



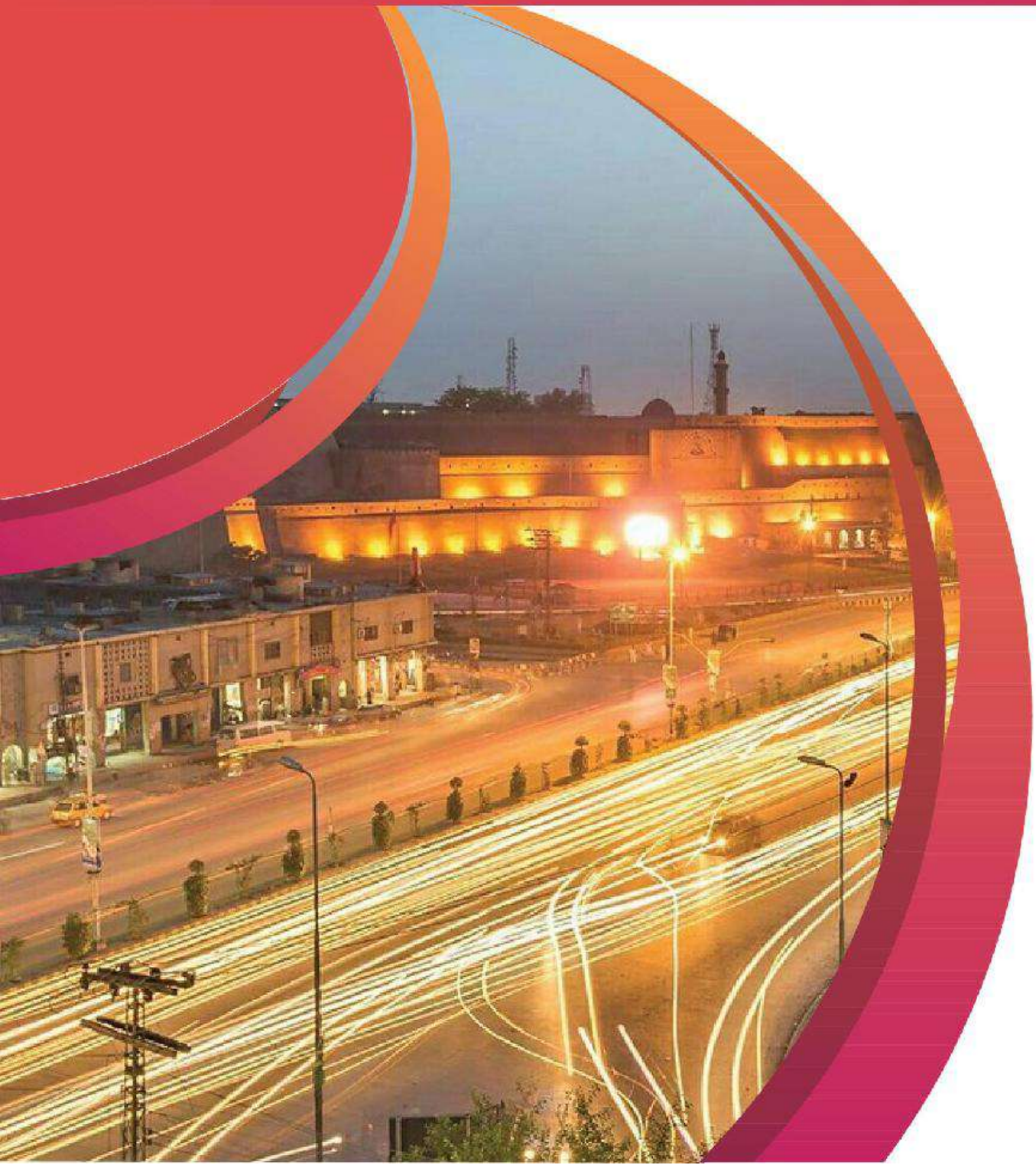
4th ANNUAL INTERNATIONAL CONFERENCE
PAKISTAN SOCIETY OF PHYSICIANS

PSPCON 2024

"Connecting Dots, Shaping The Future"

Nov 29,30 & Dec 1 - PGMI, Peshawar

ABSTRACT BOOK



Welcome Address

**Dear Esteemed Seniors, Respected Colleagues, Valued Friends,
and Aspiring Juniors,**

It is with immense pride and joy that I welcome you all to the 4th Annual Conference of the Pakistan Society of Physicians. As we gather here at the Post Graduate Medical Institute, Hayatabad, Peshawar, it is both heartening and inspiring to see our Society flourish as a beacon of learning, collaboration, and innovation.



This year's theme, "Connecting Dots, Shaping the Future," underscores our collective mission to bridge gaps in knowledge, practice, and innovation, ensuring that we pave the way for better healthcare outcomes. Together, we are not just participants in a conference but active contributors to a transformative journey—one that seeks to redefine how we approach medicine in a world of ever-evolving challenges.

The Pakistan Society of Physicians was established with a vision to empower physicians by fostering academic excellence and professional growth. With a distinguished faculty and an eclectic mix of topics, the event promises to provide fresh insights, encourage dynamic discussions, and stimulate ideas that can shape the future of medicine.

We are acutely aware of the hurdles that lie ahead in our pursuit of progress, but I am confident in the resilience and dedication of our members. Together, we can navigate these challenges, ensuring that the Society continues to be a robust platform for advancing medical knowledge and enhancing patient care.

Let us seize this opportunity to learn from one another, forge meaningful connections, and recommit ourselves to our shared mission. I am deeply grateful for your participation and for your unwavering support for the Pakistan Society of Physicians.

Thank you, and I wish you all a memorable and enriching conference.

Warm regards,

Dr. Awais Naeem

Chief Organizer, PSPCON2024

President, Pakistan Society of Physicians

Dear Colleagues and Friends,

It is with immense pride and joy that I welcome you all to the 4th Annual Conference of the Pakistan Society of Physicians. This year, under the theme "Connecting Dots, Shaping the Future," we continue our journey toward fostering knowledge, collaboration, and innovation in the field of medicine.



Reflecting on our growth, it is heartening to see how far we have come as a Society. This year's conference stands as a testament to the resilience, dedication, and teamwork of our members. Organized by the brilliant minds and enthusiastic hands of the next generation of leaders, we've taken another significant step toward shaping a brighter future for physicians across the nation.

The Postgraduate Medical Institute, Peshawar, provides a fitting venue for this prestigious event, hosting a dynamic scientific program enriched by the participation of national and international speakers.

As one of the founding members, I am filled with pride as I witness the vibrancy and innovation within our Society. This conference is more than an academic gathering—it is a celebration of our shared mission to uphold the highest standards in healthcare and to support the professional growth of physicians everywhere. My deepest gratitude goes to the Organizing Committee for their outstanding dedication and tireless efforts, ensuring an impeccable execution of this event.

To all attendees, I encourage you to immerse yourselves in the sessions, engage in discussions, and seize this opportunity to expand your horizons. Together, let us connect the dots and play our part in shaping a future where our Society stands as a beacon of excellence and innovation.

Looking forward to an inspiring and rewarding conference!

Warm regards,

Dr. Muhammad Usman Khattak
Chairman Organizing Committee PSPCON2024
Founding President, Pakistan Society of Physicians

Dear Friends and Esteemed Colleagues,

It is with great enthusiasm and pride that I extend a warm welcome to you all at the 4th Annual Conference of the Pakistan Society of Physicians. The theme of this year's gathering, "Connecting Dots, Shaping the Future," reflects our shared aspiration to bridge knowledge gaps and pave the way for innovations that will define the future of medicine.



As the Chairman of the Scientific Committee, I had the privilege of working alongside a team of brilliant minds committed to curating a program that is both comprehensive and thought-provoking. This conference brings together renowned national and international experts, offering an extraordinary opportunity for intellectual exchange. From cutting-edge research to practical insights, we've designed every session to enrich your understanding and ignite discussions that transcend traditional boundaries.

This year, hosted at the prestigious Postgraduate Medical Institute, Peshawar, our program emphasizes the role of collaboration in tackling challenges and creating solutions for a healthier tomorrow. Each presentation, panel discussion, and workshop is a stepping stone in connecting dots between diverse medical specialties, fostering a multidisciplinary approach essential for modern healthcare.

I am deeply inspired by the energy and commitment of our organizing teams who have made this event possible. Their dedication ensured a seamless execution, providing a platform for meaningful learning and engagement despite the hurdles we've faced in the past.

To all participants, I urge you to fully immerse yourselves in the sessions and use this time to network with peers, exchange ideas, and envision a future where our collective knowledge shapes better healthcare systems.

Let us move forward with the spirit of inquiry, collaboration, and excellence that defines this remarkable Society. I wish you an academically enriching and rewarding conference experience.

Sincerely,

Dr. Javed Iqbal Farooqi
Chairman, Scientific Committee, PSPCON2024
Foundation Member, Pakistan Society of Physicians

Dear Colleagues and Friends,

It is my privilege to welcome you all to the 4th Annual Conference of the Pakistan Society of Physicians. This year, under the inspiring theme "Connecting Dots, Shaping the Future," we gather to celebrate the spirit of collaboration and innovation that defines our Society.



As General Secretary, it has been incredibly rewarding to witness the unwavering dedication and teamwork of our members and organizers in making this event a reality. The vibrant city of Peshawar and the esteemed Postgraduate Medical Institute provide the perfect backdrop for three days of unparalleled learning, discussion, and camaraderie.

This conference represents the culmination of months of hard work by our Central and Provincial Cabinets, Scientific Committee, and the Organizing Team. It has been designed not only to highlight advancements in medicine but also to create an environment where ideas converge, bridging the gap between diverse disciplines and perspectives.

I extend my heartfelt gratitude to the international and national speakers who have joined us to share their expertise and insights. Your presence enriches this platform, making it a beacon of excellence and inspiration for all attendees.

To my fellow colleagues, this is your opportunity to immerse yourself in the scientific sessions, exchange experiences, and forge connections that will shape your professional journey. Let us make the most of this occasion to further strengthen our Society's mission and uphold the highest standards of patient care and physician development.

Together, let us celebrate what we have accomplished and look forward to a future filled with opportunities to innovate, learn, and collaborate. I wish you all a fulfilling and impactful conference experience.

Warm regards,

Dr. Muhammad Asghar Khan

Co-Chairman, Organizing Committee, PSPCON2024

General Secretary, Pakistan Society of Physicians

Dear Colleagues,

Welcome to the 4th Annual Conference of the Pakistan Society of Physicians. This event is a celebration of teamwork and collaboration, and as Chief Coordination Secretary, I have been privileged to witness the dedication of our members as they worked tirelessly to bring this conference to life. It is truly remarkable to see the dots of effort and perseverance connected into what promises to be an impactful gathering.



I hope this conference not only enriches your knowledge but also fosters connections that will extend beyond these three days. Let us embrace this opportunity to share, learn, and grow together in shaping the future of medicine.

Dr. Fahad Naim

Head Coordinator, Scientific Committee

Chief Coordination Secretary, PSP

Dear Friends and Colleagues,

It is an honor to welcome you all to this significant milestone-the 4th Annual Conference of the Pakistan Society of Physicians. Our theme, "Connecting Dots, Shaping the Future," is a testament to our commitment to bridging ideas and efforts toward advancing healthcare in Pakistan. This conference represents our collective dedication to learning and collaboration.



Let this event inspire us to continue pushing boundaries, nurturing partnerships, and addressing the evolving challenges in our field. Together, we are shaping the future of medicine, one connection at a time.

Dr. Hamza Ali Khan

Senior Vice President, Pakistan Society of Physicians, Pakistan

Dear Participants,

It is with immense pride that I welcome you to this remarkable event the 4th Annual Conference of the Pakistan Society of Physicians. Behind the scenes, this conference stands as a reflection of strategic planning, effective resource management, and the unwavering dedication of the team to ensure a seamless experience for all participants.



As we embark on this enriching journey of knowledge and collaboration, I encourage you to actively engage in the sessions and discussions, turning these moments into stepping stones toward progress and innovation in healthcare.

Dr. Fawad Rahim

Finance Secretary, Pakistan Society of Physicians, Pakistan

Dear Attendees,

Welcome to the 4th Annual Conference of the Pakistan Society of Physicians, where ideas take center stage, and connections shape the future. As Media and Publication Secretary, I am thrilled to see this vibrant exchange of knowledge come to life. This event is not just about sharing information—it's about creating a narrative that resonates across our profession.



I encourage you to make your voices heard, share your thoughts, and take back ideas that inspire change. Together, we are scripting a story of progress, innovation, and collaboration in medicine.

Dr. Sheraz Iqbal

Media & Publication Secretary, Pakistan Society of Physicians, Pakistan

***Dear Esteemed Seniors, Respected Colleagues, Cherished Friends,
and Promising Juniors,***

It is an honour and a privilege to welcome you to the 4th Annual Conference of the Pakistan Society of Physicians. As Co-Chairman of the Scientific Committee, I have witnessed the collaborative energy and intellectual brilliance that has come together to craft a program that embodies our theme, "Connecting Dots, Shaping the Future." This event is more than a conference—it is a catalyst for innovation, dialogue, and partnerships.



As the Lead Focal Person for Private Medical Institutes, I am particularly delighted by the diverse representation of voices and perspectives in this year's sessions. I encourage you to actively engage, share your insights, and take back actionable knowledge that will enhance your practice and inspire progress in your institutions. Together, let us connect ideas and build a brighter future for medicine.

Dr. Jibran Umar Ayub Khan

Co-Chairman Scientific Committee, PSPCON2024

Lead Focal Person, Private Medical Institutes & Executive Member, PSP

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)
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GOVERNMENT OF KHYBER PAKHTUNKHWA



Directorate of Social Welfare

CERTIFICATE OF REGISTRATION

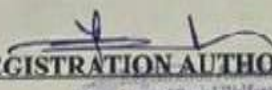
Registration KPK / DSW/ 4401.

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.D.
Peshawar

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 Membership

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 Diplomat 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.

Introduction to the Pakistan Society of Physicians (PSP)

The Pakistan Society of Physicians (PSP) stands as a beacon for excellence and collaboration in the field of Internal Medicine. Established to provide physicians with a platform to share their expertise and engage in meaningful scientific dialogue, PSP has grown into a dynamic professional organization that fosters continuous learning and innovation. Through its dedication to advancing medical knowledge, the Society has become a catalyst for both academic and clinical excellence.

PSP remains committed to hosting impactful seminars, conferences, and meetings, empowering physicians to explore new frontiers in Internal Medicine. By bridging the gap between research and clinical practice, the Society contributes to elevating healthcare standards and enriching patient outcomes across Pakistan.

Objectives of PSP

Advancing Knowledge and Collaboration: PSP provides an engaging platform for its members to exchange experiences, share clinical insights, and discuss the latest trends in Internal Medicine. This collaborative environment fosters personal and professional growth while enhancing the collective ability of physicians to deliver superior patient care.

Encouraging Research and Evidence-Based Practices: Recognizing the pivotal role of research in shaping modern medicine, PSP is dedicated to nurturing a culture of inquiry and innovation. The Society supports its members in conducting and presenting research that advances clinical knowledge and bridges the gap between scientific discovery and patient care.

Hosting Scientific Gatherings: PSP's hallmark is its regular organization of high-calibre scientific events, including conferences, seminars, and workshops. These gatherings bring together thought leaders and practitioners to exchange ideas, present groundbreaking research, and form interdisciplinary collaborations, creating a robust community of lifelong learners.

Promoting Scholarly Publications: PSP is committed to disseminating knowledge through scientific publications, providing a platform for members to share their research.

Celebrating Successful Annual Conferences

PSP's annual conferences serve as flagship events, fostering knowledge exchange and professional development. The inaugural conference in 2019, titled "*Current Insights and Future Prospects in Internal Medicine*," was held in Peshawar and set a strong foundation for the Society's vision. Featuring renowned national and international speakers, the conference offered valuable learning experiences through thought-provoking sessions, practical workshops, and poster presentations.

Building on this success, *PSPCON 2021: Updates in Internal Medicine*, held in Saidu, Swat, further elevated PSP's standing as a premier platform for scientific discussion. This vibrant gathering facilitated knowledge sharing among participants through keynote speeches and interactive workshops, with a strong emphasis on innovation and clinical applications.

The third annual conference, *PSPCON 2023: Prism of Possibilities*, was held in May 2023 at Serena Hotel, Peshawar, setting new benchmarks in the Society's journey. Bringing together leading voices in Internal Medicine, this event was lauded for its dynamic sessions and meaningful networking opportunities that inspired the participants to explore novel approaches to healthcare challenges.

Looking Ahead: The 4th Annual International Conference

This year, we come together again under the theme "*Connecting Dots, Shaping the Future*," to celebrate the power of collective knowledge and collaboration. With an agenda designed to inspire innovative ideas and foster meaningful interactions, the 4th Annual Conference of the Pakistan Society of Physicians promises to be a pivotal moment in our pursuit of excellence.

As we gather at the Postgraduate Medical Institute in Peshawar from November 29 to December 1, 2024, we invite all participants to engage fully in the exchange of ideas, discussions, and opportunities this event offers. Together, let us connect the dots to shape a brighter future for Internal Medicine and beyond.

Central Cabinet

Dr. Awais Naeem

President

Dr. Muhammad Asghar Khan

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

Punjab

Vice President: Dr. Lubna Meraj

Sindh

Vice President: Dr. Zia Ullah

Baluchistan

Vice President: Dr. Jahanzeb Khan

Executive Members

- ☐ Professor Dr Amanullah
 - ☐ Professor Dr Amir Khan
 - ☐ Professor Dr Amjad Taqweem
 - ☐ Professor Dr Faiz Ur Rehman
 - ☐ Professor Dr Hamza Khan
 - ☐ Professor Dr Hashim Uddin Azam
 - ☐ Professor Dr Intekhab Alam
 - ☐ Professor Dr Ishaq Khattak,
 - ☐ Professor Dr Jamal Uddin Marwat
 - ☐ Professor Dr Javed Iqbal Farooqi
 - ☐ Professor Dr Khalid Mehmood
 - ☐ Professor Dr Masood Ur Rehman
 - ☐ Professor Dr Muhammad Humayun
 - ☐ Professor Dr Muhammad Noor Wazir
 - ☐ Professor Dr Mumtaz Marwat
 - ☐ Professor Dr Noor Ul Iman
-

- ☐ Professor Dr Shaid Jamil
- ☐ Professor Dr Sheraz Jamal Khan
- ☐ Professor Dr Usman Khattak
- ☐ Professor Dr Wazir Muhammad
- ☐ Professor Dr Zia Uddin

COMMITTEES PSPCON 2024

Organizing Committee

Chief Organizer: Dr Awais Naeem

Chairman: Dr Muhammad Usman Khattak

Co Chairman: Dr Muhammad Asghar

Secretary: Dr. Fahad Naim

Members:

- ☐ Dr Arif Mumtaz
- ☐ Dr Bilal Awan
- ☐ Dr Manzoor Hussain
- ☐ Dr Muhammad Zaib
- ☐ Dr Qazi ikram
- ☐ Dr. Abdullah Khalil
- ☐ Dr. Ahmed Irtaza
- ☐ Dr. Asif Khan
- ☐ Dr. Fawad Rahim
- ☐ Dr. Hamza Ali Khan
- ☐ Dr. Imran Ullah
- ☐ Dr. Shah Umam
- ☐ Dr. Sheraz Iqbal
- ☐ Dr. Syeda Hijab Amjad
- ☐ Sehba Iqbal
- ☐ Sunger Yar Rekham
- ☐ Waqas Inayat
- ☐ Tazmeen Malik
- ☐ Aliza Jamshed
- ☐ Sabahat Imdad
- ☐ Shaashan Himayat
- ☐ Arbaz Ali Khan

Scientific Committee

Chairman: Dr Javed Iqbal Farooqi

Co Chairman: Dr Jibran Umar Ayub Khan

Chief Coordinator: Dr. Fahad Naim

Secretary: Dr. Awais Naeem

Members:

- ☐ Dr Zafar Ali
 - ☐ Dr Naveed Iqbal
 - ☐ Dr Tariq Mehr
 - ☐ Dr. Muhammad Asif
-

Finance Committee

Chairman: Dr Fawad Rahim

Co Chairman: Dr Inayat Ullah

Secretary: Dr. Inam Ullah Khan

Members:

- ☐ Dr. Muhammad Nadeem
- ☐ Dr Zahid Ullah Khan
- ☐ Dr Sadaf Abdullah

Food and Entertainment Committee

Chairman: Dr Hamza Ali Khan

Co Chairman: Dr. Qazi Ikram

Secretary: Dr. Hashmut Ullah Khan

Members:

- ☐ Dr Zahid Wazir
- ☐ Dr Imran Qadir
- ☐ Dr Nauman Wazir (SPR, HMC)

Awards & Shield Committee

Chairman: Dr Atta Muhammad Khan

Co Chairman: Dr Hashim Uddin Azam

Secretary: Dr Arif Mumtaz

Members:

- ☐ Dr Khalid Shahab
- ☐ Dr. Asghar Khan
- ☐ Dr. Usman Khattak
- ☐ Dr. Javed Iqbal Farooqi
- ☐ Dr. Muhammad Ayub

Press and Publications Committee

Chairman: Dr. Amir Taj

Co Chairman: Dr Sheraz Iqbal

Secretary: Dr. Ahmad Irtaza

Members:

- ☐ Mr. Fazal Maula
- ☐ Arshmaan Jawad
- ☐ Wadana Zafar
- ☐ Muhammad Hussain
- ☐ Yumna Afaq
- ☐ Omama Arshad
- ☐ Sehba Iqbal
- ☐ Waqas Inayat
- ☐ Dr. Humaira Saeed

Invitation, Registration and Reception Committee

Chairman: Dr Muhammad Asghar

Co Chairman: Dr Manzoor Hussain

Secretary: Dr. Abdullah Khalil

Members:

- ☐ Tazmeen Malik
- ☐ Aliza Jamshed
- ☐ Sabahat Imdad
- ☐ Shaashan Himayat
- ☐ Arbaz Ali Khan
- ☐ Dr. Sahar Naeem

Transport and Accommodation Committee

Chairman: Dr. Nizam Uddin Utmani

Co Chairman: Dr. Bughdad Khan

Secretary: Dr. Nauman Idrees

Members:

- ☐ Abdul Hannan Ali
- ☐ Asif Bashir
- ☐ Suhaib Malik

Abstract Review Committee

- ☐ Dr. Farooq Ahmed
 - ☐ Dr. Fahad Naim
 - ☐ Dr Asif khan - Registrar MAW, KTH
 - ☐ Dr Zabeeh Ullah- Resident Physician, MAW, KTH
 - ☐ Dr Ahmed Irtaza - Resident Physician, MAW, KTH
-

Quiz Competition Committee

- ☐ Dr. Fahad Naim
- ☐ Dr. Awais Naeem
- ☐ Dr Asif khan - Registrar MAW, KTH
- ☐ Dr Saad Ali - Resident Physician, MAW, KTH
- ☐ Dr Majid Rashid - Resident Physician, MAW, KTH

Pre-Conference Workshop Organizers:

1. Dr. Abdul Rehman Afridi
2. Dr. Abdul Rehman Khan
3. Dr. Amjad Ali
4. Dr. Arif Mumtaz
5. Dr. Asghar Khan
6. Dr. Asif Khan
7. Dr. Atiq Ur Rehman
8. Dr. Atta Muhammad Khan
9. Dr. Atta Ullah Khan
10. Dr. Awais Farhad
11. Dr. Awais Naeem
12. Dr. Fahad Naim
13. Dr. Farhan Zeb
14. Dr. Fawad Marwat
15. Dr. Fawad Rahim
16. Dr. Gohar Ali Khan
17. Dr. Humaira Achakzai
18. Dr. Iqbal Haider
19. Dr. Jamal Uddin
20. Dr. Javed Iqbal Farooqi
21. Dr. Jibran Umar Ayub Khan
22. Dr. Manzoor Hussain
23. Dr. Manzoor Hussain
24. Dr. Muhammad Ayub
25. Dr. Muhammad Haroon
26. Dr. Muhammad Ishfaq
27. Dr. Muhammad Usman
28. Dr. Muhammad Zeb
29. Dr. Murad Ali
30. Dr. Naseeb Ur Rehman
31. Dr. Qazi Javed
32. Dr. Saima Mehboob
33. Dr. Saleem Iqbal
34. Dr. Salma Zeb
35. Dr. Salman Khan
36. Dr. Shafi Ullah
37. Dr. Shah Umam
38. Dr. Shah Zeb
39. Dr. Shaid Jameel
40. Dr. Tahir Ullah Khan
41. Dr. Tariq Mehr
42. Dr. Umair Ul Islam
43. Dr. Zahid Ullah Khan
44. Dr. Zahid Ullah Khan

Khyber Pakhtunkhwa Institutional Focal Persons/Regional Leads

1. Dr. Jibran Umar Ayub Khan, Associate 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 Medicine, Rehman Medical Institute, Peshawar
 6. Dr. Saima Mehboob, Associate Professor Medicine, Kuwait teaching Hospital, PMC Group Of Hospitals
 7. Dr. Arif Mumtaz, Associate Professor, KMU Institute of Medical Sciences, Kohat
 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 medicine, MTI, Bannu
 12. Dr. Qazi Ikram, Assistant Professor, DHQ Teaching Hospital, Timergara
 13. Dr. Amir Taj, District Specialist, Buner
 14. Dr. Farhan Zeb, Medical Specialist, FCTH, KPK
 15. Dr. Manzoor Hussain, Assistant Professor Medicine, Mardan Medical Complex, Mardan
-

16. Dr. Tauqir Ahmad, Assistant Professor Medicine, Ayub Medical College, Abbotabbad
17. Dr. Shahzad Ahmad, Assistant Professor Medicine, North West General Hospital, Peshawar
18. Dr. Raza Muhammad Khan, Associate professor, Medicine, KGN, Bannu
19. Dr. Muhammad Khalid, Professor medicine, Nowshehra medical college
20. Dr. Muhammad Naeem, Senior Registrar Medicine, DHQ Timargara Teaching Hospital, KPK
21. Dr. Asmat Ullah, District Specialist, Lakki Marwat
22. Dr. Nauman Idrees, Assistant Professor, Rehman Medical Institute, Peshawar
23. Dr. Abdur Rehman, Assistant Professor Medicine, Mufti Mehmmod Teaching Hospital, DI Khan

Trainee Medical Officers/Resident Physicians Organizing Team, PSPCON2024

Lead Organizer:

- ☐ Dr Ahmed Irtaza, Med A – KTH

Members:

- ☐ Dr Abdul Salam, Med C- HMC
 - ☐ Dr Aiman Sajjad, Med D- LRH
 - ☐ Dr Akhlaq Ahmad, Med A-KTH
 - ☐ Dr Asad Khalil, Med A-LRH
 - ☐ Dr Faryal Masaud, Med B - HMC
 - ☐ Dr Haris Ashfaq, Med C- LRH
 - ☐ Dr Haroon Tahir, Medi C - LRH
 - ☐ Dr Ilyas Muhammad, Med C-LRH
 - ☐ Dr Jamil Ahmad, Med C-LRH
 - ☐ Dr Jamil Ahmed, MED A-KTH
 - ☐ Dr Javed Miandad, Med C- LRH
 - ☐ Dr Kaleemullah
 - ☐ Dr Khayali Gul, Med B-LRH
 - ☐ Dr Mah Rukh, Med C-KTH
 - ☐ Dr Majid Rashid, Med A-KTH
 - ☐ Dr Momin Hamza Khan, Med A - KTH
 - ☐ Dr Muhammad Yaseen, Med A- LRH
 - ☐ Dr Muhammad Younas Ali, Med B- HMC
 - ☐ Dr Nadia Khan, Med A-KTH
 - ☐ Dr Qaisar Ali Khan, Med C- KTH
 - ☐ Dr Qazi Muhammad Safwan, Med C-HMC
 - ☐ Dr Saad Ali, Med A-KTH
 - ☐ Dr Warda Zulfiqar, Med A-KTH
 - ☐ Dr Yasin Khan, Med D-LRH
 - ☐ Dr Zabeeh Ullah, Med A-KTH
-

House Officers Organizing Team, PSPCON2024

Lead Organizer:

- ☐ Dr. Aibad Ahmed Afridi
- ☐ Dr. Khushbakht Noor

Members:

- ☐ Dr. Mahnoor Khalid
- ☐ Dr. Muhammad Abdal Khan
- ☐ Dr. Muhammad Aqeel
- ☐ Dr. Noor ul Huda
- ☐ Dr. Sadaf Faryal
- ☐ Dr. Sana Irfan
- ☐ Dr. Shabir Muhammad
- ☐ Dr. Sikandar Zahoor
- ☐ Dr. Warda Haleem
- ☐ Dr. Zarafshan Nihar
- ☐ Dr. Mahnoor Khalid
- ☐ Dr. Sobia Gul

Undergraduate Team Organizing Team, PSPCON2024

Lead Organizers:

- ☐ Waqas Inayat
- ☐ Sehba Iqbal
- ☐ Sunger Yar Rekham

Lead Registration & Decoration Team:

- ☐ Tazmeen Malik
- ☐ Aliza Jamshed
- ☐ Sabahat Imdad
- ☐ Shaashan Himayat
- ☐ Arbaz Ali Khan

Lead Coordinators:

- ☐ Abdul Hannan Ali
- ☐ Asif Bashir
- ☐ Suhaib Malik

Lead Media Team:

- ☐ Arshmaan Jawad
- ☐ Wadana Zafar
- ☐ Muhammad Hussain
- ☐ Yumna Afaq
- ☐ Omama Arshad

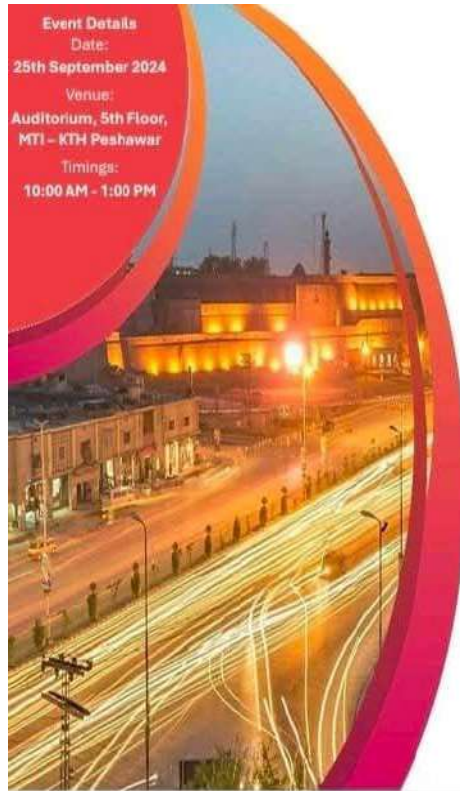
Members:

- ☐ Arooba Hameed
 - ☐ Wiaam Sher
-

- ☐ Anees Ur rehman
 - ☐ Khaliq Ur Rehman
 - ☐ Hafiza Wajeeha
 - ☐ Khulood Nisar
 - ☐ Syed M. Aliyan Haider
 - ☐ Nasar Ahmad
 - ☐ Zia Ur Rahman Mohmand
 - ☐ Zeeshan Khan
 - ☐ Shoraim Nawab
 - ☐ Esha Qureshi
 - ☐ Aneeqa Ehsan
 - ☐ Muhammad Abdullah Paracha
 - ☐ Muhammad Kamal
 - ☐ Muhammad Yasir
 - ☐ Safiullah Khan
 - ☐ Jawad Ahmed
 - ☐ Hifza Atta
 - ☐ Osama Ahmed
 - ☐ Abdullah
 - ☐ Fazal Hakim
 - ☐ Inam Ul haq
 - ☐ Afaq Ahmed
 - ☐ Abdar Khan
 - ☐ Hafsa Khan
 - ☐ Rushba Ayaz khan
 - ☐ Hammad Ali
 - ☐ Moiz Ahmed
 - ☐ Muhammad Shahzad
 - ☐ Sabeen Qamar
 - ☐ Areeba Khan
 - ☐ Ashraf Ali
 - ☐ Aishah Binte Nawaz
 - ☐ Noman Ahmad
 - ☐ Aiman Sajjad
 - ☐ Faisal Aziz
 - ☐ Armaghan Gul
 - ☐ Shahab Iqbal
 - ☐ Waqar Ahmed
 - ☐ Huma Nazir
 - ☐ Minsha Munir
 - ☐ Sundas Khan
 - ☐ Tooba Manzoor Ahmed
 - ☐ Shabnam Mahsood
 - ☐ Gulmeena Riffat
 - ☐ Munnazah Javaid
-

- ☐ Fiza Safeer
- ☐ Hidayat Ullah
- ☐ Aleesha Imtiaz
- ☐ Saima Shams
- ☐ Shabnam Shahjehan
- ☐ Ahmed Anwar
- ☐ Moiz Ahmad

PRE-CONFERENCE WORKSHOPS



Obesity Management Masterclass

Bridging Theory, Research & Practice

September 25th, 2024, Auditorium, 5th Floor, KTH

Speakers



Dr Awais Naeem



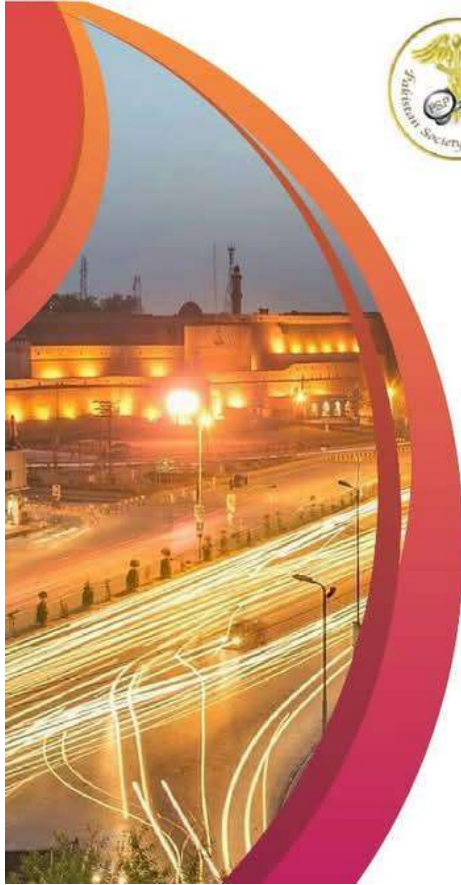
Dr Muhammad Zarin



Mrs. Asma Waheed



Dr Hamza Ali Khan



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE LADY READING HOSPITAL, PESHAWAR



FCPS 2 MOCK EXAMINATIONS

Time 9 : 00 am - 1:00 pm - Date: October 9, 2024

VENUE: MAIN AUDITORIUM ACADEMIC ARENA MED SURG BUILDING LRH

FACULTY FROM ALL THE TEACHING HOSPITALS WILL PARTICIPATE

Facilitators:

Prof Yaseen Khan
Prof Zia Uddin
Associate Prof Abdur Rahman
Dr Hashmat Ullah
Dr Naveed Iqbal
Dr Zafar Ali
Dr Muhammad Zaib
Dr Bilal Awan
Dr Inayat Ullah
Dr Nadeem
Dr Abbas

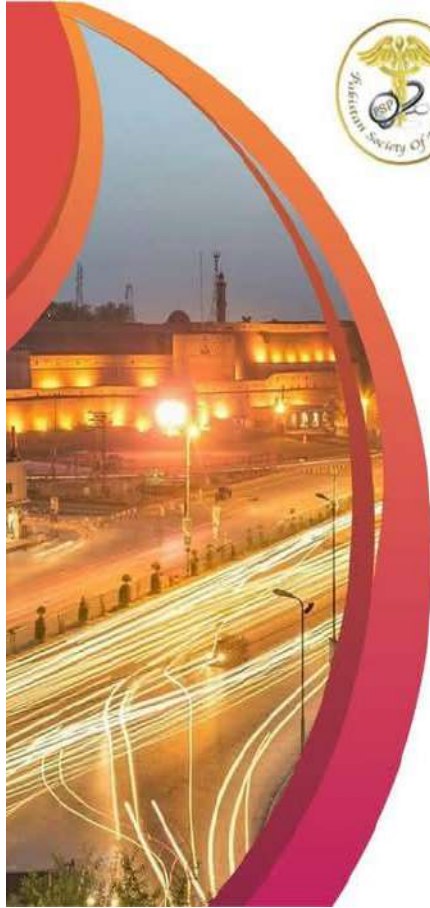
Organisers:

Dr Muhammad Asghar
Dr Atta Muhammad Khan
Dr Awais Naeem
Dr Hamza Khan
Dr Fahad Naeem
Dr Fawad Raheem
Dr Sheraz Iqbal

REGISTRATION FEE:
**Rs
1000/-**



Focal persons:
Dr Yaseen MDW Cell: 03428688900



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
REHMAN MEDICAL INSTITUTE, PESHAWAR



"Connecting Dots, Shaping The Future"

PRE CONFERENCE WORKSHOP ON **METABOLIC SYNDROME**

15th October, Tuesday, 9:30 am - 12:00 Noon, RMI Training Room, SH Block, 4th Floor

Course Directors:

Prof Humaira Achakzai
Prof Shahid Jameel

Organizer:

Dr Noor SR
Dr Mamoon SR
Dr Shahan SR

Central Cabinet:

Dr Awais Naeem
Dr Muhammad Asghar
Dr Hamza Ali Khan
Dr Fawad Raheem
Dr Fahad Naeem
Dr Sheraz

Speaker	Topic
Prof. Dr. Amanullah	Introduction to workshop
Dr. Niktash Khan Hadi	Clinical features of metabolic syndrome (Metabolic syndrome: the crossroads of disease and obesity)
Dr. Wajeeha Qayyum	Pharmacological treatment
Prof. Dr. Shahid Jamil	Syndemic of Reversible silent killer



Contact Person:
Dr Noor Muhammad
+92 333 9966204



Total Number of Participants: 25 - 30
Registration is free



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE BACHA KHAN MEDICAL COLLEGE, MARDAN



IMPROVING PATIENT CARE: UNLOCKING THE POWER OF CLINICAL AUDIT

15th October, Tuesday, 10am, Haider Hall Bacha Khan Medical College, Mardan.

