: Case-Control Study Fahad Naim, Farid Ullah Shah, Awais Naeem, Wasim Ahmed, Rafiq Ullah MTI - Khyber Teaching Hospital, Peshawar
2.	A Neglected Victim Of Rare Autoimmune Schmidt's Syndrome; A Case Report Kamal Uddin Azam, Rafiq Ullah, Awais Naeem, Fahad Naim, Qasim Zia MTI - Khyber Teaching Hospital, Peshawar
3.	Post-Covid Acquired Factor X Deficiency: A Case Report From Pakistan Omama Humayun, Talha Durani, Awais Naeem, Fahad Naim
4.	D-Dimer Level As A Predictor Of Covid-19 Severity Dr. Manahil Majid
5.	A Rare Side Effect Of A Commonly Misused Self - Medication Sildenafil; A Case Report Fahad Naim, Awais Naeem, Rafiq Ullah, Qasim Zia, Kamal Uddin Azam MTI - Khyber Teaching Hospital, Peshawar
6.	Thrombosis Of Vein Of Trolard Zeeshan Waqas, Waqar Khan, Hamza Ali Khan, Muhammad Fayyaz, Yousaf, Dr. Raheel
7.	Non-HIV Related Comorbidities Among People Living With Hiv, A Cross Sectional Study At Dhq Teaching Hospital, Kohat Fahad Naim, Awais Naeem, Fahim Shah, Umair Ul Islam, Sohail Adnan, Muhammad Hamid
8.	Dengue Fever, Crimean-Congo Hemorrhagic Fever, And Covid-19 Triple Co-Infection: Out Of The Frying Pan Into The Fire Fawad Rahim, Said Amin, Mohammad Noor, Barkat Ali, Azhar Wahab
9.	A Patient With Fever, Loose Motions And Jaundice: Hickam's Dictum Or Occam's Razor Mohammad Noor, Fawad Rahim, Said Amin, Raza Ullah, Sheraz Zafar
10.	Extensively Drug-Resistant Salmonella Typhi Infection: From Pill To Scalpel Fawad Rahim, Said Amin, Mohammad Noor, Khushal Nadir Hadi,, Sana Aftab



11.	AMA Negative Primary Biliary Cholangitis Dr. Mahnoor Khattak
12.	Peer Tutoring of Undergraduate Medical Students In Basic Life Support- A Randomized Controlled Trial Jalwa Javed Farooqi
13.	Cerebral Venous Sinus Thrombosis Following Snake Bite Muhammad Yousaf, Zeeshan Waqas, Nayab Munib, Sidra Bibi, Subtain Hassan, Waqar, Hamza Ali Khan
14.	Extensive Intracranial Calcifications- A Case of Hypoparathyroidism Nayab Munib, Marhaba ,Muhammad Yousaf, Mahnoor Khattak, Romesa Khattak, Sana
15.	Occult Hepatitis B In Patients With Decompensated Chronic Liver Disease: A Cross Sectional Study At Tertiary Care Hospital, Peshawar Fahad Naim,Muhammad Darwesh Iqbal, Syeda Hijab Amjad, Awais Naeem, Muhammad Amjad Taqweem, Tayyaba
16.	Haemodialysis Alters The Index Of Cardiac- Electrophysiological Balance Tayyaba Khan, Abdul Rehman Arshad, Shabana Tahir, Shahid Ahmad
17.	Assessment And Improvement Of Blood & Blood Components Transfusion Documentation, A Clinical Audit Rafiqullah, Muhammad Yasir, Qasim Zia, Fahad Naim, Awais Naeem
18.	Role Of Palliative Radiotherapy In Painful Bone Metastasis : Single Institution Experience Shah Zeb Khan
19.	Donatio Organorum- Reluctance To Organ Donation In Medical Students; A Cross-Sectional Descriptive Study Sumia Fatima 4 th Year Mbbs Student Rawalpindi Medical University Tayyaba Idrees, Dr Sidra Hamid, Zainab Hussain, Zainab Idrees, Maryam Mansoor.
20.	Association Of HCV And Chronic Urticaria Resistant To Empirical Anti-Histamine Therapy Zaib, Iqra Ain Ali, Mohammad Asif, Farwa Naqvi, Kehkshan Tahir, Ahmed Amin,Khan Faraz, Ayesha Basharat
21.	The Frequency Of Reno-Cardiac Syndrome In Chronic Kidney Disease Cases Presenting To Tertiary Care Hospital Islamabad Dr. Nadia Shams
22.	Quality Of Life Among Treated Hypothyroid Patients Kashif Rasool, Lubna Abbasi, Sarang Memon, Muhammad Junaid Patel
23.	The Relationship Between Social Media Addiction And Depression Among Medical Students Of Peshawar Hafsa Maqsood ,Sheema Sami ,Mehak Dilawar
24.	Socio-Demographic And Behavioral Factors In Patients With Delayed Diagnosis Of Human Immunodeficiency Virus (HIV), A Retrospective Cross-Sectional Study At Hiv Care Center, Dhq Teaching Hospital, Kohat.



	Fahad Naim, Awais Naeem, Fahim Shah, Arif Mumtaz, Sohail Adnan, Muhammad Hamid
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Dr Fahad Naim

Chairman, Abstract Review Committee

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Chairman, Scientific Committee

SALMONELLA TYPHI SUPER BUG AND ITS ANTIBIOTIC SENSITIVITY

- A RETROSPECTIVE STUDY

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Introduction

Typhoid Fever is among the most common infections in both community and hospital settings. Affectees of this disease range up to 14 million and deaths rising up to 136,000 annually[1]. Now, more than ever, requiring knowledge of its epidemiology and the sensitivity profile. A number of tests are employed to diagnose Enteric Fever, with blood culture being the optimal method of diagnosis and testing antibiotic sensitivities.

Aim

To determine the sensitivity patterns of Salmonella Typhosa and recommend the appropriate empirical antibiotics for it while awaiting culture results.

Method and Materials

This retrospective study was conducted in Medical Unit of Hayatabad Medical Complex Hospital from June 2021 to August 2022. The patients included were between ages of 15-75 years and the final count was 369 patients fitting the criteria, out of which 246 grew S. Typhi/Paratyphi. After identification, antimicrobial sensitivity testing was done for the isolates using Kirby Bauer method.

Results

Out of 369 blood cultures, 246 grew S.Typhi. The gender distribution in cases of Typhoid fever was 144 (58.4%) females as compared to 102 (41.60 %) males, with an age range of 15 - 75 years. Blood culture of 246 (100%) patients were sensitive to Meropenem, 246 (100%) to imipenem, 246 (100%) to Polymyxin, 242 (98.60%) to Gentamycin, 239 (98.4%) to Amikacin, 150 (61.20%) to Ciprofloxacin, 125 (51.20%) to azithromycin, 64 (26.40%) to Ceftriaxone, 32 (13.00%) to cefoperazone-sulbactam, 30(12.00%) to Cefotaxime and 24(10.00%) to Co-Amoxiclav.

The antibiotics sensitivity of the community used antibiotics are shown in the following table

Sr No	Antibiotics	Sensitivity
01	Polymyxin	540(100%)
02	Colistin	540 (100%)
03	Tigacycline	540 (100%)
04	Ertapenem	540 (100%)
05	Meropenem	534 (99%)
06	Imipenem	534 (99%)
07	Amikacin	523(97.0%)
08	Gentamycin	523(97.0%)
9	Cefepime	127 (26.4%)
10	Ceftazidime	160 (28.0%)
11	Ceftriaxone	89 (15.4%)
12	Cefotaxime	150 (27.7%)
13	Cefoperazone-Sulbactam	07 (1.2%)
14	Ciprofloxacin	89 (15.4%)
15	Norfloxacin	110 (20.3%)
16	Piperacillin-Tazobactam	106 (19.6%)
17	Fosfomycin	106 (19.6%)
18	Azithromycin	274 (51.20%)
19	Co-amoxicillin	03 (0.5%)
20	Ampicillin	03 (0.5%)
21	Nitrofurantoin	82 (15.1%)

Discussion

Enteric Fever is caused by the Salmonella Typhi and Paratyphi bacteria and is a major health problem around the world, especially in the developing countries. The burden in these areas is significantly high due to contaminated drinking water or food with faeces, poor sanitation, inadequate hygiene practices, and low socio-economic status. Antimicrobial choice is complicated by resistance to commonly used drugs. Culture and susceptibility results are crucial to guide treatment for individual patients and to monitor regional resistance rates.

Antimicrobial choice is complicated by resistance to commonly used drugs. Culture and susceptibility results are crucial to guide treatment for individual patients and to monitor regional resistance rates. Chloramphenicol along with amoxicillin, trimethoprim-sulfamethoxazole were considered first line antimicrobials. Multidrug resistance is defined as resistance to these three drugs, which led to the use of fluoroquinolones as the drug of choice for enteric fever followed by increased use of third-generation cephalosporins and azithromycin. Extensively Drug resistant (XDR) Typhoid refers to strains that have developed resistance to all these aforementioned drugs. Our results showed reduced sensitivity to these agents as well. Our study, however, does shed light on other promising candidates. Drugs of the aminoglycoside and carbapenem class show superior sensitivity to all other conventional drugs and their use can now be justified over the more renowned drugs that are used for Typhoid.

Conclusion

S.Typhi resistance against most commonly used antibiotics is on the rise and we recommend using Carbapenems and aminoglycosides as initial empirical antibiotics of choice in admitted patients with strong suspicion of typhoid fever

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Frequency & Characteristics of Non-Obese NAFLD, Visiting A Tertiary Care Setting

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Introduction

NAFLD despite its strong relation with obesity and metabolic syndrome has also been found in non-obese individuals, termed as non-obese or Lean NAFLD. It can go unnoticed for many years due to absence of clinical features but nevertheless it can progress to develop the full spectrum of liver disease. This study would help us in evaluating the disease burden of lean NAFLD in our population and identify the risk factors leading to this distinct entity.

objective

- To determine the frequency of non obese among NAFLD identified on abdominal ultrasound .
- To identify the factors among non obese having NAFLD .

Methodology

After Internal Board review approval, this study was conducted over a period of six months. All individuals with ultrasound findings of fatty liver were included in the study. After written informed consent, data was collected by non-probability consecutive sampling. Study participants were interviewed through a questionnaire to obtain their demographic information. Global physical activity questionnaire (GPAQ) was used for lifestyle modifications and short food frequency questionnaire (SFFQ) was used to assess their habitual food intake.

conclusion

The global prevalence of lean NAFLD is on the rise. Despite having a lean phenotype, these individuals are metabolically unhealthy and can develop full spectrum of liver damage. Since BMI fails to identify visceral adiposity therefore it should not be the sole criteria to identify NAFLD. Further research is required for the better understanding of their underlying liver pathophysiology and outcomes when compared with obese NAFLD in our population.

Result

A total of 159 patients diagnosed with NAFLD were included in this study. The average age of the patients was 49.08±12.91 years. There were 29.93%(n=46) males and 71.07% females(n=113). Regarding associated co-morbid, hypertension and diabetes were the commonest comorbid . As per the GPAQ questionnaire 37.74%(n=60) patients were observed to have a sedentary life style whereas 54.09%(n=86) were engaged in moderate physical activity and 8.18%(n=13) were shown to be engaged in vigorous activity. As per the nutrition status of the patients, 45.28% (n=72) participants qualified for over nutrition. Out of 159 patients, only 17.61%(n=28) were on medications. Regarding metabolic syndrome, 38.36% (n=61) participants had metabolic syndrome.

Optimal nutrition and moderate activity in life style were the significant factors associated with non-obese among NAFLD

Discussion

Subset of NAFLD initially found in Asian populations was described as a "third world phenotype" .

In our study, the frequency of non-obese among NAFLD identified on abdominal ultrasound was found to be 55.35%. Our data, although limited in number, shows a multiple fold increase in number of non-obese NAFLD among the overall NAFLD population.

Optimal nutrition and moderate activity in life-style were the significant factors associated with non-obese NAFLD in our study.

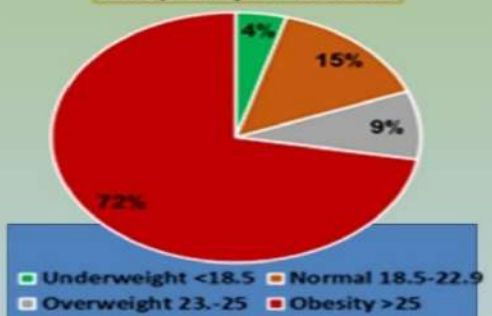
DEMOGRAPHIC CHARACTERISTICS OF THE PATIENTS

Variables	Mean ± SD	Median (IQR)
Age (Years)	49.08±12.91	49(18)
Height (in cm)	157.75±10.35	155(16)
Weight (in kg)	72.59±17.92	71(21)
BMI (kg/m ²)	29.940±8.62	29.14(9.4)
SBP (mmHg)	128.50±15.02	130(20)
DBP (mmHg)	75.46±10.88	77(12)
Education	8±4.7	10(5)

ASSOCIATED COMORBID OF THE PATIENTS

Comorbid	Count	%
Diabetic	66	41.5%
Hypertension	87	54.7%
IHD	31	19.5%
Dyslipidemia	26	16.4%
CKD	12	7.5%
Hyperthyroid	0	.0%
Hypothyroid	11	6.9%

Frequency of NAFLD



FACTORS ASSOCIATED WITH NON-OBESE NAFLD

Factors		NAFLD				P-Value	
		Non-obese		Obese			
		Count	%	Count	%		
Nutrition	Under nutrition	10	20.5 %	0	.0%	0.000 N ^a	
	Over nutrition	11	12.5 %	81	85.9%		
	Optimal nutrition	99	97.0 %	10	14.1%		
Medication	No	77	87.5 %	54	76.1%	0.000	
	Yes	11	12.5 %	17	23.9%		
Life style	Vigorous Activity	11	12.5 %	3	4.6%	0.040 [*]	
	Moderate activity	49	50.7 %	27	32.1%		
	Sedentary	28	31.8 %	33	40.1%		
Metabolic Syndrome	Yes	30	34.1 %	21	43.7%	0.247	
	No	58	60.9 %	40	56.3%		

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Therapeutic and safety outcomes of intracoronary nicardipine in coronary artery disease patients: A systematic review

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BACKGROUND

Coronary artery disease (CAD) is an inflammatory cardiovascular disease that currently serves as a major contributor to mortality worldwide. Revascularization techniques such as PCI in patients with CAD can predispose them to developing the no reflow or slow flow phenomenon. Nicardipine, a dihydropyridine calcium channel blocker, is used as a pharmacological agent to treat complications such as the no-reflow and coronary slow flow (CSF) phenomenon, owing to its vasodilatory properties in patients with CAD or acute coronary syndromes.

