



# kakatiya chronicles

'WHERE TALENT,  
MEETS OPPURTUNITY'

VOLUME 04  
OCT 24

## INNOVATIVE INSIGHTS

Explore the Range of  
Abstracts Submitted by  
KRITI Participants -  
Unique Learning  
Opportunities Await!

## KMC MILESTONES

Celebrating the latest  
Achievements of our  
students - A Legacy of  
Excellence Since 1959!





# **Beautiful Warangal!!**

An academic feast and a  
warangal treat: KRITI  
medfest awaits!

scenic  
views



**Thousand Pillar Temple**



fresh  
air



**Warangal Fort**



**Ramappa Temple**



**Bhadrakali Bund**





# PATRONS



## DR. RAM KUMAR REDDY

Today's research shapes tomorrow's practice. In keeping with this idea, last year we launched the Kakatiya Research Day, which has now evolved into the Kakatiya Research Initiative for Transformative Innovations (KRITI). It gives me great pleasure to see more than 850 delegates register for what my students proudly call Telangana's Grandest Undergraduate Medical Conference.

Having closely observed the students involved in planning KRITI'24 and their vision for the future, I am confident that the future of healthcare is in capable hands.

I would like to extend my heartfelt thanks to the members of the USA NRI Alumni Committee for their unwavering support and encouragement of our students. Their commitment to such a noble initiative has been instrumental. I have no doubt that the event will continue to grow in both scale and impact in the years to come.

I encourage all delegates to engage fully with the presentations and to ensure that they leave with valuable insights. Your initiative and enthusiasm are commendable, and continuing in this direction will greatly benefit your professional and personal growth.

Best wishes,  
K. Ram Kumar Reddy  
MS Orthopedics  
Principal, Kakatiya Medical College



## **DR. SUJEETH R. PUNNAM**

Technology is developing rapidly and it's affecting the field of medicine both in medical education and health care. As the field is rapidly evolving, there is a need to constantly incorporate newer technologies, technics and must be able to prepare future doctors as per changing trends in practice patterns. Medicine is a dynamic field and new innovations is a constant thing. To keep up with fast changing tools available for medical education, we must prepare our next generation of doctors for the future by educating them appropriately.

Currently, we engage in traditional methods of teaching, such as in-person classroom lectures. But medical education paradigms are changing as they require increasing research and regular upgradation of medical knowledge and curricula. We have newer educational techniques like simulation, virtual learning environments, podcasts, asynchronous consumption of digitized online educational videos are coming into practice the world over. COVID-19 pandemic has shown us how these online tools can be used in a widespread manner and can be out to good use. Artificial Intelligence (AI) is coming with full force and we should embrace it to improve our efficiencies.

With central government's push for at least one medical college per district, we see rapidly growing number of medical schools/teaching hospitals. To supplement that push, we need trained faculty and innovatively thinking students to produce the future workforce of well-trained doctors. To that end, promoting research mindset in the brilliant academic students we have, is the need of the hour and we decided to put our efforts in that direction

Kakatiya US NRI alumni has been working on this aspect of promoting research right in the medical school days. Having seen how the ecosystem of research is well groomed by the institutions in the US, we realize the importance of teaching these basic research methodologies to students. We devised this research day concept to celebrate the students who have been working on their own small efforts with the meagre help available. Rome was not built in one day! We understand, this effort will not show its results right away. We have seen some amazing research projects presented in the First Kakatiya Research Day last year. Some lacked proper presentation format, some lacked methodology and some lacked the proper context. Some of our distinguished researchers found them to be very interesting also. Going forward, we figured, we could concentrate on first year PG's while they are in the formative stage of preparing their thesis topic. We would like to assign a mentor to help them come up with quality publishable project.

This year, we have seen an exponential growth in the number of abstracts submitted to be chosen for final presentation. Out of the total 850 registrations, more than half were from non KMC medical schools. We had to recruit more judges to score them. We have added Symposium, Hackathon, Med Exhibition events to last year's schedule of Debate, jeopardy, poster and podium presentation formats and made it a 2-day event. We have renamed it KRITI (Kakatiya Research Initiative for Transformative Innovations).

Hope you like our event, and this beautiful souvenir published to commemorate this event. Special thanks to my co-alumni attending this event all the way from overseas, judges, donors and grand patrons.

Dr Sujeeth R. Punnam, MD, FACC  
Interventional & Structural Cardiologist  
Sutter Health, Stockton, CA, USA  
Convener, KRITI, Formerly Kakatiya Research Day  
Co-Chair, NRI Alumni Educational Center





## DR. ANUPAMA GOTIMUKULA

Dear beloved students,

Warm Greetings to all of you from the NRI alumni of USA !!