Chief Guest:

Prof. Amjad Ali
Dean Bacha Khan Medical College
Mardan

Course Directors:

Prof. Naveed Khan
Prof. Rehman Uddin
Ap Dr. Fazle Rabbi
Ap Dr. Hameed Ullah

Moderator:

AP Dr. Sohrab

Speaker	Topic
Dr. Manzoor Hussain	Introduction to Clinical Audits and Their Importance in Healthcare
Dr. Shah Zeb	The Clinical Audit Cycle: Steps and Best Practices
Dr. Murad Ali	Implementing Changes and Measuring Impact: The Post-Audit Phase



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE KHYBER TEACHING HOSPITAL, PESHAWAR



"Connecting Dots, Shaping The Future"

**"CEPHALOSPORINS: THE RELIABLE CHOICE –
ARE WE JUSTIFIED IN PRESCRIBING THEM EMPIRICALLY?"**

October 17, 2024 - 08:00 pm to 10:00 pm, Shelton Rezidor Hotel, Peshawar

Program Director:

Prof. Muhammad Usman
Dr. Hashim uddin Azam
Dr. Wazir Muhammad

Target Audience:

Faculty Medicine & Allied,
Faculty Pediatrics
General Practitioners
Trainee Medical Officers

Organizer:

Central Cabinet
Pakistan Society of Physicians



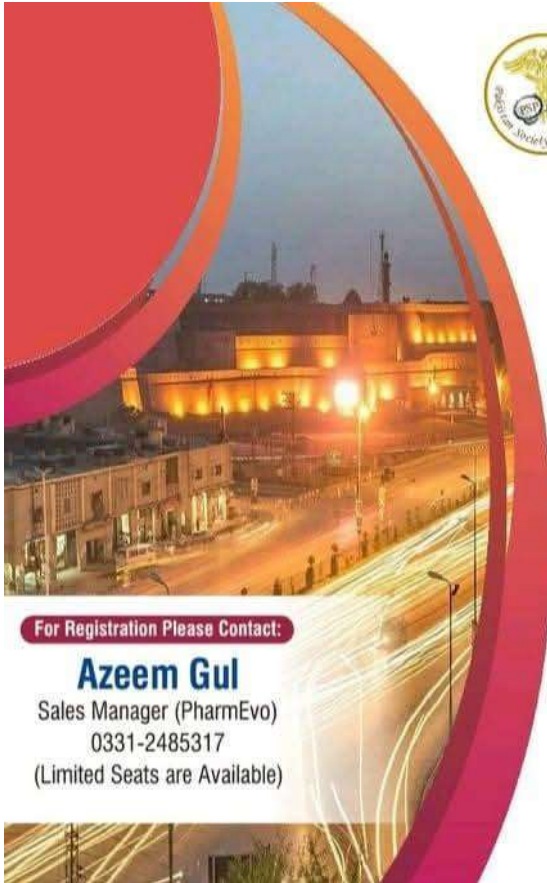
Registration Details - Focal persons:
Mr. Ajmal Hussain
+92 3339341063

Moderator:

Dr. Nadia Raheem

Panel of Experts

Dr. Baghdad Khan
Associate Professor, Medicine
Dr. Muhammad Asghar
Assistant Professor, Microbiology
Dr. Muhammad Haroon
Assistant Professor Medicine and Critical Ca
Dr. Nisar Ahmed
Associate Professor, General Surgery
Dr Hashmat ullah
Assistant Professor Medicine, LRH
Dr Muhammad Zaib
Assistant Professor Medicine, LRH



1

Research Reinvented:

The Power of Artificial Intelligence

By

Pakistan Society of Physicians

In collaboration with

PharmEvo Research Forum

&

Department of Medicine, MTI-KTH

For Registration Please Contact:

Azeem Gul

Sales Manager (PharmEvo)

0331-2485317

(Limited Seats are Available)

Event Details

18th October 2024

10:00 AM - 1:00 PM

**Auditorium, 5th Floor,
MTI-KTH Peshawar**





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
KUWAIT TEACHING HOSPITAL, PESHAWAR



"Connecting Dots, Shaping The Future"

MASTER CLASS ON INSULIN THERAPY

October 19, 2024 - 11:00 am to 12:00 pm,
Rufaida Nursing school, Kuwait Teaching Hospital, Peshawar

Facilitator:

Dr Saima Mehboob

Associate professor of medicine
Kuwait Teaching Hospital Peshawar

Target Audience:

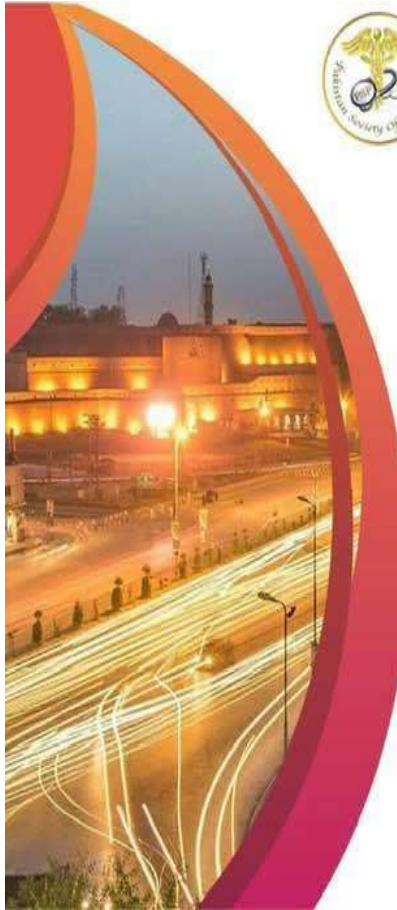
Nurses, under and post graduate,
medical students, PG Trainees

➔ Registration Details - Focal persons:
Dr Mohammad Qasim
Assistant professor medicine
Cell: +923333636388
Registration is free



Program Layout:

1. Introduction to the workshop
2. Insulin: past, present and future
3. Insulin therapy: dosing, correct titration, technique, storage and delivery
4. Insulin therapy in special circumstances
 - i) GDM
 - ii) Critically ill patients
 - iii) Pre and post-surgical patients
 - iv) Insulin and type I DM
5. The obese diabetic: Emerging role of Noval insulin therapy ± GLP 1 Agonists
6. Diabetes technology:
 - i) Introduction to CGM devices
 - ii) The concept of TIR for glycemic control
 - iii) Interpretation of CGM data
7. Hands on training on:
Pen devices, Glucose monitoring devices, insulin syringes, educational pamphlets



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE HAYATABAD MEDICAL COMPLEX, PESHAWAR

"Connecting Dots, Shaping The Future"



ECG WORKSHOP: FROM BASIC TO BEDSIDE KNOW THE STRENGTH OF ECG

October 23, 2024 - 10:30 am to 1:30 pm, Medical A/C class room,
Department of Medicine, Hayatabad Medical Complex, Peshawar.

Course Director

Prof. Muhammad Usman Khattak

Coordinator:

Prof Tariq Mehr

Faculty:

**Dr Nazir Shah
Prof Muhammad Noor wazir
Prof Shiraz Jamal
Prof Said Amin
Dr Bilal khattak
Dr Anwar
Dr Imran
Dr Mufarrih**

Organizers:

**Dr Mohammad Ishfaq
Dr Khalid Shahab
Dr Fawad Rahim
Dr Noman Idrees**

Target Audience:

**Residents, House officers
and Medical Students**

Key Learning Objectives

Understanding ECG leads, their placement and ECG waveforms
Identifying common arrhythmias
Understanding patterns of ECG in Ischemic, hypertensive,
valvular heart diseases and Electrolyte disturbances



Registration Details - Focal persons:

Dr Muhammad Bilal
Cell: +92 0315 9693411 Email: bilalwartair@gmail.com





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE KIMS, KOHAT



"Connecting Dots, Shaping The Future"

WORKSHOP ON: A365 INTERPRETATION

October 24, 2024 - 10:00 am to 2:00 pm, Medical Ward A
Demonstration Room Department of Medicine, KIMS, Kohat

Chief Guest:

Dr Asghar Kamal
HOD Medicine KIMS

Course Directors

Dr Arif Mumtaz
Associate Professor of Medicine KIMS

Dr Umair ul Islam
Medical Specialist DHQ Hospital, Kohat

Dr Shafi Ullah
Medical Specialist DHQ Hospital, Kohat

Target Audience:

Faculty & Postgraduate trainees of
internal medicine, A & E and medicine
allied specialities, General practitioners
Residents, House officers, Nurses
and Medical Students

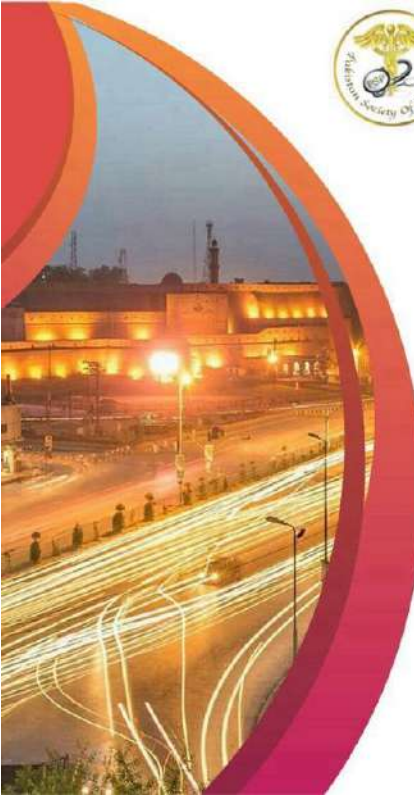
Key Learning Objectives

Understanding ABGs Analysis
Interpreting ABGs results
Identifying acid - base disorders
Assessing compensation
Understanding the Anion gap and Delta values
Cases with practice



Registration Details - Focal persons:
Dr Umair ul Islam
Cell: +92 300 9150882

Free
Registration





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
KHALIFA GUL NAWAZ TEACHING HOSPITAL, MTI, BANNU

"Connecting Dots, Shaping The Future"



PRE CONFERENCE WORKSHOP ON

**FEAR & CONCERN ABOUT NEEDLE STICK INJURIES
IN HEALTHCARE PROFESSIONALS**

29th October, Tuesday, 11:00 am - 1:00 pm, Main Auditorium Bannu Medical College, Bannu

Course Directors:

Prof Ataullah Khan

FCPS Medicine

Dr Naseeb Ur Rehman

Associate Prof KGN, MTI Bannu

Focal person for PSP in MTI Bannu

Speakers:

Dr Gohar Ali Khan

Assistant Prof KGN MTI Bannu

Dr Tahir Ullah Khan

Assistant Prof KGN MTI Bannu

Attiq Ur Rehman

Head of Quality & Patient Safety

Topics:

Awareness & management of needle

stick injuries

Psychological impact on healthcare workers

Best practices for prevention

Hospital Data report on Needle stick injury

Central Cabinet:

Dr Awais Naeem

Dr Muhammad Asghar

Dr Hamza Ali Khan

Dr Fawad Raheem

Dr Fahad Naim

Dr Sheraz Iqbal

Target Audience:

Doctors

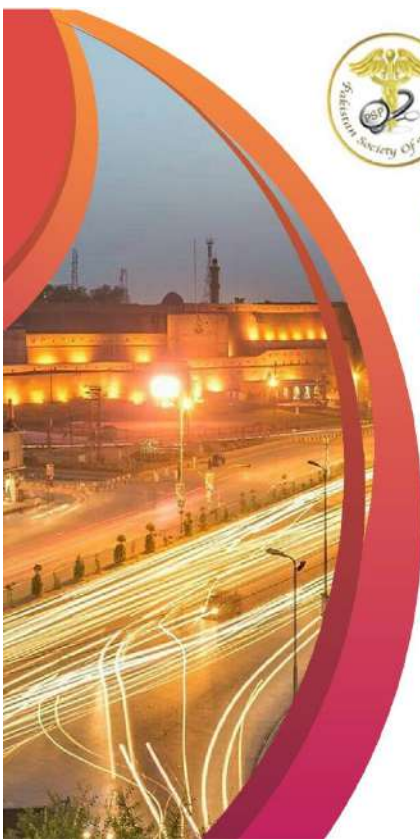
Nurses

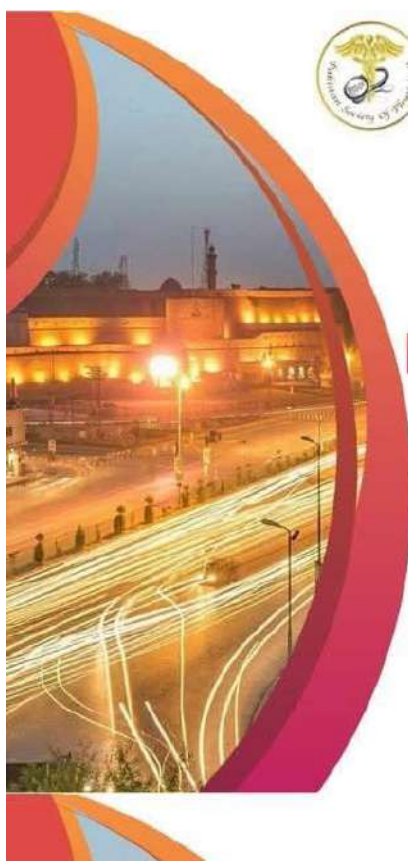
Paramedics

Medical Students

➡ Registration is Free but Mandatory
Last Dat for Registration is Oct, 25, 2024

➡ More Information:
Medicine Ward Khalifa Gul Nawaz
Teaching Hospital, Bannu
Contact Person:
Waqar Ahmad Khan 0331-9988192





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
LADY READING HOSPITAL, PESHAWAR

"Connecting Dots, Shaping The Future"

PRE CONFERENCE WORKSHOP ON



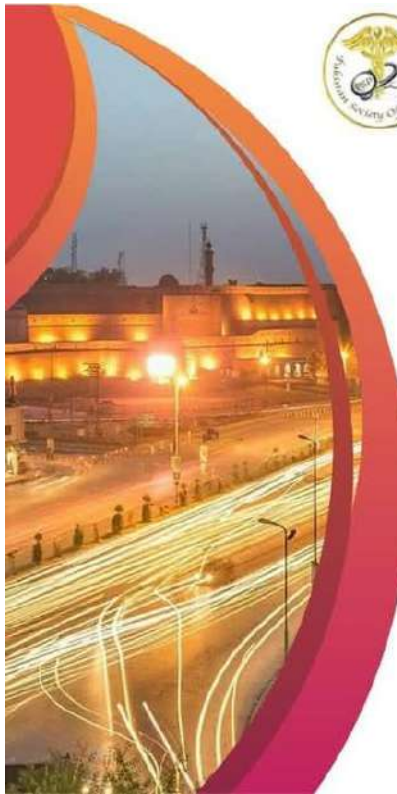
UNDERSTANDING RESEARCH & HOW TO WRITE A QUALITY MANUSCRIPT

29th October, Tuesday, 10:00 am - 02:00 pm, Auditorium LRH at Med-Surg Building, Peshawar

Contents:

Topic	Speaker	Timing
Basics of Research	Dr. Hashmat Ullah Khan	10:00 am to 10:30 am
Manuscript Writing	Dr. Zafar Ali	10:30 am to 11:00 am
TEA BREAK	11:00 am to 11:30 am	
Recognition of Authentic and Predatory Journals	Dr. Muhammed Zeb	11:30 pm to 12:00 pm
Concluding Remarks	Dr. Muhammed Abdur Rahman Afridi	12:00 pm to 12:30 pm
Awards ceremony	Dr. Atta Muhammad Khan	12:30 pm to 1:30 pm

WORKSHOP FACILITATORS	WORKSHOP ORGANIZERS
• Prof. Dr. Yaseen Khan • Prof. Dr. Ziauddin • Dr. Salma Zeb • Dr. Muhammad Nadeem • Dr. Naveed Iqbal	• Dr. Atta Muhammad Khan • Dr. Zafar Ali • Dr. Inayat Ullah • Dr. M. Asghar Khan • Dr. Bilal Awan



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE HAYATABAD MEDICAL COMPLEX, PESHAWAR



"Connecting Dots, Shaping The Future"

THROMBOCYTOPENIAS IN PREGNANCY KNOW THE VALUE OF PLATELETS

October 30, 2024 - 10:30 am to 1:30 pm, Medical A/C class room,
Department of Medicine, Hayatabad Medical Complex, Peshawar

Course Director

Prof. Muhammad Usman Khattak

Key Learning Objectives

Understanding Gestational thrombocytopenia
Understanding Non Gestational thrombocytopenia in Pregnancy
Understanding the management of each type of thrombocytopenia in Pregnancy
Understanding safe platelet count in each trimester, at the time of Vaginal delivery and C-Section.

Organizers:

Dr Shazia Tabassum Deptt of Gynae
Dr Nasreen Kishver Deptt of Gynae
Dr Mohammad Ishfaq Deptt of Medicine
Dr Khalid Shahab Deptt of Medicine

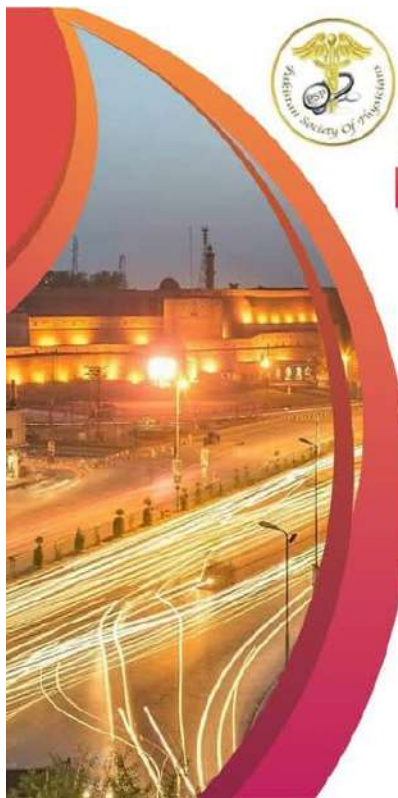
Target Audience:

**Residents, House officers
and Medical Students**



Registration Details - Focal persons:
Dr Amama Waheed
+92 334 5547783
E-mail: amamawaheed@gmail.com





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE KHYBER TEACHING HOSPITAL, PESHAWAR



PRE CONFERENCE WORKSHOP ON ECG INTERPRETATION FOR PHYSICIANS

October 31, 2024 - Learning Resource Center, Medical Ward A, Khyber Teaching Hospital, Peshawar

Course Directors:

Prof. Dr. Hashim Uddin Azam
Prof. Dr. Jamal Uddin
Prof. Dr. Wazir Muhammad Khan
Associate Prof. Dr. Saleem Iqbal

Speaker:

Dr. Awais Farhad
Assistant Professor
Interventional Cardiology,
Khyber Teaching Hospital, Peshawar

Learning Objectives:

Develop the ability to accurately interpret common and complex ECG patterns.
Understand the clinical implications of various ECG findings in different cardiovascular conditions.
Recognize life-threatening ECG abnormalities requiring immediate intervention.
Enhance diagnostic skills in the context of arrhythmias, myocardial infarction, and other cardiac pathologies.
Improve decision-making in the management of patients based on ECG findings.

Limited Seats:
Last Day for Registration: 28th October 2024

Organizers:

Dr. Awais Naeem
Dr. Muhammad Asghar
Dr. Hamza Ali Khan
Dr. Sheraz Iqbal
Dr. Fahad Naim
Dr. Fawad Rahim

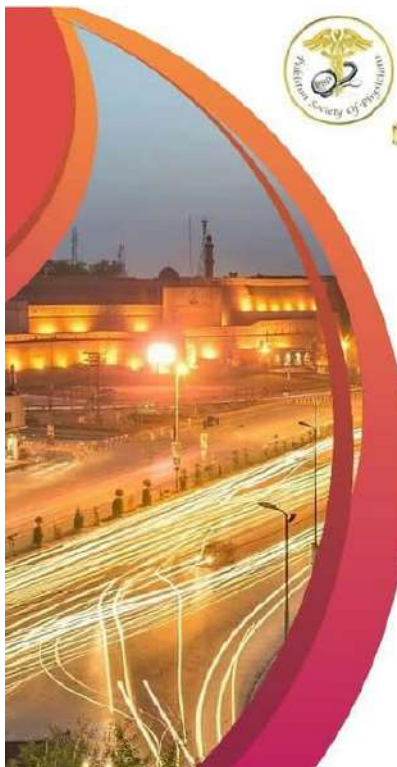
Schedule:

Introduction: 9:30 AM - 9:45 AM
Talk: 9:45 AM - 11:45 AM
Q&A: 11:45 AM - 12:15 PM
Tea Break: 12:15 PM - 12:30 PM □

Target Audience:

Postgraduate Trainees in Medicine
and Allied Specialties





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
GOMAL MEDICAL COLLEGE, DI KHAN



PRE CONFERENCE WORKSHOP ON
NEW ADVANCEMENTS IN MANAGEMENT OF OBESITY
"OBESITY FUELS DIABETES, HYPERTENSION, AND HEART DISEASE -
ACT NOW FOR A HEALTHIER TOMORROW!"

Saturday November 2, 2024 - Time: 11:00 am to 1:00 pm - Venue: DHQ Auditorium, DI Khan

Faculty:

Prof Dr Nowshad
Prof Dr Nisar Bittani
Associate Prof Dr Salman Kundi
Assistant Prof Dr Malik Zubair
Assistant Prof Dr Peer Imran
Assistant Prof Dr Seema
Assistant Prof Dr Imranullah Marwat
Assistant Prof Dr Ubaedullah
Assistant Prof Dr Muneer Ahmad Khan
Assistant Prof Dr Saeed Anwar

Speaker:

Assistant Professor Dr Abdur Rehman Khan
Assistant Professor Dr Fawad Marwat

Learning Objectives:

To understand the effect and mechanism of newer oral
therapeutic agents in the management of obesity.

Organizers & Central Cabinet:

Dr. Awais Naeem
Dr. Muhammad Asghar
Dr. Hamza Ali Khan
Dr. Sheraz Iqbal
Dr. Fahad Naim
Dr. Fawad Rahim
Dr. Shaya Babar
Dr. Harris Ali

Target Audience:

Residents
House officers
Medical students

Registration Details/Focal Person

Dr Shaya
Dr Harris
+92 313 0921137
Email: shayababar@gmail.com
ha368332@gmail.com



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE HAYATABAD MEDICAL COMPLEX, PESHAWAR



"Connecting Dots, Shaping The Future"

FROM HYPOTHESIS TO DATA:

A HANDS-ON WORKSHOP FOR ASPIRING RESEARCHERS ON DATA COLLECTION AND MEANINGFUL ANALYSIS

Wednesday November 6, 2024 - Hayatabad Medical Complex, Peshawar

Key Learning Objectives

- By the end of this workshop, participants will be able to:
- Define and label variables and enter data manually into SPSS.
 - Manage data effectively by sorting, filtering, and selecting cases.
 - Identify and handle missing data.
 - Transform and recode variables.
 - Generate and interpret basic descriptive statistics (mean, median, mode, standard deviation, etc.).
 - Visualize data using graphs and charts (e.g., histograms, boxplots, bar charts, pie charts).
 - Conduct and interpret basic inferential statistical tests (e.g., t-tests, chi-square tests).
 - Export SPSS output to other formats (e.g., Word, Excel).
 - Summarize and present statistical findings clearly and accurately.

Organizers:

Dr Fawad Rahim
Dr Muhammad Ishfaq



Limited Seats

Focal person

for registration:
Dr. Sobia Ahmad Qureshi
Cell: +92 335 9634067

TIME	SESSION	PRESENTER
0830 – 0930	Defining and incorporating variables into questionnaire (Group tasks)	Dr. Fawad Rahim
0930 – 1030	Data entry in SPSS (Group tasks)	Dr. M. Ishfaq
1030 – 1100	Data management in SPSS	Dr. Fawad Rahim
1100 – 1200	Descriptive analysis (Group tasks)	Dr. M. Ishfaq
1200 – 1300	Inferential analysis (Group tasks)	Dr. Fawad Rahim
1300 – 1400	Individual tasks / Assessment	Dr. Fawad Rahim Dr. M. Ishfaq



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE, SAIDU GROUP OF TEACHING HOSPITAL, SWAT



"Connecting Dots, Shaping The Future"

"NEUROCUTANEOUS DISORDERS IN MEDICINE"

WEDNESDAY, NOVEMBER 6, 2024 08:00 am to 1 pm, MULTI PURPOSE HALL, SAIDU MEDICAL COLLEGE, SWAT

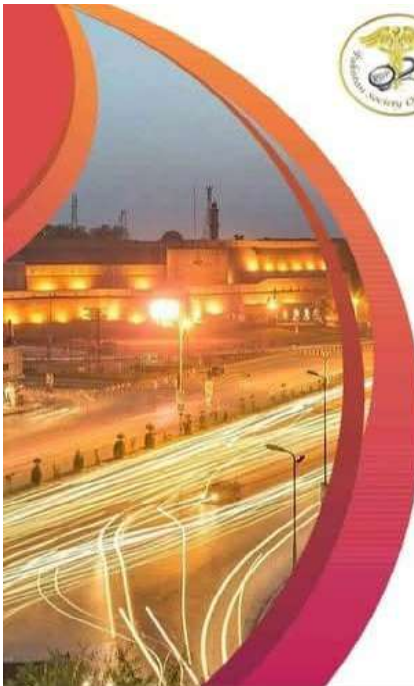
Program Director:
Dr. Muhammad Ayub Khan
Associate Professor

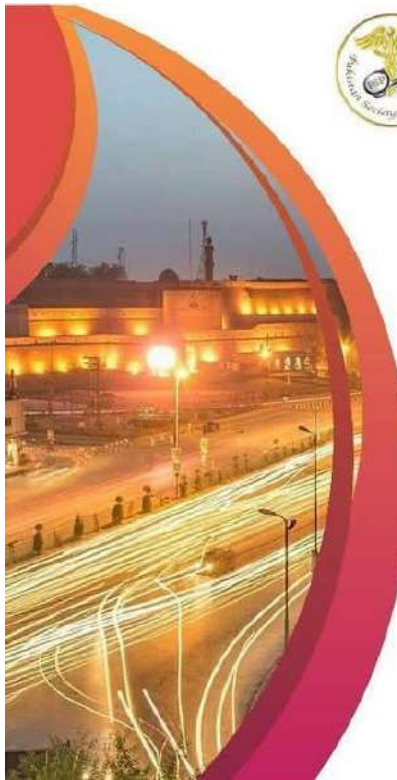
Panel of Experts:
Professor Dr. Aziz Ahmed
Principal Swat Medical College
Professor Dr. Wasil Khan
HOD department of Medicine, SGTH
Professor Dr. Aminullah
Incharge Medical B ward, SGTH
Professor Dr. Abdul Ahad
Incharge Medical C ward, SGTH

Moderator:
Muhammad Ayub Khan
Associate Professor

Organizer:
Dr. Salman Khan
Assistant Professor
Dr. Wajeesh
PGR Medical A ward
Dr. Kainat Salih
PGR Medical A ward
& Central Cabinet
Pakistan Society of Physicians

Target Audience:
Faculty Medicine & Allied
Trainee Medical Officers





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
ANTIMICROBIAL STEWARDSHIP COMMITTEE HAYAT ABAD MEDICAL COMPLEX PESHAWAR



"Connecting Dots, Shaping The Future"

**ANTIMICROBIAL STEWARDSHIP
STRATEGY AGAINST INVISIBLE THREATS**
Know the Secrets of Anti Biotics

November 13, 2024 - 10:30 am to 1:30 pm, Medical A/C class room,
Department of Medicine, Hayatabad Medical Complex, Peshawar

Course Director:

Prof. Dr. Muhammad Usman Khattak

Coordinator:

Dr Jehanzeb Afridi
Lead Clinical Pharmacist

Key Learning Objectives:

Understanding AMR as emerging crisis in Pakistan
Understanding best practices for prescribing antibiotics
in clinical setting.
Understanding Key components of successful
stewardship program
Understanding patient and community role in
antibiotic use

Organizers:

- 1-Dr Khalid Shahab**
(Deptt of Medicine)
- 2-Dr Zahid Ullah**
(Deptt of Pathology)
- 3-Dr Mohammad Iftikhar**
(Deptt of Surgery)

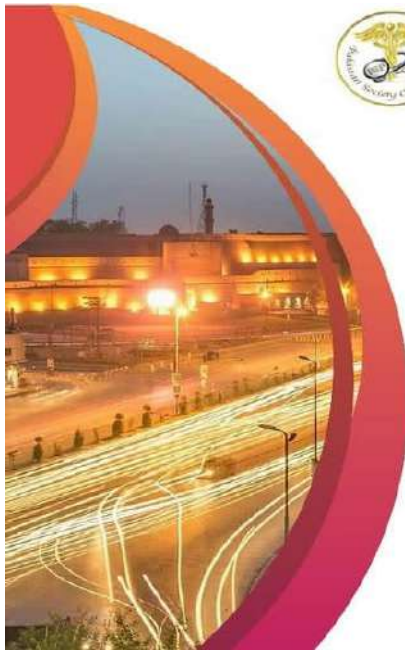
Target Audience:

Residents, House officers
Medical Students
and Clinical Pharmacist



Registration Details - Focal persons:
Dr Hasnain Ahmed (Medical - C HMC)
+92 303 8563340
E-Mail: drhasnainahmad340@gmail.com

**Free
Registration**



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE, FRONTIER CORPS TEACHING HOSPITAL KP

"Connecting Dots, Shaping The Future"



ECG IN MEDICAL EMERGENCIES AND BLS

November 14, 2024 (08:45 am to 10:30 am) at FCTH Auditorium

Course Director:

Brig Muhammad Aslam Channa
Comdt FCTH KP

Speakers/Presenters:

Dr Muhammad Zubair Khan
Cardiologists
Dr Adnan Khan
Anesthesiologist

Learning Objectives:

Identify Life threatening condition, Respond Quickly to Emergencies.
Recognizing arrhythmia to detecting Ischemic changes.
Sharpen diagnostic skill & boost ability to manage cardiac patient effectively.
Enhance professional skills among emergency medical officer & nursing staff about life saving techniques.