OBJECTIVES

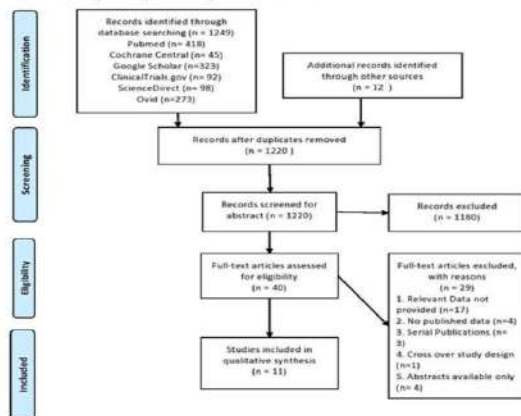
This systematic review aimed to shed light on the efficacy of intracoronary (IC) nicardipine in treating no reflow, slow reflow phenomenon and other complications in patients with CAD undergoing revascularization therapy.

METHODS

A comprehensive systematic search was performed by using PubMed, Google Scholar, Cochrane (CENTRAL), Ovid, and Science Direct from inception to May 19, 2022. Articles were included if those met the following eligibility criteria: i) adult patients (> 18 years) with CAD; ii) clinical trials or observational studies; iii) studies having IC nicardipine as an intervention; and iv) reported at least one therapeutic and safety outcome.

RESULTS

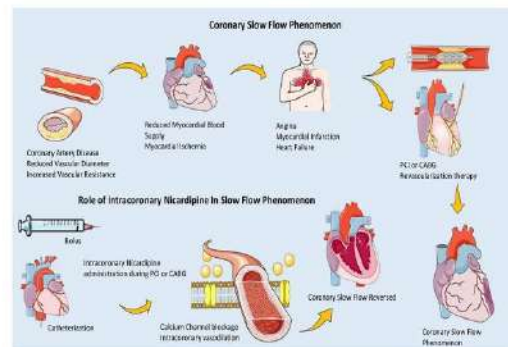
A total of 1249 papers were yielded during the literature search. Of these, 11 studies were finalized for this systematic review. Complete restoration of TIMI 3 flow was also observed in 98.6% of the patients receiving IC nicardipine. A significant increase in the CBF after infusion of IC nicardipine ($p < 0.05$) was observed.



RESULTS (CONT'D)

Efficacy outcomes	Intravenous nicardipine	Intracoronary nicardipine
Coronary blood flow (CBF)	Increased	Increased
Heart rate	Increased	No significant change
Systolic and diastolic pressure	Decreased	No significant change
Mean aortic pressure	Decreased	No significant change
Cardiac output	Significantly increased	Significantly increased
Systemic vascular resistance	Decreased	Decreased
Left ventricular end diastolic pressure	Unchanged	Unchanged
Stroke volume	Significantly increased	Significantly increased

A comparison of Nicardipine therapeutic and safety outcomes when administered intravenous vs. intracoronary



Effects of intracoronary nicardipine on coronary slow flow phenomenon

CONCLUSION

IC nicardipine significantly increases CBF and decreases coronary vascular resistance. Drug administration during revascularization therapies such as PCI and CABG has produced control over coronary slow flow and other postoperative complications. To formulate strong opinions regarding this mode of nicardipine administration and its efficacy in preventing no reflow, more clinical trials with a large sample size are needed.



Dengue Fever, Crimean-Congo Hemorrhagic Fever, and COVID-19 Triple Co-infection: Out of the Frying Pan Into the Fire



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INTRODUCTION

In developing countries like Pakistan, poverty, illiteracy, poor hygienic conditions, and poor infrastructure of public health are responsible for the increased prevalence of infectious diseases. The infections not only occur as a single illness but also as co-infections. Globally, 16% of infections occur as co-infections [1]. The presence of an ongoing pandemic of SARS-CoV-2 and the local outbreaks of other infectious diseases increase the chances of co-infections [2]. The prevalence of co-infections has increased to 19% in the era of COVID-19 [3].

CASE PRESENTATION

A 60-year-old gentleman presented to the emergency room with complaints of cough and high grade fever for five days, and confusion for one day. The cough was productive, bringing up greenish sputum tinged with frank blood. It was associated with generalized body aches and fatigue. He gradually became confused a day before he was referred to Hayatabad Medical Complex, Peshawar. Before he was referred to Hayatabad Medical Complex, Peshawar, he remained admitted for two days in a local health care facility where he was diagnosed and managed as a case of dengue fever based on a positive dengue NS-1 antigen test. He received four units of platelets in addition to supportive treatment during the hospital stay. On presentation to our department he had profound thrombocytopenia and bruises all over the body. He contributed to the religious slaughtering of animals during the recently celebrated Eid ul Adha festival. Based on history and examination findings his PCR for Congo virus was sent, which came out to be positive and he was started on Treatment. During the hospital stay he developed shortness of breath and desaturation. Radiograph and CT chest revealed wide spread patchy shadows all over the lung fields (Figure 1, Figure 2). Subsequently Nasopharyngeal swab was sent for COVID PCR, which also came out to be positive.

DISCUSSION

Nature is full of surprises and can present in any form and combination of infections. This indexed case presented with triple co-infection of Dengue virus, CCHF virus, and SARS CoV-2 virus, which has never been reported before. He was treated with antibiotics, blood products, ribavirin, and

Keeping in mind the different pathophysiologic mechanisms of all three viruses in a single case, it would be very challenging to understand the exact host response, virus interplay, and corresponding treatment



Figure 1



Figure 2

CONCLUSIONS

Though co-infections are uncommon, these are on the rise due to the changing socio-demographic risk factors. Because of the difficulty in diagnosis and treatment, co-infections have higher mortality. Despite of different modes of transmission, and predilection for different target organs but common socio-cultural and epidemiological risk factors, the presence of triple co-infection, in this case, should act as a red signal to alert the regional and international public health authorities. Co-infections should not be taken for granted as these are not merely regional issues but may threaten global health.

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THE RELATIONSHIP BETWEEN SOCIAL MEDIA ADDICTION AND DEPRESSION AMONG MEDICAL STUDENTS OF PESHAWAR

HAFSA MAQSOOD ,JAVERIA KHAN ,MAHEEN KHAN

INTRODUCTION

Depression is one of the biggest health problems in modern society. The WHO has researched that depression is the most common cause of disability today. It's a common and serious mental disorder that affects a person's routine activities and abilities. Research studies have shown that excessive use of social media affects students' mental health. Social media use can increase depression and anxiety among users.

AIM AND OBJECTIVES:

- To investigate the perceptions of medical students regarding the usage of social media networks
- To measure the relationship of social media and depression among medical students

METHODS AND MATERIALS

The study was conducted in public medical colleges of Peshawar .

DURATION OF STUDY: 4 months from May to September 2022.

SAMPLE SIZE: Sample size comprised of 282 MBBS students..

SAMPLING TECHNIQUE: The non-probability, convenience.

NCLUSION CRITERIA: All students from each year of MBBS from public medical colleges .

.EXCLUSION CRITERIA: Students who after receiving 3 reminders did not fill the form. Incomplete responses were excluded from this study.

STUDY DESIGN: Cross sectional study design .

DATA COLLECTION PROCEDURE:

Questionnaire based online survey was used for collecting data through Google forms .

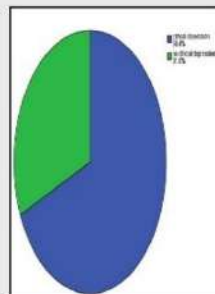
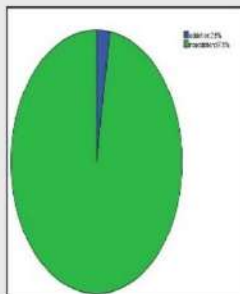
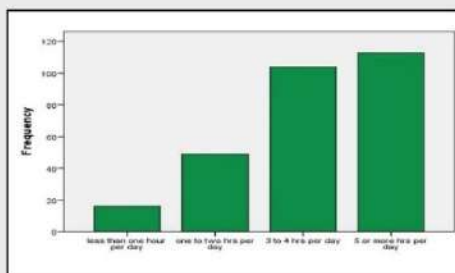
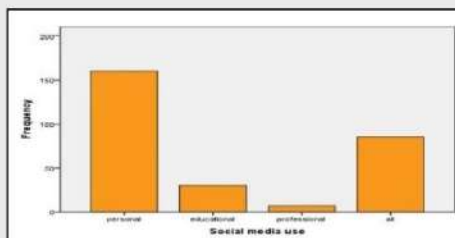
Social media addiction: Social media addiction was measured using social media addiction scale (SMA-S).

RESULTS

The SMA scale (Social media addiction scale) was used to estimate addiction. It was found that only 7(2.5%) out of 282 participants, according to the scale are addicted and 275(97.5%) have no addiction although they use social media frequently but are not addicted .

Depression was assessed using CES-Scale 0-60 (Centre for epidemiological studies depression scale). According to our findings, 193(68.4%) participants out of 282 were at risk of developing clinical depression and 89(31.6%) had no clinical depression . As $r=0.523$ there is a moderate positive correlation between social media addiction and depression.

As $r=0.523$ moderate positive correlation was found between social media addiction and depression. Alternatively, as the level of social media addiction increases, the level of depression increases.



DISCUSSION

Examining the possible association between the addictive use of social media platforms and depression has been the major focus of this research. The results showed that constant use of social media, in other words, addiction to social networking sites did not have a favorable link to depression and melancholy, as it was predicted. In our sample, there were 282 participants out of which only 2.5% (7 participants) have the addictive use of social media platforms but 68.4% (193 participants) have been at risk of clinical depression. This correlation shows that the constant use of social networking platforms is not directly linked to the cause of depression.

The cause of depression can be linked with multiple other factors in life, that include stressful environments and personal issues. The results show a clear indication that social media does not necessarily cause depression.

Meanwhile, numerous researchers have looked at the connections between depression and various forms of internet usage, including everyday use, compulsive usage, and addiction. .

CONCLUSIONS

This study shows that most of participants use social media for different purposes and use different sites but very small number of these according to our finding have addiction. Furthermore our study indicates that most of our participants are at risk of clinical depression, According to our study, social media does not necessarily cause depression. There is moderate positive correlation between social media addiction and depression.

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Neutrophil to lymphocyte ratio as a prognostic marker for cardiovascular outcomes in patients with ST-segment elevation myocardial infarction after percutaneous coronary intervention: a systematic review and meta-analysis

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BACKGROUND

According to the World Health Organization (WHO), an estimated 17.9 million people died from CVDs in 2019, representing 32% of all global deaths. Among CVD, ST-elevation myocardial infarction (STEMI) carries the highest risk of morbidity and mortality. Percutaneous coronary intervention (PCI) is considered as a successive revascularization therapy for STEMI patients. However, it carries several short and long term risk factors. Neutrophil to lymphocyte ratio (NLR) has been considered a prognostic biomarker of mortality and other major cardiac events in STEMI patients. This study aims to investigate NLRs efficacy in predicting in-hospital and long-term outcomes in patients with ST-segment elevated myocardial infarction (STEMI) undergoing PCI.

METHODS

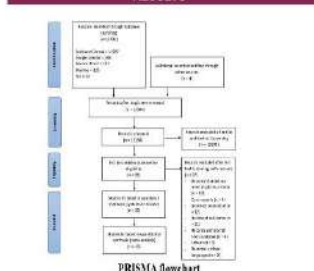
Six databases such as PUBMED, Cochrane CENTRAL, ERIC, Embase, Ovid, and Google Scholar.

OUTCOME In-hospital and long-term all-cause mortality, major adverse cardiovascular events (MACE), and length of stay in hospital.

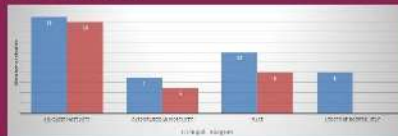
Statistical analysis RevMan (version 5.4; Copenhagen)

Publication bias Funnel plot asymmetry via zask, coxson and Egger's regression tests

RESULTS



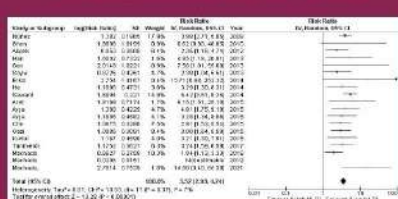
35 observational studies involved a total population of 28,756 participants, out of which 9678 patients had high NLR and 13,108 patients had low NLR. The mean age of patients ranged from 55.5 to 72.1 years with an average of 63.7 years. The percentage of males ranged from 59.7% to 85.9%, with a mean of 75.29%. About 42.8% of studies were from Asia, 37.1% from noncontinental countries (Turkey), 8.5% from South America, 5.7% from North America, and 5.7% from Europe.



In-hospital and long-term primary outcomes reported by included studies



In-hospital and long-term secondary outcomes reported by included studies



Forest plot for in-hospital all-cause mortality after sensitivity analysis

RESULTS (CONT)



Forest plot for long-term all-cause mortality after sensitivity analysis in terms of RR



Forest plot for in-hospital all-cause mortality after sensitivity analysis



Forest plot for long-term cardiovascular mortality after sensitivity analysis



Forest plot for in-hospital MACE after subgroup analysis

CONCLUSION

NLR serves as an important tool in predicting hospital and long term mortality along with some MACE and length of hospital stay in STEMI patients undergoing PCI therapy. More large sample clinical trials are encouraged to have a deep insight on the underlooked outcomes of the PCI in relation to NLR.

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Role of Soluble urokinase type Plasminogen Activator receptor in predicting Mortality, Readmission, Length of stay and Discharge in Emergency Patients: A meta-analysis

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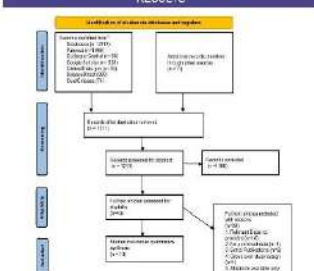
BACKGROUND

Early and efficient classification of emergency department (ED) influx based on disease severity and its prognosis is an important tool to manage the limited resources and to avoid crowding in acute medical units. Several clinical biomarkers play a crucial role in triaging emergency patients and help decide the physicians urgent cases that predict higher mortality rates. Soluble urokinase plasminogen activator receptor (suPAR) is an inflammatory biomarker that is used to predict mortality, readmission, early discharge, and length of hospital stay and thus serves as a useful tool for ED physicians. Our study aims to analyze the efficacy of suPAR in predicting these prognostic markers in Emergency medical units.