It's with great honor and pride, I take this opportunity in mentioning, wherever I am in this world- I am a proud student of Kakatiya Medical College! The medical education I received from our College has helped me long way to be where I am today. Though years have passed....the strong foundation and education I received continues to nourish me throughout my professional life. My sincere and humble thanks to the faculty who taught us the art and science of Medicine!

I would like to request every medical student to take a deep dive into your thoughts and ask yourself - what motivated me to become a doctor? what are my future goals? how do I achieve my goals? With this strong thought keep working persistently and positively towards achieving your goals with purpose, passion and progress!

Current educational standards are a bit different now from our good olden days of training! Things have changed. To become successful, you must have not just good grades, but you need good communication skills, strong leadership skills, gain proficiency in other academic skills - Eg. writing journals/ publications, involving in research activities, organizing/ participating in community service healthcare activities - all these extracurricular skills help you grow personally and professionally.

Students must have 360 degree professional development learning throughout the medical school career to achieve and acquire the knowledge from all directions and perspectives.

Last but not the least, I would like to emphasize every student- you must have healthy lifestyle habits which help you throughout your student life - a balanced nutrition, adequate sleep of 6-8 hours, minimum 30 minute of physical exercise/ vigorous walk daily, maintain positive social connections, cope up daily stresses with mental relaxation exercises- 15-20 minute meditation/ yoga/ Pranayamam( breathing exercises) and abstain from smoking/ alcohol and any other recreational stuff ! Incorporating these good habits in your daily life will boost your productivity, help work life balance and help with time management as well !

**“Don’t Chase Success - Success will chase you if you do what is required”**

We are here to help you and mentor you through this excellent academic activity “KRITI” ! As we all have witnessed, the last year activity is still resonating among us!! I am confident this year “KRITI” activities will help you enrich and further strengthen your academic skills. I wish you all best of luck in achieving your career goals to become humble physicians in serving the communities in need !

Congratulations to the entire organizing team for your leadership, gratitude to our Principal & faculty for your kind encouragement and kudos to all the participants for your dedication & enthusiasm!

Best wishes always,  
Anupama Gotimukula, MD, DipABLM  
Asst. Professor, Pediatric Anesthesiology  
Texas Childrens' Hospital, North Austin  
Baylor College of Medicine  
Department of Anesthesiology, Perioperative and Pain Medicine





## DR. VENU G. BATHINI

Dear students,

Greetings and warm welcome to KRITI, our second annual research event of Kakatiya Medical College.

We witnessed the remarkable success of our First Kakatiya Research Day last year that paved the way for this year event at a larger magnitude.

I was born in Warangal and studied from Kindergarten to MBBS in this historic and wonderful educational hub. I am a proud Warangalite and a Kakatiyan. I owe to my family, friends, teachers, and mentors that helped me in my journey thus far.

I was a backbencher and an average medical student and still had the successful odyssey from KMC to Harvard Medical School. I know our alumni had much greater accomplishments in India and abroad. After moving to the United States, I had the opportunity to do both lab and clinical research. It helped me to develop an insight into research and tremendous respect especially towards lab researchers. I became board certified in Internal medicine, Geriatrics, Hematology and Medical Oncology. As a faculty, I successfully directed the Hematology Oncology Fellowship program and held various academic, clinical research and administrative positions at UMass Medical School and Medical Center. I was privileged to train and mentor students, residents, and fellows. While I have had the perseverance, I still credit all my success to the team around me for helping me grow and become a better physician leader. The African proverb, "If you want to go fast, go alone, but if you want to go far, go together," highlights the incredible strength in working together as a team. One needs networking and collaborative teamwork for soaring to new heights professionally.

You have more resources and opportunities than us, however, it is also clear that things have become more competitive in furthering your training. We found some missing elements that are limiting your professional growth. Our goal in offering the educational webinars and research related events is, to empower you with those skills in the current competitive world and help you to contribute quality academic and research work. I urge you all to reap the benefits of events like KRITI.

You all are much smarter, enthusiastic, and initiative takers. YOU have the potential to go places. Do not look at your failures or disappointments and do not let those take control on your emotional and physical health.

Remember, “If you cry because the sun has gone out of your life, your tears will prevent you from seeing the stars” ... Rabindranath Tagore

Wishing you all a healthy and happy life.

Venu Bathini, MD

Hematology Oncology

Charles River Medical Associates P.C.