Organizers:

Major Sohail Raza
HOD Medicine
Dr Farhan Zeb
Medical Specialist
Dr Usman Saeed
Pulmonologist
& Central Cabinet PSP

Target Audience:

All Specialities, FCTH, KP
Medical Officers, FCTH, KP
Nursing Staff, FCTH, KP

For Details Please Contact:

Dr Farhan Zeb
Medical Specialist FCTH KP
Mobile: 0333-9412702



PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE HAYATABAD MEDICAL COMPLEX, PESHAWAR



"Connecting Dots, Shaping The Future"

REFERENCE LIKE A PRO: MENDELEY ESSENTIALS FOR JUNIOR DOCTORS

Thursday November 21, 2024 - Hayatabad Medical Complex, Peshawar

Key Learning Objectives

- By the end of this workshop, participants will be able to:
- ☒ Understand the Importance of Reference Management in Medical Research
 - ☒ Set Up and Navigate Mendeley
 - ☒ Install and utilize the Mendeley Citation Plugin with Microsoft Word
 - ☒ Import references and research papers into Mendeley from various sources
 - ☒ Demonstrate how to insert citations and generate bibliographies in different citation styles (e.g., Vancouver, APA)
 - ☒ Troubleshoot Common Issues in Mendeley

Organizers:

Dr Fawad Rahim
Dr Muhammad Ishfaq

Facilitator:

Dr. Fawad Rahim
Dr. Muhammad Ishfaq
Dr. Afsheen Mahmood
Dr. Naveed Afzal Khan

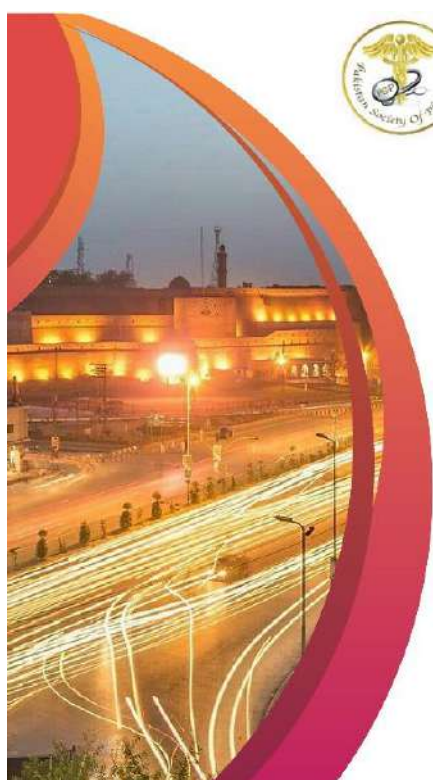
TIME	SESSION	FACILITATORS
0830 – 0915	Importance of Reference Management in Medical Research	Dr. Naveed Afzal
0915 – 1000	Set Up and Navigate Mendeley Install and utilize the Mendeley Citation Plugin with Microsoft Word (individual hands-on activity)	Dr. M. Ishfaq Dr. Fawad Rahim Dr. Afsheen Mahmood Dr. Naveed Afzal
1000 – 1045	Import references and research papers into Mendeley from various sources (individual hands-on activity)	Dr. Fawad Rahim Dr. M. Ishfaq Dr. Afsheen Mahmood Dr. Naveed Afzal
1045 – 1130	Demonstrate how to insert citations and generate bibliographies in different citation styles (e.g., Vancouver, APA) (individual hands-on activity)	Dr. Afsheen Mahmood Dr. Fawad Rahim Dr. M. Ishfaq Dr. Naveed Afzal
1130 – 1230	Assessment / Individual Tasks	All facilitators

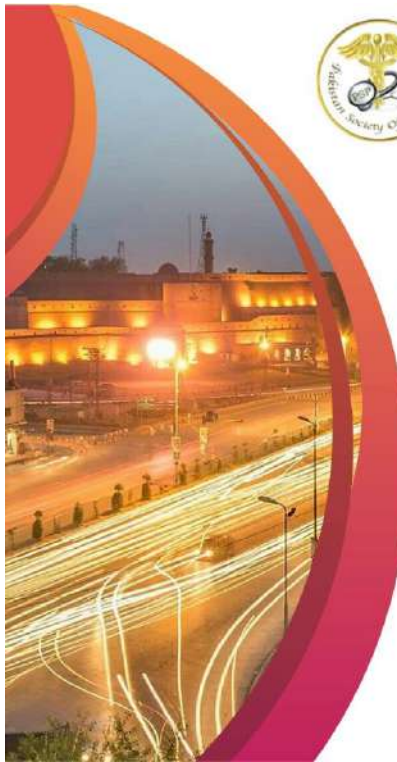


Limited Seats

Focal person

for registration:
Dr. Sobia Ahmad Qureshi
Cell: +92 335 9634067





PAKISTAN SOCIETY OF PHYSICIANS IN COLLABORATION WITH
DEPARTMENT OF MEDICINE, KTH, PESHAWAR

"Connecting Dots, Shaping The Future"

Radiology for Undergraduate & Postgraduate Medicine Exams

COMMON X-RAYS, CT, AND MRI FOR INTERNAL MEDICINE EXAMS



Wednesday, 28th November 2024, 10:00 AM to 1:00 PM, Medical A Learning Resource Centre, KTH

Course Directors:

Dr. Hashim Uddin Azam
Dr. Jamal Uddin
Dr. Wazir Muhammad
Dr. Saleem Iqbal

Facilitator:

Dr. Zahid Ullah
Dr. Muhammad Haroon
Dr. Shah Umam

Organizer:

Dr. Zahid Ullah
Dr. Iqbal Haider
Central Cabinet, PSP

Learning Objectives

1. Develop a systematic approach to interpreting common X-rays, CT scans, and MRI findings.
2. Identify key radiological patterns relevant to internal medicine conditions.
3. Enhance the ability to correlate radiological findings with clinical scenarios.
4. Prepare effectively for medicine and allied specialty exams by focusing on high-yield radiological cases.
5. Bridge the gap between radiology theory and practice in undergraduate and postgraduate training.

 **Registration is Free but Mandatory**
For Registrations
Dr. Shah Umam
+92 332 1985337

Target Audience
Postgraduate Medicine and Allied Trainees
Undergraduate Medical Students

Workshops Picture Gallery









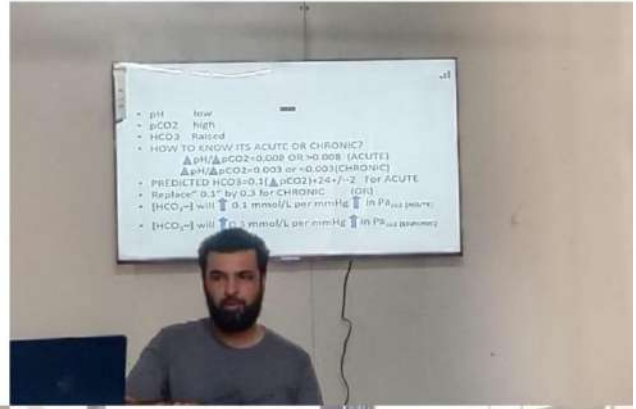




























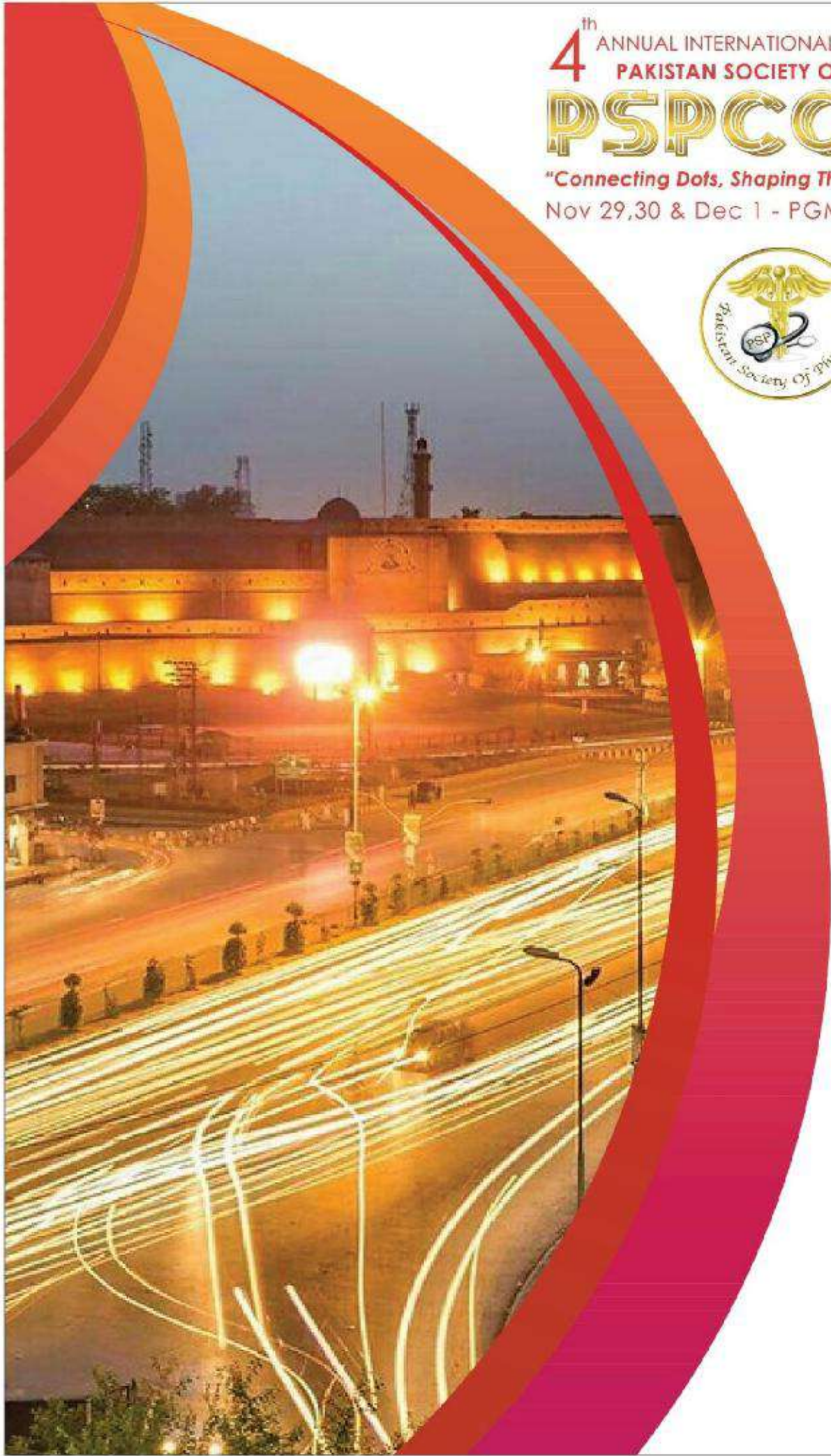




4th ANNUAL INTERNATIONAL CONFERENCE
PAKISTAN SOCIETY OF PHYSICIANS
PSPCON 2024
"Connecting Dots, Shaping The Future"
Nov 29,30 & Dec 1 - PGMI, Peshawar



SCIENTIFIC PROGRAM



DAY 01 - FRIDAY, 29TH NOVEMBER, 2024 INAUGURAL SESSION HALL A

9:00 AM to 10:30 AM	CRITICAL CARE AND INTERNAL MEDICINE INTEGRATING EXPERTISE FOR LIFESAVING OUTCOMES		
Chairpersons	Dr. Aman ullah, Dr. Jamal uddin, Dr. Abdul Ahad, Dr. Zahidullah Marwat, Dr. Shah Zeb, Dr. Irfan Ullah		
Moderator	Dr. Nauman Idrees		
Time	Session	Topic	Speaker
9:00 AM to 9:15 AM	Introduction		
9:15 AM to 9:30 AM	Shock Management in the ICU: What Every Internist Should Know		Dr. Muhammad Haroon
9:30 AM to 9:45 AM	Ventilator Management: Essentials for the Internist		Dr. Muhammad Luqman (UK)
9:45 AM to 10:00 AM	Declaring Death in the ICU & withdrawing Life support Is It Really That Simple ?		Dr. Imran Ul Haq
10:00 AM to 10:15 AM	Approaching the Unconscious Patient Essential Strategies in Acute Medicine		Dr. Abdul Naeem
10:15 AM to 10:30 AM	Deteriorating patient in medical unit, When to call Intensive care team.		Dr. Jawad Khan
10:30 AM to 11:00 AM	INAUGURATION SPEECH & TEA BREAK		
11:00 AM to 12:15 PM	OBSTETRIC MEDICINE NAVIGATING THE JOURNEY OF MATERNAL AND FETAL HEALTH		
Chairpersons	Dr. Jamila Mehnaz Naib, Dr. Fazia Raza, Dr. Humaira Achakzai, Dr. Bughdad Khan, Dr. Wazir Muhammad, Dr. Wasil Khan.		
Moderator	Dr. Muhammad Asghar		
11:00 AM to 11:15 AM	Ironing Out the Challenges Managing Iron Deficiency in Pregnancy for Better Maternal and Fetal Outcomes		Dr. Nizamuddin Utmani
11:15 AM to 11:30 AM	Hepatic Hurdles Navigating Liver Disease in Pregnancy for Safe Maternal and Fetal Health		Dr. Aleina Badshah
11:30 AM to 11:45 AM	Safe and Effective Anticoagulation Strategies During Pregnancy		Dr. Anwar Ul Haq
11:45 AM to 12:00 PM	Pressure points collaborative approaches between obstetrician and internist in managing pre- eclampsia		Dr. Jamila Mehnaz Naib
12:00 PM to 12:15 PM	Q & A		

DAY 01 - FRIDAY, 29TH NOVEMBER, 2024 PARALLEL SESSION HALL B

MULTI DISCIPLINARY COLLABORATION		
Chairpersons	Dr. Usman Khattak, Dr. Fawad Rahim, Dr. Muhammad Asghar, Dr. Sheraz Iqbal, Dr. Ayaz Ul Haq, Dr. Mohammad Nawaz Khan	
Moderator	Dr. Sunger Yar Rekham	
9:00 AM to 9:10 AM	Introduction	
9:10 AM to 9:50 AM	Breaking point, uncovering the threat of Osteoporosis	Dr. Arshad Hussain
9:50 AM to 10:10 AM	Thrombolysis and Thrombectomy: The Internist's Role Beyond Aspirin	Dr. Jawad Fazal
10:10 AM to 10:30 AM	Pentaglobin, A Game Changer in Managing Severe Infections	Dr. Zahid Wazir
10:30 AM to 11:00 AM	TEA BREAK	
11:00 AM to 11:40 AM	Hypertension, Is it always essential ?	Dr. Tahir Ghaffar
11:40 AM to 12:15 PM	How to keep Cirrhotic patient alive without Liver Transplant	Dr. Javed Iqbal Farooqi

DAY 02 SATURDAY, 30TH NOVEMBER, 2024
PARALLEL SESSIONS IN MORNING HALL A

9:00 AM to 11:00 AM	ACUTE MEDICINE EXPANDING HORIZONS FOR THE FUTURE OF INTERNAL MEDICINE	
Chairpersons	Dr. Ziauddin, Dr. Abdul Rehman Khan, Dr. Khalid Mehmood, Dr. Amber Ashraf, Dr. Suleman Khan, Dr. Nazir Shah	
Moderator	Dr. Zahid Ullah	
9:00 AM to 9:15 AM	Introduction	
9:15 AM to 9:30 AM	Sepsis Management: Early Detection and Intervention	Dr. Naveed Iqbal
9:30 AM to 9:45 AM	Acute Heart Failure: Key take homes for acute physician	Dr. Arif Mumtaz
9:45 AM to 10:00 AM	Management of Acute Kidney Injury	Dr. Mazharulhaq
10:00 AM to 10:15 AM	Emergent Gastrointestinal Bleeding an Internist's Role	Dr. Muhammad Bilal Khattak
10:15 AM to 10:30 AM	Acute Respiratory Distress Syndrome (ARDS) Latest Approaches	Dr. Syed Sufyan Khaliq
10:30 AM to 11:00 AM	TEA BREAK	
11:00 AM to 1:00 PM	RHEUMATOLOGICAL DISEASES, STRATEGIES FOR INTERNISTS IN COMPREHENSIVE CARE	
Chairpersons	Dr. Zia ud Din , Dr. Masood Ur Rehman, Dr. Atta Muhammad, Dr. Bilal Awan, Dr. Shuja Sherafgan Khan, Dr. Alam Zeb	
Moderators	Dr. Imran Ullah	
11:00 AM to 11:15 AM	Introduction	
11:15 AM to 11:30 AM	Tofacitinib in Rheumatoid Arthritis a Paradigm Shift	Dr. Ibrar Ahmad
11:30 AM to 11:45 AM	Systemic Lupus in Low - Resource Environments Adapting Care, Improving Outcomes	Dr. Hassan Mustafa (UK)
11:45 AM to 12:00 PM	The MRI Epidemic for Low Back Pain are We Falling into a Trap ? A Sensible Approach to Back Pain	Dr. Hashmat Ullah
12:00 PM to 12:15 PM	Monarthritis Key Takeaways for Physicians in Diagnosis and Management	Dr. Salma Zeb
12:15 PM to 12:30 PM	Polymyalgia Rheumatica Are Physicians Missing the Diagnosis?	Dr. Intekhab Alam

12:30 PM to 1:30 PM	UNITING SPECIALTIES MULTIDISCIPLINARY APPROACHES TO ADVANCING INTERNAL MEDICINE AND HEALTHCARE	
Chairpersons	Dr. Syed Imran Bukhari, Dr. Naseeb ur Rehman, Dr. Abdul Razzaq, Dr. Lubna Meraj Dr. Nadia Shams, Dr. Awais Farhad	
Moderator	Dr. Sumaira Bakhtiyar	
12:30 PM to 12:45 PM	Fostering a Research Culture Overcoming Barriers and Building Momentum in Pakistan	Dr. Iqbal Haider
12:45 PM to 1:00 PM	AI in Medical Education A Threat to Tradition or a Catalyst for Curriculum Transformation ?	Dr. Farooq Ahmed
1:00 PM to 1:15 PM	Palliative Care There is Always Something We Can Offer- An Internist's Perspective	Dr. Muhammad Tariq
1:15 PM to 1:30 PM	Technology and Internal Medicine Role of Artificial Intelligence	Dr. Khalid Nawab (USA)
DAY 02 SATURDAY, 30TH NOVEMBER, 2024 PARALLEL SESSIONS IN MORNING HALL B		
9:00 AM to 11:00 AM	DIABETES MANAGEMENT ESSENTIAL INSIGHTS FOR INTERNISTS	
Chairpersons	Dr. AH Aamir, Dr. Arshad Hussain, Dr. Sobia Sabir, Dr. Ibrar Ahmed, Dr. Suleman Elahi Malik, Dr. Nauman Wazir, Dr. Khalid Khan	
Moderator	Dr. Fahim Ullah	
9:00 AM to 9:15 AM	Introduction	
9:15 AM to 9:30 AM	Navigating Diabetes in Adolescents Balancing Health and Growth	Dr. Sabahat Amir
9:30 AM to 9:45 AM	Time to Evolve Why Insulin Analogs Surpass Human Insulin	Dr. Hamza Ali Khan
9:45 AM to 10:00 AM	Obesity Treatment Pharmacotherapy Beyond Lifestyle and Exercise	Dr. Awais Naeem
10:00 AM to 10:15 AM	Transforming Neuropathy care, evolutionary formulation	Dr. Fahim Ullah
10:15 AM to 10:30 AM	One Pill, Many Answers The Power of Triple Combination Therapy for Diabetes	Dr. Fahad Naim
10:30 AM to 11:00 AM	TEA BREAK	

11:00 AM to 12:30 AM	INFECTIOUS DISEASE NAVIGATING CHALLENGES AND INNOVATIONS IN PATIENT CARE	
Chairpersons	Dr. Saleem Iqbal,Dr. Khalid Shahab, Dr.Fahad Naim, Dr. Farhan Ali, Dr. Zia Ullah, Dr. Yaseen Khan, Dr. Ghazi Salahuddin	
Moderator	Dr. Asif Khan	
11:00 AM to 11:15 AM	Introduction	
11:15 AM to 11:30 AM	Meropenem: The 'New Ceftriaxone' for Typhoid—Really ?	Dr. Tariq Mehr
11:30 to 11:15 AM	Exploring Treatment Options for Malaria: Current Strategies and Approaches	Dr. Saima Mehboob
11:45 AM to 12:00 PM	Understanding the Antibiotic Spectrum: When to Use What ?	Dr. Amjad Mehboob
12:00 PM to 12:45 PM	Gut Microbiota: impact on CNS Diseases	Dr. Muhammad Ayub Khan
12:15 PM to 12:30 PM	HIV for Internists: Mastering the Basics of Effective Management	Dr. Fawad Rahim
12:30 PM to 1:30 PM	HEMATO - ONCOLOGY	
Chairpersons	Dr. Noshad Khan, Dr. Attaullah, Dr. Raza Muhammad, Dr. Murad Ali, Dr. Qazi Ikram, Dr. Amir Taj	
Moderator	Dr. Sadaf Abdullah	
12:30 PM to 12:45 PM	Febrile Neutropenia Early Recognition and Management	Dr. Badar Mahmood (KSA)
12:45 PM to 1:00 PM	Tumor Lysis Syndrome: Prevention and Treatment	Dr. Ishfaq Ahmad Shah
1:00 PM to 1:15 PM	Hypercalcemia of Malignancy Diagnosis and Therapeutic Approach	Dr. Abdul Rehman
1:15 PM to 1:30 PM	Acute Complications of Hemophilia Managing Life-Threatening Bleeds	Dr. Muhammad Kashif Afridi
1:30 PM-2:30 PM	LUNCH BREAK & PRAYERS BREAK	
SATURDAY, 30 th NOVEMBER, 2024 HALL B AFTERNOON QUIZ COMPETITION		
POSTGRADUATE TRAINEES QUIZ COMPETITION		
Hall B		
INTERHOSPITAL COMPETITION SPONSORED AND ARRANGED BY GETZ PHARMA		
2:45 PM to 4:30 PM		

SATURDAY, 30TH NOVEMBER, 2024 HALL A AFTERNOON SESSION

2:30 PM to 4:45 PM	STATE OF THE ART LECTURES ADVANCING KNOWLEDGE IN MODERN MEDICINE	
Chairpersons	Dr. Muhammad Humayun, Dr. Noor ul Iman, Dr. Shahid Jameel, Dr. Ishaq Khattak, Dr. Mumtaz Ali Marwat, Dr. Hamza Khan, Dr. Amir Khan, Dr. Shakeel Jadoon	
Moderator	Dr. Muhammad Zeb	
2:30 PM to 2:45 PM	Introduction	
2:45 PM to 3:05 PM	Preventive Care in Internal Medicine	Dr. Abdul Jalil Khan
3:05 PM to 3:25 PM	Latest Advances in Hepatitis B Management What You Need to Know	Dr. Javed Iqbal Farooqi
3:25 PM to 3:45 PM	The Vital Role of Internists in Public Health Bridging Clinical Care and Community Wellbeing	Dr. Zia ul Haq
3:45 PM to 4:05 PM	Reviving the Generalist The Cornerstone of Comprehensive Healthcare	Dr. Hashimuddin Azam
4:05 PM to 4:25 PM	Fiqh and Islamic view on medical practice	Dr. Amjad Taqweem
4:25 PM to 4:45 PM	Q & A Session	
5:15 PM to 6:00 PM	GENERAL BODY MEETING HALL A	
AWARD CEREMONY, GALA DINNER & MUSICAL NIGHT		
Guests of Honor: * Prof Hameed Ahmed * Prof Masood Ur Rahman * Prof Rafi Ullah * Prof Sultan Mahmood * Prof Zafar Hayat		
7:00 PM to 7:15 PM	President Speech	Dr. Awais Naeem
7:15 PM to 7:30 PM	Organising Committee Chairman Speech	Dr. Usman Khattak
7:30 PM to 8:00 PM	Award Distribution & Guests of Honor Remarks	
8:00 pm to 9:30 pm	DINNER	

DAY 3: SUNDAY, 1st DECEMBER, 2024 PARALLEL SESSION HALL B

9:00 am to 1:00 pm

Oral Abstracts & Poster presentations

POSTER PRESENTATIONS & EXHIBITION

9:00 am to 10:30 am

Judges: Dr. Jibran Umar Ayub, Dr. Lubna Kashif, Dr. Zafar Ali

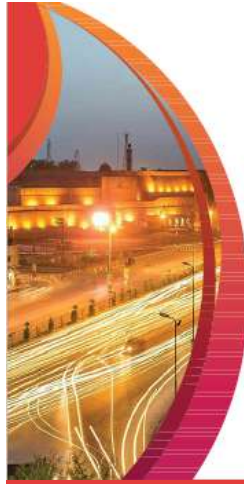
ORAL ABSTRACT PRESENTATIONS - 11:00 AM TO 1:00 PM

Judges, Session (1) 11:00 am to 11:50 am

Dr. Javed Iqbal Farooqi, Dr. Anwar ul Haq

Judges, Session (2) 12:00 noon to 12:50 pm

Dr. Usman Khattak, Dr. Suleman Elahi Malik



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DAY 01 - FRIDAY, 29TH NOVEMBER, 2024 INAUGURAL SESSION HALL A

9:00 AM to 10:30 AM	CRITICAL CARE AND INTERNAL MEDICINE INTEGRATING EXPERTISE FOR LIFESAVING OUTCOMES		
Chairpersons	Dr. Aman ullah, Dr. Jamal uddin, Dr. Abdul Ahad, Dr. Zahidullah Marwat, Dr. Shah Zeb, Dr. Irfan Ullah		
Moderator	Dr. Nauman Idrees		
Time	Session	Topic	Speaker
9:00 AM to 9:15 AM	Introduction		
9:15 AM to 9:30 AM	Shock Management in the ICU: What Every Internist Should Know		Dr. Muhammad Haroon
9:30 AM to 9:45 AM	Ventilator Management: Essentials for the Internist		Dr. Muhammad Luqman (UK)
9:45 AM to 10:00 AM	Declaring Death in the ICU & withdrawing Life support Is It Really That Simple ?		Dr. Imran Ul Haq
10:00 AM to 10:15AM	Approaching the Unconscious Patient Essential Strategies in Acute Medicine		Dr. Abdul Naeem
10:15 AM to 10:30 AM	Deteriorating patient in medical unit, When to call Intensive care team.		Dr. Jawad Khan
10:30 AM to 11:00 AM	INAUGURATION SPEECH & TEA BREAK		



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Lecture

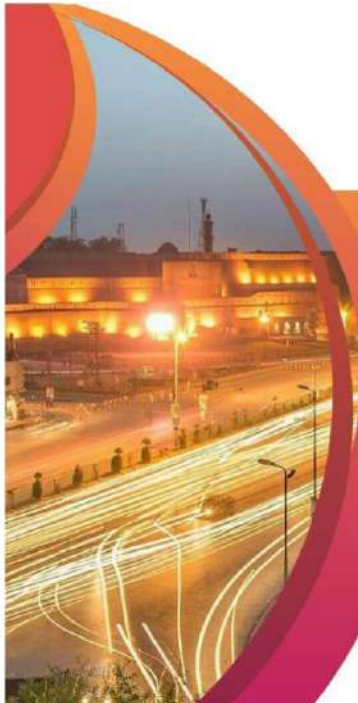
"Shock Management in the ICU: What Every Internist Should Know"

Dr. Muhammad Haroon
MBBS (KMC), FCPS (Medicine),
Trained Critical Care Consultant

 Session Hall A, PGMI, Peshawar
 Friday, November 29, 2024

Learning Objectives:

1. Identify the types and causes of shock commonly encountered in the ICU.
2. Recognize the clinical signs and utilize diagnostic tools for timely diagnosis.
3. Develop an evidence-based approach to resuscitation and monitoring.
4. Integrate multidisciplinary strategies to optimize patient outcomes.





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Lecture

"Ventilator Management: Essentials for the Internist"

Dr Muhammad Luqman Saeed
MBBS, FCPS (MED), MRCP (UK), FCPS (CCM), EDIC



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the principles and modes of mechanical ventilation commonly used in the ICU.
2. Identify indications for initiating, adjusting, and weaning ventilatory support.
3. Recognize and manage complications associated with mechanical ventilation.





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Lecture

Approaching the Unconscious Patient: Essential Strategies in Acute Medicine"

Dr. Abdul Naeem
MBBS, MRCP, MRCEM, CHPE



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Identify the common causes and initial evaluation steps for unconscious patients.
2. Develop a systematic approach to stabilize and manage unconscious patients.
3. Recognize the importance of timely diagnostic investigations to determine underlying etiologies.





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Lecture

Declaring Death in the ICU & withdrawing Life support: Is It Really That Simple?"

Dr. Imran ul Haq
MBBS, MCPS(ANESTHESIA),
FCPS(ANESTHESIA), MPH, CHPE, CHR



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the medical and ethical criteria for declaring death in the ICU.
2. Recognize the principles and processes involved in withdrawing life support.
3. Navigate communication challenges with patients' families during end-of-life decision-making.





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Lecture

Deteriorating patient in medical unit, When to call Intensive care team.

Dr. Jawad khan

Pulmonologist/Intensivist

Bahria international hospital/safari hospital bahria town islamabad



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Recognize early warning signs and criteria indicating clinical deterioration in medical patients.
2. Understand the appropriate timing and indications for involving the intensive care team.
3. Develop effective communication strategies for escalating care and coordinating with the ICU team.



11:00 AM to 12:15 PM	OBSTETRIC MEDICINE NAVIGATING THE JOURNEY OF MATERNAL AND FETAL HEALTH	
Chairpersons	Dr. Jamila Mehnaz Naib, Dr. Fazia Raza, Dr. Humaira Achakzai, Dr. Bughdad Khan, Dr. Wazir Muhammad, Dr. Wasil Khan.	
Moderator	Dr. Muhammad Asghar	
11:00 AM to 11:15 AM	Ironing Out the Challenges Managing Iron Deficiency in Pregnancy for Better Maternal and Fetal Outcomes	Dr. Nizamuddin Utmani
11:15 AM to 11:30 AM	Hepatic Hurdles Navigating Liver Disease in Pregnancy for Safe Maternal and Fetal Health	Dr. Aleina Badshah
11:30 AM to 11:45 AM	Safe and Effective Anticoagulation Strategies During Pregnancy	Dr. Anwar Ul Haq
11:45 AM to 12:00 PM	Pressure points collaborative approaches between obstetrician and internist in managing pre- eclampsia	Dr. Jamila Mehnaz Naib
12:00 PM to 12:15 PM	Q & A	



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Lecture

Ironing Out the Challenges Managing Iron Deficiency in Pregnancy for Better Maternal and Fetal Outcomes

Dr. Nizamuddin Utmani
MBBS MPH CHR CHPE FCPS(Medicine)
MPhil(Pharma) PhD(Pharma)



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the physiological changes in pregnancy and their impact on iron requirements.
2. Identify diagnostic criteria and treatment strategies for iron deficiency in pregnancy.
3. Develop approaches to optimize maternal and fetal outcomes through effective iron management.





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Lecture

Hepatic Hurdles Navigating Liver Disease in Pregnancy for Safe Maternal and Fetal Health

Dr. Aliena Badshah
MBBS, FCPS MEDICINE, MRCP UK, MHPE



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Recognize the unique challenges and physiological changes of liver disease in pregnancy.
2. Develop a diagnostic and management approach for common liver conditions affecting pregnant patients.
3. Optimize maternal and fetal outcomes through multidisciplinary care strategies in liver disease management.





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Lecture

Safe and Effective Anticoagulation Strategies During Pregnancy

Dr. Anwar Ul Haq
MBBS, FCPS MEDICINE



Session Hall A , PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the physiological changes in pregnancy affecting coagulation and anticoagulation needs.
2. Identify indications, contraindications, and monitoring requirements for anticoagulant use during pregnancy.
3. Develop safe and effective management plans to balance maternal and fetal risks in pregnancy-related thrombotic conditions.





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Lecture

Pressure points collaborative approaches between obstetrician and internist in managing pre-eclampsia

Dr. Jamila Mehnaz Naib
MBBS, FCPS GYNAE & OBS



Session Hall A , PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Recognize the roles of obstetricians and internists in the multidisciplinary management of pre-eclampsia.
2. Develop collaborative strategies for early detection, monitoring, and treatment of maternal and fetal complications.
3. Optimize patient outcomes through effective communication and coordinated care pathways.



DAY 01 - FRIDAY, 29TH NOVEMBER, 2024 PARALLEL SESSION HALL B

MULTI DISCIPLINARY COLLABORATION

Chairpersons	Dr. Usman Khattak, Dr. Fawad Rahim, Dr. Muhammad Asghar, Dr. Sheraz Iqbal, Dr. Ayaz Ul Haq, Dr. Mohammad Nawaz Khan	
Moderator	Dr. Sunger Yar Rekham	
9:00 AM to 9:10 AM	Introduction	
9:10 AM to 9:50 AM	Breaking point, uncovering the threat of Osteoporosis	Dr. Arshad Hussain
9:50 AM to 10:10 AM	Thrombolysis and Thrombectomy: The Internist's Role Beyond Aspirin	Dr. Jawad Fazal
10:10 AM to 10:30 AM	Pentaglobin, A Game Changer in Managing Severe Infections	Dr. Zahid Wazir
10:30 AM to 11:00 AM	TEA BREAK	
11:00 AM to 11:40 AM	Hypertension, Is it always essential ?	Dr. Tahir Ghaffar
11:40 AM to 12:15 PM	How to keep Cirrhotic patient alive without Liver Transplant	Dr. Javed Iqbal Farooqi



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Lecture

Breaking point, uncovering the threat of Osteoporosis

Dr. Arshad Hussain

MBBS, MRCPI, FRCP(Edinburgh), FRCP(Glasgow)
Professor of Medicine & Endocrinology at Northwest
School of Medicine Peshawar.