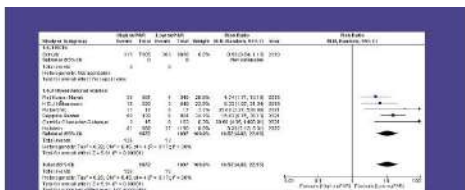
METHODS

A targeted and comprehensive literature search was conducted till November 30th, 2022, using PubMed, Google Scholar, Cochrane, Science Direct, Ovid, and ClinicalTrials.gov. Our search was language restricted and all the articles published in languages other than English were excluded. Articles were selected if they met the following eligibility criteria: a) observational or phase trial studies investigating the role of suPAR levels in predicting the 7 day, 30 day, 90 day mortality and readmission, early discharge (within 24 hours) and length of hospital stay as well as ED stay in patients coming to acute medical units with other than post surgical complications. Data analysis was performed using RevMan (version 5.4).

RESULTS



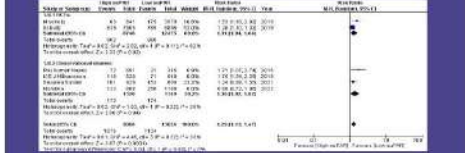
PRISMA flow Chart



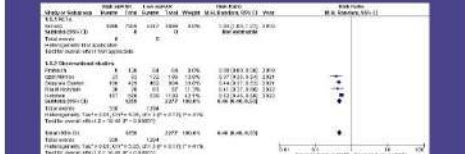
Forest plot for 20-day mortality after sensitivity analysis



Forest plot for 90-day mortality after sensitivity analysis



Forest plot for readmission within 30 days after sensitivity analysis



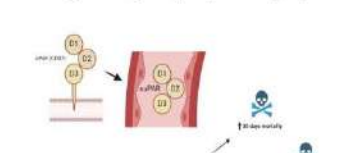
Forest plot for discharge within 24 hours after sensitivity analysis

RESULTS (CONT D)

Recruited studies comprised a total of 56,428 participants among which 14,766 patients had high suPAR concentration and 31,081 patients had low suPAR concentration. Out of these 56,428 participants, there were 29,759 females and 26,670 males. The mean age of the participants varied from 45.58 years to 81.75 years, with a mean of 58.25 years. The duration of follow-up varied in every study, the majority of patients were followed up after a duration of 30 or 90 days.



Forest plot for the length of hospital stay after sensitivity analysis



Graphical summary of suPAR prediction

CONCLUSION

suPAR is proved to be a significant marker in predicting 7 day, 30 day and 90 day mortality in ED patients. Further, suPAR levels predict early discharge, length of hospital stay, and 7 day and 30 day readmission of patients coming to acute medical units. A high suPAR level at admission to ER is a sign of a serious condition and is attributed to a higher risk of mortality and readmission.

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Pakistan Society of Physicians - PSP
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2023



Extensively Drug-Resistant *Salmonella typhi* Infection: From Pill to Scalpel



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INTRODUCTION

Water-borne infections like typhoid fever are common in the developing world. The emergence of extensively drug-resistant *Salmonella typhi* (XDR *S. typhi*) is of great concern for both local and global public health. Acute hepatitis, visceral abscesses in organs like the spleen and splenic and renal infarcts have been reported in association with XDR *S. typhi*.¹ We report a case of XDR *S. typhi* infection in a 17-year-old female who had a unique presentation that is, to our knowledge, the first case of acute appendicitis caused by XDR *S. typhi*.

CASE PRESENTATION

A 17-year-old girl presented to the emergency room of Hayatabad Medical Complex, Peshawar, Pakistan, with complaints of fever, loose stools, and abdominal pain for eight days. The fever was continuous, high grade, spiking up to 104 F. On physical examination, she had a temperature of 102 OF, BP of 100/60 mmHg and HR of 105 bpm. She was tender in the right upper abdomen and bowel sounds were present. She was admitted to the medical unit for a workup. Blood culture, stool routine examination, and ultrasound of abdomen and pelvis were additionally requested, and she was started on meropenem as empiric treatment for enteric fever and fluid replacement. On day three of her admission, the abdominal pain increased in intensity, with severe tenderness in the right iliac fossa and right flank region. The surgical team advised CECT of the abdomen and pelvis, which revealed signs of a thick-walled appendix with free intraperitoneal fluid and mesenteric lymphadenopathy suggestive of acute appendicitis without definite evidence of perforation (Figure 1a). She underwent an emergent appendectomy. During surgery, 300 ml of reactive straw-colored fluid was drained, and a phlegmonous appendix was excised and sent for histopathological analysis. Meanwhile, the preliminary report of her blood culture suggested the growth of gram-negative rods, which was highly suggestive of *S. typhi*. She became pain-free after the surgery, but the fever persisted for the next two days. The final report of her blood culture demonstrated growth of XDR *S. typhi* sensitive only to imipenem, meropenem, and azithromycin, while resistant to ampicillin, fluoroquinolones, ceftriaxone, cefixime, cotrimoxazole, and chloramphenicol. She remained pain-free and afebrile and was discharged on the seventh postoperative day. She received meropenem for a further

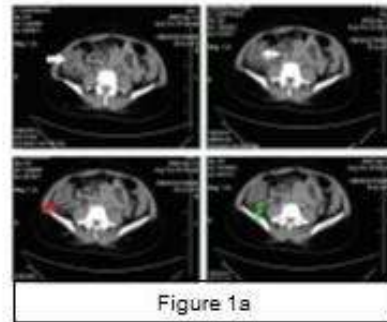


Figure 1a

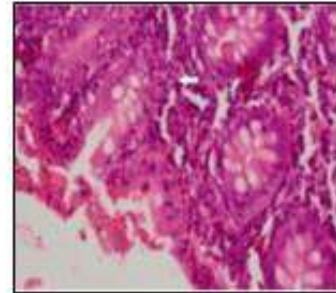


Figure 1b

DISCUSSION

The surgical complications of typhoid fever cause significant morbidity and mortality in many parts of Africa and Asia where standard medical facilities are not yet readily available.² The gastrointestinal manifestations of enteric fever include gastrointestinal ulcers leading to hemorrhage and perforation. Additionally, acute cholecystitis, acute pancreatitis, acute gastroenteritis, acute appendicitis, and postinfectious irritable bowel syndrome have been reported.³

We report a unique case of a young girl with type 1 diabetes mellitus and acute appendicitis caused by XDR *S. typhi*. Gastrointestinal and hepatobiliary involvement in XDR *S. typhi* infection has been reported. Abscesses in various viscera like the spleen and infarcts in the spleen and kidneys caused by XDR *S. typhi* have been reported.³ Similarly, hepatic involvement manifested by more than a three-fold elevation of alanine aminotransferase in 14% of cases of XDR *S. typhi* has been reported.³ During the course of our literature search, this is the first case of acute appendicitis caused by XDR *S. typhi*. This case would add to the emerging data on the surgical complications of XDR *S. typhi*.

CONCLUSION

This case highlights the importance of having a high index of suspicion for the surgical complications of XDR *S. typhi* infection. Timely intervention for these complications would reduce morbidity and mortality.

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AMA NEGATIVE PRIMARY BILIARY CHOLANGITIS

Dr Mahnoor Khattak, Dr Nayyab Munib, Dr Romesa Akhtar, Dr Muhammad Saeed Jan, Dr Marhaba Iqbal, Dr Muhammad Yousaf, Dr Hamza Ali Khan

Introduction:

Primary biliary cholangitis is a chronic auto immune and cholestatic disease affecting the biliary epithelial system causing fibrosis and end stage liver disease. Patients may present asymptomatic phase or in full blown symptoms of decompensated liver disease later in its course. Hereby we present a case of 45 years old female patient presenting with signs and symptoms typical of diagnoses of Primary biliary cirrhosis, however her serology was negative for AMA. Although PBC is very closely associated with presence of AMA, nevertheless about 5-10 % of patients with typical features of PBC do not have detectable AMA and hence referred to AMA negative PBC. This case signifies the importance of patient symptoms and clinical judgment in diagnosing difficult cases.

Case Presentation:

A 45 years old Married female presented with severe fatigue, jaundice, abdominal distention and bilateral pedal edema for past 1 month. On arrival she was vitally stable. On clinical examination she looked emaciated, icteric, pale looking with bilaterally pedal edema, xanthelasma and her hepatic flap was positive. She had a distended abdomen with positive fluid thrill and her chest findings were positive for bibasal crepitation. Complete workup was done which revealed a total bilirubin of 20.29mg/dL (Direct 17.3mg/dL, Indirect 3mg/dL), ALP:162, Serum Albumin: 1.77 gm/dL Deranged coagulation profile (PT:21 Sec, APTT:43 Sec, INR:1.9) Her APRI score was 1.6 (significant fibrosis) Her Viral profile revealed positive hepatitis B anti bodies, however her ELISA and PCR for Hepatitis B virus were negative. Her MELD score was calculated which showed 33.

Complete Autoimmune profile including ANF, AMA, ASMA, anti LKM1 and LKM2 was done out of which all were negative except ASMA which was positive. Her liver biopsy was done which confirmed her diagnoses as Primary biliary cholangitis.

She was treated promptly with Ursodeoxycholic acid (UDCA) which showed significant improvement in her symptoms. For further management She was put on IV steroids, IV Diuretics and Salt free albumin.

Discussion:

AMA negative PBC, like AMA positive PBC occurs predominately in middle age women and is commonly asymptomatic. When symptoms are present, fatigue and pruritus are common initial features whereas jaundice is usually a late finding. Elevation of ALP is typical biochemical feature.

AMA negative PBC has been proposed to exist on a spectrum with AMA positive disease and even the nomenclature that includes PBC suggest that the clinical syndrome must parallel that of AMA positive disease Irrespective of serologic testing.

Antibodies other than AMA like antinuclear or anti-smooth-muscle antibodies are more common in patients with AMA negative PBC.

Conclusion:

This case highlights the importance and significance of detailed workup even if the initial investigations don't give accurate clue to reach the diagnosis as clinicians should go to the very detailed of examination and investigations in order to reach proper diagnosis and management.

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UNMASKING THE MYSTERIES: A MULTIFACETED JOURNEY OF WEGENER'S GRANULOMATOSIS, A CLINICAL CASE REPORT



Authors: Mahnoor Raza¹, Awais Naeem¹, Fahad Naim¹

1. Khyber Teaching Hospital, Peshawar.



INTRODUCTION:

Wegener's granulomatosis (WG) also known as granulomatosis with polyangitis (GPA) is an idiopathic, systemic inflammatory disease. The detection of antineutrophil cytoplasmic antibodies directed against proteinase 3 (PR3-ANCA) is highly specific for Wegener's granulomatosis [1]. Here we report a case of 24 years old female who presented with vague symptoms of fever, GBA and non blanchable rashes.

CASE PRESENTATION:

A 24 years old female known case of ulcerative colitis and chronic scleritis (Right scleral patch grafting done) (fig 1a) presented to outpatient department of Khyber Teaching Hospital with chief complaints of generalized body aches, fever, non-blanchable rashes on extensor surfaces with large vesicular rash on metacarpophalangeal joint and recurrent oral ulcers (Fig 1b). This was accompanied by chest pain that increased on inspiration and productive cough.

On Examination, there were bilateral wheezes, right basal crepts and renal punch was positive. Her chest x ray (fig 1c) and CT tap both depicted cavitary lesion in lungs. Colonoscopy was ordered, which came out to be normal. Other investigations showed Elevated inflammatory markers and C-ANCA (Anti Proteinase-3) >200U/mL positive. Urine C/S showed 25-30 RBC, and positive glycosuria. (Table. 1).



Fig 1a



Fig 1b



Fig 1c

Sputum culture depicted aspergillus fungalis for which she was started on vorif 200mg BD. Her nasal biopsy showed mildly inflamed respiratory epithelium. A diagnosis of Wegener's granulomatosis was confirmed by the results of serology antibody tests; her C-ANCA was considerably elevated (>200U/mL). She was given amuron, dexta, titan, vorif and titan for disease management.

Laboratory Parameters	20/02/23	25/02/23	02/03/23	15/03/23
TLC	5.9x10 ³ U/L	7.12x10 ³ U/L		13.8x10 ³ U/L
ESR	132mm/1 st hr	112mm/1 st hr	90mm/1 st hr	140mm/1 st hr
CRP	283.17mg/L	69.41mg/L	109mg/L	236.44mg/L

Table.1 showing lab parameters of patient.

DISCUSSION:

Primary systemic vasculitides are a rare phenomenon. Due to involvement of multisystem and wide spectrum of clinical manifestations, correct diagnosis can be delayed. Even though WG can affect almost any organ, it classically consists of triad of respiratory tract involvement, systemic vasculitis and affects kidneys [2]. Treatment involves immunosuppressive therapy. Complications occur either by disease itself or a consequence of immunosuppressive therapy such as loss of vision, hypoxic respiratory failure, mononeuritis multiplex and myelodysplastic syndromes.

CONCLUSION:

This case highlights the fact that presentation of WG may mimic that of IBD which makes its diagnosis a little challenging. Our patient presented with constellation of clinical and laboratory abnormalities over several months. These findings suggested a systemic autoimmune inflammatory etiology. However, the C-ANCA positivity and other clinical features narrowed the differential to the diagnosis of Wegener granulomatosis.

Consent was taken from patient. Authors declare no conflict of interest.

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Snake bite induced cerebral venous sinus thrombosis

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Introduction

Cerebral venous sinus thrombosis (CVST) is a rare but highly fatal neurological condition mostly caused by prothrombotic conditions like antiphospholipid syndrome, factor V Leiden, and G20210A prothrombin polymorphism. Snake bites are a rare cause of cerebral venous sinus thrombosis that must be recognized and treated promptly to improve survival

We describe our experience of managing a case of cerebral venous sinus thrombosis secondary to snake bite.

Case presentation

A 25-year-old male presented to the emergency room reporting having been bitten by a Viper snake on his left leg 1 day ago with severe leg pain and associated swelling. The patient also had 3 episodes of hematemesis and a complaint of diplopia. During his admission he developed a severe headache and had 2 episodes of a generalized tonic-clonic seizure. Examination on arrival showed, BP 90/60 mmHg, HR 118/min, RR 25/min, and oxygen saturation of 93%. The left leg was found to have fang marks, swelling and bruises at the site of the cannula. The rest of the was normal.