Mass General Brigham Community Physicians Organization

Associate Professor, Department of Medicine

Univ. of Massachusetts Medical School

Worcester, MA



# SPECIAL THANKS TO:



**DR. NAGA P CHALASANI**

David W. Crabb Professor of Gastroenterology and Hepatology,  
Adjunct Professor of Anatomy, Cell Biology & Physiology  
Vice President( Academic Affairs)  
Indiana University Health

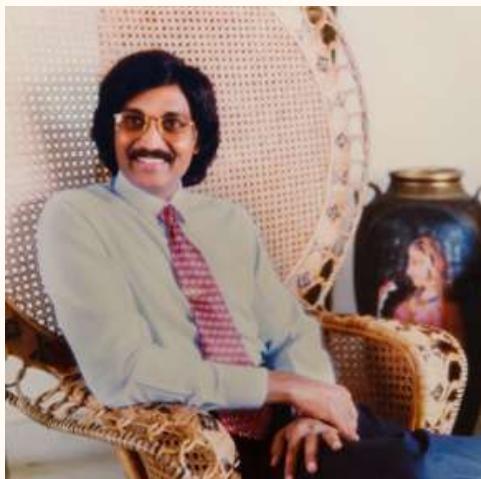


**DR. D. MOHANDAS**

Principal,  
Government Medical College, Narsampet  
Chairman,



- **DR LAXMIPATHI GARIPALLI**
- **DR VIDYA BOBBA**



# DR. C. DAYAKAR REDDY (CDR) MEMORIAL LECTURE

**SPEAKER: DR. VIJAY V. YELDANDI, M.D., FACP,  
FCCP, FIDSA**



*Dr. Vijay V. Yeldandi: A Leader in Infectious Diseases*

Dr. Vijay V. Yeldandi, M.D., FACP, FCCP, FIDSA, is a prominent specialist in infectious diseases, focusing on immune system disorders in transplant recipients. He is a Clinical Professor of Medicine and Surgery at the University of Illinois at Chicago and has significantly contributed to training future physicians as the Program Director for the Internal Medicine Residency Program.

Dr. Yeldandi is affiliated with the Center for Global Health and the Public Health Foundation of India. He champions “Salutogenesis” as part of the “One Health” vision rooted in social justice. He founded the Suvarna Swasthya Research Centre, which specializes in advanced technology MALDI-TOF based proteomics and provides technical support for medical research, including antimicrobial development. As an innovator at the ICHHA Foundation, he focuses on Infectious Diseases and Public Health Research aimed at promoting One Health.

A Fulbright Specialist, Dr. Yeldandi has secured funding from several agencies, including the CDC, and is involved in the Community of Practice for “Implementing Public Policy” at the Harvard Kennedy School of Government. His expertise spans various areas, including antimicrobial resistance, molecular genetics, infectious disease diagnostics, clinical research in transplant infectious diseases and HIV epidemiology, and public health in India.

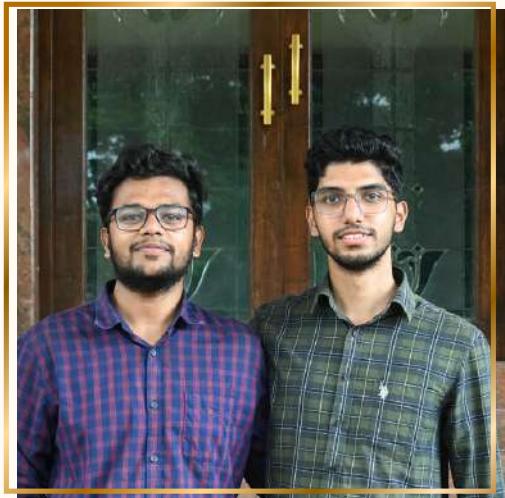
## Dr. C. Dayakar Reddy: A Pioneer in Healthcare

Dr. C. Dayakar Reddy was a visionary healthcare leader dedicated to enhancing patient care and accessibility. An alumnus of Kakatiya Medical College (batch of 1973), he opened a successful nursing home in Hyderabad at 26. In 1989, he co-founded CDR Hospitals, one of Hyderabad's first corporate hospitals, offering advanced services in nephrology, cardiology, and neurosurgery.

Dr. Reddy's legacy includes introducing the first advanced MRI system in 1991 and establishing the first integrated pediatric hospital in 1992. He initiated the 'Sanjeevani' project in 1996, sending specialists to rural areas, and launched the 'Janani' IVF Test Tube Baby program in 1999. In 2001, he developed a web-enabled diagnostic tool for remote diagnosis and started 'Jeevanadata' to provide free treatment for road accident victims.