Session Hall B , PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the prevalence, risk factors, and clinical impact of osteoporosis.
2. Identify effective screening tools and diagnostic criteria for early detection of osteoporosis.
3. Develop preventive and therapeutic strategies to mitigate fracture risk and enhance bone health.





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Lecture

**"Updates on Acute Ischemic Stroke-where we are
and where we Need to be?"**

Dr. Jawad Fazal

MRCP (UK), FRCP Edin

CCT Neurology and Stroke Medicine,



Session Hall B, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Intravenous Thrombolysis. Detailed review of evidence, current practice and thrombolysis in extended window.
2. update on the use of tenecteplase.
3. review of current stroke services.





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Lecture

Pentaglobin, A Game Changer in Managing Severe Infections

Dr. Zahid Wazir
MBBS, MRCP UK



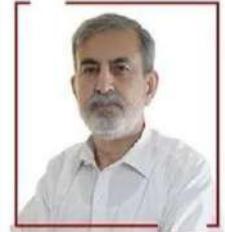
Session Hall B , PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the mechanism of action and immunomodulatory effects of Pentaglobin in severe infections.
2. Identify indications, dosing, and monitoring parameters for Pentaglobin use in clinical practice.
3. Evaluate the role of Pentaglobin in improving outcomes in severe infections through evidence-based approaches.





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Lecture

Hypertension, Is it always essential ?

Dr. Tahir Ghaffar
MBBS,FCPS MEDICINE,FCPS ENDOCRINOLOGY



Session Hall B , PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

- 1.Understand the nuances of hypertension diagnosis and its classification into essential and secondary types.
- 2.Understand how proper work up leads to interesting diagnosis, saving lives.
- 3.Develop personalized strategies to manage hypertension based on clinical context and individual risk factors.





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Lecture

How to keep Cirrhotic patient alive without Liver Transplant

Dr. Javed Iqbal Farooqi

FCPS (Medicine), FCPS (Gastro).



Session Hall A, PGMI, Peshawar



Friday, November 29, 2024

Learning Objectives:

1. Understand the complications of cirrhosis and their impact on patient survival.
2. Explore evidence-based medical and interventional strategies to manage cirrhosis-related complications.
3. Develop multidisciplinary approaches to optimize quality of life and prolong survival in cirrhotic patients without liver transplant.



DAY 02 SATURDAY, 30TH NOVEMBER, 2024
PARALLEL SESSIONS IN MORNING HALL A

9:00 AM to 11:00 AM	ACUTE MEDICINE EXPANDING HORIZONS FOR THE FUTURE OF INTERNAL MEDICINE	
Chairpersons	Dr. Ziauddin, Dr. Abdul Rehman Khan, Dr. Khalid Mehmood, Dr. Amber Ashraf, Dr. Suleman Khan, Dr. Nazir Shah	
Moderator	Dr. Zahid Ullah	
9:00 AM to 9:15 AM	Introduction	
9:15 AM to 9:30 AM	Sepsis Management: Early Detection and Intervention	Dr. Naveed Iqbal
9:30 AM to 9:45 AM	Acute Heart Failure: Key take homes for acute physician	Dr. Arif Muntaz
9:45 AM to 10:00 AM	Management of Acute Kidney Injury	Dr. Mazharulhaq
10:00 AM to 10:15 AM	Emergent Gastrointestinal Bleeding an Internist's Role	Dr. Muhammad Bilal Khattak
10:15 AM to 10:30 AM	Acute Respiratory Distress Syndrome (ARDS) Latest Approaches	Dr. Syed Sufyan Khaliq
10:30 AM to 11:00 AM	TEA BREAK	



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Lecture

Sepsis Management: Early Detection and Intervention

Dr. Naveed Iqbal
MBBS, FCPS MEDICINE



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the early signs and diagnostic criteria for sepsis to ensure timely detection.
2. Understand evidence-based interventions and protocols for initial sepsis management.
3. Develop strategies to optimize outcomes through early resuscitation, antimicrobial therapy, and organ support.





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Lecture

Acute Heart Failure: Key take homes for acute physician

Dr. Arif Mumtaz
MBBS, FCPS MEDICINE



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the clinical presentations and diagnostic criteria for acute heart failure.
2. Understand evidence-based strategies for the initial stabilization and management of acute heart failure.
3. Develop approaches for preventing decompensation and optimizing long-term outcomes in acute heart failure patients.





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Lecture

Management of Acute Kidney Injury

Dr. Mazharulhaq
MBBS, FCPS MEDICINE



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the causes, classifications, and diagnostic criteria for acute kidney injury (AKI).
2. Develop evidence-based strategies for the prevention and management of AKI.
3. Optimize patient outcomes through timely intervention and monitoring of renal function and complications.





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Lecture

Emergent Gastrointestinal Bleeding an Internist's Role

Dr. Muhammad Bilal Khattak
MBBS, FCPS MEDICINE,
FCPS GASTROENTEROLOGY



Session Hall A , PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the signs, symptoms, and causes of emergent gastrointestinal bleeding.
2. Develop an evidence-based approach for initial stabilization and diagnostic evaluation.
3. Understand the internist's role in coordinating multidisciplinary care and managing complications.





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Lecture

Acute Respiratory Distress Syndrome (ARDS) Latest Approaches

Dr. Syed Sufyan Khaliq
MBBS, MRCPI IRELAND, FCPS PULMONOLOGY



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the pathophysiology and diagnostic criteria of Acute Respiratory Distress Syndrome (ARDS).
2. Explore the latest evidence-based strategies for ventilatory and non-ventilatory management of ARDS.
3. Develop multidisciplinary approaches to optimize patient outcomes and minimize complications in ARDS care.



11:00 AM to 1:00 PM	RHEUMATOLOGICAL DISEASES, STRATEGIES FOR INTERNISTS IN COMPREHENSIVE CARE	
Chairpersons	Dr. Zia ud Din , Dr. Masood Ur Rehman, Dr. Atta Muhammad, Dr. Bilal Awan, Dr. Shuja Sherafgan Khan, Dr. Alam Zeb	
Moderators	Dr. Imran Ullah	
11:00 AM to 11:15 AM	Introduction	
11:15 AM to 11:30 AM	Tofacitinib in Rheumatoid Arthritis a Paradigm Shift	Dr. Ibrar Ahmad
11:30 AM to 11:45 AM	Systemic Lupus in Low - Resource Environments Adapting Care, Improving Outcomes	Dr. Hassan Mustafa (UK)
11:45 AM to 12:00 PM	The MRI Epidemic for Low Back Pain are We Falling into a Trap ? A Sensible Approach to Back Pain	Dr. Hashmat Ullah
12:00 PM to 12:15 PM	Monarthritis Key Takeaways for Physicians in Diagnosis and Management	Dr. Salma Zeb
12:15 PM to 12:30 PM	Polymyalgia Rheumatica Are Physicians Missing the Diagnosis?	Dr. Intekhab Alam



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Lecture

Tofacitinib in Rheumatoid Arthritis a Paradigm Shift

Dr. Ibrar Ahmad
MBBS, FCPS MEDICINE,
FCPS RHEUMATOLOGY



Session Hall A , PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the mechanism of action and pharmacology of Tofacitinib in the treatment of rheumatoid arthritis.
2. Explore the clinical efficacy, safety profile, and indications for Tofacitinib use in rheumatoid arthritis.
3. Evaluate the role of Tofacitinib in reshaping treatment paradigms and improving patient outcomes.





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Lecture

Systemic Lupus in Low – Resource Environments Adapting Care, Improving Outcomes

Dr. Hassan Mustafa
MBBS,FCPS MEDICINE,FCPS RHEUMATOLOGY



Session Hall A , PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

- 1.Understand the challenges and limitations of managing systemic lupus erythematosus (SLE) in low-resource settings.
- 2.Explore cost-effective diagnostic and therapeutic strategies tailored to resource-limited environments.
- 3.Develop approaches to improve patient outcomes through education, community support, and accessible care models.





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The MRI Epidemic for Low Back Pain are we Falling into a Trap ? A Sensible Approach to Back Pain

Dr. Hashmat Ullah
MBBS,FCPS MEDICINE



Session Hall A , PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

- 1.Understand the limitations and potential overuse of MRI in the evaluation of low back pain.
- 2.Explore evidence-based guidelines for the appropriate use of imaging in back pain management.
- 3.Develop a rational, patient-centered approach to diagnosing and treating low back pain without over-reliance on MRI.





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Lecture

Monarthritis Key Takeaways for Physicians in Diagnosis and Management

Dr. Salma Zeb
MBBS, FCPS MEDICINE



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the common causes and clinical presentations of monoarthritis.
2. Develop a systematic approach to diagnosing monoarthritis, including history, examination, and investigations.
3. Understand evidence-based management strategies tailored to the underlying cause of monoarthritis.





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Lecture

Polymyalgia Rheumatica ,Are Physicians missing the Diagnosis?

Dr. Intekhab Alam
MBBS,FCPS MEDICINE



Session Hall A , PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the clinical features and diagnostic criteria for polymyalgia rheumatica (PMR).
2. Understand the importance of differentiating PMR from other conditions with overlapping symptoms.
3. Develop evidence-based approaches for timely diagnosis and effective management of PMR.



12:30 PM to 1:30 PM	UNITING SPECIALTIES MULTIDISCIPLINARY APPROACHES TO ADVANCING INTERNAL MEDICINE AND HEALTHCARE	
Chairpersons	Dr. Syed Imran Bukhari, Dr. Naseeb ur Rehman, Dr. Abdul Razzaq, Dr. Lubna Meraaj Dr. Nadia Shams, Dr. Awais Farhad	
Moderator	Dr. Sumaira Bakhtiyar	
12:30 PM to 12:45 PM	Fostering a Research Culture Overcoming Barriers and Building Momentum in Pakistan	Dr. Iqbal Haider
12:45 PM to 1:00 PM	AI in Medical Education A Threat to Tradition or a Catalyst for Curriculum Transformation ?	Dr. Farooq Ahmed
1:00 PM to 1:15 PM	Palliative Care There is Always Something We Can Offer- An Internist's Perspective	Dr. Muhammad Tariq
1:15 PM to 1:30 PM	Technology and Internal Medicine Role of Artificial Intelligence	Dr. Khalid Nawab (USA)



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Lecture

Fostering a Research Culture Overcoming Barriers and Building Momentum in Pakistan

Dr. Iqbal Haider

MBBS, FCPS (Medicine), MHPE (KMU)



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the current challenges and barriers to fostering a research culture in Pakistan.
2. Explore strategies to promote and support research initiatives across academic and healthcare sectors.
3. Identify ways to build momentum for research through collaboration, funding, and policy development in Pakistan.





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Lecture

AI in Medical Education A Threat to Tradition or a Catalyst for Curriculum Transformation ?

Dr. Farooq Ahmed
MBBS, FCPS (Medicine), MHPE

 Session Hall A, PGMI, Peshawar
 Saturday, November 30, 2024

Learning Objectives:

1. Understand the potential impact of AI on the future of medical education and curriculum development.
2. Explore the advantages and challenges of integrating AI technologies into medical training.
3. Evaluate whether AI can enhance traditional methods of medical education or if it poses a threat to established practices.





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Lecture

**Palliative Care There is Always Something
We Can Offer-An Internist's Perspective**

Dr. Muhammad Tariq

MBBS, MCPS Medicine, FCPS Medical
Oncology/Haem



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the role of palliative care in managing patients with serious, life-limiting illnesses.
2. Recognize the unique contributions an internist can make in providing palliative care.
3. Explore the various approaches to symptom management and support in palliative care from an internist's perspective.





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Lecture

Technology and Internal Medicine Role of Artificial Intelligence

Dr. Khalid Nawab

MBBS, MD, Hospitalist, Internal Medicine



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the applications of artificial intelligence (AI) in internal medicine for diagnosis and treatment planning.
2. Explore how AI can enhance clinical decision-making and improve patient outcomes.
3. Identify the challenges and ethical considerations of integrating AI into internal medicine practice.



DAY 02 SATURDAY, 30TH NOVEMBER, 2024
PARALLEL SESSIONS IN MORNING HALL B

9:00 AM to 11:00 AM	DIABETES MANAGEMENT ESSENTIAL INSIGHTS FOR INTERNISTS	
Chairpersons	Dr. AH Aamir, Dr. Arshad Hussain, Dr. Sobia Sabir, Dr. Ibrar Ahmed, Dr. Suleman Elahi Malik, Dr. Nauman Wazir, Dr. Khalid Khan	
Moderator	Dr. Fahim Ullah	
9:00 AM to 9:15 AM	Introduction	
9:15 AM to 9:30 AM	Navigating Diabetes in Adolescents Balancing Health and Growth	Dr. Sabahat Amir
9:30 AM to 9:45 AM	Time to Evolve Why Insulin Analogs Surpass Human Insulin	Dr. Hamza Ali Khan
9:45 AM to 10:00 AM	Obesity Treatment Pharmacotherapy Beyond Lifestyle and Exercise	Dr. Awais Naeem
10:00 AM to 10:15 AM	Transforming Neuropathy care, evolutionary formulation	Dr. Fahim Ullah
10:15 AM to 10:30 AM	One Pill, Many Answers The Power of Triple Combination Therapy for Diabetes	Dr. Fahad Naim
10:30 AM to 11:00 AM	TEA BREAK	



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Lecture

Navigating Diabetes in Adolescents Balancing Health and Growth

Dr. Sabahat Amir

MBBS, FCPS (Paeds) & Paeds Endocrinologist



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the unique challenges of managing diabetes in adolescents.
2. Recognize the impact of diabetes management on growth and development during adolescence.
3. Apply strategies for balancing glycemic control with the physical and emotional needs of adolescents with diabetes.





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Lecture

Time to Evolve Why Insulin Analogs Surpass Human Insulin

Dr. Hamza Ali Khan

MBBS, MRCP (UK), CCST (Gen Medicine,
Diabetes and Endocrinology)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the key differences between insulin analogs and human insulin in terms of pharmacokinetics and pharmacodynamics.
2. Recognize the clinical advantages of insulin analogs in improving glycemic control and reducing the risk of hypoglycemia.
3. Evaluate the reasons why insulin analogs are preferred over human insulin in the management of diabetes, particularly in terms of patient outcomes and quality of life.





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Lecture

Obesity Treatment Pharmacotherapy Beyond Lifestyle and Exercise

Dr. Awais Naeem

MBBS, FCPS (Internal Medicine, PAK), FRCP (Glasgow), FRCP (Edin), FRCP (Ire)

SCE Endocrinology & Diabetes, Rheumatology and Acute Medicine



Session Hall B, PGMI, Peshawar

📅 Saturday, November 30, 2024

Learning Objectives:

1. Understand the role of pharmacotherapy in the management of obesity, beyond lifestyle changes and exercise.
2. Identify the different classes of anti-obesity medications and their mechanisms of action.
3. Evaluate the clinical indications, benefits, and risks of pharmacotherapy for obesity treatment.





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Lecture

Transforming Neuropathy care, evolutionary formulation

Dr. Fahim Ullah

MBBS, FCPS (Endocrinology), FCPS (Medicine), SCE
(Endocrinology), PG Diploma in (Endocrinology)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the advancements in the treatment of neuropathy and the role of new formulations.
2. Explore the impact of evolving therapies on improving neuropathy management and patient outcomes.
3. Evaluate the benefits and limitations of current and emerging treatments for neuropathy care.





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Lecture

One Pill, Many Answers The Power of Triple Combination Therapy for Diabetes

Dr. Fahad Naim

MBBS, FCPS (Medicine), MRCP(UK), MRCP
(Ireland), SCE (Rheumatology and Acute Medicine)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the concept and components of triple combination therapy for diabetes management.
2. Recognize the clinical benefits of combining three agents in the treatment of diabetes.
3. Evaluate the effectiveness, safety, and patient outcomes associated with triple combination therapy for diabetes.



11:00 AM to 12:30 AM	INFECTIOUS DISEASE NAVIGATING CHALLENGES AND INNOVATIONS IN PATIENT CARE	
Chairpersons	Dr. Saleem Iqbal, Dr. Khalid Shahab, Dr. Fahad Naim, Dr. Farhan Ali, Dr. Zia Ullah, Dr. Yaseen Khan, Dr. Ghazi Salahuddin	
Moderator	Dr. Asif Khan	
11:00 AM to 11:15 AM	Introduction	
11:15 AM to 11:30 AM	Meropenem: The 'New Ceftriaxone' for Typhoid—Really ?	Dr. Tariq Mehr
11:30 to 11:45 AM	Exploring Treatment Options for Malaria: Current Strategies and Approaches	Dr. Saima Mehboob
11:45 AM to 12:00 PM	Understanding the Antibiotic Spectrum: When to Use What ?	Dr. Amjad Mehboob
12:00 PM to 12:45 PM	Gut Microbiota: impact on CNS Diseases	Dr. Muhammad Ayub Khan
12:15 PM to 12:30 PM	HIV for Internists: Mastering the Basics of Effective Management	Dr. Fawad Rahim



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Lecture

Meropenem: The 'New Ceftriaxone' for Typhoid—Really ?

Dr. Tariq Mehr

MBBS ,MCPS (Medicine) ,FCPS (Medicine)
,MHPE, CHR.



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the role of meropenem in the treatment of typhoid fever.
2. Compare the effectiveness of meropenem and ceftriaxone in treating typhoid infections.
3. Evaluate the clinical indications and limitations of using meropenem for typhoid management.





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Lecture

Exploring Treatment Options for Malaria: Current Strategies and Approaches

Dr. Saima Mehboob
MBBS ,FCPS (Medicine)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the current treatment strategies for malaria.
2. Identify the different classes of antimalarial drugs and their mechanisms of action.
3. Evaluate the factors influencing the selection of appropriate treatment options for malaria.





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Lecture

Understanding the Antibiotic Spectrum: When to Use What ?

Dr. Amjad Mehboob

MBBS, FCPS (MED), FCPS (ID), FACP



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the concept of antibiotic spectrum and its relevance in clinical practice.
2. Identify common antibiotics and their spectrum of activity against different pathogens.
3. Apply knowledge of antibiotic spectrum to select the most appropriate treatment for various infections.





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Lecture

Gut Microbiota: impact on CNS Diseases

Dr. Muhammad Ayub Khan
MBBS, FCPS (MEDICINE)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the role of gut microbiota in influencing central nervous system (CNS) health.
2. Explore the mechanisms by which gut microbiota can impact the development and progression of CNS diseases.
3. Evaluate potential therapeutic approaches targeting gut microbiota to manage CNS-related conditions.





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Lecture

HIV for Internists: Mastering the Basics of Effective Management

Dr. Fawad Rahim
MBBS, MCPS, FCPS (Medicine)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the key principles of HIV transmission, diagnosis, and staging.
2. Identify the core components of effective antiretroviral therapy (ART) and its role in HIV management.
3. Apply strategies for monitoring and managing common comorbidities and complications in HIV patients.



12:30 PM to 1:30 PM	HEMATO - ONCOLOGY	
Chairpersons	Dr. Noshad Khan, Dr. Attaullah, Dr. Raza Muhammad, Dr. Murad Ali, Dr. Qazi Ikram, Dr. Amir Taj	
Moderator	Dr. Sadaf Abdullah	
12:30 PM to 12:45 PM	Febrile Neutropenia Early Recognition and Management	Dr. Badar Mahmood (KSA)
12:45 PM to 1:00 PM	Tumor Lysis Syndrome: Prevention and Treatment	Dr. Ishfaq Ahmad Shah
1:00 PM to 1:15 PM	Hypercalcemia of Malignancy Diagnosis and Therapeutic Approach	Dr. Abdul Rehman
1:15 PM to 1:30 PM	Acute Complications of Hemophilia Managing Life-Threatening Bleeds	Dr. Muhammad Kashif Afridi
1:30 PM-2:30 PM	LUNCH BREAK & PRAYERS BREAK	



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Lecture

Febrile Neutropenia Early Recognition and Management

Dr. Badar Mahmood

MCPS Family Medicine, Pk, FCPS Internal Medicine, Pk.
Certificate Diabetes & Endocrine, Missouri, USA.
Currently working. Internist & certified Endocrine, Jubail
Medicare Complex, Kingdom of Saudi Arabia.



Session Hall B, PGMI, Peshawar



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Learning Objectives:

1. Recognize the clinical presentation and risk factors associated with febrile neutropenia to ensure timely diagnosis and intervention.
2. Understand the key diagnostic tools and protocols used to identify the underlying causes of febrile neutropenia and guide treatment decisions.
3. Apply current guidelines for the management of febrile neutropenia, including the selection of appropriate antimicrobial therapies and supportive care interventions.





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Lecture

Tumor Lysis Syndrome: Prevention and Treatment

Dr. Ishfaq Ahmad Shah

MBBS, FCPS (Medical Oncology/Hematology)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the signs and risk factors of tumor lysis syndrome.
2. Understand the underlying causes and metabolic disturbances of tumor lysis syndrome.
3. Apply prevention and treatment strategies for managing tumor lysis syndrome.





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Lecture

Hypercalcemia of Malignancy Diagnosis and Therapeutic Approach

Dr. Abdul Rehman
MBBS, FCPS MEDICINE



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Saturday, November 30, 2024

Learning Objectives:

1. Recognize the signs and symptoms of hypercalcemia of malignancy.
2. Understand the diagnostic methods used to identify hypercalcemia of malignancy.
3. Apply appropriate therapeutic approaches for managing hypercalcemia of malignancy.





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Lecture

**Acute Complications of Hemophilia Managing
Life-Threatening Bleeds**

Dr. Muhammad Kashif Afridi

MBBS, FCPS (Pediatrics), FCPS-II (Pediatric
Hematology and Oncology)



Session Hall B, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Recognize the acute complications associated with hemophilia.
2. Understand the principles of managing life-threatening bleeds in hemophilia patients.
3. Apply appropriate treatment strategies for controlling and preventing bleeding episodes in hemophilia.



SATURDAY, 30TH NOVEMBER, 2024 HALL A AFTERNOON SESSION

2:30 PM to 4:45 PM	STATE OF THE ART LECTURES ADVANCING KNOWLEDGE IN MODERN MEDICINE	
Chairpersons	Dr. Muhammad Humayun, Dr. Noor ul Iman, Dr. Shahid Jameel, Dr. Ishaq Khattak, Dr. Mumtaz Ali Marwat, Dr. Hamza Khan, Dr. Amir Khan, Dr. Shakeel Jadoon	
Moderator	Dr. Muhammad Zeb	
2:30 PM to 2:45 PM	Introduction	
2:45 PM to 3:05 PM	Preventive Care in Internal Medicine	Dr. Abdul Jalil Khan
3:05 PM to 3:25 PM	Latest Advances in Hepatitis B Management What You Need to Know	Dr. Javed Iqbal Farooqi
3:25 PM to 3:45 PM	The Vital Role of Internists in Public Health Bridging Clinical Care and Community Wellbeing	Dr. Zia ul Haq
3:45 PM to 4:05 PM	Reviving the Generalist The Cornerstone of Comprehensive Healthcare	Dr. Hashimuddin Azam
4:05 PM to 4:25 PM	Fiqah and Islamic view on medical practice	Dr. Anjad Taqweem
4:25 PM to 4:45 PM	Q & A Session	
5:15 PM to 6:00 PM	GENERAL BODY MEETING HALL A	



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Lecture

Preventive Care in Internal Medicine

Dr. Abdul Jalil Khan

MBBS, FRCGP, MScMed, FFPH, MHR
Professor and Director Institute of Family medicine,
Khyber medical university



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the key principles of preventive care and its importance in internal medicine.
2. Identify evidence-based screening guidelines and preventive interventions for common chronic diseases.
3. Develop strategies to incorporate preventive care into routine clinical practice to improve patient outcomes.





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Lecture

Latest Advances in Hepatitis B Management What You Need to Know

Dr. Javed Iqbal Farooqi
MBBS, FCPS(Medicine), FCPS (Gastro)

 Session Hall A, PGMI, Peshawar
 Saturday, November 30, 2024

Learning Objectives:

1. Understand the latest advancements in the diagnosis and monitoring of Hepatitis B infection.
2. Explore current treatment options and emerging therapies for Hepatitis B management.
3. Apply updated guidelines to optimize care and improve outcomes for patients with Hepatitis B.





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Lecture

**The Vital Role of Internists in Public Health
Bridging Clinical Care and Community Wellbeing**

Dr. Zia ul Haq
MBBS, MPH, PhD Public Health (Glasgow)

 Session Hall A, PGMI, Peshawar
 Saturday, November 30, 2024

Learning Objectives:

1. Understand the critical role of internists in promoting public health through clinical care and community engagement.
2. Identify key public health initiatives that internists can influence to improve population health outcomes.
3. Develop strategies to integrate public health practices into daily clinical care to address social determinants of health.





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Lecture

**Reviving the Generalist: The Cornerstone
of Comprehensive Healthcare**

Dr. Hashimuddin Azam
MBBS, MRCP (UK), (FRCP UK)

 Session Hall A, PGMI, Peshawar
 Saturday, November 30, 2024

Learning Objectives:

1. Understand the importance of generalist physicians in providing comprehensive, patient-centered healthcare.
2. Explore the unique skills and competencies that generalists bring to healthcare delivery across various specialties.
3. Identify strategies to strengthen and support the generalist role in addressing current healthcare challenges and improving patient outcomes.





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Lecture

Fiqh and Islamic view on medical practice

Dr. Amjad Taqweem (Gold medalist)

FCPS - MRCP ,Physician and Rheumatologist,
Professor and HOD Medicine PIMC Hayatabad,
Founding member and BOD health net Hospital Hayatabad.



Session Hall A, PGMI, Peshawar



Saturday, November 30, 2024

Learning Objectives:

1. Understand the fundamental principles of Islamic ethics and Fiqh as they relate to medical practice.
2. Explore key Islamic teachings on issues such as patient rights, consent, and medical decision-making.
3. Apply Islamic perspectives to contemporary medical challenges, ensuring ethical and culturally sensitive care in diverse healthcare settings.



DAY 3: SUNDAY, 1ST DECEMBER, 2024 PARALLEL SESSION HALL A

9:00 AM to 11:00 AM	RESPIRATORY DISEASES STRATEGIES FOR ENHANCING PATIENT OUTCOMES	
Chairperson	Dr. Saadia Ashraf, Dr. Abdul Hanan, Dr. Zafar Iqbal, Dr. Anila Basit, Dr. Awais Naeem, Dr. Hamza Ali Khan.	
Moderator	Dr. Shah Umam	
9:00 AM to 9:15 AM	Asthma in Low-Income Countries: Bridging the Gap from Theory to Practice	Dr. Sadaf Abdullah
9:15 AM to 9:30 AM	NIV Essentials: Building Core Skills for Internists in High Dependency Care	Dr. Raza Ullah
9:30 AM to 9:45 AM	Sleep Apnea Unmasked Essential Management for the Internist"	Dr. Imranullah Khan
9:45 AM to 10:00 AM	Vaping and E-cigarretes, new risk for respiratory health	Dr. Hussain Ahmad
10:00 AM to 10:30 AM	TEA BREAK	



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Lecture

**Title : Effective treatment and monitoring of asthma:
Enhancing patient care**

Dr. Sadaf Abdullah

MBBS, FCPS (Medicine)

Assistant Professor of Medicine .

Lady Reading Hospital Peshawar.



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

- Timely initiation of treatment.
- Review and Monitoring regularly .
- Preventing Exacerbations of disease.
- Assessing control of disease at regular intervals .





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Lecture

NIV Essentials: Building Core Skills for Internists in High Dependency Care

Dr. Raza Ullah
MBBS, FCPS (Pulmonology)

 Session Hall A, PGMI, Peshawar
 Sunday, December 01, 2024

Learning Objectives:

1. Understand the principles and indications for non-invasive ventilation (NIV) in high dependency care settings.
2. Develop core skills in the assessment and monitoring of patients receiving NIV, including identifying complications and troubleshooting common issues.
3. Apply evidence-based guidelines to determine appropriate patient selection for NIV in high dependency care.





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Lecture

Sleep Apnea Unmasked Essential Management for the Internist

Dr. Imranullah Khan
MBBS, FCPS (Pulmonology)



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Identify the key signs and symptoms of sleep apnea and its impact on overall health.
2. Understand the diagnostic tools and criteria used to evaluate sleep apnea in patients.
3. Develop effective management strategies for sleep apnea, including pharmacological and non-pharmacological treatments.





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Lecture

Vaping and E-cigarretes, new risk for respiratory health

Dr. Hussain Ahmad
MBBS, FCPS (Pulmonology)
Assistant Prof. Pulmonology MTI, KTH

 Session Hall A, PGMI, Peshawar
 Sunday, December 01, 2024

Learning Objectives:

1. Understand the health risks associated with vaping and e-cigarettes, particularly their impact on respiratory health.
2. Identify the mechanisms by which vaping and e-cigarette use contribute to respiratory diseases.
3. Develop strategies for counseling patients on the risks of vaping and e-cigarettes and promoting cessation.



10:30 AM to 11:45 AM	GASTROENTEROLOGY & HEPATOLOGY – KEY INSIGHTS	
Chairpersons	Dr. Sher Rehman, Dr. Asma Asghar, Dr. Khalid Hameed, Dr. Shah Yousuf, Dr. Fawad Rahim, Dr. Nowsher Awan	
Moderator	Dr. Kashif Arbab	
10:30 AM to 10:45 AM	PCAB VS PPI advancement in acid suppression	Dr. Usman Khattak
10:45 AM to 11:00 AM	H. pylori Management: Advancing Beyond Antigen Testing	Dr. Jibran Umar Ayub
11:00 AM to 11:15 AM	Pre-Transplant Donor and Recipient Criteria: Mastering the Fundamentals of Advanced Procedures	Dr. Asim Shuja
11:15 AM to 11:30 AM	NASH Management: Embracing Current Best Practices for Optimal Care	Dr. Farhan Ali
11:30 AM to 11:45 AM	Q & A	



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Lecture

PCAB VS PPI advancement in acid suppression

Dr. Usman Khattak
MBBS(KMC), FCPS (Pak), CHPE(KMU)

 Session Hall A, PGMI, Peshawar
 Sunday, December 01, 2024

Learning Objectives:

1. Understand the mechanisms of action and clinical indications for PCABs and PPIs in acid suppression therapy.
2. Compare the efficacy and safety profiles of PCABs and PPIs in the management of acid-related disorders.
3. Evaluate the advancements and potential benefits of PCABs over PPIs in the treatment of GERD and other acid-related conditions.





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Lecture

H. pylori Management: Advancing Beyond Antigen Testing

Dr. Jibran Umar Ayub
MBBS, MD, MRCP(UK), MACP, MACG, MHPE

 Session Hall A, PGMI, Peshawar

 Sunday, December 01, 2024

Learning Objectives:

1. Understand the current diagnostic methods for H. pylori, including antigen testing, and their limitations.
2. Explore advanced diagnostic techniques for H. pylori, such as molecular testing and breath tests.
3. Develop updated treatment strategies for H. pylori eradication, incorporating resistance patterns and emerging therapies.





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Lecture

Pre-Transplant Donor and Recipient Criteria: Mastering the Fundamentals of Advanced Procedures

Dr. Asim Shuja
MBBS, MD



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the essential donor and recipient criteria for transplant eligibility, including medical, immunological, and psychosocial factors.
2. Evaluate the advanced procedures involved in organ transplantation, focusing on donor matching and recipient assessment.
3. Apply current best practices and guidelines in managing pre-transplant evaluations to optimize transplant outcomes.





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Lecture

NASH Management: Embracing Current Best Practices for Optimal Care

Dr. Farhan Ali

MBBS, MCPS, MRCP, FCPS, FRCP(Uk, Glasgow)



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the pathophysiology and risk factors associated with Non-Alcoholic Steatohepatitis (NASH).
2. Evaluate current diagnostic tools and staging methods for NASH to guide management decisions.
3. Implement evidence-based treatment strategies for NASH, including lifestyle modifications and pharmacological options.



11:45 PM to 1:30 PM	GENERAL MEDICINE THE VITAL LINK IN MEDICAL EDUCATION	
Chairperson	Dr. Hashimuddin Azam, Dr. Muhammad Noor Wazir, Dr. Zia Ullah, Dr. Zahid Wazir, Dr. Inam Ullah Khan	
Moderator	Dr. Manzoor Hussain	
11:45 AM to 12 AM	Introduction	
12:00 AM to 12:15	Leadership and Innovation: How Internists are Driving Healthcare Policy and Change	Dr. Amjad Ali
12:15 PM TO 12:30 PM	Transforming Tomorrow's Physicians: Innovations in Undergraduate Medical Education	Dr. Muhammad Noor Wazir
12:30 PM TO 12:45 PM	Quality Improvement and Patient Safety	Dr. Haseeb Ullah Awan
12:45 PM TO 1:00 PM	Bridging the Healthcare Gap: Empowering Family Medicine to Reduce Tertiary Care Burdens and Enhance Services in Rural and Underserved Communities	Dr. Zainab Hafeez (UK)
1:00 PM TO 1:15 PM	Roadmap to the US: Your guide to career opportunities in Medicine.	Dr. Asad ur Rehman (USA)
1:15 pm TO 1:30 PM	Diagnostic errors: How to improve quality	Dr. Tauqir Ahmad
1:30 PM to 2:00 PM	CLOSING CEREMONY & CERTIFICATE DISTRIBUTION	
2:00 PM	LUNCH	



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Lecture

Leadership and Innovation: How Internists are Driving Healthcare Policy and Change

Dr. Amjad Ali
MBBS, FCPS (Medicine)



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the role of internists in shaping healthcare policy and driving systemic change.
2. Explore leadership strategies and innovative practices that internists can use to improve patient care and healthcare delivery.
3. Analyze current healthcare challenges and discuss how internists can advocate for policy changes to address these issues.