Investigations

•A doppler ultrasound of the left lower limb excluded venous thrombosis. His magnetic resonance imaging (MRI) was normal while his magnetic resonance venogram (MRV) showed transverse sinus thrombosis with sigmoid sinus stenosis and further workup for thrombophilia and secondary causes of hypercoagulability revealed no abnormalities.

•Partial thromboplastin time(PT) 15.6/12, Activated Partial thromboplastin time 32/30, INR 1.22,D-Dimers 10978, Creatinine 1.6 mg/dl, urea 63 mg/dl,Hb12.4, platelets 206, TLC 8.3k.

Progress and Management

In the emergency room, he was stabilised with supportive care and anti-snake venom was given.He was admitted to medical ward for further management and improved after starting on intravenous antiepileptics and enoxaparin. On discharge, he was put on rivaroxaban and levetiracetam. Repeat MRI and MRV were advised on followup after 3 months.

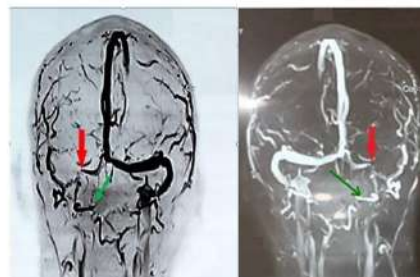
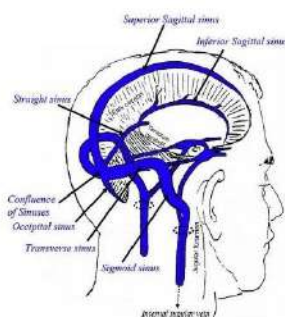


Fig. Normal anatomy [left side] and magnetic resonance venogram of transverse sinus thrombosis and sigmoid sinus stenosis

Discussion

• Inherited thrombotic conditions are the most common causes in developed countries whereas snake bites are a rare cause of cerebral venous sinus thrombosis[1,2]. Snake bites are a common yet neglected trauma prevalent in tropical countries such as India and Pakistan. Unfortunately, it can cause significant mortality and morbidity with several complications including thrombosis.[3] A wide range of cerebral venous sinuses can be affected, but the most affected sinuses are the transverse sinuses and superior sigmoid sinuses.[1] Cerebral venous sinus thrombosis can present as headache, seizures, focal neurological deficit, cranial nerve syndromes, visual abnormalities, or pseudotumor cerebri-like syndrome.[4] It is critical for early recognition of thrombosis of the venous sinuses of the brain as intervention can have a significant impact on mortality.[4]

Conclusion

The risk of cerebral venous sinus thrombosis following a snake bite is relatively low. If diagnosed and treated early, it has a good prognosis, but if left untreated, it can significantly impact morbidity and mortality. As such, headaches, seizures, or abnormal vision after a snake bite should raise a high index of suspicion for CVST.

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The Reno-Cardiac Syndrome in Chronic Kidney Disease Cases presenting to Rawal Institute of Health Sciences Islamabad

Nadia Shams*, Muhammad Hussain Baloch*, Lubna Meral**

*RIHS ** RMU

INTRODUCTION

There is rising world-wide burden of chronic kidney disease (CKD) with high Cardio-vascular mortality. This research aims to study echocardiography based cardiac function with respect to CKD stages

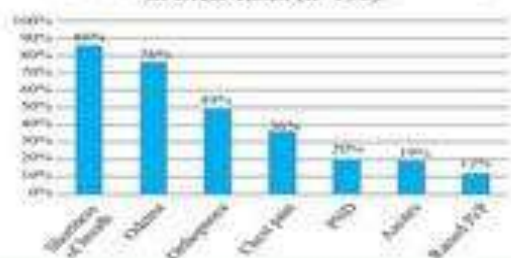
MATERIALS AND METHODS

This cross-sectional study was conducted at RIHS Islamabad (Jan 2021-Jan 2022) after ethical approval. 130 adult CKD cases were included by consecutive sampling. Acute kidney injury and diagnosed/treated cases of cardiac disease were excluded. BMI and GFR was calculated. CKD staging done by KDOQI-classification. Cardiac impairment categorized by ECG and Echocardiography. Data analyzed by SPSS V-22 with Chi-square test.

Table 1: Presenting the demographic variables, anthropometric measurements, electrolytes, renal and cardiac functions (n=130)

Variables	Mean $\pm$ SD (n=130)	Range
Age (years)	60.2 $\pm$ 13.27	30-87
Monthly income (Rs)	25,769 $\pm$ 11,676	10,000-60,000
Height (feet)	5.53 $\pm$ 0.247	5-5.8
Weight (kg)	65.18 $\pm$ 12.51	40-98
BMI (kg/m ²)	24.27 $\pm$ 4.27	17.08-37.55
BP systolic (mmHg)	137.05 $\pm$ 20.15	90-180
BP diastolic (mmHg)	83.42 $\pm$ 12.49	60-110
Hemoglobin (gm/dl)	10.0 $\pm$ 1.65	5.9-14.0
MCV (fl)	81.28 $\pm$ 6.25	60-93
Urea	123.87 $\pm$ 66.57	39-364
Creatinine	4.83 $\pm$ 3.53	1.2-16
Sodium	131.57 $\pm$ 15	19-142
Potassium	4.66 $\pm$ 0.82	2.3-7.5
Calcium	8.84 $\pm$ 0.72	7.0-10.1
Phosphorus	5.03 $\pm$ 1.36	2.5-9.4
GFR	17.84 $\pm$ 11.33	2.85-45.18
Ejection fraction (%)	49.18 $\pm$ 12.54	25-65

Figure 2: Bar graph presenting various symptoms and signs observed in CKD cases (n=130).



RESULTS

- ✓ Amongst 130 CKD cases, there were 66(51%) males and 64(49%) females.
- ✓ Mean age was 60 $\pm$ 13.27 years, mean BMI was 24 $\pm$ 4.2.
- ✓ Diabetes mellitus was observed in 100(76.9%), hypertension in 122(93.8%).
- ✓ Mean creatinine was 4.83mg/dl and mean GFR was 17.84 mL/min/1.73m².
- ✓ Twenty-five(19.2%) patients were on hemodialysis. Mean cardiac EF was 49.18%. EF was normal in 39(30%), mildly reduced in 40(30.8%), moderately reduced in 29(22.3%) and severely reduced in 22(16.9%), diastolic dysfunction seen in 08(6.2%).
- ✓ Twenty-five(18.5%) cases had CCF; 14(56%) compensated and 11(44%) decompensated CCF.
- ✓ There was significant association between GFR and EF.

Table 3: Presenting the mean GFR and the mean Ejection fraction in CKD cases (n=130)

Variable	Mean $\pm$ SD (n=130)	Range	P-value
Glomerular Filtration rate	17.84 $\pm$ 11.33	2.85-49.18	<0.0001
Ejection Fraction (%)	49.18 $\pm$ 12.54	25-65	

(Test of significance Chi-square test; p<0.05 significant)

Figure 1: Pie Chart presenting the co-morbid conditions in chronic kidney disease cases (n=130).

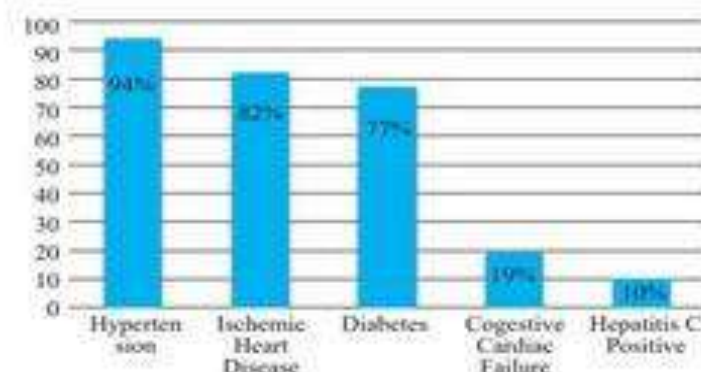


Table 2: Presenting the Ejection fraction grades in various CKD stages (n=13)

CKD Stage	Normal (>55%) n=39	Mildly reduced (41-55% EF) n=40	Moderately reduced (30-40% EF) n=29	Severely reduced (<30% EF) n=22	P-value
2	02	01	00	00	0.035
3	12	06	02	02	
4	08	15	06	03	
5	17	19	20	17	

Test of significance Chi-square test; significant p<0.05

Lemierre syndrome: A Forgotten infection

INTRODUCTION: Lemierre's syndrome is a serious disease caused by anaerobic bacteria called *Fusobacterium necrophorum*, which usually occurs in healthy teenagers and adolescents. The infection takes place in the throat and spreads through septic thrombosis of the tonsillar and internal jugular veins. The resulting bacterial infection is complicated by septic emboli in several places such as the lung, joints and bones. Fever, pharyngitis, dysphagia, odynophagia, or swelling of the oropharyngeal is a common symptom.

CASE PRESENTATION: A 67-year-old female recently presented with a history of sore throat one week back followed by fever, discharging anterior cervical sinus, cough, and shortness of breath. She had received some oral antibiotics with very little improvement. She was febrile but otherwise stable vitally. She was started on cefoperazone-sulbactam but no response was shown. Her TLC and CRP were raised. Her investigations are shown in the table.

X-ray chest showed left-sided intrapleural collection along with signs of pneumomediastinum which was confirmed by a CT scan of the thorax. A diagnostic pleural tap showed puss and empyema was diagnosed. Subsequently, an ultrasound neck was performed for the draining sinus that showed collection on the right side of the neck with retrosternal extension, multiple air foci in muscle plan and a filling defect in the right jugular vein.

A chest drain was passed on the left side and she was started on meropenem and clindamycin. Puss was sent for culture and sensitivity that showed the growth of normal flora. She was also started on anticoagulants but developed hemoptysis that led to discontinuation of the anticoagulants. Sinus drainage stopped on the 5th day and the patient was afebrile. On 6th day of admission, we managed to remove the chest drain and the patient was discharged on intravenous meropenem and clindamycin. On the 10th-day post-discharge follow-up, she was found to be afebrile, her sinus healed and she was mobile.

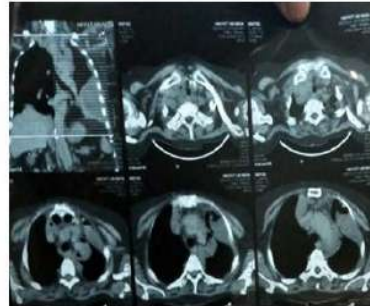


TABLE: investigations of the patient

Test	Day 1	Day 4	Day 6	Reference values
Hb	11.5 g/dl	11.0 g/dl	10.7 g/dl	12.5-16
TLC	16000/mm ³	12000/mm ³	7000/mm ³	4-11
CRP	25	12	1	<0.5 mg/dl
Na	138		136	135-150 mmol/l
K	4.4		4.8	3.5-5.5 mmol/l
Cl	105		109	96-110 mmol/l
Creat	1	1.2		0.5-1.2 mg/dl
Bilirubin	0.8			0-1.1 mg/dl
ALT	30			10-50 mg/dl
Glucose @	84			70-140 mg/dl

DISCUSSION: Oropharyngeal infection is common in society and because of the increased use of antibiotic, complications like Lemierre syndrome is rare. Although its commonly found in young adolescents, our patient is an elderly lady with no co-morbid condition¹.

A prospective study in Denmark shows an annual incidence of 3-6 cases of Lemierre syndrome per million people aged 14-24 years². It's common in men with a 2:1 ratio of male to female. High-risk patients for developing complications regarding the type of infection are those with purulent tonsillitis or group A streptococcal pharyngitis.

Antibiotic stewardship is important for the prevention of antibiotic resistance as well as to avoid complications. A study in the UK by Gulliford et al demonstrated no increase in Lemierre syndrome with restricted use of antibiotics for acute respiratory tract infections (ARTI).

CONCLUSION: Due to the rarity of the disease, clinical suspicion is very low for Lemierre's disease. Apart from usually found in young and adolescents, the elderly can also present with this disease therefore the threshold for the disease should be kept low. Any patient with pharyngitis not responding to antibiotics should be evaluated for this condition. CT thorax and neck with contrast plays an important role and should not be delayed.

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Dengue Virus and Neurological Complications

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- The dengue virus has been shown to harm both the brain and the spinal cord. It causes a variety of brain symptoms such as encephalitis, epilepsy, **Guillain-Barré syndrome (GBS)**, and vertigo (behavior change or poor memory). Myelitis is one of the spinal presentations. There are four primary DENV serotypes, their epidemiology, and the extended dengue syndrome, which includes multisystem involvement in the disease's severe form, including the **central nervous system (CNS)**.
- We are aware that DENV infection can have neurological symptoms, some of which can be fatal if untreated quickly. The neuropathies may be caused by immune-mediated processes, direct involvement of **cranial nerve nuclei**, or nerve involvement. Even if dengue is proven to be the cause, it is critical to rule out other well-known causes of isolated cranial nerve palsies. **Ischemic or hemorrhagic strokes** can occur as a result of dengue disease.



- Neurological symptoms are becoming increasingly prevalent, indicating a change in the clinical presentation range. **Dengue encephalopathy and encephalitis** are the most common neurological complications of the disease, occurring between 0.5 and 6.2% of the time.

The findings suggest that the injected DEN virus may penetrate the cerebral spinal fluid and travel to **spinal cord neurons**, where it may cause a variety of pathogenic effects.

The DEN virus was also discovered in both myelinated and unmyelinated nerve fibers, as well as conventional neuronal synapses. Some virion-containing vesicles appear to have fused with **presynapse membranes**, indicating that the DEN virus may migrate from neuron to **neuron in the spinal cord**.

- Both prevention and therapy are critical. Dengvaxia was the first **dengue vaccine** recommended for use in the United States, and it was also one of the first to recommend laboratory testing of potential vaccination recipients.



A PATIENT WITH FEVER, LOOSE MOTIONS AND JAUNDICE HICKAM'S DICTUM OR OCCAM'S RAZOR

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INTRODUCTION

Infectious diseases like typhoid, malaria dengue, leptospirosis are the leading causes of mortality and morbidity in Pakistan. It is possible to be coinfectd with multiple organisms, that's why physicians should adopt hickam's dactum. We present a case of 20 years old patient who had coinfection with XDR salmonella typhi and leptospirosis.

CASE PRESENTATION

A 20 years old patient came with complaints of fever for 10 days and loose motions and jaundice for the last 7 days. Physician reviewed him at the district general hospital, prescribed him cefixime, arthemter/lumefantrine for 3 days but with no clinical improvement.