Despite CDR Hospitals growing into a chain of 13 centers, Dr. Reddy sought a more consumer-centric approach to healthcare. He pioneered a direct-to-consumer MRI & CT initiative, offering tests at lower prices during weekends. In the last years of his life, he focused on creating a new healthcare model and founded DoctorC, a social enterprise, and Right to Health to combat unethical practices.

Dr. Reddy passed away in 2014 at 60, leaving behind a legacy of resolve, innovation, and ethical commitment to patient care.



# FROM THE CHAIR & CO-CHAIR

Dear Readers,

It is an immense privilege to be given the opportunity to host an event of such prestige in our grand institution, Kakatiya Medical College. We are honored to work towards transforming the vision of the esteemed NRI Alumni Committee members into reality.

Our journey began in July 2023, right after the first edition of KRD. Since then, we have been constantly exchanging messages, holding meetings, and drafting numerous proposals to shape KRITI'24 into what it is today.

We extend our deepest gratitude to Dr. Sujeeth, Dr. Venu, and Dr. Anupama for their constant encouragement and kindness. A special thank you goes to Dr. Mohandas for his past support, and to Dr. Ramkumar Reddy sir, who has been our unwavering guide and pillar of strength. We are also grateful to our seniors, Sai Kiran Anna and Rohith Anna, for their invaluable contributions.

Growing from 50 participants last year to 850+ this year was a huge challenge. Balancing this with our hectic internships has been an interesting task, filled with debates, deliberations and countless arguments. But here we are, ready for the grand day!.

This event is possible thanks to our incredible, driven team. Our juniors' enthusiasm kept us motivated, and their dedication will undoubtedly elevate this event to new heights. We're grateful for their support.

Thank you to everyone who believed in us and registered. We hope KRITI'24 leaves you feeling wiser, rejuvenated, and inspired. Please share your feedback to help us improve, and we strive to meet the high expectations set for KRITI'24.

Warm regards,  
Dr. Rohit Singaraju and Dr. Md Shashank,  
Chairman & Co-Chairman, KRITI'24

# KAKATIYA CHRONICLES

## INTRODUCTION

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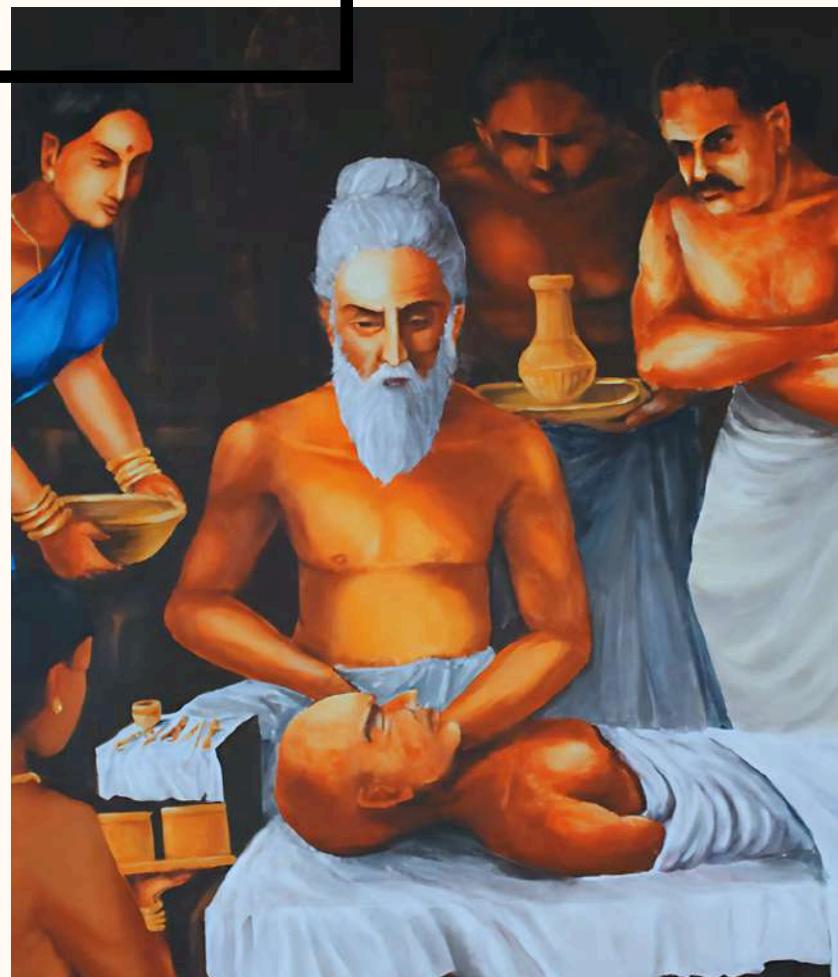
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# POSTER ABSTRACTS