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Lecture

Transforming Tomorrow's Physicians: Innovations in Undergraduate Medical Education

Dr. Muhammad Noor Wazir
MBBS (Gold Medallist), MRCP (UK), FRCP (UK)



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Explore current innovations in undergraduate medical education, including technology integration and simulation-based learning.
2. Understand the impact of competency-based education on shaping the future of medical training.
3. Analyze strategies for fostering critical thinking, clinical skills, and interprofessional collaboration in medical students.





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Lecture

Quality Improvement and Patient Safety

Dr. Haseebullah Awan

Director Quality Assurance CMH Rawalpindi



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the key principles and methodologies of quality improvement (QI) in healthcare settings.
2. Identify strategies to enhance patient safety and prevent medical errors in clinical practice.
3. Apply QI tools and frameworks to design and implement effective improvements in patient care processes.





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Lecture

Bridging the Healthcare Gap: Empowering Family Medicine to Reduce Tertiary Care Burdens and Enhance Services in Rural and Underserved Communities

Dr. Zainab Hafeez
MBBS, MRCGP (UK)



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the role of family medicine in reducing reliance on tertiary care through preventive and primary care strategies.
2. Identify challenges faced by rural and underserved communities in accessing healthcare and how family medicine can address these gaps.
3. Develop strategies to empower family medicine providers to enhance healthcare services and improve health outcomes in underserved areas.





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Lecture

Roadmap to the US: Your guide to career opportunities in Medicine

Dr. Asad ur Rahman
MBBS, MD, FACP



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the steps and requirements for pursuing a medical career in the United States, including licensure and residency.
2. Explore various career opportunities within the U.S. healthcare system for international medical graduates.
3. Develop strategies for navigating the U.S. medical job market and optimizing career prospects in diverse specialties.





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Lecture

Diagnostic errors: How to improve quality

Dr. Tauqir Ahmad
MBBS, MCPS, DHPE, FCPS



Session Hall A, PGMI, Peshawar



Sunday, December 01, 2024

Learning Objectives:

1. Understand the common causes and types of diagnostic errors in healthcare settings.
2. Identify strategies and best practices for improving diagnostic accuracy and reducing errors.
3. Apply quality improvement techniques to enhance clinical decision-making and patient outcomes.



Poster & Abstract Presentations

POSTER PRESENTATIONS

DAY 3 – HALL B, SESSION: 9.00 AM – 10.30 AM

Authors List	Abstract name
Dr Qaiser Ali Khan	Safety And Efficacy of Intermittent Hypoxia-Hyperoxia Conditioning as a New Rehabilitation/Secondary Prevention Strategy for Patients with Cardiovascular Diseases: A Systematic Review and Meta-Analysis of Randomized Controlled Trials
Dr Qaiser Ali Khan, Mah Rukh, Shabnam Shahjehan	Spindle cell carcinoma of the lung with myogenic differentiation and infarctive necrosis in a young female: a case report
Dr Qaiser Ali Khan	Gut Microbiota Metabolites and Risk of Major Adverse Cardiovascular Events & Death: A Systematic Review and Meta-Analysis.
Dr Qazi Muhammad Safwan, Shahryar Khan MD, Aamer Ahmad MD, Mashal Alam Khan, Rizwan Afridi, Ahmed Khan Jadoon MD, Zarlish Rehman MBBS	Comparison of Efficacy and Safety of Mycophenolate Mofetil With Standard Therapy In Autoimmune Hepatitis for Induction and Maintenance of Remission : A Systematic Review and Meta-analysis
Mohammad Omar, Muhammad Ahmad, Kashif Ur Rehman Khalil, Abdul Basit, Saqib Iqbal, Aqib Muhammad, Shahzada Abdul Rafay, Seema Iqbal, Lubaba Waheed, Baseer Ahmed, Maheera Zulfiqar, Salman Khan, Syed Tauseeq Haider	Health-related quality of life in health workers of Peshawar, Pakistan
Mohsin Khan, Hamza Ali Khan, Nayab Munib, Moin Khan	Hemolytic Anemia as a rare presenting feature of Wilson disease
Moin Khan, Mohsin Khan, Fareeha Khalid, Umar Khan	Behçet Disease: A Rare Presentation With Myocardial Infarction
Dr. Omar Khan, Dr. Hamza Ali Khan, Dr. Mohsin Khan	Disseminated spinal epidural abscess presenting with bilateral lower limb weakness: a case report
<u>Sehba Iqbal</u> , Fatima Adnan, Waqas Inayat, Sunger Yar Rekham, Nadia khan, Kashaf, Beenish Qazi, Warda Ahmad.	Radiological examination patient checklist compliance audit: evaluating adherence to patient related checklist
Muhammad Waqas, Shabeer Ahmad	Compliance With the World Health Organization Surgical Safety Checklist at a Tertiary Care Hospital: A Closed Loop Audit Study
Muhammad Waqas, Shabeer Ahmad	Risk Factors of Kidney Stones in Khyber Pakhtunkhwa, Pakistan: A Descriptive Cross-Sectional Study
Abdul Basit, Dr Kashif ur Rehman Khalil, Aqib Muhammad, Saqib Iqbal, Mohammad Omar, Muhammad Ahmad	A study on knowledge and perceptions about barriers of doctors towards telemedicine in public tertiary care hospitals in Peshawar
Aban Masaoud Mian, Hasnain Hamid, Faryal Masaoud, Zaryab Ali Shah, Komal Fatima, Abdul Salam	A Challenging Diagnosis of Huntington's Disease: Case Report

Khan H, Adeel M, Abbas M, Haider Sarfaraz	Antibiotic Sensitivity and Resistance in Community-Acquired Pneumonia: A Single Institution Experience
Hurriya Khan, Haris Ashfaq, Adnan Ali, Shah Muhammad Khan, Akhunzada Aftab Ahmed, Adeela Mustafa	Prevalence of Diabetic Retinopathy and correlation with HbA1c in patients admitted in KTH Peshawar.
Mariyah Saqib Qureshi, Awais Naeem, Fahad Naim, Noor Ayaz, Sabahat Imdad, Shaashan Himayat	A Strange Leukoerythroblastic Reaction in an Alpha thalaseemia patient- A Case Report
Syed Ahmed Shah, Muhammad Bilal, Haider Ali	Atypical Presentation of Bacterial Meningitis in an Elderly – A Case Report
Jawad Ahmad Khan	Supportive care plan
Humaira Wazir, Faryal Masaud, Hamid Naeem, Sikandar Zahoor, Junaid Imran, Ibrahim Akhtar	A Comparative Study to Evaluate the Efficacy of Skin Microneedling and Platelet Rich Plasma (PRP) Combination Versus Skin Micro Needling Alone for the Treatment of Atrophic Facial Acne Scars using Goodman and Baron's Grading
Faiza Arif, Awais Naeem, Buhgdad Khan, Majid Rashid, Fahad Naim, Muhammad Mustafa	Semglutide induced pancreatitis - case report
Sadiq Ali Shah, Kamran Ahmad	Unexpected Pulmonary Embolism In a Young Cannabis User: A Case Study of 22 years Old male with No Comorbidities and Negative Thrombophilia Screen
Dr Sajjad Ur Rahman, Dr. Atta ul Wadood, Dr M. Aitezaz, Dr Rafi Ullah	A case report on hyperlipidemia in a child
Dr Ali Raza, Dr Misbah Manzoor, Dr Atta ul Wadood, Dr Sajjad ur Rahman, Dr M. Aitezaz	Hydatid cyst in the right ventricle(a rare presentation of echinococcal infection in the right ventricle).
Bilal Ahmad, Saddam Hussain, Jamal Shah, Sher Wali Khan	Case report, hypocalcemia as a rare reversible cause of dilated cardiomyopathy
Zafar Mehmood, Salma Zeb, Laraib Aurangzeb ,Fakhra Mushtaq	Understanding the Significance of Thrombocytopenia in COVID-19 Patients: A Comparative Analysis with Normal Platelet Counts
Awais Naeem, Jamil Ahmad, Majid Rashid, Muhammad Mustafa	Guillain-Barre Syndrome in a Patient with Chronic Lymphocytic Leukemia: An Unanticipated Neurological Complication Despite Remission
Dr. Sapna Faryal, Dr Essa Hasan, Dr. Humera Anjum, Dr. Awais Naeem, Dr. Majid Rashid, Dr. Fahad Naim	A Case of Parkinsonism with Putaminal Rim Sign: A Presentation vof Multiple System Atrophy Parkinsonism variant (MSA-P)
Ahmed Irtaza, Muhammad Junaid, Muhammad Saqlain, Ayesha Akram, Ayesha Khan, Areeba Shams Sarwari, Hussain Ali, Salman, Tayyab Ahmed, Tuba Talib, Mohammad Ebad Ur Rehman, Huzaifa Ahmad Cheema, Adeel Ahmad, Wajeeh Ur Rehman, Abdul Wahab Arif, Sourbha S. Dani	Efficacy and Safety of Beta Blockers for Patients with Myocardial Infarction in the Percutaneous Coronary Intervention Era: A Systematic Review and Meta-Analysis

VERBAL PRESENTATIONS

DAY 3, HALL – B: SESSION: 11.00 AM – 1.00 PM

Presenter Name	Abstract Name
Prof. Dr. Saman Shahid	Smog Exposures and Essential Knowledge for the Physicians
Dr. Ayaz Muhammad, Dr. Amna Saleem, Dr. Ijaz Ul Haq, Dr. Mehr Ali Khan, Dr. Nagina Shah, Dr. Yousuf Hakim Vapra	Cocaine-induced pneumomediastinum and subcutaneous surgical emphysema: a rare case report
Dr Qaiser Ali khan	The effect of Azilsartan on Clinical Blood Pressure Reduction compared to other Angiotensin Receptor Blockers (ARBs) in Hypertensive Patients: A Systematic Review and Meta-analysis
Awais Naeem, Fahad Naim, Majid Rashid, Saad Ali, Shehzad Alam Khan, Asif Khan, Saeed Rehman, Sikandar Ali, Khushbakht Noor, Sehba Iqbal	Audit of Antibiotic Review and Documentation Practices in the Medicine Ward of Khyber Teaching Hospital: Evaluation of 48-Hour De-escalation and Escalation Decisions
Awais Naeem, Muhammad Haroon, Majid Rashid, Fahad Naim, Saad Ali, Shehzad Alam Khan, Asif Khan, Amjid Shehzad, Waqas Inyat, Warda Zulfiqar, Naveed e Sahar	Improving End-of-Life Care in the Intensive Care Unit (ICU): An Audit of Healthcare Worker Practices and Perceptions at Khyber Teaching Hospital
Awais Naeem, Fahad Naim, Aqsa Khan, Majid Rashid, Saad Ali, Shehzad Alam Khan, Malgalara Suleman, Lintha Zafar, Durrebeda, Fatimah Siddiqui, Khushbakht Noor	Assessment of Venous Thromboembolism (VTE) Prophylaxis in Stroke Patients in the Medicine Ward at Khyber Teaching Hospital Peshawar: A Compliance Audit Against Victorian Guidelines
Fahad Naim, Awais Naeem, Majid Rashid, Shehzad Alam Khan, Saad Ali, Ebad Ullah, Hamna Kashf, Laiba Naveed, Maheera Zulfiqar	Patient-Health Care Worker Introduction Audit: Assessing the Implementation and Effectiveness of Introductions in Patient Care
Dr M Younas Ali, Dr ER Rehman, Dr Nauman Salih, Dr A Wahab, Dr Hidayat Ullah, Dr M Ayub, Dr N Ghani	Takayasu's Arteritis; An Uncommon Cause of Hemorrhagic Stroke in Young Individuals
Mudassir Mehmood Jan, Imad majeed, Ihtisham ullah, M. Tahir	Tumefactive Demyelinating Lesion Mimicking Glioma: A Diagnostic and Therapeutic Challenge
Ali Raza, Maria Tahir, Aaliyan Khattak, Essa Hassan, Muhammad Noman, Wisha Mushtaq	The Renal Histopathological Spectrum of Patients with Nephrotic Syndrome Presenting to Nephrology Division Khyber Teaching Hospital, Peshawar, Pakistan

Hammad Ali, Wahab Zia, Gul Meena Riffat, Fiza Safeer, Areeba Khan	Efficacy and safety of Busulfan-Fludarabine versus Busulfan-Cyclophosphamide as a Conditioning Regimen Before Hematopoietic Cell Transplant in Hematologic Malignancy Patients: A Meta-Analysis of randomized controlled trials
Mariyah Saqib Qureshi, Awais Naeem, Fahad Naim, Nadia Raheem, Muqsit Ali Shaukat	A Case of Hereditary Spastic Paraplegia- A Neurological Conundrum
Lyaba Atta, Hamid Naeem, Subhanullah Syed, Sikandar Zahoor, Muhammad Aqeel	Frequency of Acute Kidney Injury among Neonates with Birth Asphyxia Presenting at Tertiary Care Hospital in Khyber Pakhtunkhwa
Filza Ajmal, Ahmad Zuhayr, Khalid Shahab	Bacterial yeild of ascitic fluid cultures in sterile vs culture medium bottles - A pilot study
Awais Naeem, Asif Khan, Shehzad Alam Khan, Majid Rashid, Saad Ali, Mahira Zulfiqar	Unusual depiction of Non-Hodgkin Lymphoma: a case study on digital gangrene
Khalid Shahab, Abdul Salam, Ahmad Zuhayr, Filza Ajmal, Hasnain Ahmad	Efficacy of Radical Therapy Using Primaquine in Eliminating Vivax Malaria
Ahmed Irtaza, Awais Naeem, Fahad Naim, Muqsit Ali Shaukat	Multiple Myeloma with atypical Plasmablastic morphology and suspected Plasmacytomas of liver as Extramedullary Disease manifestation of Multiple Myeloma – A case report from Khyber Pakhtunkwa
Ahmed Irtaza, Aliena Badshah, Adnan Yousaf, Muqsit Ali Shaukat	Facial Chromoblastomycosis with visceral involvement in form of extensive abdominal lymphadenopathy – A case report and Literature review



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Gut Microbiota Metabolites and the Risk of Major Adverse Cardiovascular Events_ A Meta-Analysis

Qaisar Ali Khan. MD¹,

Medical C Unit, Khyber Teaching Hospital MTI KTH, Peshawar, Pakistan

Introduction

Gut microbiota plays a pivotal role in regulating host cardio-metabolic functioning by influencing bioactive metabolites like trimethylamine N-oxide (TMAO) derived from choline. Recent studies have highlighted the association between TMAO and cardiovascular diseases, particularly in relation to stroke risk. Elevated TMAO levels, primarily sourced from choline metabolism by gut microbiota, have been linked to major adverse cardiovascular events (MACE) and increased mortality rates, especially in individuals with type two diabetes mellitus (T2DM). Notably, research by Zhang et al. demonstrated a significant increase in stroke odds among those in higher TMAO categories. While some inconsistencies exist across different patient populations, meta-analyses like the one conducted by Heianza et al. have consistently shown a significant association between TMAO levels and adverse cardiovascular outcomes. Ongoing investigations continue to explore the impact of TMAO levels on the risk of MACE and all-cause mortality, shedding further light on the intricate relationship between gut microbiota, metabolites, and cardiovascular health.

Aims and Objectives

This systematic review and meta-analysis aim to quantify the interrelation of blood concentrations of TMAO and its precursors, betaine and L-carnitine or choline, with the risk of MACE and all-cause death using prospective observational studies.

Methods

The systematic review and meta-analysis followed PRISMA guidelines, using a search strategy with Boolean operators and PICO criteria across databases like MEDLINE, Google Scholar, and Embase. The study focused on MACE and all-cause death risk related to TMAO and its precursors, with two authors conducting literature screening independently. Endnote Reference Library Software managed articles, with duplicates removed. Prospective studies meeting criteria were analyzed for TMAO levels and HRs for MACE or all-cause mortality. TMAO concentrations' effect on MACE risk was the primary endpoint, with high TMAO groups defined by tertiles, quartiles, or quintiles. Data extraction included study details, patient characteristics, TMAO concentrations, and outcomes. Study quality was assessed using the Newcastle-Ottawa scale, and statistical analysis was done using Review Manager. Heterogeneity and sensitivity analysis were conducted, with most studies showing low bias risk, though publication bias was observed for MACE and all-cause mortality outcomes.

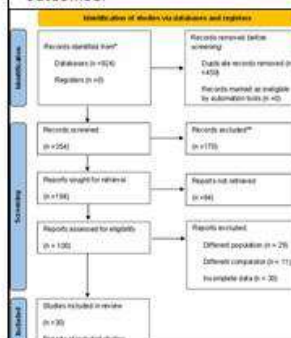


Figure 1: PRISMA flow diagram for new systematic reviews, which included searches of databases and additional records

Results

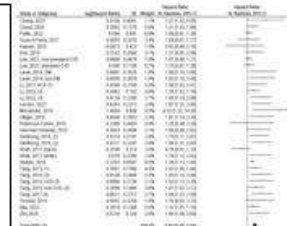


Figure 2: Pooled Hazard Ratio of TMAO levels on the risk of MACE/all-cause death

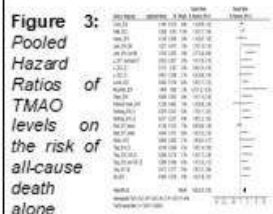


Figure 4: Pooled Hazard Ratios of betaine levels on the risk of MACE/all-cause death

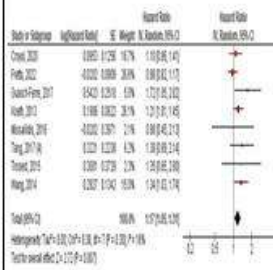


Figure 5: Pooled Hazard Ratios of choline/L-carnitine levels on the risk of MACE/all-cause death

Recommendations

-Our meta-analysis implies that elevated circulating levels of gut microbiota metabolites such as TMAO and its precursor, choline or L-carnitine, are associated with an increased risk of MACE and all-cause mortality.
-However, no significant difference was obtained when comparing high and low levels of betaine for the risk of MACE.
-Future investigations should focus on establishing concrete evidence for the association between betaine levels and the risk of MACE
-Assessing the influence of dietary intake on TMAO levels and the risk of MACE is essential for future research.

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Safety and Efficacy of Intermittent Hypoxia-Hyperoxia Conditioning as a New Rehabilitation Strategy for Patients with Cardiovascular Diseases

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Introduction

Cardiovascular diseases (CVD) are the leading cause of death globally, with an estimated mortality of 17.9 million people annually, which is 31% of all deaths across the world. (1) CVD share has been associated with hypertension, dyslipidemia, diabetes, and sedentary lifestyle, (2) which requires a multifaceted approach to secondary prevention to prevent complications and mortality. CVD rehabilitation as defined by the American Heart Association (AHA) and the European Society of Cardiology (ESC) comprises lifestyle changes, pharmacological therapy, and exercise. (3,4) Intermittent hypoxia-hyperoxia therapy (IHHT) has been proposed as a novel rehabilitation and secondary prevention strategy for patients with cardiovascular diseases (CVD).

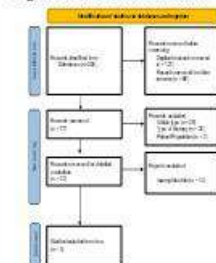
Aims & Objectives

This meta-analysis aims to assess the safety and efficacy of IHHT in improving key cardiovascular parameters—namely, systolic and diastolic blood pressure, VO₂ max, and total cholesterol levels—in patients with CVD. Additionally, we seek to explore IHHT's potential as a viable adjunctive therapy for rehabilitation and secondary prevention, complementing conventional therapies and expanding the range of treatment options available to patients.

Methods

A systematic review and meta-analysis were conducted on randomized controlled trials (RCTs) that investigated IHHT in patients with cardiometabolic risk factors. Eight studies (seven RCTs and one non-RCT) with 380 participants were included. The primary outcomes were systolic blood pressure (SBP), diastolic blood pressure (DBP), and VO₂ max. Data were analyzed using mean differences (MD) and 95% confidence intervals (CI). The search was restricted to the following inclusion criteria: randomized and non-randomized controlled trials of humans with cardiometabolic risk factors aged ≥18 years undergoing intermittent hypoxia-hyperoxia therapy (sham-controlled) for any treatment duration, reported primary outcomes such as systolic blood pressure (SBP), diastolic blood pressure (DBP), and VO₂ max. Secondary outcomes included total cholesterol and hemoglobin levels.

Figure 1. PRISMA flowchart.



To resolve any disagreements, a third investigator was involved. In the Cochrane tool, studies were assigned positive indicators based on treatment allocation concealment and blinding, reporting on loss to follow-up, providing outcome data.

Results

Figure 2 Forest plot for Systolic Blood Pressure

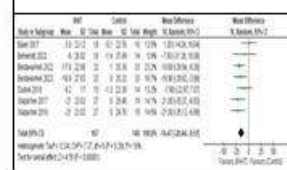


Figure 3. Forest plot for diastolic blood pressure

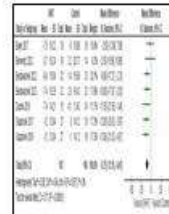


Figure 4. Forest plot for VO₂ maximum (mL O₂/min/kg)

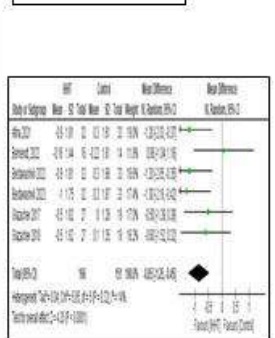
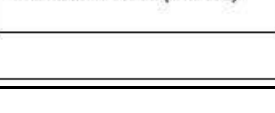


Figure 5. Forest plot for total cholesterol levels (mmol/L)



Conclusion

This meta-analysis highlights the potential of intermittent hypoxia-hyperoxia therapy (IHHT) as an effective intervention for cardiovascular rehabilitation and secondary prevention in patients with cardiovascular diseases. IHHT demonstrated significant improvements in systolic and diastolic blood pressure and cholesterol levels, suggesting its value in managing key cardiometabolic risk factors; however, no impact on VO₂ max was ascertained.

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Spindle Cell Carcinoma of the Lung with Myogenic Differentiation in a Young Female Patient: A Rare Case Report

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Khyber Medical College Peshawar

Introduction

Sarcomatoid neoplasms in the lung and pleura are sporadic, accounting for about 0.3-1.3% of all malignant lung neoplasms. [1] They belong to a group with minor differentiation. Non-small cell carcinoma can have sarcoma, fusiform, or giant cell components. Spindle cell carcinoma typically affects the oral cavity, larynx, breasts, kidney, uterus, conjunctiva, prostate, and other organs, with uncommon cases involving the lungs. The majority of affected individuals are male (4:1) with a smoking history and an average age of 65 years. [2] Patients with this entity have a terrible prognosis, with a 5-year survival rate of around 20%. [3,4] It can be difficult to diagnose, especially with small biopsies, because sarcomatoid mesothelioma, metastatic melanoma, and high-grade sarcomas may show overlapping morphological features. This case report highlights the unusual occurrence of spindle cell carcinoma, a subtype of sarcomatoid neoplasm of the lungs. It also shows the challenges faced in diagnosing this rare and aggressive tumor in a young female patient with no other co-morbidities.

Case Presentation

A 20-year-old female, a nonsmoker with no significant past medical history, presented to the pulmonology outpatient department at a tertiary care hospital with a chronic cough that had persisted for four months. Initially, the cough was dry but later became productive, with occasional streaks of frank blood. Over the last two weeks, the frequency of her cough increased, and it was associated with chest pain, which worsened with deep inspiration.

Upon further questioning, the patient reported a noticeable loss of appetite and unintentional weight loss of approximately 6 kilograms over the past four months. She denied any history of fever, night sweats, or recent exposure to individuals with tuberculosis. The patient used cough suppressant syrup and occasionally antibiotics and home remedies, but the symptoms did not improve.

The patient appeared cachectic with pale conjunctivae. Her vital signs were stable: blood pressure 110/70 mmHg, heart rate 87 beats per minute, respiratory rate 20 breaths per minute, temperature 98.6°F, and SpO2 95% on room air.

Case Presentation

On respiratory examination, chest wall movement was reduced on the left side, with decreased vocal fremitus, dull percussion in the left upper chest, and reduced breath sounds and vocal resonance on the left side. Crepitations were also noted at the left lung base.

Table 1. Initial Investigations	Laboratory	
	Result	Reference Range
Hemoglobin	14 g/dL	12.5-15.5
Total Leukocyte count	12,500 cells/mm ³	4,000-11,000
Platelets	240,000/mm ³	150,000-400,000
C-Reactive Protein	24 mg/L	<10
Erythrocyte Sedimentation Rate	45 mm/hr	<20
Sputum Acid fast bacilli	Negative	

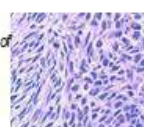


Figure 1: X-ray chest shows round homogenous opacity in the left middle zone of the lung.

Figure 2: Computed tomographic scan of the chest showing heterogeneous soft tissue attenuation mass in the left upper and lower lobe.



Figure 3: Histopathology of the specimen showing pleomorphic spindle cells.



Case Presentation

The patient was referred to a surgical oncologist but she refused any surgical intervention. She was then referred to a medical oncologist for further management. She was started on doxorubicin, ifosfamide, and Mesna and was asked for a close follow-up with a positron emission tomographic (PET) scan. The PET scan revealed a large left lung mass (predominantly necrotic) with intimal enhancing and faintly FDG avid septations.

Conclusion

Our case report emphasizes the diagnostic complexity and rarity of spindle cell carcinoma, particularly in a young female patient without typical risk factors.

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We are very thankful to all authors who put their efforts into making this project successful.



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Comparison of Efficacy and Safety of Mycophenolate Mofetil With Standard Therapy in Autoimmune Hepatitis for Induction and Maintenance of Remission: A Systematic Review and Meta-analysis

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Introduction

Autoimmune hepatitis (AIH) is a chronic inflammatory liver disease that is distributed worldwide and affects all ages. If left untreated, it can progress to cirrhosis and the prognosis is poor.

Standard treatment for AIH includes steroids in combination with Azathioprine (AZA). Mycophenolate mofetil (MMF) is one of the more commonly used rescue therapies for AIH who have insufficient response or intolerance to AZA and could be the first-line treatment given its efficacy.

Aims & Objectives

1.To compare the rates of sustained biochemical remission (ALT, AST, and bilirubin normalization) in patients receiving azathioprine versus mycophenolate mofetil.

2.To assess the incidence and severity of adverse effects, such as hepatotoxicity and gastrointestinal intolerance, in patients treated with each medication.

3.To analyze long-term histological outcomes, including fibrosis progression and resolution of liver inflammation, between the two treatment groups.

Methods

We systematically searched Medline, and Embase from inception till Sep 15, 2023.

The outcome of interest in our meta-analysis was Biochemical response (BR) defined as improvement of transaminases and IgG to normal values, with or without normal liver histology within the first 2 years of treatments. Secondary outcomes are BR of MMF in AZA non-responders (AZA-NR), AZA Intolerance (AZA-IT), Adverse Events (AEs), and overall survival.

The random effects model was used to calculate the odds ratio (OR), and pooled treatment effect (PTE) with the corresponding 95% confidence intervals of our desired outcomes. A P value of < 0.05 was considered statistically significant. Heterogeneity was assessed using the I² Index. Qualities of studies were assessed using the ROBINS-1 tool. Data analysis was performed using Revman and MedCalc softwares.

Results

In our meta-analysis, 11 studies were included with a total population of 952. 57.45% on MMF. Participants comprise an average of 50.4 in the MMF group and 49.3 in the AZA group females, 78% in the MMF group, and 73% in the AZA group; Cirrhosis, 27% in the MMF group and 23% in the AZA group.

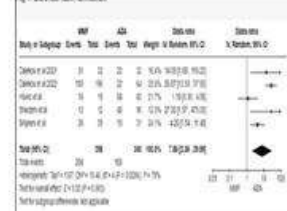
Compared with AZA, MMF is associated with higher BR (OR 7.86, 95% CI 2.06 to 29.99, I² = 79%, P < 0.05, Figure 1). The estimated improvement of PTE with MMF in AZA-NR was 61%, I² = 74%, P < 0.05, and AZA-IT was 61.73%, I² = 1.9%, P < 0.05, (Figure 2). No difference was found in comparing both groups for AE (OR 0.93, 95% CI 0.11-7.58, I² = 90%, P=0.95), and overall survival (OR 1.27, 95% CI 0.47-3.41, I² = 56%, P=0.64).

Most reported AEs were graded mild to moderate in severity, common in both groups were fatigue, and infections.

Conclusion

Compared with AZA, MMF showed higher remission rates and improved survival in patients with AIH. MMF showed an optimal response in AZA non-responders or intolerant. The validity and safety of long-term MMF need to be investigated with more rigorously designed randomized controlled trials.

Fig 1. Biochemical Remission



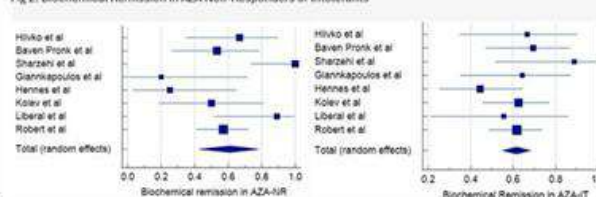
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Fig 2. Biochemical Remission in AZA Non-Responders or Intolerant





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HEALTH-RELATED QUALITY OF LIFE IN HEALTH WORKERS OF PESHAWAR, PAKISTAN

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1: MBBS Students, Khyber Medical College, Peshawar

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Introduction

The pursuit of healthcare service is challenging and assessing the quality of life (QoL) of health workers (HWs) is crucial to ensure high-quality patient care and the wellbeing of health workers. Insufficient research has been conducted into the QoL of HWs in Khyber Pakhtunkhwa, a province of over 30 million people.

Aims & Objectives

- Determine the quality of life among HWs using the WHOQOL-BREF questionnaire.
- Impact of associated variables such as age, sex, marital and employment status, healthcare setting, work shift, work experience, income, and seniority in the current position on QoL.

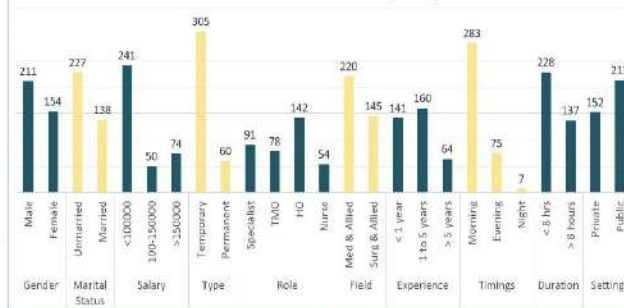
Methods

This cross-sectional study, conducted from February to May 2024, included 365 health workers (specialists, training medical officers, house officers, and nurses) presently working for at least six months in public and private tertiary hospitals in Peshawar. A sociodemographic questionnaire and the WHOQOL-BREF questionnaire were utilised to assess quality of life across four domains: Physical, Psychological, Social Relationships, and Environmental. SPSS v.26 was used for descriptive and analytical statistics with significance set at $p < 0.05$. The WHOQOL-BREF demonstrated excellent reliability and sampling adequacy of the data for factor analysis, with a Cronbach's alpha of 0.883 and KMO test result of 0.760.

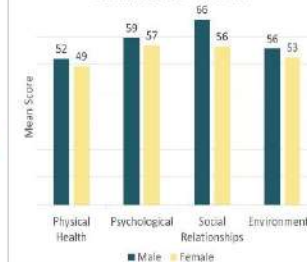
Public Hospitals (x3) – KTH, LRH, HMC
Private Hospitals (x6) – Rehman Medical Complex (RMC), Northwest General Hospital (NWGH), Peshawar Institute of Medical Sciences (PIMS), Kuwait Teaching Hospital, Mercy Teaching Hospital, Afridi Medical Complex

Results

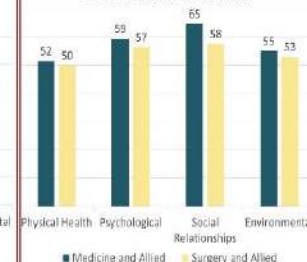
POPULATION DESCRIPTIVES (n=365)



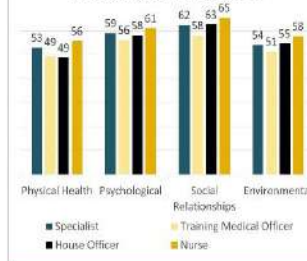
DOMAINS AND GENDER



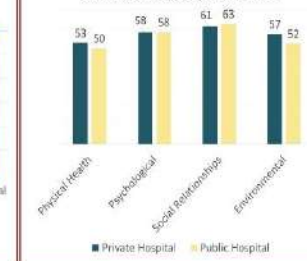
DOMAINS AND SPECIALITY



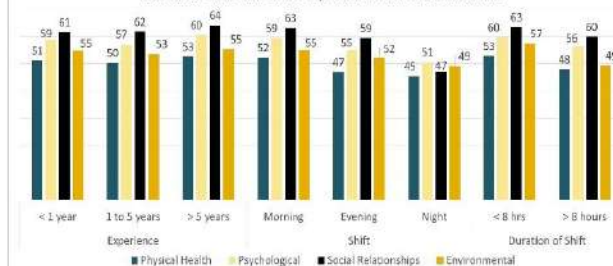
DOMAINS AND DESIGNATION



DOMAINS AND HOSPITAL-TYPE



DOMAINS AND EXPERIENCE, SHIFT TIMING & DURATION



Other Findings

CURRENT STUDY VS PREVIOUS STUDIES



Conclusion

The findings of this study indicate that quality of life of HCWs in Peshawar is comparable with that in many other nations. However, particular attention must be given to female staff, HOs, TMOs, those working in public hospitals, individuals with lower salaries, and those assigned evening or night shifts regularly or shifts longer than 8 hours to help improve overall Quality of Life.

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Myocardial Infarction in Young: A Rare Presentation of Behcet Disease

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Introduction

Behçet's disease, a rare and chronic multisystem inflammatory disorder, is characterized by recurrent ulcers in the oral and genital regions, uveitis, and skin lesions. First described by Turkish dermatologist Hulusi Behçet in 1937, the disease has since been acknowledged for its systemic involvement, impacting various organ systems and leading to significant morbidity [1]

Aims & Objectives

This case report presents a rare instance of MI in a patient with Behçet's disease, examining the diagnostic process, therapeutic considerations, and clinical implications for the management of MI in the context of this multisystem inflammatory disorder.