Investigations at district hospital

Haemoglobin (g/dl)	11.5 (13.5 – 17.5)
Platelet count (10 ³ mc/L)	37,000 (150-450)
Alanine iminotransferase (U/L)	248 (<40)
Alkaline phosphatase (U/L)	360 (30-120)
U/S abdomen and pelvis	Hepatosplenomegaly

He was referred to HMC on 4th day of illness. He was pale and icteric. Investigations showed

Blood C/S Growth of XDR salmonella typhi

Leptospira serology IgM positive (ELISA)

He was started empirically on meropenem. Final report of blood culture showed salmonella typhi, that was sensitive to azithromycin, imipenem and meropenem. Most appropriate antibiotic for coinfection was discussed with infectious disease specialist and microbiologist. He became afebrile on 8th day of admission with normalization of blood counts and liver function tests.

DISCUSSION

XDR salmonella typhi has become substantial threat to global public health. Leptospirosis is also endemic in Pakistan. Sometimes two infectious coexist, making therapeutic dilemma, that leads to disability and death. Coinfection of S. typhi and

Ronsholt et al, have reported coinfection of S. typhi and leptospira in male patient admitted with septicemia. Parker et al, have reported only one confirmed case of coinfection of S. typhi and leptospira based on positive blood cultures for both organisms out of 1510 patients admitted with acute febrile illness. Biggs et al, from Tanzania have reported that three out of 40 patients with leptospira had evidence of coinfection of S. typhi. Sahu et al, from India have reported a case of S. typhi causing splenic abscess in a patient with leptospirosis. We report a case of coinfection of XDR S. typhi with leptospira which have not been reported.

CONCLUSION

Despite the high prevalence of many infectious diseases in developing countries, coinfections are reported less frequently. Clinical and laboratory findings of most endemic infectious diseases overlap, misleading the physician to overlook the diagnosis of coinfections. Adopting hickam's dictum approach will be more appropriate to avoid missing diagnosing coinfections.

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GUILLAIN BARRE SYNDROME RESPONSIVE TO RITUXIMAB- A CASE REPORT



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INTRODUCTION

- Guillain-Barre syndrome (GBS) is a monophasic disease characterized by acute onset, immune-mediated polyradiculoneuropathy, axonal or demyelinating[1]. It clinically manifests
- as acute onset areflexia and quadriplegia with or without bulbar palsy and sometimes
- leads to respiratory muscle weakness thus needing mechanical ventilatory support. It is usually triggered by an infectious condition. Previous infectious illness is present in almost
- 2/3rd of the patients with either upper respiratory tract infection or diarrhea most commonly due to *Campylobacter jejuni*[2]. There are four clinical types of GBS, Acute
- inflammatory demyelinating polyneuropathy (AIDP); acute motor axonal neuropathy (AMAN); acute motor and sensory axonal neuropathy (AMSAN); and Miller-Fisher syndrome (MFS)[3]. AIDP is most common in the Western part of the world, AMAN is most common in the Asian region, and MFS is least common in the Western world.
- Over time, various treatment options have been suggested and recommended for the treatment of GBS, which include intravenous immunoglobulin (IVIg) and plasma exchange (PE) therapy, which are especially effective in severely affected patients.[4] We present a rare case of Rituximab responsive acute motor and sensory axonal neuropathy (AMSAN) a variant of Guillain Barre syndrome.

CASE PRESENTATION

- A 45-year-old man presented to us in an emergency at a tertiary care hospital with complaints of quadriplegia and shortness of breath requiring mechanical ventilation.
- MRI of his spine showed no significant findings.
- A lumbar puncture was performed and CSF was colorless but had elevated proteins.
- His nerve conduction studies indicated that he was diagnosed with a case of Acute Sensorimotor Axonal Neuropathy (AMSAN) variant of Guillain Barre Syndrome at another tertiary care hospital in Peshawar.
- There he underwent ten plasma exchange sessions along with five injections of IV immunoglobulins. Despite this treatment, the patient showed no response and was put on a ventilator for a month.
- When he was referred to us in the neurology department, he was extremely short of breath and hence was put on a mechanical ventilator.
- On examination, his muscle power in all four limbs was graded as 0/5 and had diminished deep tendon reflexes.
- His initial treatment was repeated doses of IV immunoglobulins 500 mg/kg/day and plasma exchanges five times. Four weeks later, his muscle power slightly improved to a grade of 1/5 but still needed ventilatory assistance.
- After a discussion with oncology, he was started on rituximab, a monoclonal antibody regimen. He was given 500 mg of rituximab intravenously once a week for a month. This yielded an excellent clinical response and he was extubated, after the 3rd dose of rituximab.
- The muscle strength of his upper and lower limbs also improved from a grade of 1/5 to 4/5. Thirty days later, when we discharged him, he was in good clinical condition and was ambulating with little assistance.

DISCUSSION

- GBS is an idiopathic demyelinating disease that targets the peripheral nervous system. It affects one out of every 100,000 people worldwide⁵.
- In this article, we have reported an unusual case of a GBS variant, AMSAN, in a 45 years old male that resolved on treatment with an immunomodulator, rituximab.
- The usual clinical presentation of a case of GBS is progressive ascending paralysis and areflexia initially involving the lower limbs and then the upper limbs.
- The diagnosis was reached after clinical examination and nerve conduction studies that indicated motor-sensory axonal polyneuropathy⁶.
- In our case, however, the motor impairment and loss of reflexes started from the right upper limb first, followed by the left upper limb and then both lower limbs were involved, eventually causing quadriplegia as well as areflexia in all four limbs.
- AMSAN is a rare variant of GBS, the hallmarks signs of which are acute sensory and motor weakness, diminished reflexes, cranial nerve damage, autonomic system involvement and respiratory paralysis⁷.
- Our patient had all these signs and extreme respiratory paralysis warranting mechanical ventilation. The etiology of our patient's syndrome is not clear and it might have been

- The treatment of GBS depends upon immune modulators with IVIg or plasma exchange.
- We treated our patient with immunoglobulins and a total of ten plasmaphereses for a month, but the patient did not show any significant response and still needed ventilatory support.
- Then we started him on weakly IV rituximab, the patient started showing positive response and was put off mechanical ventilator. This shows that his respiratory muscle paralysis had improved.
- Rituximab is a monoclonal antibody which targets the CD20 antigen. It has been used in chronic neuropathies, but its use in GBS has not previously been reported. Rituximab may show beneficial effects in GBS, especially in the subtype AMAN, by removing pathogenic B-cell clones and preventing axonal damage by antiganglioside antibodies⁸.
- In another case report that has been published, a child with SLE developed GBS as a presenting feature and was treated with rituximab after failure with conventional high-dose steroids and IVIg. After starting the child on rituximab, her clinical symptoms improved significantly and she continued to do well on follow up.
- Thus, clinicians may consider using rituximab in patients with GBS, which does not respond to conventional treatment options like IVIg or plasmapheresis⁹.



The patient is laying on bed with mechanical ventilator support.

Figure.1

CONCLUSION

In summary, we presented a case of GBS in a 45 years old man whose neurological function recovered completely after treatment with rituximab. This treatment should be further explored and kept in mind by physicians when dealing with such patients as this can drastically improve the progression of their disease.

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Parsonage-Turner Syndrome: A case report



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INTRODUCTION:

Parsonage-Turner Syndrome (PTS) was described in 1984 by M.J. Parsonage and J.W. Turner and named as neuralgic amyotrophy /shoulder girdle syndrome. [3][4] This condition usually presents with sudden onset shoulder and arm pain, variable sensory and motor deficit along the brachial plexus distribution and is widely neglected by physicians as a mere muscle spasm. The diagnosis of PTS is mainly based on clinical history/symptoms and physical examination findings. [6] An additional diagnostic examination, including imaging and electromyography, can support the diagnosis of PTS by often ruling out other etiologies. [6] It is usually self-limited syndrome with complete recovery; however, some patients experience chronic pain and paresis.

CASE PRESENTATION:

50-year-old right-handed male with history of type 2 diabetes mellitus presented with sudden onset excruciating pain at right shoulder, rating 10/10, burning in nature that awakened him from sleep, progressively worsened with involvement of neck, right arm and medial scapula. He denied any history of trauma, strenuous activity, fever, infection or any previous history of rheumatological disease. He was initially managed with over-the-counter analgesics and muscle relaxant without any significant improvement. He had multiple outpatient visits for the same complaints and was treated empirically with pregabalin with minimum improvement in his symptoms. Over the course of one month, he developed symptoms of paresis including numbness, tingling and burning along the lateral aspect of the right upper arm. Physical exam showed inability to abduct and internally rotate the shoulder; also flexion was limited at elbow joint. There was no redness, warmth and swelling. Active motion was restricted secondary to tenderness, but passive movements were intact. His baseline investigations were normal including ESR, CRP and ANA levels. The X-ray of the shoulder joint was normal. An electromyogram performed after 4 weeks, showed right brachial plexopathy, affecting the upper trunk with signs of denervation and re-innervations which favored right brachial plexitis. MRI of the right shoulder joint revealed degenerative changes along the acromioclavicular joint with some subacromial bursa fluid, impingement of supraspinatus tendon by acromion causing partial tear/tendinosis along with adhesive capsulitis and edema in supraspinatus tendon. Suspecting PTS, treatment was begun with analgesics, glucocorticoids and rehabilitation that resulted in improvement of his pain and almost complete recovery of the shoulder and elbow motion 2 months later.

DISCUSSION:

PTS has the typical presentation of rapid onset, severe nocturnal unilateral shoulder girdle pain with subsequent progressive muscle weakness and various degrees of paresthesia and numbness. [7] The classic characteristics of Parsonage-Turner Syndrome is that pain, paresthesia and sensory deficit do not affect the same nerve distribution and the passive range of motion is preserved. [5] It is predominantly a clinical diagnosis. It appears to be immune-mediated but in up-to 50% cases there is preceding history of any infection. Along with that exercise, vaccination, surgery and pregnancy also trigger the syndrome. [7] It is often misdiagnosed initially as cervical radiculopathy or gleno-humeral bursitis. These characteristic clinical features are important in order to differentiate it from other relevant etiologies for the prompt initiation of steroids along with physiotherapy. [9] Full recovery may take months to years, even with the early administration of steroids.

CONCLUSION:

Our case illustrates the importance of early diagnosis of the condition and prompt initiation of steroids in order to reduce the morbidity and mortality associated with the condition. Most of the cases are misdiagnosed initially with resultant delay in treatment which often results in significant pain and neurological deficit. Hence a careful clinical history and presentation along with thorough examination and electromyographic studies are mandatory for the early recognition and prompt initiation of treatment.

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Clinical Case Report

An Unusual complication of malpositioned central venous catheter

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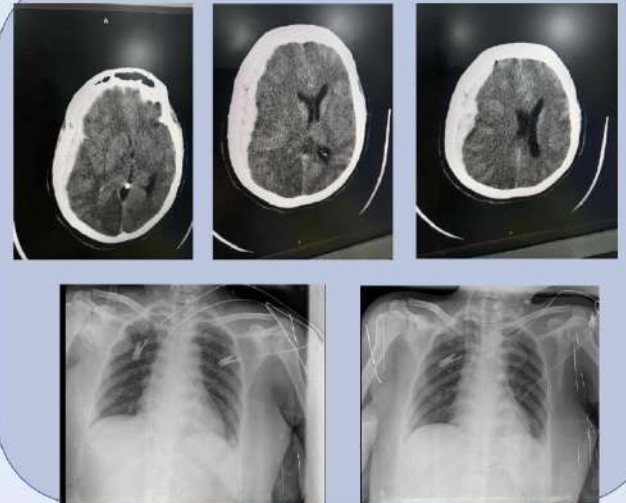
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Introduction:

Central venous catheterization has many diagnostic and therapeutic indications in care of critically ill patients. These include the measurement of right atrium pressure, infusion of vasopressor drugs and electrolytes like potassium. Complications associated with central venous catheter insertion are malposition, arterial puncture, haematoma, pneumothorax, hemothorax, infection and thrombosis.

Case Presentation:

A 35-year-old woman post-natal, eclampsia was referred from a private set up. She presented in ED intubated with BP 170/110 mm of Hg, HR 67 bpm and saturation 97% with high flow oxygen. On examination cold peripheries, cap refill >0.2 sec low volume pulse GCS 3T/10 responds to pain / her Right pupil was 3mm & Left 4 mm both non-reactive, body temperature of 100.7 °F (38.2 °C), edematous all over and B/L crepitation on auscultation. Arterial blood gas analysis revealed pH 7.49, partial pressure of carbon dioxide in arterial blood (PaCO₂) 39 mmHg, partial pressure of oxygen in arterial blood (PaO₂) 126 mmHg, and bicarbonate (HCO₃⁻) 29 mmol/L. A chest X Ray showed right subclavian CVC which was kinked in SVC and its TIP Located in right internal Jugular vein. It was removed and CVC was resited in right Femoral Vein. The CT brain reported Crescentic shaped hyper dense area along the right cerebral convexity with maximum thickness of 16.3 mm with significant midline shift to left. Low attenuation area was also noted in right occipital lobe. Craniotomy for evacuation of subdural hematoma was done by neurosurgery team. On initial workup the catheter was pulled back it had kinked at the distal end. The patient was later discharged from ICU after one month stay in hemodynamically stable state.



Discussion:

Many of the complications of CVC insertion may go unseen and unreported. Some complications may be life threatening or may cause morbidity. To decrease the rate of complications associated with CVC placement, a multimodal approach is required. CXR radiograph should be done to confirm position of the central line when inserted in internal jugular or subclavian vein.

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Assessment and Improvement of Blood & Blood Components Transfusion Documentation; A Clinical Audit

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Introduction:

Blood components transfusion is an essential and lifesaving intervention in medical practice, which like any other therapeutic intervention, is associated with outward complications. They can prove fatal and a good proportion of these complications are due to human errors (1). Blood components transfusion is an essential and lifesaving intervention in medical practice, which like any other therapeutic intervention, is associated with outward complications. They can prove fatal and a good proportion of these complications are due to human errors (1). Unfortunately, unlike other countries, Pakistan have no hemovigilance program and the transfusion reactions are under-reported in Pakistan (2). After witnessing clinical incidents, and poor documentation of the blood component transfusion notes (BCTN), it was decided by the departmental audit team to audit the documentation process of blood components transfusion in order to ensure safe transfusion practice.

Aims and Objectives:

To improve blood component transfusion documentation in order to ensure a safe transfusion of the right blood component to the right patient at the right time and place.

Scope of the audit:

This was a local audit. It only involves a single profession. There was no direct patient involvement in this clinical audit. This was a second cycle in the same area.