Case Presentation

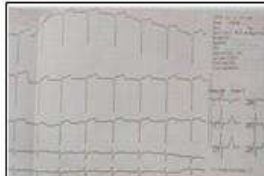
A 21-year-old male patient presented to the emergency department of a tertiary care hospital with acute shortness of breath and chest pain. The patient was hemodynamically unstable with a blood pressure of 100/60, pulse of 124 bpm, and oxygen saturation of 84% on room air with a respiratory rate of 22 breaths per minute.

Case Presentation

EKG in the ER was done, which showed ST elevation in lead V1-V3, as shown in Figure 1. The patient was stabilized in the ER. On further inquiry, that the patient's symptoms began 18 months ago with the development of skin lesions on his legs, diagnosed at that time with erythema nodosum, for which he was treated with prednisolone; the workup ruled out sarcoidosis, and he showed significant improvement.

One year ago, he experienced blurring of vision, pain, and redness in the left eye, diagnosed as pan uveitis, and treated with intravitreal triamcinolone and prednisolone, resulting in only temporary relief despite multiple ophthalmology visits. Over the past year, he also reported multiple episodes of oral ulcers and three episodes of genital ulcers. lung auscultation revealed bilateral crackles in both lung fields, on abdominal examination patient's abdomen was distended with hepatosplenomegaly, and on palpation of the abdomen, there was hepatomegaly and right upper quadrant tenderness.

Case Presentation



Echocardiography indicated regional wall motion abnormalities and an ejection fraction of 41% with trace mitral regurgitation, leading to a diagnosis of an old ischemic event with heart failure.

blood investigations showed severe liver dysfunction (ALT 230, total bilirubin 16.8, alkaline phosphatase 284), along with thrombocytopenia and coagulopathy (PT/INR 31/2.6). Ultrasound abdomen and pelvis revealed IVC thrombosis, ascites, and congestive hepatopathy. serial ECGs and troponin levels were performed, revealing normal troponin levels and persistent ST elevations

The patient was initiated on a treatment regimen that included systemic steroids and mydriatics administered as eye drops. He was prescribed Tab Azathioprine 50 mg twice daily and Tab Glyceryl Trinitrate 2.6 mg twice daily to manage his heart condition. Additionally, he received Tab Bisoprolol 5 mg for cardiac support, along with Injectable Lasix 40 mg twice daily to address fluid overload.

Conclusion

This case highlights myocardial infarction as a rare manifestation of Behçet's disease, emphasizing the importance of considering it in young patients with atypical presentation. Early recognition and management are crucial to managing vascular complications and improving outcomes.

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Hemolytic Anemia as a rare presenting feature of Wilson disease

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Introduction

Wilson disease is a genetic disorder that affects copper metabolism, usually causing liver or neurological problems. Rarely, it can first appear as hemolytic anemia due to sudden copper release into the blood. This case highlights the challenges of diagnosing Wilson disease presenting with hemolytic anemia and the importance of early treatment.

Case Presentation

A 27-year-old male presented with jaundice, nausea, and headache. He had a history of anemia requiring multiple transfusions since childhood but was never investigated. Examination revealed scleral discoloration, hepatosplenomegaly, and subnormal intelligence. Lab tests showed low hemoglobin, raised bilirubin, LDH, and reticulocyte count, with normal Coombs test, viral profiles, and coagulation studies. Further workup, including slit lamp examination, showed Kayser-Fleisch rings, low serum ceruloplasmin, and increased 24-hour urinary copper, confirming Wilson disease with hemolytic anemia.

The patient was started on penicillamine (250 mg TDS) and zinc (50 mg TDS) and advised follow-up. After three months, his bilirubin levels normalized, and hemoglobin improved from 5.7 to 10.6.

Case Discussion

TEST	Result	Unit	Normal Range
Haemoglobin	5.7	g/dl	14-18
TLC	3620	/cmm	4000-11000
Platelets	17100	/cmm	150000-450000
MCV	85	fL	76-96

Tests	Results	Units	Normal Range
Bilirubin	3.18	mg/dl	0.0-1.0
ALT	80	U/L	10-50
ALP	59	U/L	40-130

Tests	Results	Units	Normal Range
Prothrombin Time	13	seconds	12
APTT	31	seconds	30
INR	1		1.00

Tests	Results	Units	Normal Ranges
24 hours Urinary copper	142	ug/24 hrs	<60 ug/24hrs
serum Ceruloplasmin	0.3	G/L	0.2-0.6 G/L



Case Discussion

WD is an uncommon genetic copper metabolism disease. The age at onset is typically between 5 and 35 years of age, and the incidence of WD is roughly 1 in 35 000 to 100 000 live births. While neurological symptoms are more frequently seen in teens, hepatic indications of WD are more likely to emerge in early childhood. Hemolytic anaemia is a rare consequence, particularly when it is the initial sign of WD. In 42% of instances, the earliest clinical symptoms are hepatic, 34% are neurological, 10% are psychiatric, 12% are haematological and endocrinological[1,2]. In Wilson's disease, hemolytic anemia occurs due to the accumulation of copper in the body, which damages red blood cells. Excess copper leads to oxidative stress, causing the destruction of red blood cell membranes. Additionally, impaired liver function reduces ceruloplasmin levels, further releasing free copper into the bloodstream. This damage to red blood cells results in their premature breakdown, contributing to anemia[3,4].

Conclusion

In conclusion, Wilson disease should be considered in the differential diagnosis of unexplained hemolytic anemia, particularly in young patients. Early diagnosis and appropriate treatment with copper chelators can effectively manage hemolysis and prevent further liver damage, emphasizing the importance of timely diagnosis.

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“Radiological examination patient checklist compliance audit : evaluating adherence to patient related checklist”

SEHBA IQBAL, Fatma Adnan, Waqas Inayat, Sunger Yar Rekham, Nadia khan, Kashaf, Beenish Qazi, Warda Ahmad.

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Background

Radiological procedures are key for the prognosis and diagnosis of various diseases and to monitor ongoing disease progress. However, these procedures come with various risks, and different checklists are essential to safeguard patients' safety and ensure results' accuracy. This audit assesses adherence to patient-related checklists during such procedures.

Methodology

A retrospective clinical audit included 384 patients (193 males, 191 females) who underwent radiological procedures (X-rays, CT, MRI) at KTH's radiology department. Data were collected using a structured questionnaire based on the ScoR's "paused and checked" checklist¹ and analyzed with SPSS version 26. Categorical data were presented as percentages, tables, and bar charts. Hospital management approved the audit.

Results

Questions	YES (n)	%	NO	%	TOTAL (N)
1. previous same investigation performed	145	(37.8%)	239	(62.2%)	384 (100%)
2. Patient informed about procedure verbal/ written consent	159	(41.4%)	225	(58.6%)	384 (100%)
3. Pregnancy Check	37	21.38%	136	78.61%	173 (100%)
4. Was the patient asked about history of Allergies to contrast material?	64	24.06%	202	75.93%	266 (100%)
5. Was the patient vitally stable?	337	(87.8%)	47	12.23%	384 (100%)
6. If patient not vitally stable, Was he/she accompanied by someone from the department?	21	44.68%	26	55.31%	47 (100%)
7. Did they notify the notify the radiology department before Sending the patient?	23	48.93%	24	51.06%	47 (100%)
8. Was the patient asked about having any CI to MRI (metal implants, pacemaker or other incompatible devices)?	81	48.21%	87	51.78%	168 (100%)
9. Was the patient asked about having renal insufficiency (for CT Scan only)?	101	49.75%	102	50.24%	203 (100%)

Conclusion

This clinical audit revealed significant deficiencies in radiology practices at Khyber Teaching Hospital, the findings emphasize the need for improved safety measures, better staff training, and enhanced communication to ensure safe and effective radiological services.

Aims & Objectives

The goal is to establish a standard in order to carry out proper preparation before such procedures and follow safety protocols. By identifying gaps and improving compliance, we aim to enhance the quality of patients' safety and care.

Recommendations

we recommend that the provided checklist be used consistently for all radiological procedures. It should be completed by the consultant or TMO before referring the patient and then reviewed by the radiology department team before the procedure.

Name of patient: _____ Age: _____ OPD / Ward: _____
 Bed number: _____ Date: _____
 Referring CONSULTANT Name: _____
 Referring TMO Name: _____ Sign: _____
 Investigation ordered:
 X-RAY ☐ CT SCAN ☐ MRI ☐
 Site: _____
 Information: _____

ITEMS	YES	NO	REMARKS
1. Has a similar investigation been previously performed on the patient?			
2. Has the patient been informed about the procedure (verbal or written)?			
3. Is the patient currently pregnant? (For Reproductive age Female only)			
4. "Does the patient have any history of allergic reactions to contrast material?"			
5. Is the patient hemodynamically stable?			
6. If the patient is not stable, will they be accompanied by a staff member from the department? (where applicable)			
7. If the patient is not stable, has the radiology department been notified prior to the procedure?			
8. Does the patient have any contraindications for MRI such as metal implants or pacemaker?			
9. Does the patient have a history of renal insufficiency? (For contrast use)			

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Risk Factors of Kidney Stones in Khyber Pakhtunkhwa, Pakistan: A Descriptive Cross-Sectional Study

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Hayatabad Medical Complex, Peshawar, Pakistan

Introduction

Renal calculi, commonly known as kidney stones, affect approximately 12% of the global population, often resulting in mild to severe pain and complications such as infection and renal failure. The causes are multifactorial, involving lifestyle factors, genetic predisposition, and various medical conditions. Despite advancements in treatment, the incidence of kidney stones is on the rise, especially in regions like Asia's stone belt, which includes Pakistan as well.

Aims & Objectives

This study investigates the risk factors associated with kidney stones in patients at the Hayatabad Medical Complex, Peshawar, Pakistan, with the goal of informing healthcare policymakers and educating patients to reduce the prevalence and economic burden of the disease in the region.

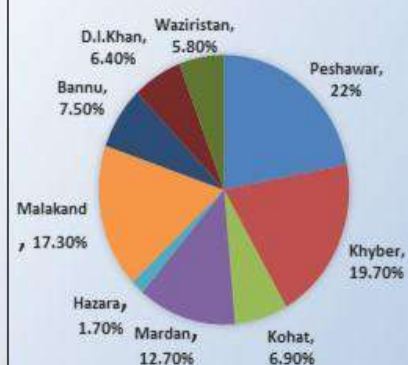
Methods

Over a four-month period, 173 patients admitted to the department with confirmed urolithiasis were recruited using a consensus sampling technique. Inclusion criteria were adults aged 18 or older residing in Khyber Pakhtunkhwa, Pakistan. Exclusion criteria included pregnancy, incomplete medical records, secondary causes of renal stones, and unwillingness to participate. Data on socio-demographic factors, clinical history, and lifestyle habits were collected through structured interviews. Descriptive analysis was performed using SPSS software version 23 (IBM Inc, Armonk, New York).

Results

The study findings indicate that kidney stones were notably prevalent among patients aged 31 to 45 years, with 85 cases identified, comprising 49.1% of the study participants. Furthermore, a significant proportion of affected individuals were males, accounting for 94 cases (54.3%). Those with primary schooling or lower education comprised 106 cases (61.3%), and 124 individuals (71.7%) had lower socioeconomic status. Overweight individuals constituted 81 cases (45.8%) of the total. The study also found a considerable prevalence among residents of rural areas, with 128 cases identified (74.0%). Additionally, 104 cases (60.1%) had a personal history of renal stones. Insufficient water intake was prevalent among 122 individuals (70.5%), while daily consumers of more than one cup of tea also exhibited a higher prevalence, with 97 cases identified (56.1%). Lastly, individuals with a high sodium diet were notably affected, with 112 cases (64.7%) recorded.

Figure 1: Pie chart depicting the geographical distribution of the study participants



Conclusion

In summary, individuals aged 31-45, males, those residing in rural areas, with lower educational and socioeconomic status, insufficient water intake, a diet high in sodium, personal history of kidney stones, and overweight are at higher risk of urolithiasis. Public education on preventive measures is essential to decrease the incidence of kidney stones and enhance quality of life.

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A STUDY ON KNOWLEDGE AND PERCEPTIONS ABOUT BARRIERS OF
DOCTORS TOWARDS TELEMEDICINE IN PUBLIC TERTIARY CARE HOSPITALS
IN PESHAWAR

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Introduction

Telemedicine has revolutionized healthcare by improving access and reducing healthcare costs, especially in resource-limited areas like Pakistan. Yet, its adoption is hindered by infrastructure challenges and technological barriers [1].

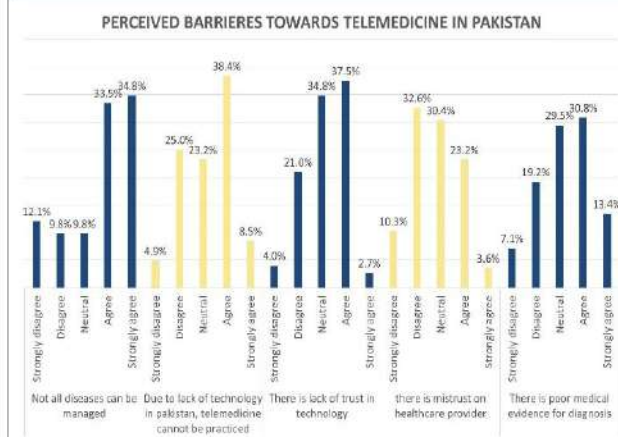
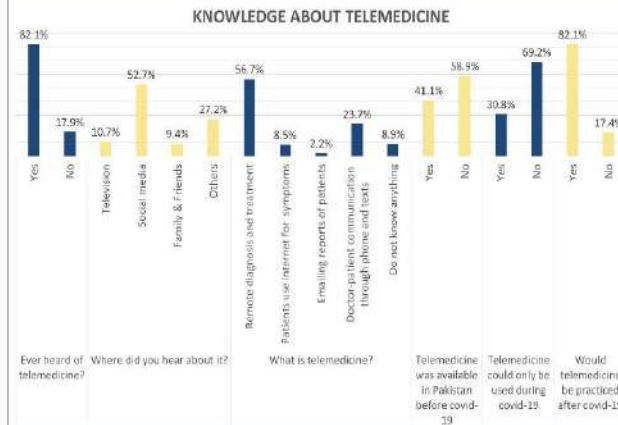
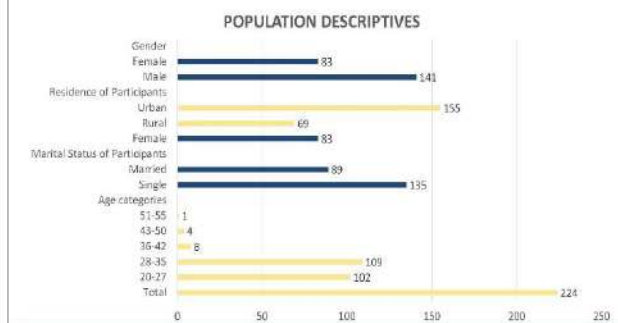
Aims & Objectives

This study aimed to assess the knowledge, perceptions, and barriers faced by healthcare workers in Peshawar, uncovering opportunities to enhance healthcare delivery.

Methods

This cross-sectional analytical study included 224 doctors from House Officers to Consultants working in public tertiary care hospitals in Peshawar. Data was collected via a structured questionnaire covering demographics, knowledge of telemedicine, and perceptions of barriers to its adoption. Descriptive and inferential statistics, including cross-tabulations and correlation analyses, were used to analyze the data and identify significant relationships between variables.

Results



Other Findings

Females showed greater distrust in technology, consistent with other studies [$p < 0.001$] [2]. There was not any significant variation in the knowledge and perception scores of doctors across various hospitals ($p > 0.001$). Those having knowledge about telemedicine had positive attitudes towards its future practice ($p < 0.001$).

Conclusion

These findings highlight the need for targeted strategies to enhance telemedicine adoption in Peshawar by addressing technological and gender-specific barriers. Improving infrastructure and increasing awareness among healthcare professionals could facilitate the integration of telemedicine into Pakistan's healthcare system.

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Acknowledgments

We acknowledge the help of Dr Kashif and Ramsha Hamid in designing of questionnaire and his guidance throughout conduct of the study.



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A Challenging Diagnosis of Huntington's Disease: Case Report

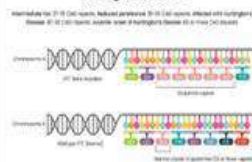
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Introduction

Huntington's disease (HD), one of the most common hereditary diseases of the brain, is an autosomal dominant neurodegenerative disease, caused by mutations (CAG tri-nucleotide repeat expansion) in the Huntingtin gene (HTT) on Chromosome 4. It is characterized by neurological and psychiatric symptoms including movement disorders (most commonly chorea), dementia, depression, and other cognitive disturbances. The mean age at onset varies from 30-50 years with the median age being 45 years. Diagnosis is dependent upon genetic testing which usually reveals >40 copies of the CAG tri-nucleotide in the affected gene.

Huntington's Disease



Characteristic features may also be seen on MRI. There is no curative treatment available for HD and management relies upon symptomatic and supportive measures. Its prevalence in Asia has been reported to be significantly lower than in the Western world by multiple studies.



An explanation suggested for this lower prevalence is the under-diagnosis of HD due to religious and cultural beliefs, social stigma, lack of genetic and neurological testing resources and a refusal to undergo genetic testing. We present the case of a 38-year-old Pashtun male with chorea eventually diagnosed as HD, who posed a diagnostic challenge due to his mild clinical features, no documented history of HD in his parents, young age, geographic location, and features suggestive of Wilson's disease.

Case Presentation

38-year-old Pashtun male with no previous co-morbidities presented to the hospital with mild cognitive impairment and clumsiness for the last 1 year. He also complained of generalized body weakness and bilateral lower limb pain for the previous few days. His memory and attention were slightly impaired but he was otherwise doing well and had no significant past medical or surgical history. He gave a history of symptoms similar to the current symptoms in his 7-year-old son. The rest of his family history was unremarkable. The patient had no history of drug use or abuse and was from a poor socioeconomic background. On examination, he was found to have a blood pressure of 110/80 mmHg, SpO2 of 92%, and a pulse of 91 bpm. Neurological examination revealed chorea of the upper face and head. There was head bobbing and random irregular blinking of the eyes along with enlarged palpebral fissures, elevation of the eyebrows, and marked contraction of the frontalis muscle. He was unable to perform the tandem gait and had reduced arm swing while walking. There was no chorea in the extremities. The rest of his organ systems were normal on examination. Laboratory investigations revealed normal Hb (14.3 mg/dl), Ferritin, Folate/B12 levels and ESR. His MCV, however, was low (63 fl). His TFTs were normal and Treponema Pallidum Hemagglutinin (TPHA) test results were negative. Based on his findings, the primary team suspected Wilson's disease and ordered Serum Ceruloplasmin testing, which was also normal (23.9 mg/dl). He was referred to the Ophthalmology Department to look for Kayser-Fleischer Rings, which were not found on slit lamp examination. By this time, the patient had already been admitted for 5 days.

The only treatment he had received during this period was intravenous multivitamins. An MRI of the brain showed dilatation of the frontal horns secondary to atrophy of the caudate nuclei. [Image 1 and Image 2]



Image 1: MRI Brain Coronal View: Left: MRI of the patient showing dilatation of the lateral ventricles (red arrows). Right: MRI with normal ventricles for comparison.



Image 2: MRI Brain Horizontal View: Left: MRI of the patient showing dilatation of the frontal horns of the lateral ventricles (red arrows). Right: MRI with normal ventricles for comparison.

Based on these findings, he was advised genetic testing for CAG repeat which revealed 18 CAG repeats in one allele and >40 CAG tri-nucleotide repeats in the other allele of the HTT gene on chromosome 4, thus confirming the diagnosis of Huntington's disease. There is no curative treatment for this condition. Based on the patient's mild symptoms accompanied by the fact that they did not cause any distress to the patient, he was discharged without any medication to avoid causing side effects of drugs. Still, he was scheduled for regular follow-up visits to re-evaluate his symptoms and the need for symptomatic treatment.

Conclusion

HD can be a challenging diagnosis and can easily be missed if the threshold for suspicion is not kept low. Symptoms may be very mild initially, and MRI and genetic testing should be advised to diagnose the condition early. Although one of the parents usually has HD diagnosed in their lifetime, it may also have been missed in some cases and the absence of an HD diagnosis in the parents should not be used to rule out HD. Further studies are required to find out the true prevalence of HD in Asia and to investigate the factors that may be influencing its prevalence or delaying diagnosis.



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Prevalence of Diabetic Retinopathy and Correlation with HbA1c in Patients Admitted in Khyber Teaching Hospital Peshawar

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Introduction

- Diabetes mellitus is a syndrome with disordered metabolism characterized by hyperglycemia over a prolonged period. Its effects include long-term complications, dysfunction and failure of various organs.¹
- Microvascular complications include retinopathy, nephropathy, neuropathy and cardiomyopathy.²
- For predicting prevalence of development of diabetic retinopathy, HbA1c values has been considered quite specific and sensitive.³ The prevalence of retinopathy is very low at HbA1c 6.5-6.8% and becomes moderate or severe at 6.9% and above, rendering HbA1c threshold of 6.5% for detecting any retinopathy.

Aims & Objectives

- To determine the prevalence of Diabetic Retinopathy in patients admitted in Khyber Teaching Hospital Peshawar.
- To co-relate the different stages of Retinopathy with the HbA1c levels.

Methods

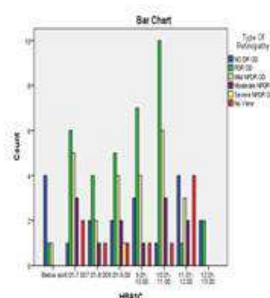
- Cross sectional study at the Department of Ophthalmology, Khyber Teaching Hospital, MTI, Peshawar from December 2019 to May 2020.
- All patients over the age of 15 years who were diagnosed with diabetes mellitus were included in the study. Patients who had cataract or retinopathy due to other diseases were excluded.
- OPD admissions
- Blood pressure, HbA1c and visual acuity recorded.
- Screening done by Optos ultrawide screen and OCT.
- Diabetic retinopathy was classified as non proliferative (mild, moderate or severe) and proliferative diabetic retinopathy.



- Those with hazy views were classified as proliferative diabetic retinopathy because of vitreous hemorrhages from neo vascularization.
- Data was collected and analyzed by software SPSS version 20.0.

Results

- 103 Diabetic patients
- Male to Female patient's distribution ratio was 47:56 (45.64%:54.36%) respectively. Majority of patients lied between 30-70 years.
- DR was found in 69 patients with a prevalence of 66.9%.
- Non-proliferative diabetic retinopathy (NPDR) was seen in 35 patients (50.7%) while proliferative diabetic retinopathy (PDR) was present in 34 (49.3%) patients.
- No view was seen in 13 (12.6%) patients and was attributed to vitreous hemorrhages with or without tractional retinal detachment (TRD). Rest of the patients i.e. 21 (20.4%) had no diabetic retinopathy.



- Patients having HbA1c below 6% showed no evidence of DR.
- The presence of PDR was seen at almost all ranges of HbA1c compared to NPDR. Most cases of PDR and NPDR were seen in patients having HbA1c ranges between 8 to 11%.
- The optimal HbA1c cutoff for detecting any diabetic retinopathy was 6.6 %,

Conclusion

- In our study the higher frequency of retinopathy is alarming by considering it one of the leading causes of blindness in working class. Routine ophthalmologic examination is highly recommended along with diabetes control.

Acknowledgements

- This Research was possible due to the efforts of Mr. Manzoor Hussain, Optometrist, KTH Ophthalmology Unit.

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Link for Article



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A Case of Hereditary Spastic Paraplegia- A Neurological Conundrum

Mariyah Saqib Qureshi, Awais Naeem, Fahad Naim, Nadia Raheem, Muqsit Ali Shaukat

Department of Medicine, Khayr Teaching Hospital

Introduction

Hereditary Spastic Paraplegia (HSP) is a rare group of diverse, degenerative inherited diseases that affect the nervous system.

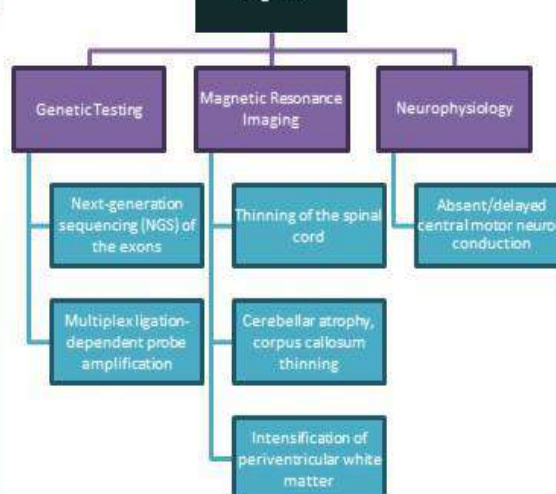
It has multiple inheritance patterns and may be AD, AR, XR, or even maternal and the patient may not always give a positive family history¹

Intervention

A diagnosis of Pure Hereditary Spastic Paraplegia Type II, adult variant was made after excluding other possible causes.

The patient was started on Baclofen 10mg thrice a day, Pre-gabalin 50mg once a day and Atorvastatin 10mg once a day. He was also given multivitamins.

Diagnosis



Case Presentation

- A 44-year-old Pakistani male, presented to us with progressive bilateral lower limb weakness, spasticity and abnormal gait since the last 3 years.
- He had no comorbidities and no family history of neurological illnesses.
- He complained of lower limb muscle fatigue, inability to walk for more than 4-5 minutes with associated paresthesia and numbness as well.
- He also complained of urinary urgency.



MRI Brain-FLAIR sequence; shows hyper-intense signals in periventricular white matter and centrum semi-ovale region on FLAIR sequence.

Evaluation

Clinical Examination

- Wide scissoring gait, Bilateral hypertonia in lower limbs with hyperreflexia at the knee and ankle. Power was 5/5 in all limbs
- Upper Limb Examination was unremarkable
- Babinski Reflex and Romberg's positive.
- Reduced lower limb Vibration sense.
- Cerebellar and Cranial nerve examination unremarkable

Laboratory investigations

Metabolic profile, inflammatory markers and auto-immune profile were normal. Screening for Muscular dystrophy, Myasthenia Gravis, Auto-immune encephalitis and multiple sclerosis was clear.

Nerve Conduction studies revealed mild axonal neuropathy in bilateral lower limbs.



MRI diagnostic feature "Ears of the Lynx sign" which shows an abnormality at the fornice minor of the corpus callosum appearing hyper-intense on T2-FLAIR-weighted and hypo-intense on T1-weighted images.



Discussion

- HSP is characterized by degeneration of the corticospinal tract.²
- A recent study detects the prevalence to be 2.4/100,000 based on genetic/ clinical diagnosis/ both.³
- They may be classified by their symptoms: pure or complex, the genotypes (more than 82 loci/genes i.e. SPG1-SPG82) and the age of manifestation.⁴
- Most prominent clinical manifestation is progressive bilateral lower limb weakness with spasticity.
- Current treatments focus on symptoms, including muscle relaxants, neuroopathic treatments and physical therapy, while ongoing research explores gene therapy and cholesterol-lowering strategies for certain phenotypes.⁴

Conclusion

HSP was a diagnosis of exclusion in our patient.

For such rare diseases it is essential to focus on the clinical examination and history taking of the patient as well as picking MRI findings and correlating them.

We hope that in the future we would have access to genetic testing facilities for this disease so that the patient could be labelled with more certainty.

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A Strange Leukoerythroblastic Reaction in an Alpha thalassemia patient- A Case Report

Mariyah Saqib Qureshi, Awais Naeem, Fahad Naim, Noor Ayaz, Sabahat Imdad, Shaashan Himayat
Khyber Teaching Hospital

Introduction

- A leukoerythroblastic reaction is characterized by both immature erythroid and myeloid precursor cells in the peripheral blood
- Indicating bone marrow stress or a reactive marrow response.¹
- Which happens with disrupted hematopoiesis due to marrow infiltration, myelofibrosis or severe systemic stressors like infection or hemolysis.²
- In peripheral blood it is commonly accompanied by anemia and an elevated white blood cell (WBC) count.³

Investigations & Management

TLC COUNT : 256,700
Correct WBC Count: 163,00
Smear Findings:

- Anisocytosis, Poikilocytosis, Polychromasia, Fragmented RBCs
- Elliptical cells, Tear Drop Cells, Howell Jolly bodies,
- Myelocytes and Metamyelocytes, Increased platelets.

Management

- IV Piperacillin-Tazobactam,
- IV Dexamethasone, folic acid and Febuxostat.
- He was discharged on oral antibiotics, oral prednisolone for 10 days and advised monthly IM Benzathine Penicillin Injections.

Discussion

Leukocyte count in leukoerythroblastic reactions can exceed 100,000 cells/ μ L, particularly when associated with an underlying infection or hemolytic crisis.⁴ The precipitating factor may be concurrent alpha thalassemia and Splenectomy due to the tendency for hemolysis and severe inflammatory response leading to release of immature cells in the blood stream.³ According to a systematic review 7.6% of leukoerythroblastic reactions were due to hemolytic diseases and 9.3% due to infections.⁵

Conclusion

- This differential approach, combined with a positive response to targeted antibiotic therapy and steroids, helped clarify the underlying cause as infection-triggered hemolysis in a post splenectomy patient with alpha thalassemia.
- Reporting this case may aid in managing similar cases, particularly for clinicians treating complex hematologic and infectious presentations in post splenectomy thalassemia patients.

Case Description

History

A 14-year-old boy presented to us with fever, vomiting and dyspnea on exertion since 10 days. He also complained of abdominal pain and hematuria. He had a history of Splenectomy 8 years ago due to hypersplenism secondary to HbH disease (Alpha thalassemia). His sister also had Alpha thalassemia and had undergone splenectomy as well.

Examination

He was pale, tachycardic, JVP was raised

Abdominal examination:

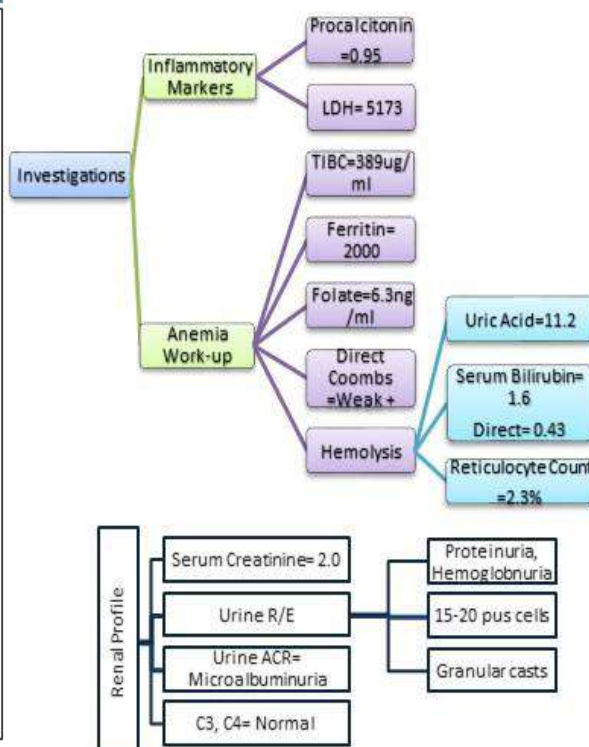
Splenectomy scar in left hypochondrium
Hepatomegaly.

Precordium examination:

S1 was loud with gallop rhythm

Chest examination:

Bilateral basal crepitations



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Atypical Presentation of Bacterial Meningitis in an Elderly – A Case Report

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Dr. Haider Ali Khyber Teaching Hospital-MTI

Abstract

Background: Bacterial meningitis typically presents with fever, headache, neck stiffness, and altered mental status. However, atypical presentations can complicate diagnosis and treatment.
Case Presentation: We describe a case of bacterial meningitis in a 65-year-old male who initially presented with sudden onset lower back pain, right lower limb pain along with weakness, right lower limb swelling, and fever, without the classic symptoms of neck stiffness or altered mental status. His condition was initially suspected as multiple myeloma with lumbar pathology, misdiagnosed as a urinary tract infection (UTI), and later complicated by seizures. The diagnosis of bacterial meningitis was confirmed via cerebrospinal fluid (CSF) analysis and MRI Brain with contrast, and treatment was initiated.
Conclusion: This case highlights the importance of considering bacterial meningitis in elderly patients with atypical presentations to avoid diagnostic delays and complications.

Introduction

Acute bacterial meningitis is a severe infection of the meninges requiring urgent recognition and treatment, as any delay in antibiotic therapy significantly worsens prognosis. *Streptococcus pneumoniae* is the most common causative organism in adults, accounting for 72% of cases, while *Neisseria meningitidis* causes about 11%. Risk factors include advanced age, immunosuppressive conditions, and use of immunosuppressive medications. The classic triad of fever, neck stiffness, and altered mental status occurs in only 44% of cases, but 95% of patients present with at least two symptoms: headache, fever, neck stiffness, or mental status changes. Atypical presentations—such as gastrointestinal symptoms, back pain, or focal neurological deficits—are less common but can delay diagnosis. Focal deficits may result from conditions like subdural empyemas, cerebral abscesses, or intense meningeal inflammation, potentially leading to neuronal necrosis and cerebritis [1-5].

Objective
This case highlights an atypical presentation of bacterial meningitis in an elderly patient, emphasizing the importance of maintaining a broad differential diagnosis to avoid delays and ensure timely treatment, which is critical to preventing permanent neurological damage or death.