Standards/Criteria:

It was decided to use the standard guidelines for the documentation of blood transfusion notes by the JPAC (3). We drawn 14 standards from the guidelines.

Methodology:

Sampling technique:

We randomly selected first 15 medical record charts (MR charts) from each Unit "A and B", and first 10 MR charts from each Unit "C and D". Those patients were excluded who had received blood component transfusion outside the medical wards.

Data Collection:

We used a retrospective approach to data collection from the patients' record using Google form.

Time Scale:

The data was collected and analyzed in the first week of September 2022.

Data analysis:

Data were entered and analyzed by Microsoft Excel, and percentages were calculated for all variables.

Results: In the first cycle of this audit, the on-duty doctors were completely (100%) compliant with only one standard "Patient Information". Moreover, 80% to 94% of compliance was observed with three and with the rest of the eight standards it was negligible. In the second cycle of this audit, there was a significant improvement in compliance. It was 100% with two standards "Patient Information" and "Patient blood group". It was above 90% with the four standards like "Consent and discussion", "Reason of transfusion", "Details of blood products" and "Date and Time when transfusion started". Similarly, 76% of the blood transfusion notes had adequate details of the healthcare staff who started the blood products transfusion. (See table 1 for figures)

The reasons for non-compliance or incomplete compliance were suggested after interviewing the junior doctors, which included a lack widely available BCTN forms, inability to follow the transfusions due to workload and lack of knowledge about the

standard guidelines.

Conclusion:

This audit concludes that at our healthcare setup, the blood transfusion practice at our healthcare facility (MTI – Khyber Teaching Hospital Peshawar) is improving with introducing a BCTN form and regular education/training sessions.

Recommendations:

- The BCTN form needs to be widely available to ease and shorten the time of documentation.
- The junior doctors need to be reminded of their responsibility once in every three months to initiate, monitor and terminate the transfusions.
- Regular education and training sessions needs to arranged to train the junior doctors involved in the transfusion practice.

Action Plan 1 (15 Jan 2022):

- Develop a Blood Components Transfusion Notes form (BCTN)
- Review and update the Blood transfusion SOPs
- Quarterly transfusion protocol reinforcement sessions with healthcare staff responsible for blood transfusion

Action Plan 2 (15 Sept 2022):

- Wide provision and incorporation of BCTN form into MR charts.
- Quarterly memorandums to remind junior doctors (whoever starts the transfusion must supervise and terminate the transfusion)
- Quarterly transfusion protocol reinforcement sessions with healthcare staff responsible for blood transfusion.

Discussion:

We searched local literature for comparable articles but we could find only one similar audit in our region (4). In a tertiary care hospital in Lahore, Fatima et al (2021) conducted a study, and she found that only 23% of the patient's MR charts had transfusion forms and the overall compliance with the standard criteria was only 18% (4). Our action plan was supported by Fatima et al (2021) conclusion that physician's negligence at the bedside can be minimized through regular education, training, awareness sessions and clinical audits (4).

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Documentation Category	Target (%)	Cycle 1 (%)	Cycle 2 (%)
Patient Information	100	100	100
Patient Blood Group	100	94	100
Consent and Discussion	100	0	98
Reason Of Transfusion	80	0	92
Prescription	80	0	0
Details Of Blood Products	100	80	94
Details of the Healthcare staff	100	22	76
Clinical status before the transfusion	100	2	38
Clinical status during the transfusion	100	0	22
Clinical status after the transfusion	80	2	2
Date and Time when transfusion was started	100	80	94
Date and Time when transfusion ended?	100	2	12
Any adverse event	100	0	0
Desired outcome	50	0	6

Table 1: Comparison of compliance

▲ : Complete compliance increased. ▼ : Complete compliance decreased.
● : No change in complete compliance

Extensive Bilateral Intracranial Calcifications: A Case of Idiopathic Hypoparathyroidism

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Case Presentation

- A 25 years old lady with no previous co-morbidities was repeatedly hospitalised with neuropsychiatric symptoms like pseudoseizure, twitching of muscles of hands and face and headache lasting from 24 months. The symptoms were thought to be related to hypoglycaemia though capillary glucose was never documented in these episodes
- She also had primary hypoparathyroidism for the last ten years and was on calcium and vitamin D supplements
- She had cataract removal from right eye and also had early cataract in left eye
- Her family also confirmed her declining memory over past 2 years. She would take long pauses trying to recall things
- On examination she had slow speech, serpentine gaze and shuffling gait. Chvostek's sign and Trousseau's signs were negative. Rest of the systemic examination was normal
- Her calcium was reasonable with adjusted calcium of 2.-2.5mmol/L on treatment

Discussion

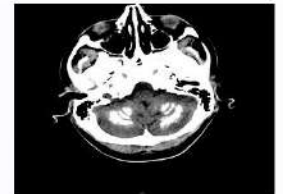
- Hypoparathyroidism is the common cause of pathological calcification in the brain though 0.3-1.5 % cases are physiological
- Seizures occur in up to 70% of patients with symptomatic hypoparathyroidism^{1,2,3}
- Parkinsonism, dystonia, hemiballismus, choreoathetosis, and oculogyric crises occur in 5-10% of patients with idiopathic hypoparathyroidism⁴ but are less common in patients with surgical hypoparathyroidism or other causes of hypocalcaemia⁴
- Parkinsonism seems to be resistant to levodopa but in some cases improvement occur with calcium and vitamin D replacement^{5,6,7}
- The mechanism of intracranial calcification is not completely understood⁸. It may be related to the duration of hypocalcaemia and hyperphosphataemia than parathyroid hormone itself
- The goal of therapy in hypoparathyroidism is to control symptoms and minimise complications. Use of PTH is not recommended⁹
- In our case, initially hypoglycaemia was thought to be the cause of patient's seizures and neuropsychiatric symptoms as serum calcium was stable (2.2-2.5mmol/L). However, her visit to the neurologist and subsequent CT brain findings and improvement in seizures (after anticonvulsant treatment) showed that her symptoms were due to hypoparathyroidism related brain calcification

Conclusion

This case emphasizes the importance of thinking about the whole spectrum of the disease even though the biochemical markers are stable on treatment.

Progress and Management

She was sent for neuropsychological assessment to ascertain the cognitive impairment and whether she would be capable of looking after herself. She was found to have marked cognitive impairment in everyday functioning, particularly planning & organisation, abstract reasoning, attending to verbal information and processing new information, recalling and decision making. Thus had CT brain which showed wide spread calcification in the brain. She was seen by a neurologist and started on anticonvulsant treatment. Her seizures improved with no improvement in her cognition and gait abnormalities



CT Brain-showing calcification in basal ganglia involving caudate nucleus, lentiform nucleus and thalamus, in the centrum semiovale bilaterally & also subcortical dense curvilinear calcification bilaterally

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A Rare Side Effect of a Commonly Misused Self-Medication Sildenafil; A Case Report

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INTRODUCTION

Sildenafil is a medication used to treat erectile dysfunction. It mainly works in relaxation of penile smooth muscles, dilatation of arterioles, and increased blood flow, causing penile erection [1]. Although very effective in the treatment of ED, sildenafil carries a risk side effects. Commonly reported side effects of sildenafil include headache, skin flushing, indigestion, and visual disturbances [2]. Neuropsychiatric adverse effects like anxiety, sleep disorders, and behavior changes been reported in previous studies [3]. However there has been little reported about sildenafil-induced psychosis. Here is a case of psychotic symptoms that developed after initiation of the drug. This report highlights the importance of watchful observation for the occurrence of rare but serious side effects of risperidone.

CASE PRESENTATION:

A 24-year-old newly-wed male was brought to the emergency department with high grade fever, sweating and psychotic symptoms including delusions, agitation and auditory hallucinations. The psychotic symptoms had started seven days before his presentation. For the last two days, he had a high grade fever. Initially, the patient and family denied exposure to toxins, taking any medications, history of head injury or other medical conditions. He had a four pack years history of smoking and denied using any recreational drugs. There was no family history of psychiatric disorders. This was his first hospital visit in the last 10 years. The systemic and general examination was unremarkable except for high grade fever. On mental assessment, he was alert and oriented to place, time, and person. Apart from neutropenic leukocytosis CBC, and high WBC counts with 1+ proteinuria on routine urinary examination, all routine blood tests, including, electrolytes, renal and liver function tests, thyroid function tests, vitamin B12 levels, and an electrocardiogram. Virology as well as toxicology screening were negative. CSF analysis and Brain imaging were also unremarkable. Some laboratory test results are given in table 1.

After three days of parenteral antibiotics for urinary tract infection, he was afebrile with a normal routine urinary examination. However, his psychotic symptoms didn't improve. The psychiatric team interviewed the patient with his wife, it was found that the patient was self-medicated with sildenafil 50mg daily for the last two weeks. The patient was using it for sexual purposes secretly from other family members.

CASE PRESENTATION (Continued)

As advised by the psychiatric team, he was admitted to the psychiatric ward. The patient was commenced on risperidone and sildenafil was discontinued. After eleven days on risperidone, the patient improved and discharged.

Initially, the urinary tract infection was considered the cause of his psychotic symptoms. However, on the basis of the sequence of events, no improvement after treated urinary infection, and response to sildenafil withdrawal and risperidone, a provisional diagnosis of sildenafil-induced psychotic disorder was considered.

On followup after one month, he reported no psychiatric symptoms, and hence, the risperidone was gradually withdrawn. One month after hospital discharge, the patient reported no psychiatric symptoms and risperidone was tapered off in 2 weeks.

DISCUSSION

The cause of psychotic symptoms in young people is difficult to find [4]. Here, we report a patient with no personal or family history of mental illness, whose symptoms were attributed to sildenafil. The literature about the side effects of sildenafil describes aggressive behavior, sleep disturbances and nervousness, and suicidal tendencies. [5]. However, psychotic symptoms have rarely been reported with sildenafil. In 2004, Baggot and Singh reported a case with paranoid delusions in a bipolar patient treated with sildenafil. In this patient, the psychiatric symptoms improved with discontinuation of sildenafil and prescription of antipsychotics [6]. Another case was reported by Özdemiroğlu et al. who developed psychotic symptoms sildenafil was added to his ongoing treatment [7]. Shalbafan et al reported a similar case, where she found a relapse of psychotic symptoms after restarting sildenafil [8]

DISCUSSION (Continued)

From the pathophysiological view, the inhibition of the cGMP-specific PDE5 in the smooth muscles of the systemic vasculature and cerebral neurons and vessels [10] raises nitric oxide (NO) levels by increasing the ratio of nitrite to nitrate and by stimulating transcription of mRNA for nitric oxide synthase (NOS) [7] which in the high, unregulated mode, it has neurotoxic effects [8].

In literature, we noticed that some studies have supported the notion of an association between NO and psychotic symptoms [8]. In our case, there was a close temporal relationship between the start of psychotic symptoms and the use of sildenafil, and improvement of psychotic symptoms with discontinuation of the sildenafil further supports the notion of an association between sildenafil and psychosis. Further studies needs to be conducted to determine a possible mechanism of sildenafil-induced psychosis.

Conflicts of Interest

The authors have declared that no competing interests exist.

Acknowledgement

We thank Dr. Mohammad Imran (Bio-statistician) for helping us with the data analyses.

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ESR	11 mm/hr
Sodium (Na)	148 mmol/L
Potassium (K)	4 mmol/L
Calcium (Ca)	9.2 mg/dL
Magnesium (Mg)	1.9 mg/dL
Thyroid-stimulating hormone (TSH)	2.5 µIU/mL
Thyroxine (T4)—free	7 µg/dL
Triiodothyronine (T3)—total	125 ng/dL
Uric acid	4.5 mg/dL
Vitamin B12	653 pg/mL
Urine Toxicology	Negative for all toxins

Table 1

THROMBOCYTOPENIA IN VIVAX MALARIA

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Introduction

Malaria is a global health problem, although a preventable and treatable disease (1) Globally about 241 million cases of malaria and 627,000 deaths were reported so far in 2022 (July 26, 2022) [WHO]. The five different types of plasmodia responsible for the disease which are transmitted by female anopheles' mosquitoes are not uniformly distributed throughout the world. plasmodium vivax (PV) is more predominant in Asia in plasmodium falciparum (PF) in Africa (2) Pakistan also remains one of the highest burden-sharing countries in the fight against malaria with an estimated 1 million cases annually (3)

Aim

The aim of this study is to identify the significance of thrombocytopenia in vivax malaria as thrombocytopenia in patients presenting with high grade intermittent fever may heighten the suspicion of malaria and early institution of specific treatment to prevent complications

Method and Materials

This is a cross-sectional study conducted at the Department of Medicine Saidu Group of Teaching Hospital Swat, From July 1, 2021 to June 30, 2022. A total of 505 patients, both males and females with ages between 14 years and 70 years who presented with high grade intermittent fever for last 4 days and were smear positive for plasmodium vivax, were included in the study.

RESULT

The study was conducted on 505 subjects; out of which 260 (51.5%) were males and 246 (48.5%) were females. CHART 1. Mean age was 36.60 years. Age distribution among these 505 subjects was done into 4 groups ranged from 15-30 years (176 subjects=34.85%), 31-45 (219 subjects=43.37%) 46-60 (88 subjects), the common complication of thrombocytopenia was studied. Among 505 subjects, 14 had platelet count less than 50 thousand (2.7%), 166 had platelet count between 50 thousands (43.30%) and 106 that comprised about 21.06% had normal platelet count i.e platelet count greater than 150 thousands. Chart 3



Discussion

Malaria causes different hematological abnormalities such as anemia, thrombocytopenia, lymphopenia, monocytosis, eosinopenia, and rarely disseminated intravascular coagulation (4). Thrombocytopenia is the most common hematological abnormality in patients with acute malaria (4) The speculated mechanisms leading to thrombocytopenia are coagulation disturbances, sequestering of platelets in the spleen during acute infection, bone marrow alterations, antibody-mediated platelet destruction, oxidative stress, and the role of platelets as cofactors in triggering severe malaria (5). The global burden of vivax infections is vast, ranging from 7 to 14 million cases annually, leading to a substantial clinical impact (5). The mechanism of thrombocytopenia in malaria could be attributed to peripheral destruction and consumption by disseminated intravascular coagulation (DIC), sequestration of platelets by the spleen, immune mediated destruction, or oxygen free radicals induced damage to platelets (6). In our study 78.94% of patients with vivax malaria showing thrombocytopenia is almost similar to 82.5% as reported in a study conducted by Nisha (7), 80% in study by Kumar Manoj in north India (8) 78.4% in study by Jadhav U M, et al. [9] Similarly Shetty G, et al. [10] from Mangalore also reported thrombocytopenia in 72.0% cases of malarial infection.

Conclusion

Thrombocytopenia with high grade fever and chills is one of the diagnostic clue in vivax malaria which direct us an early institution of treatment, early recovery and abutting of complications.

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PSP CON 2023

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“PRISM OF POSSIBILITIES”

Original Article:

“COMPARISON OF RAPID ANTIGEN DETECTION TEST WITH REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION IN HIGHLY SUSPECTED COVID-19 PATIENTS”

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INTRODUCTION

There are wide variations in the reported sensitivity of the Rapid Antigen test¹. The WHO aims at sensitivity equal to 80% and specificity equal to 97%². We designed this study to compare RAT with RT-PCR for highly suspected COVID-19 patients to know the overall diagnostic accuracy of the RAT. The findings of this study will help in early diagnosis of COVID-19 for the early institution of treatment strategies and exclusion of other non-COVID cases.

AIM

To compare Rapid Antigen Test (RAT) with Reverse Transcription Polymerase Chain Reaction (RT-PCR) in highly suspected COVID-19 patients and to determine its diagnostic parameters.

METHODS

Place and Duration of Study: Department of Medicine/COVID Complex, Medical Teaching Institution/Lady Reading Hospital Peshawar, from October 2021 to April 2022.

A total of 300 highly suspected cases of COVID-19 of either gender admitted in the COVID Complex of the hospital, were included in the study. Data from the patients, including RAT and RT-PCR for COVID-19, were collected retrospectively and analyzed using SPSS version-23. RT-PCR was used as a reference test and compared with RAT. Diagnostic statistics of RAT, with their respective 95% Confidence Intervals, were calculated for RAT in diagnosing COVID-19. The level of significance was $p \leq 0.05$.

RESULTS

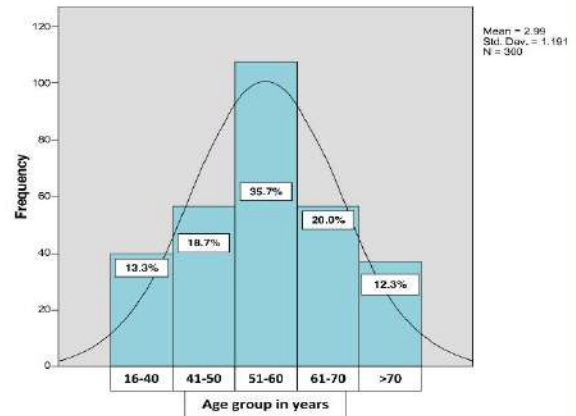
Among the 300 patients, 137(45.7%) were male and 163(54.3%) female. The mean age was 56.80 ± 13.72 years; Age group distribution is shown in Figure 1. On screening, 138(46%) patients tested positive and 162(54%) negative by RAT; whereas 213(71%) tested positive and 87(29%) were negative on RT-PCR, [P -value: χ^2 (df1)=21.163, $p=0.000$], as shown in Table 1. Analysis of diagnostic statistics of the RAT results, as shown in Table 2, reveals a sensitivity of 54.46% (95% CI: 47.52%-61.28%) and specificity of 74.71% (95% CI: 64.25%-83.42%); PPV of 84.06% (95% CI: 78.26%-88.53%) and Positive Likelihood Ratio of 2.15 (95% CI: 1.47-3.15) and Accuracy of 60.33% (95% CI: 54.55%-65.91%).

DISCUSSION

The current WHO-recommended gold standard test for diagnosis of COVID-19 infection is the detection of nucleic acid by Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) of nasopharyngeal secretions³. RT-PCR is however, time-consuming, expensive test, and requires specialized laboratories. Alternatively, Rapid Antigen tests (RATs) can be performed quickly and serve as point-of-care testing⁴. RATs may have the highest sensitivity in the most contagious individuals⁵.

Although RT-PCR for COVID-19 is the most reliable, gold standard test for diagnosis of COVID-19; however, it is expensive and time-consuming; requires specialized laboratories/techniques and trained staff. The Rapid antigen test is an alternate, cheap, and easy-to-perform test for the rapid diagnosis and isolation of patients with COVID-19. Studies from Pakistan reported sensitivity of 80% & 54% from Quetta & Islamabad respectively.^{6,7} Similarly variations in overall accuracy have been reported from various parts of the world.^{8,9}

**Figure 1: Age Group Distribution of
COVID-19 Patients (n=300)**



**Table 1: RAT and RT-PCR Test Results
for COVID-19 Patients (n=300)**

	RT-PCR* Positive	RT-PCR Negative	Total
RAT* Positive	116(84%)	22(16%)	138(46%)
RAT Negative	97(60%)	65(40%)	162(54%)
Total	213(71%)	87(29%)	300(100%)

Chi-Square P-value: χ^2 (df1)=21.163, $p=0.000$

* RAT: Rapid Antigen detection Test

* RT-PCR: Reverse Transcription-Polymerase Chain Reaction

**Table 2: Diagnostic Statistic Parameters of
the Rapid Antigen Test (RAT)**

Statistic Parameters	Value	95% Confidence Interval
Sensitivity	54.46%	47.52% - 61.28%
Specificity	74.71%	64.25% - 83.42%
Positive Predictive Value (PPV)	84.06%	78.26% - 88.53%
Negative Predictive Value (NPV)	40.12%	35.63% - 44.79%
Positive Likelihood Ratio(LR+)	2.15	1.47 - 3.15
Negative Likelihood Ratio(LR-)	0.61	0.50 - 0.74
Accuracy	60.33%	54.55% - 65.91%

CONCLUSION

Our study showed low sensitivity and specificity of the Rapid Antigen Test for COVID-19, with an overall accuracy of 60.33%, compared with RT-PCR.

KEY WORDS

COVID-19, Rapid Antigen test, Sensitivity, Specificity, RT-PCR

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QUALITY OF LIFE AMONG TREATED HYPOTHYROID PATIENTS

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Conflict of Interest: None

Financial Interest: None

Objective:- To evaluate mean quality of life in treated hypothyroid patients using SF-36 questionnaire

Introduction

Hypothyroidism is most common disorder. As in most cases hypothyroidism is a permanent condition, affected patients rely on lifelong replacement therapy. This study is planned to investigate health related quality of life (QOL) in hypothyroid patients who are on treatment using thyroxine LT4 medication. In this study if we found unsatisfactory QoL in patients treated with thyroxine LT4 medications then it will help us know if there is consideration as to whether levothyroxine therapy alone is the best treatment for hypothyroidism.

Methodology

total of 175 hypothyroid patients were included to assess the quality of life. Perceived health status was evaluated using the SF-36 questionnaire. All variables were obtained on a pre-designed proforma.

General Information

Key Words:
Hypothyroidism; SF-36 questionnaire; QOL in hypothyroid

RESULT

The average age of the patients was 36.56±8.61 years. Almost 97% of the patients were female. Overall mean SF-36 was 70.64±15.98 which showed average quality of life. According to SF-36 subscale scores, physical functioning: 79.23±14.85, role physical: 54.53±35.54, role emotional: 52.03±42.21, bodily pain: 83.84±12.94, social functioning: 91.21±12.08, mental health 70.47±16.59, vitality: 70.86±16.60 and General Health: 61.75±24.01.

DEMOGRAPHIC CHARACTERISTICS OF THE TREATED HYPOTHYROID PATIENTS

Variables	Mean	SD	Median	IQR
Age (years)	36.56	8.61	37	14
Weight (kg)	62.12	7.22	62	9
Height (cm)	157.80	5.56	158	8
BMI (kg/m ²)	27.03	2.80	26.87	3.6
Duration of disease (years)	6.05	2.55	5	5
Duration of treatment (years)	4.08	2.40	5	4

MEAN QUALITY OF LIFE IN TREATED HYPOTHYROID PATIENTS USING SF-36 QUESTIONNAIRE BY AGE GROUPS: n=175

Quality Of Life	Age 34-40 Years n=110	Age Above 40 Years n=65	P-Value
SF-36 score	Mean: 71.09, SD: 15.89	Mean: 69.87, SD: 16.25	0.929
Physical functioning	Mean: 80.00, SD: 14.27	Mean: 77.82, SD: 15.08	0.143
Role physical	Mean: 54.70, SD: 31.25	Mean: 55.90, SD: 37.77	0.879
Role emotional	Mean: 49.72, SD: 41.80	Mean: 55.95, SD: 42.93	0.717
Vitality	Mean: 71.09, SD: 15.89	Mean: 67.46, SD: 17.94	0.494
Mental health	Mean: 70.11, SD: 16.86	Mean: 67.72, SD: 16.25	0.404
Social functioning	Mean: 91.02, SD: 12.57	Mean: 91.54, SD: 11.29	0.788
Bodily pain	Mean: 84.48, SD: 12.54	Mean: 84.82, SD: 14.54	0.950
General health	Mean: 62.81, SD: 23.58	Mean: 60.28, SD: 24.85	0.528

MEAN QUALITY OF LIFE IN TREATED HYPOTHYROID PATIENTS USING SF-36 QUESTIONNAIRE BY GENDER: n=175

Quality Of Life	Male n=6	Female n=169	P-Value
SF-36 score	Mean: 71.47, SD: 17.07	Mean: 70.51, SD: 15.80	0.897
Physical functioning	Mean: 80.00, SD: 14.63	Mean: 79.23, SD: 14.85	0.898
Role physical	Mean: 54.50, SD: 42.14	Mean: 54.54, SD: 35.40	0.987
Role emotional	Mean: 50.00, SD: 40.82	Mean: 52.10, SD: 42.37	0.905
Vitality	Mean: 74.44, SD: 19.90	Mean: 70.77, SD: 16.90	0.711
Mental health	Mean: 74.00, SD: 19.70	Mean: 70.34, SD: 15.51	0.597
Social functioning	Mean: 98.33, SD: 10.85	Mean: 91.12, SD: 12.22	0.602
Bodily pain	Mean: 85.83, SD: 14.89	Mean: 83.77, SD: 14.91	0.705
General health	Mean: 60.00, SD: 32.55	Mean: 61.81, SD: 23.78	0.864

MEAN QUALITY OF LIFE IN TREATED HYPOTHYROID PATIENTS USING SF-36 QUESTIONNAIRE BY DURATION OF DISEASE

Quality Of Life	Duration of disease <5 years n=118	Duration of disease ≥5 years n=57	P-Value
SF-36 score	Mean: 70.76, SD: 16.09	Mean: 70.40, SD: 15.90	0.890
Physical functioning	Mean: 80.22, SD: 13.98	Mean: 77.19, SD: 16.48	0.208
Role physical	Mean: 55.56, SD: 36.81	Mean: 52.39, SD: 32.98	0.582
Role emotional	Mean: 50.04, SD: 41.97	Mean: 56.16, SD: 42.77	0.838
Vitality	Mean: 70.68, SD: 17.49	Mean: 71.23, SD: 14.74	
Mental health	Mean: 70.71, SD: 16.30	Mean: 69.96, SD: 17.31	0.781
Social functioning	Mean: 89.94, SD: 13.40	Mean: 93.86, SD: 8.22	0.044
Bodily pain	Mean: 83.75, SD: 12.82	Mean: 84.04, SD: 13.30	0.892
General health	Mean: 61.45, SD: 23.79	Mean: 62.37, SD: 24.68	0.814

MEAN QUALITY OF LIFE IN TREATED HYPOTHYROID PATIENTS USING SF-36 QUESTIONNAIRE BY DURATION OF TREATMENT

Quality Of Life	Duration Of Hypothyroid Treatment <5 years n=118	Duration Of Hypothyroid Treatment ≥5 years n=57	P-Value
SF-36 score	Mean: 71.34, SD: 16.08	Mean: 69.31, SD: 15.85	0.427
Physical functioning	Mean: 80.79, SD: 13.99	Mean: 76.25, SD: 16.09	0.055
Role physical	Mean: 57.23, SD: 36.94	Mean: 49.36, SD: 32.37	0.165
Role emotional	Mean: 50.18, SD: 42.20	Mean: 55.57, SD: 42.35	0.424
Vitality	Mean: 71.13, SD: 17.59	Mean: 70.33, SD: 14.67	0.764
Mental health	Mean: 71.17, SD: 16.55	Mean: 69.13, SD: 16.73	0.443
Social functioning	Mean: 89.89, SD: 13.64	Mean: 93.75, SD: 7.80	0.045
Bodily pain	Mean: 83.96, SD: 12.79	Mean: 83.63, SD: 13.34	0.873
General health	Mean: 62.01, SD: 23.79	Mean: 61.25, SD: 24.63	0.842

Conclusion

Hypothyroid patients receiving thyroxine LT4 had their quality of life affected regardless of serum thyroid function test levels. Thus, we cannot rely based on TSH or/and Free T4 alone as a marker of optimal treatment outcome as it does not reflect the concern status of the patients. We highly recommend the integration of health life quality assessments in primary health care systems.

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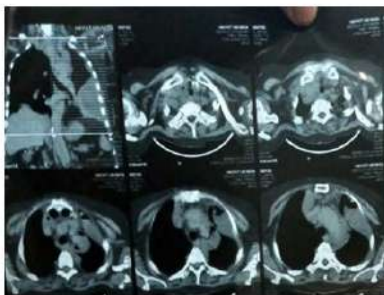
Lemierre syndrome: A Forgotten infection

INTRODUCTION: Lemierre's syndrome is a serious disease caused by anaerobic bacteria called *Fusobacterium necrophorum*, which usually occurs in healthy teenagers and adolescents. The infection takes place in the throat and spreads through septic thrombosis of the tonsillar and internal jugular veins. The resulting bacterial infection is complicated by septic emboli in several places such as the lung, joints and bones. Fever, pharyngitis, dysphagia, odynophagia, or swelling of the oropharyngeal is a common symptom.

CASE PRESENTATION: A 67-year-old female recently presented with a history of sore throat one week back followed by fever, discharging anterior cervical sinus, cough, and shortness of breath. She had received some oral antibiotics with very little improvement. She was febrile but otherwise stable vitally. She was started on cefoperazone-sulbactam but no response was shown. Her TLC and CRP were raised. Her investigations are shown in the table.

X-ray chest showed left-sided intrapleural collection along with signs of pneumomediastinum which was confirmed by a CT scan of the thorax. A diagnostic pleural tap showed puss and empyema was diagnosed. Subsequently, an ultrasound neck was performed for the draining sinus that showed collection on the right side of the neck with retrosternal extension, multiple air foci in muscle plan and a filling defect in the right jugular vein.