Case Description

A 65-year-old male with type 2 diabetes mellitus (HbA1c: 8 mmol) and hypertension presented with sudden lower back pain, right lower limb pain, swelling, and high fever (103°F–105°F) for five days. His medical history included left ear deafness from herpes simplex infection and chronic bronchitis. Initial lab findings showed leukocytosis, thrombocytopenia (platelets 98,000/μL), and pyuria, leading to a misdiagnosis of urinary tract infection (UTI). Despite ciprofloxacin, symptoms worsened with progressive limb swelling and weakness. Orthopedic evaluation ruled out spinal pathology with normal lumbar spine MRI findings, and Doppler ultrasound excluded DVT and cellulitis. By day five, his condition deteriorated with vomiting, drowsiness, and a generalized tonic-clonic seizure. In the ER, his GCS was 8/15 with hypotension (90/60 mmHg) and exaggerated reflexes. CT brain showed diffuse edema without ischemia or hemorrhage. An MRI brain with contrast revealed meningeal enhancement and a 10.6 mm cortical lesion in the left frontal lobe consistent with focal cerebritis. Lumbar puncture confirmed bacterial meningitis, with cloudy CSF (WBC: 640/cmm, glucose: 9 mg/dL, protein: 1230 mg/dL) and Gram-positive diplococci. He was started on IV ceftriaxone, vancomycin, and dexamethasone, leading to neurological improvement despite residual weakness and hearing loss.

Conclusion

This case highlights the need to consider bacterial meningitis in patients with atypical symptoms, particularly when classic signs like neck stiffness or altered mental status are absent. Atypical presentations, such as lower back pain, limb swelling, and fever, may mimic other conditions, delaying diagnosis. Early lumbar puncture and timely antibiotic treatment are crucial in preventing severe outcomes. Clinicians should maintain a broad differential diagnosis and a high index of suspicion in cases with unexplained systemic or musculoskeletal symptoms to avoid delays and reduce morbidity and mortality.

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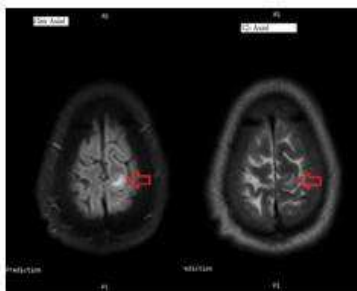


Figure 1 - MRI of patient a) FLAIR - Axial b) T2 - Axial - Cortical Based FLAIR and T2W signals intensity focus measuring 10.6x10.5mm (AP x TR) in the high left frontal lobe - Left focal frontal Cerebritis

Discussion and Literature Review

Bacterial meningitis is a life-threatening condition that often presents with fever, headache, neck stiffness, and altered mental status. However, only 44% of patients exhibit the classic triad, while 95% have at least two of the following: headache, fever, neck stiffness, or altered mental status. This variability highlights the importance of clinical suspicion, especially in atypical cases. Delayed diagnosis, as seen with atypical presentations, increases the risk of complications such as cerebritis, abscess formation, or infarctions. Pneumococcal meningitis is a common cause of focal neurological deficits, often due to cerebral infarctions, subdural empyema, or abscesses. Though rare, lower back pain and unilateral limb swelling can be atypical signs of bacterial meningitis, sometimes seen in subarachnoid hemorrhage or post-stroke patients. Early lumbar puncture and CSF analysis are crucial for diagnosing bacterial meningitis, even in cases without classic symptoms. Timely recognition and treatment prevent complications, reducing morbidity and improving patient outcomes. clinical suspicion [1-5].

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Supportive care plan

Jawad Ahmad khan

Midland Metropolitan hospital Birmingham, united kingdom

Introduction

What is SCP and why is needed?

The supportive care plan is an end-of-life care plan that is used to ensure that anyone with an advanced life-limiting illness receives the best possible care. The care plan ensures that patients' wishes are at the center of all decision-making in the last months, weeks and days of their life.

Supportive and Palliative Care Indicators Tool (SPICT) - is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs.

Aims & Objectives

Aims: To evaluate end of life care practice in elderly care wards in MMUH hospital compared to gold standard nation wide for usage of SPICT/SCP including various aspect of end of life care.

Objectives:

- Do the elderly care wards in MMUH have good standard of end of life care. Do they adhere to following:
- SPICT completion
- SCP commenced
- Reason for end of life documented
- Family involved in the discussion
- Preferred place care discussed or not
- Medication rationalized

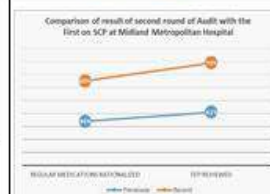
Methods

The current quality improvement cycle comprising of 3 audit cycles focused on end-of-life care, key variables include the patient's age and gender, alongside the application of SPICT criteria to assess suitability for palliative care. The completion of advance care planning (SCP) and documentation of reasons for SCP or end-of-life care were used as primary variables. The other variables employed in the data collection tool were discussions with family members and identifying the preferred place of death in an attempt to provide personalized insights. Additionally, the prescription of anticipatory medications and the rationalization of existing medications were gauged to ensure preparedness and appropriate medical management during end-of-life care.

Results

Results compared with the previous audit

Max Age 95, Min Age 70
Mean 83.1, Male 25, Female 27
SPICT used 8 (15%)
SCP commenced 33 (63.5%)
Reason for SCP/EOLC documented 37(71%)
Family Discussion 39 (75%)
Preferred Place of Death Discussed/Documented 21 (40%)
Anticipatory Meds Prescribed 42 (81%)
Regular Meds Rationalized 34 (65%)
TEP reviewed/updated 41 (79%)



Conclusion

Supportive care plan is very crucial at the last phase of life and evidence suggested that most of the elderly population suffered from distress, pain and had undignified death which they and their family didn't wish to. Early intervention reduce patient and family distress un-necessary admission to hospital, addressing patient concerns/wishes. Supportive care plan is neglected part in every health care system and needs more focus as has been given to other area of palliative medicine. Early recognition of those who are in their last phase of life can be developed using an objective scoring system like SPICT. Medications ought to be rationalized to avoid unnecessary side effects and prescription of anticipatory medications ensured for a symptomatic relief. In conclusion this affords a holistic approach that keeps patient and family at the center of care.

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Frequency of Acute Kidney Injury among Neonates with Birth Asphyxia Presenting At Tertiary Care Hospital in Khyber Pakhtunkhwa.

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1. Lady Reading Hospital Peshawar

Introduction

Restricted flow of blood or oxygen delivery to the newborn or fetus during the time around birth can result in serious physiological and neurologic effects, known as perinatal asphyxia. [1]. As a consequence, anaerobic glycolysis and lactic acidosis occur. The neurological implications of perinatal hypoxia are referred to as neonatal hypoxic-ischemic encephalopathy. [2]. In the end, decreased oxygen supply to the brain can also lead to hypoxic-ischemic encephalopathy. The duration of hypoxia has a critical role in the outcome of the patient in terms of its complications. [3].

Aims & Objectives

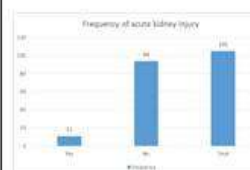
To evaluate the frequency of acute kidney injury among neonates with birth asphyxia presenting at tertiary care hospitals from August 2023 to February 2024.

Methods

A cross-sectional study was conducted using a consecutive non-probability sampling technique. It was performed on 105-term neonates, i.e., born during 37-42 weeks of gestation of either gender who presented with birth asphyxia. Statistical software (IBM SPSS 26) was used to enter and analyze the data.

Results

The incidence of AKI in mothers with preeclampsia is 5 (45.5%) and 6 (54.5%) for having no preeclampsia. For birth weight 1.9 to 2.5Kg 7(63.6%) we had AKI while for those above 2.5 Kg only 4 (36.4%) had AKI. 4(36.4%) out of 11 AKI neonates had gestational age from 37 to 39 weeks and 7(63.6%) had more than 39 weeks gestational age.



Figure, 2 Frequency of acute kidney injury among total neonates

	Preeclampsia		Total	P value
	Yes	No		
Acute kidney injury	Yes: 5 (45.5%)	6 (54.5%)	11	0.85
	No: 40 (42.6%)	54 (57.4%)	94	
Total	45 (42.9%)	60 (57.1%)	105	

Table 1, Comparison of acute kidney injury with preeclampsia

Conclusion

The frequency of acute kidney injury was 10.5% and no significant difference was found for other variables such as gestational age, and mode of delivery mothers with preeclampsia history.

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A Comparative Study to Evaluate the Efficacy of Skin Microneedling and Platelet Rich Plasma (PRP) Combination Versus Skin Micro Needling Alone for the Treatment of Atrophic Facial Acne Scars using Goodman and Baron's Grading

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1. Lady Reading Hospital Peshawar, KP, Pakistan. 2Hayatabad Medical Complex, Peshawar, KP, Pakistan.

Introduction

Acne vulgaris is a persistent skin condition characterized by the obstruction and irritation of pilosebaceous units, which consist of hair follicles and sebaceous glands. [1]. Facial scarring is equally prevalent in both males and females and is observed in 75% of acne patients [2]. Post acne scars resulting from highly inflammatory papulopustular and nodulocystic lesions are associated with reduced self-esteem and significant psychological distress, necessitating appropriate treatment [3].

Aims & Objectives

To assess the effectiveness of a combined treatment using skin micro needling and platelet rich plasma (PRP) compared to skin micro needling alone in treating atrophic facial acne scars.

Methods

Randomized control trial (RCT) and comparative study were conducted in department of Dermatology, MTI/Lady Reading Hospital, Peshawar, for the duration of one year. Out of 100 patients 50 were included in each group in the study. Group-A was treated with skin micro needling and PRP while Group-B with skin micro needling alone for the treatment of atrophic facial acne scars.

Results

Females were predominant in both groups. Combined therapy with micro needling and PRP reported 82% efficacy while skin micro needling alone showed 62% efficacy for the management of atrophic scars from face acne ($p=0.026$).



Figure 1. Patient Distribution by Gender.

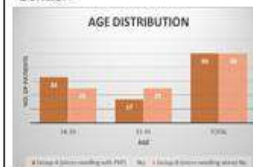


Figure 2. Distribution of patients by age.



Figure 3. Graph of Efficacy of Group A and B

Conclusion

- Combination of skin micro needling and platelet rich plasma (PRP) is more effective than needling alone for the treatment of atrophic facial acne scars.

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Drug-Induced Acute Pancreatitis in a Young Female : Semaglutide a Potential Trigger

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Introduction

- Obesity is a leading health challenge, contributing to cardiovascular diseases, Type 2 diabetes, and cancers, while also burdening global economies.
- GLP-1 receptor agonists like semaglutide have emerged as effective treatments, with studies showing significant weight loss of up to 15% over 72 weeks.
- Approved by the FDA in 2021 for weight management in patients with a BMI ≥ 27 and comorbidities, semaglutide has become a popular choice.
- This case details a young female with no prior comorbidities diagnosed with acute pancreatitis three months after starting semaglutide, underscoring the importance of vigilance for rare adverse effects.

Case Summary

History :

A 30-year-old woman with a BMI of 30 kg/m² and no prior comorbidities presented with severe upper abdominal pain radiating to the back for five days, accompanied by two episodes of non-bilious vomiting.

She had no history of alcohol use, trauma, or surgeries. Her current medications included semaglutide (initiated three months earlier) and anti-hyperlipidemics.

Examination : revealed epigastric tenderness.

Investigations : showed elevated lipase (227 U/L) and ALT (71 U/L). CECT abdomen confirmed mild acute pancreatitis (fig. below)

Management : She was NBM & was managed conservatively with IV fluids and pain control. Her symptoms resolved by day four and she was discharged with advice to discontinue semaglutide and anti-hyperlipidemics,

Discussion

- Semaglutide, a GLP-1 receptor agonist, is widely used for Type 2 diabetes and obesity due to its weekly dosing and significant weight loss effects. It works by increasing insulin, suppressing glucagon, and reducing appetite.
- While large trials like SUSTAIN-6 show no link to acute pancreatitis, other studies suggest a possible association with GLP-1 agonists.
- In this case, the patient had no typical pancreatitis risk factors, and recent semaglutide use is the likely cause. Imaging ruled out other causes.

Conclusion

- Case suggests a possible connection between Semaglutide use and acute pancreatitis in a patient without comorbidities or clear risk factors.
- Highlights the need for vigilance regarding potential side effects of Semaglutide, even in the absence of known pancreatitis risk factors.
- Physicians should monitor for early pancreatitis signs and promptly discontinue the drug if necessary.



Semaglutide injection



CECT Abdomen : shows a bulky of 2 pancreas with irregular outlines, minimal peripancreatic fat stranding, no fluid collection, CT severity index

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Unexpected Pulmonary Embolism in a Young Cannabis User: A Case Study of a 22-Years Male with No Comorbidities and Negative Thrombophilia Screen

Sadiq Ali Shah¹, Kamran Ahmad²

Introduction:

- **Pulmonary Embolism (PE):** A serious condition often linked to immobilization, surgery, trauma, or inherited thrombophilia, with high morbidity and mortality.
- **Cannabis and Cardiovascular Risk:** Cannabis use has been implicated in cardiovascular events, including venous thromboembolism and myocardial infarction, particularly in young adults.
- **Objective:** To present a rare case of PE in a 22-year-old cannabis user without traditional PE risk factors, emphasizing the need for a broad differential diagnosis in similar cases.

Methods:

- **Patient Profile:** 22-year-old male; no significant medical history, with cannabis use reported over the past eight months.
- **Presenting Symptoms:**
 - Worsening dyspnea over 20 days, intensified in the last 3 days.
 - Sharp, pleuritic chest pain, exacerbated by breathing.
 - Tachycardia (110 bpm) and oxygen saturation of 84% on room air.
- **Clinical Evaluation:**
 - **Vital Signs:** Mild respiratory distress with no fever; blood pressure of 120/75 mmHg.
 - **Cardiovascular Examination:** Tachycardia, regular rhythm, no murmurs.
 - **Respiratory Examination:** Decreased breath sounds at the right lung base.
- **Diagnostic Tests:**
 - **Electrocardiogram (ECG):** Showed sinus tachycardia with an S1Q3T3 pattern (figure 1).
 - **D-dimer:** Elevated to 960 ng/mL (normal <500 ng/mL).
 - **CT Pulmonary Angiography:** Large filling defect in the pulmonary artery confirming PE (figure 2).
- **Additional Tests:**
 - Normal complete blood count and renal function.
 - Negative thrombophilia panel and autoimmune markers.

Results and Discussion:

- **Diagnosis:** Confirmed PE based on elevated D-dimer, CT findings, and clinical presentation.
- **Treatment:**
 - Initiated on enoxaparin for anticoagulation.
 - Transitioned to long-term oral anticoagulant therapy following stabilization.
 - Discharged with close monitoring and follow-up for symptom recurrence or bleeding risks.
- **Clinical Implications:**
 - **Mechanism of Cannabis-Related Thrombosis:** Possible effects include vasospasm, plaque rupture, and platelet aggregation. Cannabinoid receptors (CB1 and CB2) on platelets may influence thrombotic processes.
 - **Relevance in Young Adults:** This case is significant due to the absence of traditional PE risk factors, suggesting that cannabis use could be an under-recognized risk factor for PE in young, otherwise healthy individuals.

Figure 1: ECG showing S1Q3T3 pattern of pulmonary Embolism

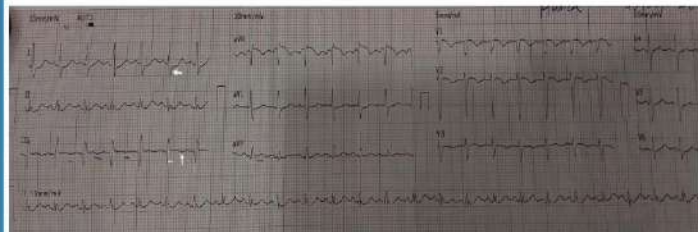
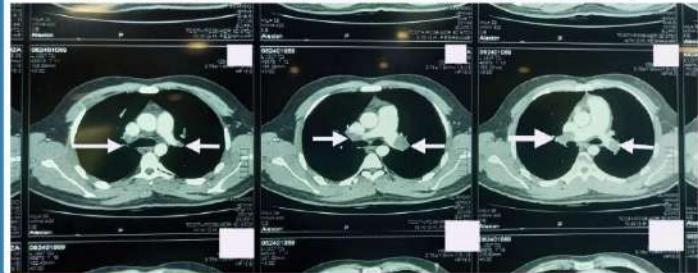


Figure 2: Showing filling defect in both Pulmonary Arteries (Arrows indicating pulmonary artery with filling defect)



Future Directions:

- **Research Needs:**
 - Larger studies to explore the relationship between cannabis use and thromboembolic events.
 - Investigation into specific mechanisms by which cannabinoids may contribute to thrombosis.
 - Longitudinal studies on cannabis users to assess potential long-term cardiovascular risks.
- **Clinical Awareness:**
 - Encourage clinicians to consider cannabis use as part of the risk assessment for young patients presenting with unexplained PE symptoms.
 - Potential updates to clinical guidelines on PE risk factors in young, cannabis-using populations.

Conclusion:

- **Summary:** This case highlights the potential role of cannabis use in PE development in a young adult with no comorbidities or inherited thrombophilia.
- **Takeaway:** Cannabis use should be considered a possible risk factor for PE in similar presentations, underscoring the need for a thorough clinical assessment.
- **Call to Action:** Further research and awareness are crucial to address emerging cardiovascular risks associated with cannabis use.

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CASE REPORT ON HYPERLIPIDEMIA IN A CHILD

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Peshawar Institute of Cardiology

Case Summary

Hyperlipidemia in pediatric age group is usually due to genetic disorders of lipid metabolism. Familial hypercholesterolemia is a classic example of genetic hyperlipidemia which results in premature atherosclerotic diseases. We present a case of 5 years old child with familial hyperlipidemia evident by high cholesterol and LDL-C levels which responded to statins without causing any significant adverse effects. Besides statins other therapies can also be incorporated for lipid lowering like adding ezetimibe, PCSK-9 inhibitors and rarely used treatment modality called lipoprotein apheresis. Familial Hypercholesteremia is a disorder which needs early diagnosis and initiation of prompt treatment in order to prevent early onset atherosclerosis and its complications. This case report is being published for its rarity and early diagnosing and management

Case

A 5 year old boy, born to consanguineous parents, Presented with whitish nodules over gluteal region initially which was increasing in size and number. He had no other symptoms. On examination the child was thin and lean, with 12 kg weight and height of 100 cm. There were multiple xanthomata over both gluteal regions more on the right side (Fig 1), dorsum of the left foot (Fig 2) and back of the left pinna. Fundus examination was normal and there was no Juvenile arcus in the cornea. Cardiovascular and Neurologic examination was normal.

Baseline hematology was normal, Lipid profile given in Table:1 initial and follow ups. He was initially started on Rosuvastatin 10mg Once a day which was later uptitrated and ezetimibe was added along with low cholesterol and vegetable based diet which resulted in significant improvement in lipid profile however , xanthomas did not subside. He was also looked for adverse effects of Statins but luckily no adverse effects were noted

Discussion

The mutations in the LDL receptor (LDLR) genes is responsible for FH, which decreases the clearance of LDL-C from the blood.¹ Early onset of atherosclerosis in children with FH underscores the importance of early diagnosis and intervention.

The clinical manifestation of FH in children usually includes physical findings such as Xanthomas as observed in this case and arcus juveniles.

Accurate diagnosis and screening of other family members can be done through genetic testing.³ It is highly anticipated that the frequency of homozygosity for autosomal dominant traits, such as FH might be quite high in Pakistan.⁵ Genetic testing are rarely done in our setup due to lack of resources.

The life style modifications along with pharmacotherapy are the mainstay of management of FH in children. Dietary changes, and increased physical activity, are vital but often not enough alone. Statins are the first line pharmacotherapy. Statin-Ezetimibe combination therapy is supported by guidelines and has been promising in achieving target LDL-C levels in pediatric patients.² Regular monitoring for potential adverse effects is essential to ensure the safety of long-term statin use in children. Those patients with FH who fails to achieve target LDL-C with conventional therapy need advanced treatment options which include PCSK-9 inhibitors and lipoprotein apheresis.

Conclusions

This case report underscores the importance of early diagnosis and aggressive management of FH in children to prevent the development of atherosclerosis and subsequent cardiovascular events. Reporting of this case is due to the rare nature of the disease and to bring awareness to its early diagnosis, prompt initiation of therapeutic measures to prevent early onset cardiovascular complications. No Case Report has been Published in Pakistan in the past 10 years on this very case.

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Background

Hyperlipidemia is usually secondary but extreme elevations of low density lipoproteins (LDL) are frequently associated with primary or genetic hyperlipidemias in pediatric age group. It is usually associated with premature atherosclerotic process life! It has been observed that familial hypercholesterolemia (FH) is the most common primary hyperlipidemia linked to cardiovascular abnormalities in childhood², often in the first decade of life. Therefore, timely identification and management of familial hypercholesterolemia in children is pivotal.

Fig:1 Xanthoms on the Gluteal region



Fig:2 Xanthoma on the dorsum of the foot



Table:1 Lipid Profile Reports of initial and follow up visits

S.No	Lipid Profile (Results in mg/dl)	June 2024	Sept' 2024	Oct 2024	Normal Ranges (mg/dl)
1	Serum Cholesterol	1637	1135	969	<200
2	HDL	32	27	34	>60
3	LDL	1109	853	837	<135
4	VLDL	496	255	100	≤30



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A I May Be Rare but I Have Got a Roar, A Case of Rare Presentation of Echinococcal Infection in the Right Ventricle

Dr Ali Raza, Dr Misbah Manzoor, Dr Atta ul Wadood **Dr SAJJAD UR RAHMAN**, Dr M. Aitezaz

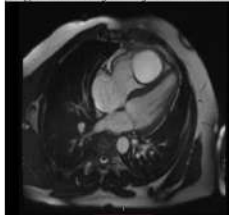
Peshawar Institute of Cardiology

Case Summary	Case	Discussion
A 21-year-old gentleman presented to outpatient department with atypical chest pain. On initial investigations ECG showed normal sinus rhythm. Transthoracic echocardiography was performed which revealed a well-defined cystic lesion in the right ventricle. Further work up was advised in the form of Cardiac MR and a complementary CT scan of the chest. Serologic test (hydatid cyst antibody) with enzyme-linked immunosorbent assay (ELISA) was performed outside our facility which was positive for echinococcal infection. Advanced systemic work up showed no involvement of other organ system. Albendazole was started for him and he was referred to cardiac surgeon for resection.	A 21-year-old male patient presented with a 6 week history of atypical chest pain aggravated over one week. He denied any history of weight loss, diaphoresis, fever, rash, gastrointestinal, or respiratory symptoms. There was no history of any comorbidities and family history of cardiac diseases. He was vitally and clinically stable. Laboratory data revealed a positive serologic test (hydatid cyst antibody) confirmed by enzyme-linked immunosorbent assay (ELISA). Except for raised Troponin levels other blood tests like RFTs and LFTs were normal. EKG and CXR were normal. Transthoracic echocardiography revealed normal left ventricular (LV) size with left ventricular ejection fraction (LVEF) 58% with no regional wall motion abnormalities. However, a well-defined cystic lesion in the Right ventricle was reported (Figure 1). Further investigation i.e. Cardiac MR was done, showed a well-defined, intracardiac cystic lesion occupying the right ventricular cavity near the apex with no early or late gadolinium enhancement and showed faint marginal calcification and few thin internal septation. The approximate size of the cyst was 5.3x4.3x3.3cm. A CT scan of chest was done that complemented the MRI findings and showed no hepatic or lungs involvement (Fig 2 and 3 Respectively). He was referred to cardiac surgeon for Surgical resection but was lost follow-up and landed up in ER after two months in bad shape (Anaphylactic shock secondary to rupture of hydatid cyst). He was managed accordingly, was started on Albendazole and again sent to cardiac surgery team after detailed discussion in multidisciplinary team meeting. He has been followed up regularly every month in OPD now as his cyst has started to regress in size as evident by the most recent echocardiography and CT Scan chest.	Cardiac echinococcosis is barely encountered with a prevalence of 0.5% to 2%. Primary echinococcosis of the heart is a rare event due to the mechanism of contractions of the heart which provides a natural resistance to the presence of viable hydatid cyst. It may involve any part of the heart, but the most common location is the free wall of left ventricle (50%-77%) or interventricular septal wall followed by atria and intracavity area.³ The disease can be symptomatically dormant but may result in heart failure, atrioventricular blocks, cardiac tamponade, pulmonary embolism, stroke, paroxysmal supraventricular tachycardia, mitral regurgitation, pericardial effusion, coronary artery disease, anaphylaxis and death.² In our case, the patient had minimal cardiac symptoms. Diagnosis of cardiac hydatid cyst is easy with typical cystic appearance in echocardiography; however, it may rarely be difficult to distinguish it from cardiac mass. Other diagnostic steps to be taken subsequently include CT scan, MRI and performance of serologic tests.³ In our case first line imaging modality used was trans-thoracic echocardiography showing the cyst in the right ventricle which was further investigated. The mainstay of cardiac hydatid cyst is surgical resection and evacuation (80%), as medical treatment alone is not effective and does not guarantee against the rupture of the cyst and its complications but adjuvant therapy with Albendazole has been promising.⁴ Our case once diagnosed was directly referred to cardiac surgery for intervention; however, he was lost to follow up and presented later with complication of ruptured cyst

Background

Echinococcus is an infection caused in human by the larval stage of Echinococcus granulosus, Echinococcus multilocularis, or Echinococcus vogeli. A specific diagnosis of E. granulosus infection can be made by the examination of aspiration fluid for protoscolices, but this is not recommended due to fear of spillage and anaphylactic reactions. Serodiagnostic assays can be useful, although a negative test does not exclude the diagnosis of echinococcosis. Cardiac hydatid cysts are found in fewer than 2% of cases of hydatidosis. In 50% of such cardiac cases, there is multiple organ involvement.¹ Hydatid cyst of the heart is uncommon and usually develops in the left ventricle. The cyst tends to grow and thus compress the neighboring myocardium. It causes displacement of the coronary vessels, rhythm disturbances and mechanical interference with the atrioventricular (AV) valves and ventricular function.²

Fig:2 Evident of RV Cyst on CMR



Conclusions

This case is reported due to the rare nature of the disease and to bring awareness to its early diagnosis, prompt initiation of therapeutic measures to prevent early onset cardiovascular complications. A multidisciplinary team management is the need of hour to tackle such cases with ease.

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Fig:1 Echo Ax4C view showing a cyst



Fig 3: CT Scan chest Shows a cyst in RV





CASE REPORT

HYPOCALCAEMIA AS A RARE REVERSIBLE CAUSE OF DILATED CARDIOMYOPATHY

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Dilated cardiomyopathy is characterized by dilation and enlargement of one or both ventricles with reduced systolic function. Calcium plays a key role in myocardial contraction. Hypocalcaemia can lead to a decrease in contraction, left ventricular systolic dysfunction, and heart failure with reduced ejection fraction (EF). Hypocalcaemia is a rare reversible cause of dilated cardiomyopathy. The author presents a case who presented with complaints of shortness of breath on exertion, orthopnoea, paroxysmal nocturnal dyspnoea, numbness and crampy muscular pains. He had a high JVP, systolic murmur on auscultation, hepatomegaly, pedal oedema and crackles on chest auscultation. His ECG showed sinus rhythm with prolonged QT interval. His echocardiography showed dilated cardiomyopathy with reduced ejection fraction, moderate mitral regurgitation and mild tricuspid regurgitation. His Calcium levels and PTH levels were both low. He was treated with ionotropes, diuretics, vitamin D and calcium supplements, including both intravenous and oral. With the correction of calcium levels, he was weaned off the ionotropic support and his ejection fraction improved. Calcium levels if low should be corrected in patients with dilated cardiomyopathy.

Keywords: Hypocalcaemia; Dilated cardiomyopathy; Hypoparathyroidism

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INTRODUCTION

Calcium plays an important role in the contraction of all types of muscles. Calcium has an important role in excitation contraction coupling with hypocalcaemia decreasing myocardial contractility.¹ Decreased myocardial contraction and even congestive cardiac failure have been described with hypocalcaemia.² Here we describe a case of dilated cardiomyopathy caused by hypocalcaemia due to primary hypoparathyroidism.

CASE DETAILS

A 48-year-old male patient presented with complaints of shortness of breath on exertion for the past two weeks, associated with orthopnoea and paroxysmal nocturnal dyspnoea. There was also associated generalized body weakness, numbness and crampy muscular pain for the previous four weeks. He denied any fever. He did not have any significant previous medical history. There was no recent travel or recent vaccination history and he was not on any regular medications. There was no family history of sudden cardiac death or any cardiomyopathy.

On examination he was sitting in a propped-up position, had a blood pressure of 85/60, was tachypneic and tachycardic with a heart rate of 130, pulse was low volume and regular. A general physical examination showed grade two pedal oedema and pallor. His JVP was 10 cm from a sternal angle with

positive abdominal jugular reflux. The apex beat was displaced inferolateral to the 6th intercostal space and 3cm lateral to the midclavicular line. On auscultation there was S3 gallop and pan-systolic murmur more pronounced at the mitral area and left lower sternal border. Chest examination showed bilateral crackles up to mid zone, more on the right side. Abdominal examination showed tenderness in the right hypochondrium with palpable liver 3 cm below the right costal margin. He also had a positive trousseaus and chovstek sign.

Chest X-ray of the patient showed cardiomegaly with features of left atrial enlargement along with pulmonary congestion. His ECG showed sinus rhythm with prolonged QT interval and inverted T waves. His echocardiography showed a dilated left ventricle with reduced ejection fraction (29 percent) moderate mitral regurgitation and right ventricular dysfunction with PASP 30, along with mild tricuspid regurgitation. The patient had a bilirubin level of 0.45 mg/dl and an ALT of 525U/l. His renal functions were deranged with urea of 98 mg/dl and creatinine of 2.02 mg/dl. Renal ultrasound was normal. His CRP was negative and ESR was 14. His serum calcium was 3.59 mg/dl (8.0-10.0). His ANA was negative. Repeated Calcium was persistently low with normal phosphate level. His PTH level was sent which turned out to be less than 3 pg/ml.

He was diagnosed with heart failure due to dilated cardiomyopathy secondary to hypocalcaemia due to primary hypoparathyroidism based on low calcium, PTH and normal renal ultrasound.

Hypoparathyroidism is associated with other autoimmune conditions such as poly endocrine syndromes which is a combination of autoimmune

thyroid diseases, type 1 diabetes mellitus, hypoparathyroidism and Addison disease in various combinations. His thyroid function tests and HbA1C were normal and there were no electrolyte abnormalities, postural hypotension or hyperpigmentation to suggest Addison's disease.

Table-1: Investigations

Investigation	Value	Normal range	Investigation	Value	Normal range
Calcium	3.59mg/dl	8.0-10.0mg/dl	Blood Cultures	No Growth	
Albumin	3.15 g/dl	3.5-5.0 g/dl	Hb	11.8 g/dl	11.5-17.5 g/dl
Corrected Calcium	3.87 mg/dl	8.0-10.0mg/dl	WBC	10.5	4-11
Vitamin D	48.64 ng/ml	40-100 ng/ml	tropoin	0.294 ng/mL	<0.6 ng/mL
PTH	<3 pg/ml	16-87 pg/ml	ANA	Negative	
Urea	98 mg/dl	18-45 mg/dl	TSH	0.63 uIU/ml	0.3-4.2 uIU/ml
Creatinine	2.02 mg/dl	0.3-0.9 mg/dl	T4	8.73 ug/dl	5.1-14.1 ug/dl
Bilirubin	0.45 mg/dl	0.1-1.0 mg/dl	HCV	Negative	
ALT	525 U/l	10-50 U/l	HBS Ag	Negative	
Covid 19	Negative				

He was started on dobutamine and furosemide infusion, spironolactone was added later on when blood pressure was stabilized. Endocrine consultation was made for hypocalcaemia due to hypoparathyroidism and he received calcium gluconate and vitamin D. Following the commencement of Calcium and Vitamin D he improved both clinically and biochemically, he was weaned of the ionotropic support and his renal and liver functions improved.

He is seen in the clinic every six months. He is currently on four heart failure medications including carvedilol 6.25 mg BD, ramipril 2.5mg OD, spironolactone 40mg and empagliflozin 5mg. He had echocardiography done after six months of the initial echo which showed improvement of ejection fraction from 28 to 48 percent. He is on oral vitamin D and Calcium replacements.