A chest drain was passed on the left side and she was started on meropenem and clindamycin. Puss was sent for culture and sensitivity that showed the growth of normal flora. She was also started on anticoagulants but developed hemoptysis that led to discontinuation of the anticoagulants. Sinus drainage stopped on the 5th day and the patient was afebrile. On 6th day of admission, we managed to remove the chest drain and the patient was discharged on intravenous meropenem and clindamycin. On the 10th-day post-discharge follow-up, she was found to be afebrile, her sinus healed and she was mobile.



DISCUSSION: Oropharyngeal infection is common in society and because of the increased use of antibiotic, complications like Lemierre syndrome is rare. Although its commonly found in young adolescents, our patient is an elderly lady with no co-morbid condition¹.

A prospective study in Denmark shows an annual incidence of 3-6 cases of Lemierre syndrome per million people aged 14-24 years². It's common in men with a 2:1 ratio of male to female. High-risk patients for developing complications regarding the type of infection are those with purulent tonsillitis or group A streptococcal pharyngitis. Antibiotic stewardship is important for the prevention of antibiotic resistance as well as to avoid complications. A study in the UK by Gulliford et al demonstrated no increase in Lemierre syndrome with restricted use of antibiotics for acute respiratory tract infections (ARTI).

TABLE: investigations of the patient

Test	Day 1	Day 4	Day 6	Reference values
Hb	11.5 g/dl	11.0 g/dl	10.7 g/dl	12.5-16
TLC	16000/mm	12000/mm	7000/mm	4-11
CRP	25	12	1	<0.5 mg/dl
Na	138		136	135-150 mmol/l
k	4.4		4.6	3.5-5.5 mmol/l
cl	105		109	98-110 mmol/l
Creat	1	1.2		0.5-1.2 mg/dl
Bilirubin	0.8			0-1.1 mg/dl
ALT	30			10-50 mg/dl
Glucose @	84			70-140 mg/dl

CONCLUSION: Due to the rarity of the disease, clinical suspicion is very low for Lemierre's disease. Apart from usually found in young and adolescents, the elderly can also present with this disease therefore the threshold for the disease should be kept low. Any patient with pharyngitis not responding to antibiotics should be evaluated for this condition. CT thorax and neck with contrast plays an important role and should not be delayed.

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DOUBLE TROUBLE: Primary Biliary Cholangitis and Celiac Disease in a Young Female

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INTRODUCTION:

Primary Biliary Cholangitis (PBC) and Celiac Disease (CD) are autoimmune diseases involving the hepatobiliary system and the upper gastrointestinal tract respectively. An association between the two entities was first explored in a seminal paper published in 1978. Since then a number of cases have been detailed (1) with some reports indicating a higher than normal prevalence of CD in patients with PBC. (2, 3) Reciprocal testing has been recommended as earlier intervention may lead to improved outcomes. (4)

CASE PRESENTATION:

A 20 year old girl presented with a one month history of disabling fatigue, abdominal distension and pedal edema. She had been unwell for the past four years and had suffered intermittent episodes of diarrhea, steatorrhea, progressive weight loss, night blindness and abdominal pain. On exam, her BMI was 18 kg/m² and she had pallor, ascites, mild hepatosplenomegaly and bilateral pedal edema. Lab workup showed pancytopenia, low Vitamin D and B12 levels, elevated alkaline phosphatase, low albumin and deranged coagulation. USG abdomen showed ascites, splenomegaly and coarse liver echotexture. Toxic, metabolic and viral etiologies of chronic liver disease were ruled out. A liver biopsy was suggestive of Primary Biliary Cholangitis. ANA and AMA were negative but IgM levels were raised. An Upper GI Endoscopy was done which showed duodenal effacement and a biopsy was suggestive of Celiac Disease though serology was negative

DISCUSSION:

CD and PBC are inflammatory autoimmune diseases. CD has manifestations beyond the intestine but PBC affects the liver exclusively. CD is characterised by sensitivity to gluten leading to duodenal effacement whereas PBC leads to granulomatous destruction of the intrahepatic biliary channels. Both lead to malabsorption. (4) One study showed that 3% of CD patients have PBC and 6% of PBC patients have CD. (5)

CONCLUSION:

It is important to consider screening patients with Celiac disease for PBC and vice versa. Earlier treatment for Celiac Disease can reverse liver injury and improve prognosis.

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METHAEMOGLOBINAEMIA IN A YOUNG ALKAPTONURIC WOMAN SECONDARY TO ACUTE RENAL FAILURE, WITH A TRAGIC OUTCOME

Chatta M, Butt B

Introduction: Alkaptonuria (AKU) is an autosomal recessive disorder characterized by HGA accumulation in the setting of acute renal failure, leading to life-threatening complications such as oxidative hemolysis and methaemoglobinaemia (MetHb), with a 100% mortality rate in all reported cases.

Case Report: Presented is a case of a 24-year-old female with AKU who had been having spondyloarthropathic symptoms and skin pigmentation for the previous 6 months. She suffered diarrhea on her third post-op day following endometrial cyst excision, which was managed with ciprofloxacin and metronidazole. Over the following 72 hours, she reported decreasing urine output until she was anuric, HGA buildup prompted oxidative hemolysis, and (MetHb) production. Despite Hemodialysis, blood products transfusions, and a high dose of ascorbic acid, the patient's condition deteriorated. She had developed diffused greyish colored peripheral cyanosis in the last 24 hours, but her PaO₂ on ABGs was 202mmg and she was sustaining saturation at 15 l/min Oxygen. Subsequently, she began to retain PCO₂ and was placed on a ventilator. Despite 96 hours of management she died of multi-organ failure.

Conclusion: This case offers an opportunity to address key issues concerning the diagnosis and management of hemolysis and MetHb in AKU and to raise awareness, with an aim of reducing the consistently fatal outcomes.



Haemodialysis alters the index of cardiac- electrophysiological balance

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Objective: To study electrocardiographic changes during haemodialysis and to determine the relationship with alterations in electrolytes and acid- base balance.

Study design: Cross sectional analytical study

Place and duration of study: Haemodialysis Unit, Combined Military Hospital Peshawar; June to July 2022.

Methodology: Adult patients with end stage renal disease on maintenance hemodialysis were selected by convenience sampling. Exclusion criteria included current hospitalization, chest pain during haemodialysis, intra-dialytic hypotension, atrial fibrillation, pericardial effusion, shortening of haemodialysis sessions and unwillingness to participate in the study. Twelve lead electrocardiograms were recorded immediately before the start and end of haemodialysis sessions. At the same times, serum urea, creatinine, potassium, calcium and phosphate were measured. Bicarbonate levels were assessed by venous blood gas analysis. Measurements for heart rate and durations of PR interval, QRS complex, QT interval and corrected QT interval reported by ECG machine software were recorded.

Results: There were 35 patients aged 48.69 ± 11.39 years, including 23 (65.71%) males and 12

(34.29%) females. Duration of QRS complex increased from 92.83 ± 9.98 to 100.00 ± 17.94 seconds after haemodialysis ($p=0.017$). Changes in other parameters were insignificant. QT/ QRS and QTc/ QRS ratios reduced by 0.27 ± 0.62 and 0.31 ± 0.62 after haemodialysis ($p= 0.014$ and 0.005 respectively). Changes in none of the biochemical parameters during haemodialysis could predict reduction in QT/ QRS or QTc/ QRS ratios.

Conclusion: The reduction in index of cardiac electrophysiological balance during hemodialysis was not related to intradialytic changes in different electrolytes or base content.



D-Dimer level as a Predictor of Covid-19 Severity

ABSTRACT

Background: Coagulopathy has been reported with COVID-19 Illness with D-Dimer elevations in roughly half the patients. Objectives: To evaluate the outcomes of patients having COVID-19 for and their disease severity with D-Dimers as a marker for the prediction of the disease.

Study Design: Cross sectional / Observational study.

Place and Duration of Study: The study was performed in the Department of Medicine at Khyber Medical College/Teaching Hospital Peshawar from January 2021 to March 2021.

Methodology: A total of 110 patients were included in the study. Patients were divided into two groups; DM group included the D-Dimer levels of the patients with Mild to Moderate Illness. DS group included the D-Dimer levels of the patients with severe illness. All information was recorded using proforma and analyzed on SPSS for MacBook, 26.0.

Results: Linear regression analysis showed that D-Dimer level was a significant predictor of disease severity (Adjusted R Square = .888). D-Dimer was 110 ± 31 (ng/ml) for the DM group and 457 ± 149 (ng/ml) for DS group.

Conclusion: D-Dimer levels done early on predict a high risk of pulmonary complications and thromboembolic episodes which could be prevented by therapy initiation and intervention.

Keywords: D-Dimers; Prognostic Marker; comorbid; Risk Factor



Socio-demographic and behavioral factors in patients with Delayed diagnosis of Human Immunodeficiency virus (HIV), a retrospective cross-sectional study at HIV Care center, DHQ Teaching Hospital, Kohat.

Abstract:

Introduction: Late diagnosis of HIV is defined as having a CD4 count of less than 350 cells per mm³ within 3 months of diagnosis. It is associated with severe immunosuppression, high risk of opportunistic infections, suboptimal efficacy of Antiretroviral medications and higher mortality. Different demographic factors, social factors and specific groups of population have been identified in different studies done world-wide that could be implicated for delay in diagnosis of HIV. Pakistan has low prevalence of HIV infection but there has been increase in new cases lately. There has been no local study to identify factors associated with delayed diagnosis in our part of the world especially in southern part of Khyber Pakhtunkhwa.

Objective: to find sociodemographic characteristics of patients presented in late stage of HIV infection

Method: This descriptive retrospective, Cross sectional study was conducted at DHQ Teaching Hospital, KDA, Kohat from April 2020 to September 2020. Socio-demographic data was collected from patients record registered at HIV care center Kohat from Either gender having age greater than 15 years with CD4 count at time of diagnosis less than 350/mm³ or patient presenting with AIDS defining illness on a predesigned form. Data was entered and analyzed on SPSS version 23 and descriptive statistics applied to find characteristics of patients with late HIV diagnosis.

Results: A total of 152 patients had CD4 count less than 350/mm³ at time of diagnosis and registration at HIV Care center DHQ Teaching hospital. There were 87(57.2%) males and 53(34.9%) females. Majority of patients belonged to age group of 31-45 years (40.8%), were unemployed (59.2%), married (63.2%) and were from area of Bannu (19.1%). Significant number of patients has had history of travelling abroad and were using smokeless tobacco while majority of patients didn't know about HIV infection and never visited health care worker in last year before registration at HIV care Center Kohat.

Conclusion: Delayed diagnosis of HIV is common in male, unemployed, patients with history of travelling abroad and married patients with majority of patients having no knowledge about HIV infection. Public health authorities shall implement innovative methods of expanding the uptake of testing as well as targeting key populations i.e., unemployed, Substance abuse history, uneducated and having history of travel abroad will help in early HIV diagnosis, avoiding AIDS defining conditions and mortality associated with HIV virus infection.

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Peer Tutoring of Undergraduate Medical Students in Basic Life Support- A Randomized Controlled Trial

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Background

Basic Life Support (BLS) is an important part of medical training conducted in small and interactive group format aided by simulated patients. Larger numbers of students make it difficult for the instructors, to teach in this format effectively. Peer tuition is an old technique, now being formalized to teach BLS. Peer tuition is an adjuvant teaching technique with several advantages as lower expenses, role modeling, inculcating professionalism and mutual exchange of skills and knowledge. Role of junior peer tutors is not reported as well as that of near-peer and senior peer tutors.

Objectives

To compare theory and skill performance of peer tutored versus convent ally taught medical students in a course of BASIC LIFE SUPPORT (BLS).

Materials & Methods

A single blinded randomized controlled trial of peer tuition versus conventional tuition in BLS training was undertaken. Pre-clinical students were trained as peer tutors in BLS in a skills lab. Students from all years were invited to a voluntary course of BLS. They were randomized into control group, taught in conventional lecture setting and test group tutored by peer tutors in skills lab. Pre and post-test, knowledge and skill scores were recorded for each group. Scores were entered in SPSS V-21 and paired sample t- test were computed with 0.05 as the cut off level for p value significance.

Results

A total of 177 students were randomized into 30 clinical and 20 pre-clinical students in control group. Test group comprising of 77 pre-clinical and 50 clinical students. Pre-test scores were not significantly different. Test group showed significant improvement over pre-test scores for both clinical and pre-clinical students. Control group did not show improvement for pre-clinical students. Clinical students showed significant improvement in control group as well.

Conclusion

Basic life support knowledge and skill can be safely and effectively taught to clinical and pre-clinical medical students in small groups by peer-instructors having prior BLS training

Keywords

Cardiopulmonary Resuscitation, Peer Group, Undergraduate, Resuscitation, Knowledge, Skill



Non-HIV related comorbidities among people living with HIV, a cross sectional study at DHQ teaching Hospital, Kohat

ABSTRACT:

Introduction:

With the increasing availability of antiretroviral therapy for HIV-positive patients, there is a significant rise in the number of patients with Non-HIV related, non-communicable comorbidities. The burden of these co-morbid diseases in HIV patients is unknown in Pakistan, hence also a lack of appropriate management protocols. This study was an initial step in estimating the new challenge of Non-Communicable Diseases in HIV infected patient

Methodology:

A descriptive cross-sectional study to find non-HIV-related comorbidities in patients living with HIV infection and under treatment at the HIV care center, DHQ teaching hospital, Kohat was conducted from June to December 2020.

Results:

Analysis of the data from 446 patients showed that relative predominance of HIV infection in males (63.5 %), uneducated (59.42%), and middle age (31-60 year) (62.4%) and married (53.13%) people, with 1/3rd of the studied population being under-weight.

Our study found that 54.7% of patients have non-HIV related comorbidity with (29.6%) of the patients having a single comorbidity while 25.1% had multiple co-morbidities. Among the non-communicable disease's prevalence of diabetes mellitus (26.5%), hypertension (21.3%), and ischemic heart disease (13.2) were higher compared to obesity, chronic liver disease, chronic kidney disease, stroke & non-HIV related cancers. These co-morbid conditions had no significant relation with gender but were more common in higher age groups.

Conclusion:

Our study showed the increasing burden of non-communicable diseases in patients with HIV. This new challenge will need multidisciplinary care rather than patients just being treated with ARV therapy. Appropriate health care delivery models with a multidisciplinary approach will help in combating HIV & Non-HIV related comorbidities.

Key words: HIV, Non-communicable diseases, Anti-retro viral therapy, non-HIV related comorbidities

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