DISCUSSION

Dilated cardiomyopathy is a disease caused by dilation and enlargement of one or both ventricles, with reduced contractility (ejection fraction <40%). Dilated cardiomyopathy has many causes the familial causes are classified as idiopathic. Secondary causes of cardiomyopathy include myocardial viral infections, ischaemia, hypertension, medications, alcohol, HIV, peripartum and infiltrative diseases.³ Hypocalcaemia is a rarely reported cause of dilated cardiomyopathy. Hypocalcaemia can be caused by vitamin D deficiency or hypoparathyroidism. In children, it is usually caused by vitamin D deficiency.⁴

Calcium in the blood can be attached to albumin, or it can be free (also called ionized calcium). Ionized calcium plays an important role in myocardial contraction. During the action, potential

ionized calcium enters the myocardium through depolarization-activated calcium channels and in turn, triggers the release of calcium from the sarcoplasmic reticulum. Hypocalcaemia can change the contractility of the myocardium by altering the amplitude of calcium transit or sensitivity of myofilaments to calcium.⁵

Patients with hypocalcaemia may be asymptomatic if mild and chronic. Moderate and severe hypocalcaemia is associated with paraesthesia of fingers and circumoral areas and on examination trousseaus and chovstek signs can be elicited. Severe hypocalcaemia can cause seizures, carpal spasms, bronchospasms, laryngospasms and QT prolongation.⁶

Our patient presented with signs and symptoms of heart failure, and echocardiography demonstrated features of dilated cardiomyopathy. His young age, absence of chest pain and negative troponins made ischemic causes very unlikely. He did not have a family history of any cardiac conditions. There were no signs or symptoms of viral illness and together with negative CRP made the viral aetiology very unlikely. He denied any alcohol intake and he was not on any regular medications. His ionized calcium was very low, along with low PTH levels. He was therefore started on calcium and vitamin D along with other medications for heart failure in the form of ionotropic support and diuretics. With the correction of Calcium levels, he improved objectively, we were able to wean him off the ionotropic support and on follow-up after six months his ejection fraction improved from 29 to 48 %. The patient did not have any underlying cardiomyopathy as with correction of calcium his ejection fraction has improved from 29 percent to

48 percent. His ejection fraction did not improve initially with medications for heart failure only, his ejection fraction improved only after the correction of hypocalcaemia. Also, once cardiomyopathy has developed due to any cause such as myocarditis, metabolic causes, toxic causes or hypocalcaemia ultrastructural abnormalities persist despite correction or removal of underlying cause and heart failure therapy is recommended to be continued as there are high risk of recurrence on stoppage of therapy

Cardiomyopathy due to hypocalcaemia is usually resistant to conventional treatments, however, there is a good recovery in cardiac function with the restoration of normal calcium levels.⁴ Furosemide used in the treatment of heart failure can worsen hypocalcaemia therefore strict monitoring of calcium levels should be done in dilated cardiomyopathy with hypocalcaemia. Also, discontinuation of calcium supplements can lead to the reappearance of features of heart failure.⁷

The patient did not have any underlying cardiomyopathy as with correction of calcium his ejection fraction has improved from 29 percent to 49 percent on 6 monthly follow up. His ejection fraction did not improve initially with medications for heart failure only, his ejection fraction improved only after correction of hypocalcaemia. Also, once cardiomyopathy has developed due to any cause such as myocarditis, metabolic causes, toxic causes or hypocalcaemia ultrastructural abnormalities persist despite correction or removal of underlying cause and heart failure therapy is recommended to

be continued as there are high risk of recurrence on stoppage of therapy

CONCLUSION

Hypocalcaemia though rare is an important reversible cause of dilated cardiomyopathy. Calcium levels should be checked in all cases of dilated cardiomyopathy. As dilated cardiomyopathy due to hypocalcaemia usually doesn't respond to conventional treatments, therefore Calcium levels should be corrected in patients where the aetiology of cardiomyopathy is not clear. Also, discontinuation of calcium supplementation can lead to the appearance of symptoms of heart failure.

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Understanding the Significance of Thrombocytopenia in COVID-19 Patients: A Comparative Analysis with Normal Platelet Counts

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INTRODUCTION

The outbreak of the novel coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has led to a global health crisis with far-reaching implications across medical disciplines. While respiratory complications dominate the clinical landscape of COVID-19, accumulating evidence has highlighted the intricate interplay between the virus and the hematological system, particularly concerning thrombocytopenia, a condition characterized by abnormally low platelet counts. Thrombocytopenia, often observed in critically ill patients, has emerged as a significant hematological manifestation in COVID-19, prompting intensive investigation into its clinical implications, underlying mechanisms, and prognostic significance^{1,2}

OBJECTIVE

The aim of the study is to study thrombocytopenia as a prognostic factor in positively detected COVID-19 patients and to investigate its relationship with the patient's hospital length of stay and the prognosis.

METHODS

Study Design & Duration: A Prospective Observational Study

- Conducted at Lady Reading Hospital, Peshawar, Pakistan (Jan-Jun 2022)
- 50 COVID-positive patients with normal platelet counts (>150) at admission
- CBCs performed on days 7, 14, and 21
- Patients divided into 4 groups based on platelet counts 0–50, 50–100, 100–150, and more than 150

Data Analysis:

- SPSS version 25.0 used for analysis
- Descriptive statistics (mean, SD, range, median, IQR) used for data analysis

Ethics:

- Approval obtained from Institutional Ethical Committee (IEC), Lady Reading Hospital Peshawar.

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RESULT

Table 1. Finding of Laboratory in Covid-19 patients

Parameters	On admission	After 8 days	At 16 days	At 24 days	P-value
TLC (mean ± SD)	6.93 ± 3.99	6.39 ± 3.43	6.21 ± 3.003	4.211 ± 1.4123	<0.001
Hb (mean ± SD)	11.89 ± 1.99	10.96 ± 1.79	10.66 ± 1.57	9.624 ± 0.7456	<0.001
Platelets (mean ± SD)	236.69 ± 89.27	227.57 ± 96.12	220.67 ± 119.45	167.43 ± 89.78	<0.001

Table 2. Platelet counts in among study cases

Days	N (%)
At Day 8	
Normal Platelets	9 (78.0)
Thrombocytopenia	
Mild (100-150)	6 (12.0)
Moderate (50-100)	3 (6.0)
Severe (<50)	2 (4.0)
At Day 16	
Normal Platelets	35 (70.0)
Thrombocytopenia	
Mild (100-150)	4 (8.0)
Moderate (50-100)	7 (14.0)
Severe (<50)	4 (8.0)
At Day 24	
Normal Platelets	45 (90.0)
Thrombocytopenia	
Mild (100-150)	1 (2.0)
Moderate (50-100)	2 (4.0)
Severe (<50)	2 (4.0)

Table 4. Disparity in the outcome between groups with normal platelet counts and those with severe thrombocytopenic groupings

Outcomes	Platelet Count				P-value
	Normal platelet count (N = 40)	Thrombocytopenia (N = 10)			
		Mild	Moderate	Severe	
Complete recovery	26	2	0	0	<0.001
Deterioration (need ICU admission)	6	0	6	0	<0.001
Death	8	0	0	2	<0.001

Table 5. Relationship between hospital stay length and platelet count

Hospital Stay	Platelet Count		P-value
	Normal platelet count (N=40)	Thrombocytopenia (N=10)	
Mean	15.67	23.00	<0.001
Standard Deviation	3.12	0.0	<0.001

CONCLUSION

In moderate cases of COVID-19 individuals, a platelet count measurement performed on days 8, 16, and 24 after admission is a valuable predictive and severity predictor. In moderate cases of COVID-19 patients, thrombocytopenia is linked to an extended hospital stay (all thrombocytopenic patients waited 26 days for a measurement). In mild cases of COVID-19 patients, thrombocytopenia is linked to a higher death rate on day 26 of hospital admission.



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Post-Graduate Medical Institute (PGMI), Peshawar



A Case of Parkinsonism with Putaminal Rim Sign: A Presentation of Multiple System Atrophy Parkinsonism variant (MSA-P)

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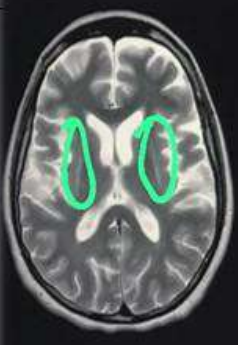
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Introduction

Multiple System Atrophy (MSA) is a rare, progressive neurodegenerative disorder primarily affecting the autonomic nervous system, impacting functions like blood pressure regulation, sweating, and bladder control. It predominantly affects men, with a male-to-female ratio of 3:1, and typically presents in older adults. MSA is often misdiagnosed as other central nervous system disorders, such as Parkinsonism or cerebellar ataxia, depending on the dominant symptoms. There are two main clinical types: MSA with parkinsonian features (MSA-P) and MSA with cerebellar signs (MSA-C) [4]. Recent research by Li et al. (2024) further classifies MSA into three subtypes—MSA-AP (Aggressive Progression), MSA-T (Typical), and MSA-ESP (Early-Onset Slow Progression)—based on symptom severity, progression rate, and age of onset. These classifications help predict disease trajectories and tailor treatments. The Movement Disorder Society (MDS) also categorizes MSA into clinically established, probable, and possible prodromal stages, highlighting the diagnostic complexity. MSA typically involves both motor and non-motor symptoms, such as cardiovascular autonomic failure, urogenital dysfunction, and REM sleep behavior disorder, which may precede motor issues and provide crucial diagnostic clues. Despite classification systems, not all patients fit neatly into these categories, emphasizing the need for ongoing research to improve diagnostic accuracy and management. Here, we present a 40-year-old female initially diagnosed with Parkinson's disease, later confirmed through clinical and radiological evidence as an MSA-P variant, illustrating the challenges in differential diagnosis.

Case Summary

A 40-year-old housewife with a four-year history of Parkinson's disease presented with aphasia, progressive whole-body stiffness, difficulty opening her jaw, urinary retention, dizziness, and dysphagia. Associated symptoms included drooling, swallowing difficulties, and choking episodes. Her medical history included Parkinson's disease, cesarean section, and hysterectomy. Medications included carbidopa/levodopa, ropinirole, betahistine, and sertraline. On examination, she showed generalized rigidity, a mask-like face, resting tremors, bradykinesia, and a positive Babinski reflex. Laboratory findings indicated elevated WBCs, mild anemia, and a urinary tract infection (*Pseudomonas*). MRI revealed T2 and FLAIR hyperintensities along the putamen, consistent with the putaminal rim sign, confirming multiple system atrophy-parkinsonian type (MSA-P). The patient was treated with antibiotics, catheterization, muscle relaxants, and physical therapy, resulting in significant clinical improvement. This case highlights the diagnostic complexity of distinguishing MSA-P from Parkinson's disease and emphasizes the importance of early recognition and management of autonomic and motor symptoms.



Discussion

Multiple System Atrophy (MSA) is a rare, progressive neurodegenerative disorder characterized by parkinsonism, cerebellar ataxia, and autonomic dysfunction. In our case, early-onset parkinsonism, combined with autonomic dysfunction, led to the diagnosis of MSA-P. This condition, classified as an atypical parkinsonian syndrome, typically has a life expectancy of 6-9 years post-diagnosis. MSA diagnosis follows criteria categorized as possible, probable, or definite. A "possible" diagnosis is made when parkinsonism or cerebellar ataxia coexists with dysautonomia and supporting clinical or neuroimaging features, while a "probable" diagnosis requires sporadic, adult-onset, progressive disease with poor levodopa response and autonomic involvement. A "definite" diagnosis necessitates neuropathological confirmation of oligodendroglial cytoplasmic inclusions containing alpha-synuclein aggregates. The revised Movement Disorder Society (MDS) criteria further refine diagnostic precision, categorizing MSA into stages such as possible prodromal, clinically established, and neuropathologically confirmed. In our case, MRI findings, including the characteristic putaminal rim sign and moderate brain atrophy, supported the diagnosis of MSA-P. These neuroimaging markers are essential for differentiating MSA from other neurodegenerative disorders. Treatment involves a multidisciplinary approach, requiring collaboration among neurologists, urologists, and cardiologists. Symptomatic management is crucial, though responses to therapies like levodopa can be inconsistent. Our patient's treatment included antibiotics, catheterization, and physiotherapy, alongside medications such as procyclidine, levodopa/carbidopa, and ropinirole. This case underscores the importance of ongoing follow-up and the need for further research to enhance MSA management strategies.

Conclusion

MSA is a complex, progressive disorder with diverse presentations, often misdiagnosed as other neurological conditions. Subtype classifications and early recognition of non-motor symptoms are crucial for accurate diagnosis and tailored treatment. Continued research is essential to refine diagnostic criteria and improve patient outcomes, as illustrated by our challenging case.

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Smog Exposures – Essential Knowledge for Physicians

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Introduction

-There should be complete guidelines for the physicians regarding smog exposure and its implications on human health. Smog, a complex mixture of pollutants primarily consisting of fine particles and ground-level ozone, poses a significant health risk to individuals, especially in urban areas with high pollution levels.

-Understanding the sources, composition, and pathways of exposure is crucial for the physicians to recognize and manage smog-related health issues effectively. Physicians should be well versed related to the diverse health effects associated with smog exposure, ranging from respiratory problems such as aggravated asthma, chronic obstructive pulmonary disease (COPD), and bronchitis to cardiovascular complications, including heart attacks and strokes.

Aims & Objectives

The primary offenders encompass automobile emissions, industrial pollutants, conventional cooking fuels, small-scale enterprises like brick kilns, rubbish burning, and agricultural waste, among South Asia, air pollution is thought to be the cause of 130,000 deaths among children under five per year.

The following list includes symptoms that exposure to air pollution may cause. breathing difficulties, exhaustion, allergies, dry or irritated eyes, or headaches. Keep an eye out for indicators of respiratory strain in babies. More severe asthmatic episodes, such as dyspnea, chest discomfort, coughing, or wheezing, can occur in people with asthma.

Methods

-Physicians can identify patients who are at high risk of adverse health consequences from air pollution exposure and recommend timely and suitable interventions that these patients can take to protect themselves.

-A simple technique that use the CH2OPD2 mnemonic (Community, Home, Hobbies, Occupation, Personal Habits, Diet, and Drugs) might assist clinicians in gathering environmental exposure histories from patients in order to identify individuals who may be at risk. As public health advocates, physicians help to reduce sickness and death caused by air pollution in the general population.

Results & Conclusion

-Patients should be encouraged to live a healthy lifestyle to build immunity and protect themselves from the dangers of air pollution.

-Providing physicians with this knowledge equips them to identify symptoms, conduct appropriate diagnostic evaluations, and offer tailored interventions to mitigate the impact of smog exposure on their patients' health.

-Furthermore, the physicians should also provide some patient education, awareness to the public for preventive measures. There should be sound public health policies aimed at reducing smog levels to safeguard community well-being.

-Empowering physicians with an understanding of smog-related health risks enables them to play a pivotal role in patient care, advocacy for environmental health policies, and collaborative efforts to mitigate the detrimental effects of smog on public health.

Air quality in Peshawar

At 10:00 AM on 10/10/2023, the AQI in Peshawar is 178.



Category	Value	Health Impact
PM2.5	178	Unhealthy
PM10	178	Unhealthy
O3	178	Unhealthy
NO2	178	Unhealthy
SO2	178	Unhealthy
CO	178	Unhealthy

<https://aseq-eha.ca/wp-content/uploads/2020/07/Taking-an-Exposure-History-CH2OPD2.pdf>

Category	Value	Health Impact
PM2.5	178	Unhealthy
PM10	178	Unhealthy
O3	178	Unhealthy
NO2	178	Unhealthy
SO2	178	Unhealthy
CO	178	Unhealthy

Code	Category	Question
C	Community	Do you live near a hazardous waste site or an industrial facility that gives off chemical odors?
H	Home	Is your home more than 40 years old? Have you done renovations? Do you use pesticides in your home or on your garden or lawn?
H	Hobbies	Do you work with solvents (gas or oil-based) paints or varnishes?
O	Occupation	Describe your workplace air quality and what you do.
P	Personal habits	Do you or family members smoke? What sort of personal care products do you use?
D	Diet	What is your source of drinking water? How often do you eat tuna or seafood?
D	Drugs	Describe if you have prescribed, are you taking any over-the-counter or home remedies?

Mechanism of Smog in Urban Agricultural Areas



Air pollution affects people throughout their lifetime



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4TH Annual International Conference, Pakistan Society of Physicians
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Post-Graduate Medical Institute (PGMI), Peshawar



Cocaine-Induced Pneumomediastinum and Subcutaneous Surgical Emphysema: A Rare Case Report

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Introduction

Pneumomediastinum (air in the mediastinum) and subcutaneous emphysema (air beneath the skin) are rare conditions, often linked to trauma or invasive procedures.^{1,2} Cocaine use can cause spontaneous pneumomediastinum through alveolar rupture from barotrauma.³ This study highlights the importance of recognizing and managing rare drug-induced presentations with a focus on conservative treatment for stable cases.

Aims & Objectives

1. To report a rare case of cocaine-induced pneumomediastinum and subcutaneous emphysema.
2. To emphasize diagnostic approaches and successful conservative management for similar cases.

Methods

An 18-year-old male presented with a three-day history of swelling in his face, chest, and neck following alcohol and cocaine use, accompanied by pleuritic chest pain and mild shortness of breath. He denied any history of chronic drug use, recent trauma, or significant medical or family conditions. Examination revealed subcutaneous emphysema on the left side of his face, neck, and anterior chest wall, with stable vital signs (pulse 67 bpm, BP 136/87 mmHg, oxygen saturation 99% on room air). Laboratory tests showed mild elevations in CRP (12 mg/L) and CPK (581 U/L), while a toxicology screen confirmed cocaine use. Imaging via chest X-ray and CT scan revealed pneumomediastinum and extensive surgical emphysema.

Methods

Complete blood count, electrolytes, and coagulation profile were conducted, revealing normal limits except for elevated C-reactive protein (12 mg/L) and creatine phosphokinase (581 U/L). Toxicology screening confirmed cocaine use.



Figure 1: Investigation: Blood-work

Imaging studies, including chest X-ray and CT scan, identified pneumomediastinum and extensive surgical emphysema.



Figure 2: A) Extensive surgical emphysema overlying the base of the neck, lateral chest wall and Superior mediastinum. CT suggested by radiology: B,C,D) No extravasation of contrast into the mediastinum and No airleak

Intravenous omeprazole was administered alongside a soft diet to minimize stress on the mediastinum and analgesics for pain management. The patient was closely monitored for respiratory stability and infection signs during the hospital stay, with no respiratory compromise observed.

Discharge included patient education on avoiding activities that increase intrathoracic pressure, such as drug use and strenuous exercise, with a follow-up scheduled to monitor recovery.

Results

The patient responded well to conservative treatment, with significant reduction in subcutaneous emphysema observed within 48 hours. A follow-up chest X-ray two weeks later demonstrated near-complete resolution of the pneumomediastinum and subcutaneous emphysema.

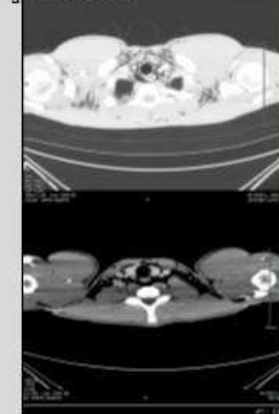


Figure 3: Extensive emphysema in the neck and anterior chest wall. Free gas in superior mediastinum

At the 12-week follow-up in primary care, the patient remained symptom-free, with no recurrence of symptoms.



Figure 4: Complete resolution of surgical emphysematous changes and Pneumomediastinum on two weeks follow-up imaging.

Conclusion

This case highlights the rare link between cocaine use and spontaneous pneumomediastinum from barotrauma-induced alveolar rupture, emphasizing timely diagnosis in young patients with chest pain and substance use. The patient responded well to conservative treatment, with significant improvement within 48 hours and near-complete resolution on follow-up imaging at two weeks. The patient remained symptom-free, demonstrating that stable cases often recover without invasive interventions.

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A CASE OF PARKINSONISM WITH PUTAMINAL RIM SIGN: A PRESENTATION VOF MULTIPLE SYSTEM ATROPHY PARKINSONISM VARIANT (MSA-P)

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Introduction

What is MSA? Multiple System Atrophy (MSA) is a rare, progressive, and degenerative neurological disorder that affects the autonomic nervous system, leading to symptoms such as blood pressure fluctuations, bowel and bladder dysfunction, and tremors. Key Characteristics:- Male predominant disorder (male-to-female ratio: 1.3:1). Typically affects older adults. Can be misdiagnosed as Parkinson's disease or cerebellar ataxia. Classified into two subtypes: MSA with parkinsonism and MSA with cerebellar signs. Classification Systems:- Li et al. (2024) proposed a classification system based on symptom severity, disease progression rate, and age of onset, identifying three subtypes: MSA-AP, MSA-T, and MSA-ESP. The Movement Disorder Society (MDS) established criteria for clinically established, clinically probable, and possible prodromal MSA. Clinical Manifestations:- Mix of motor and non-motor symptoms. Non-motor symptoms include cardiovascular autonomic failure, urogenital dysfunction, and REM sleep behavior disorder. Motor symptoms include parkinsonism, cerebellar ataxia, and pyramidal signs. Challenges and Future Directions:- Diagnosis can be challenging due to overlapping symptoms with other disorders. Continued research and improvement of diagnostic standards are necessary to enhance disease identification and management.

Aims & Objectives

Aim:
The aim of this topic is to provide an overview of Multiple System Atrophy (MSA), a rare and progressive neurological disorder, and to discuss its clinical manifestations, diagnosis, and management. **Objectives:** 1. To understand the definition and pathophysiology of MSA. 2. To identify the clinical manifestations of MSA, including motor and non-motor symptoms. 3. To discuss the classification systems of MSA, including the Li et al. (2024) classification and the Movement Disorder Society (MDS) criteria. 4. To highlight the challenges in diagnosing MSA and the importance of continued research and improvement of diagnostic standards. 5. To present a case study of a patient with MSA and discuss the clinical and radiological evidence that led to the diagnosis.

Methods

Method of Study 1. Case Study: A 40-year-old lady with a four-year history of Parkinson's disease was presented. 2. Literature Review: A comprehensive review of existing literature on Multiple System Atrophy (MSA) was conducted. 3. Clinical Examination: A thorough clinical examination was performed to assess the patient's motor and non-motor symptoms. 4. Imaging Studies: MRI of the brain was performed to assess for any characteristic neuroimaging features of MSA. 5. Laboratory Investigations: Laboratory tests, including complete blood count, renal function tests, liver function tests, and serum electrolytes, were performed to rule out other potential causes of the patient's symptoms. 6. Diagnostic Criteria: The patient's symptoms and diagnostic test results were evaluated using the Movement Disorder Society (MDS) criteria for the diagnosis of MSA.



Results

The result of the case study is that the 40-year-old lady was diagnosed with Multiple System Atrophy-Parkinsonian type (MSA-P). The diagnosis was based on:
1. Clinical presentation: Early-onset parkinsonism, severe autonomic dysfunction, and distinctive neuroimaging results.
2. MRI findings: Linear T2 and FLAIR hyperintensities along the lateral aspect of the putamen bilaterally, producing the putamenal rim sign characteristic of MSA-P.
3. Laboratory results: Elevated WBC, mild anemia, and a QCRP of 1.4 mg/L.
The patient was treated with a multidisciplinary approach, including physiotherapy, catheterization for urinary retention, and medication management with levodopa/carbidopa, ropinirole, and procyclidine.

Conclusion

This case highlights the diagnostic challenges and clinical complexity of MSA-P. Early identification of MSA-P subgroups is crucial for directing symptomatic care and improving patient outcomes. A multidisciplinary approach is necessary to address the various and incapacitating symptoms of MSA-P.

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The Renal Histopathological Spectrum of Patients with Nephrotic Syndrome Presenting to Nephrology Division Khyber Teaching Hospital, Peshawar, Pakistan

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Introduction

Nephrotic syndrome is defined by a specific combination of clinical and laboratory manifestations, which include significant proteinuria (exceeding 3.5 g in a 24-hour period), low serum albumin levels (less than 3.5 g/dl), increased lipid levels in the blood, and generalized body swelling⁽¹⁻⁷⁾. Nephrotic syndrome, a common kidney disorder, manifests through various histopathological patterns, with notable geographical and demographic variations. In Pakistan, limited data exists on the renal histopathological spectrum, particularly within the Khyber Pakhtunkhwa province.

Methods

This study was a retrospective clinico-pathologic analysis in which clinical and histopathological data were gathered by reviewing original renal biopsy reports from patients with nephrotic syndrome who attended the nephrology unit at Khyber Teaching Hospital between 01 March 2023 and 15 October 2024.

All patients with unexplained nephrotic syndrome. Each of these patients received an ultrasound-guided percutaneous needle biopsy using an automated gun after obtaining informed consents. A total of 122 patients, ranging in age from 7 to 69 years with nephrotic syndrome who were biopsied.

Inclusion Criteria:

Patients diagnosed with nephrotic syndrome on clinical basis (significant proteinuria exceeding 3.5 g in a 24-hour period), serum albumin levels less than 3.5 mg/dl) were included in the study. Patients undergone renal biopsy were included in the study.

Exclusion Criteria:

Patients with contraindications for biopsy were excluded from the study. Patients previously treated for nephrotic syndrome were excluded from the study.

Demographic variables like age and gender were studied in relation to

Histopathological results using statistical tests such as means, SD and frequencies. A p-value of less than 0.05 indicated statistically significant differences.

Results

Gender of the patient (n=122)

	Frequency	Percent
male	80	65.6
female	42	34.4
Total	122	100.0

Age groups (n=122)

	Frequency	Percent
less than 24	20	16.4
25-44	46	37.7
45-59	44	36.1
60 and above	12	9.8
Total	122	100.0

Histopathological Results in Renal Biopsy (n=122)

	Frequency	Percent
C1q Nephropathy	4	3.3
C3 Nephropathy	3	2.5
DIABETIC NEPHROPATHY	2	1.6
FOCAL AND SEGMENTAL GLOMERULOSCLEROSIS (FSGS)	22	18.0
HIV ASSOCIATED NEPHROPATHY (HIVAN)	1	.8
IgA Nephropathy	5	4.1
IgM Nephropathy	2	1.6
LUPUS NEPHRITIS	18	14.8
MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS (MPGN)	8	6.6
MEMBRANOUS GLOMERULONEPHRITIS	43	35.2
MINIMAL CHANGE DISEASE (MCD)	10	8.2
RENAL AMYLOIDOSIS	4	3.3
Total	122	100.0

Conclusion

Age-Specific Trends:

Membranous Glomerulonephritis (MGN): Most prevalent in ages 25–59.

Minimal Change Disease (MCD): Predominantly affects individuals under 24.

Gender-Based Differences:

Lupus Nephritis: Diagnosed more frequently in females.

Focal Segmental Glomerulosclerosis (FSGS) and Membranous Glomerulonephritis: More common in males.

Aims & Objectives

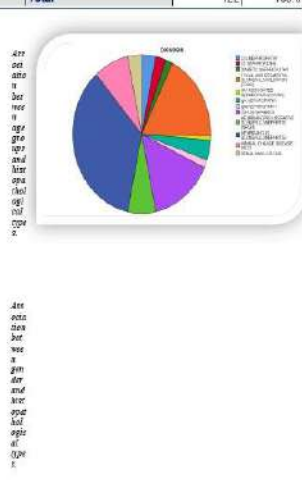
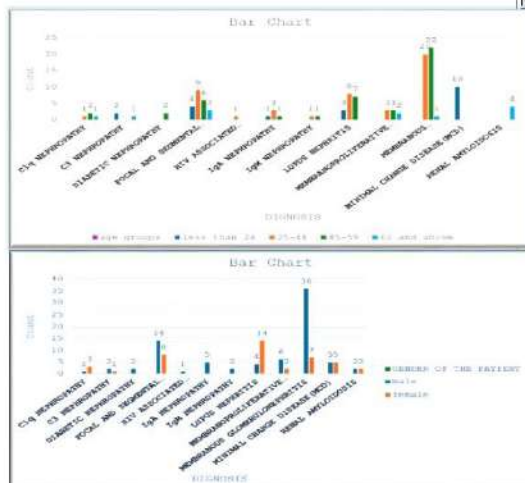
The aim of this study was to examine the spectrum of histopathological lesions in renal biopsies from nephrotic patients in this region, by using all necessary available diagnostic methods to establish a definitive diagnosis for glomerulonephritis (GN), and to compare our results with those documented in global literature.

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**Efficacy and Safety of Busulfan-Fludarabine versus Busulfan-Cyclophosphamide as a
Conditioning Regimen Before Hematopoietic Stem Cell Transplant in Hematologic
Malignancy Patients: A Meta-Analysis of Randomized Controlled Trials.**

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Introduction

Hematopoietic stem cell transplantation (HSCT) is a potentially curative treatment for hematologic malignancies, but its success heavily depends on the conditioning regimen used. Busulfan-based regimens, commonly combined with other agents like fludarabine (Bu-Flu) or cyclophosphamide (Bu-Cy), are widely used. Both regimens aim to effectively eradicate malignant cells and facilitate engraftment, but they differ in their efficacy and safety profiles. Busulfan-Fludarabine is thought to offer improved immune suppression with potentially lower toxicity, while Busulfan-Cyclophosphamide is associated with strong cytotoxic effects but may carry a higher risk of transplant-related complications. Despite numerous randomized controlled trials (RCTs) comparing these regimens, clear conclusions on their relative benefits remain elusive. This meta-analysis seeks to systematically compare the efficacy and safety of Busulfan-Fludarabine versus Busulfan-Cyclophosphamide as conditioning regimens for HSCT in hematologic malignancy patients, providing evidence to inform clinical decision-making.

Aims & Objectives

Over 70,000 hematopoietic stem cell transplants (HSCTs) are annually performed globally. This meta-analysis evaluates the efficacy and safety of Busulfan-Fludarabine (BuFlu) versus Busulfan-Cyclophosphamide (BuCy) to inform clinical decision-making in hematologic malignancies.

Methods

A systematic search was conducted on PubMed, Embase, and Cochrane Central for randomized controlled trials (RCTs) comparing "Busulfan and Fludarabine" versus "Busulfan and Cyclophosphamide" in hematological malignancy patients prior to hematopoietic stem cell transplantation. The primary outcomes of interest were efficacy measured by overall survival (OS) and event-free survival (EFS), acute and chronic graft-versus-host-disease (aGVHD and cGVHD). The risk of bias was determined using the ROB-2 tool. The data analysis was conducted on Review Manager (RevMan, Version 5.4; by using the Mantel-Haenszel technique with a random effect model.

Graphs

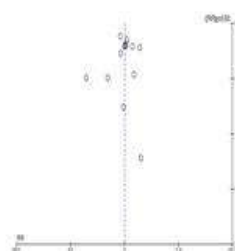


Figure: 01

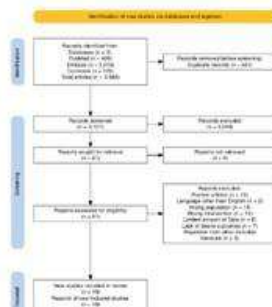


Figure: 02

Results

Eighteen RCTs were identified involving 2,888 patients (BuFlu 1,539 vs. BuCy 1,349). BuFlu showed a significantly better 1-year overall survival (OS) (RR 1.13, $p=0.03$), but no significant differences were observed at two years (RR 1.01, $p=0.86$) or five years (RR 1.08, $p=0.10$). Similarly, BuFlu demonstrated higher event-free survival (EFS) at two years (RR 1.18, $p=0.05$) and five years follow-up (RR 1.11, $p=0.04$), though 1-year EFS was not significantly different between the two groups (RR 1.10, $p=0.15$). BuCy, on the other hand, was associated with substantially lower grade III-IV acute graft-versus-host disease (aGVHD) (RR 0.45, $p=0.04$). At the same time, no significant difference was noted for grade I-II aGVHD (RR 0.88, $p=0.51$). Safety outcomes showed no significant differences between the two regimens for CMV infection (RR 0.93, $p=0.70$) and liver toxicity (RR 0.73, $p=0.20$).

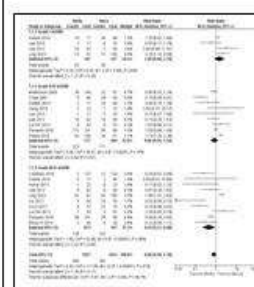


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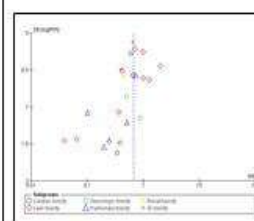


Figure: 04

Conclusion

Busulfan-Fludarabine improves 1-year survival and long-term event-free survival. Busulfan-cyclophosphamide reduces severe graft-versus-host disease, with no significant differences in infection or toxicity between the two regimens.

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Bacterial yield of ascitic fluid cultures in sterile VS culture medium bottles-A pilot study

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Introduction

Spontaneous Bacterial Peritonitis (SBP) is a serious and potentially life-threatening infection characterized by the ascension of bacteria into the peritoneal cavity in the absence of an evident intra-abdominal source. Therefore prompt and accurate diagnosis of SBP is crucial for initiating timely and appropriate antibiotic therapy, thereby improving patient outcomes. Conventional diagnostic methods for SBP involve the aspiration of peritoneal fluid through a sterile syringe, followed by microbiological culture to identify the causative pathogens. However, the sensitivity of this traditional approach has been a subject of debate. In recent years, blood culture bottles have emerged as an alternative and potentially more sensitive method for the detection of bacterial peritonitis. Despite the growing interest in this approach, there is a paucity of comparative studies evaluating the efficacy of blood culture bottles versus conventional syringe methods in the context of SBP.^{5,6,7}

Aims & Objectives

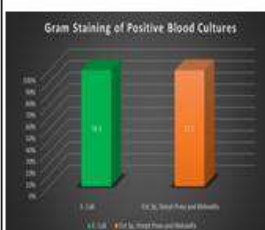
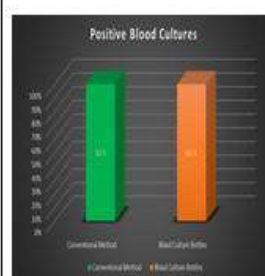
To determine the difference in the yield of bacterial cultures taken using conventional methods using a sterile syringe vs in blood culture bottles in patients showing signs and symptoms of Spontaneous Bacterial Peritonitis (SBP).

Methods

Study Design: Descriptive Study
Place and Duration of Study: Medical Unit MTI-Hayatabad Medical Complex, Peshawar, Pakistan. A total of 83 patients with suspected SBP were included in the study. Fluid samples were taken using standard sterile protocols, each sample being 40 ml in volume. 20 ml was collected in a sterile syringe while 20 ml in sterile Bactec blood culture bottles. These samples were inoculated in temperature-matched culture media and growth of colonies checked every day for 5 days; and in cases of nil growth in 5 days, the samples were discarded. Routine gram staining of any colony grown was performed, subsequently, leading to identification of the culprit bacteria. Data was analyzed using SPSS Software Version 23.0. Qualitative variables were presented as frequencies and percentages. Chi-square test was applied keeping p value ≤ 0.05 as statistically significant.

Results

Out of 83 samples,
By conventional method: 32 samples (38.6%) were culture positive.
By culture bottle method: 51 samples (61.4%) were culture positive, showing statistically significant difference using chi-square test (p value < 0.031), with E-coli 73.3% (highest). The remaining 21.7% grew mainly Enterobacter Sp, Streptococcus Pneumonia and Klebsiella.



Graphical presentations of positive blood cultures by both methods And Gram staining of positive blood cultures

Conclusion

1. The bacterial yield of ascitic fluid cultures can vary depending on the culture method.
2. The blood culture bottle method has been shown to have a significantly higher sensitivity for detecting bacterial growth in ascitic fluid samples compared to the conventional method.

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