# **IDIOPATHIC INTRACRANIAL HYPERTENSION**

Authors: Havish Kotla, R Sarthak - AIMSR



## TUBEROUS SCLEROSIS

Authors: Pisipati Shivani  
Pavani Kurakula KMC



## ● Introduction

Tuberous sclerosis is a rare, autosomal dominant neurocutaneous disorder characterized by a highly variable presentation, it results from mutations in the TSC1 or TSC2 genes, leading to dysregulation of the mTOR signalling pathway, which in turn causes uncontrolled cell growth and proliferation.

The clinical triad of TSC is observed as:

- Epilepsy
- Angiofibromata
- Skin rash (Ash leaf spots)

**Case 1:**

A 20-year-old male presented to the hospital with complaints of seizures of left upper limb and involuntary jerking of digits of both hands.





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K-1053  
K-1054

**ON PHYSICAL EXAMINATION**

The following cutaneous manifestations are noticed:



Periungual fibrosis



Ash leaf spots

**RADIOLOGICAL FINDINGS**

Ultrasound - multiple bilateral ameloblastic cysts  
Lesions noted in kidneys  
MRI lesion in intramural septum of kidney  
Subependymal giant cell astrocytoma



Subependymal giant cell astrocytoma



Intramural septum of kidney

**ON CLINICAL EXAMINATION**

The tone of both upper and lower limb is reduced.  
The power of left upper and lower limb is reduced (0/5).  
Dorsiflexor power is lost on right side.

**DIAGNOSIS**

Based on clinical history, physical examination and radiological findings the probable diagnosis is tuberous sclerosis.

**TREATMENT**

Anticonvulsants

## NEPHROTIC SYNDROME WITH STROKE IN YOUNG PEOPLE

Authors: Pooja Reddy, Sirikonda Neethu  
Sumanth Vadla- KMC



NEPHROTIC SYNDROME WITH STROKE IN YOUNG PEOPLE	
LEARNING OBJECTIVES	CASE PRESENTATION
Nephrotic syndrome features proteinuria, hypoalbuminemia, hyperlipidemia and edema, with increased risk of thrombotic disorders	A 22yrs male k/o steroid resistant nephrotic syndrome presented to emergency department with altered sensorium since 2 days. On examination patient was drowsy, GCS- E3V2M4, vitals stable, no meningeal signs, tone normal, overall decreased movements in all limbs, bilateral planter extensor.
LABORATORY DATA	IMAGING STUDIES
CBG, RBS, RTT, UFT, Serum electrolytes Urine albumin Protein C (%) Protein S (%) Anti thrombin III (%) Lupus anticoagulant	CT BRAIN SHOWING OCCIPITAL INFARCTS MUSCULAR HYPERTONIA & SPASTICITY CHILOSTIC HEMIPLEGIA
Normal 3+ 86% (normal) 43% (decreased) 57% (decreased) Negative	 <b>NEPHROTIC SYNDROME</b> <b>PROTEINURIA</b> → 25-50% normal <b>ALBUMIN</b> <b>URINARY HYPERALBUMINURIA</b> → TERMINAL EXRER <b>HYPERCOAGULABLE STATE</b> → INHERITANTHERAPY IN PROTEINS <b>THROMBOTIC &amp; THROMBOEMBOLIC COMPLICATIONS</b>
	REFERENCES : 1) HARRISON 23RD EDITION 2) BROWN ML, et al. Nephrotic syndrome in children. Indian J Med Microbiol. 2004; 22(1): 1-10.

## **PROGRESSIVE SUPRANUCLEAR PALSY**

Authors: Dhanvi Agarwal,  
Akshit Gupta - KIMS NKP



## PROGRESSIVE SUPRA NUCLEAR PALSY

Dhanvi Agarwal & Akshit Gupta

### Introduction

Progressive Supra nuclear Palsy (PSNP) is a rare, adult-onset neurodegenerative disease classified as a tauopathy, affecting movement, balance, speech, swallowing, vision, eye movements, mood, behaviour, and cognition. Characterised by early postural instability and falls, PSP is recognised as an atypical parkinsonian syndrome or Parkinson-plus disorder, reflecting different patterns of tau accumulation and neuronal loss across brain regions.

### Case report

67 year old male patient Farmer by occupation known hypertensive and with a past history of pulmonary Koch's. 20 years back presented difficulty in breathing since 20 days cough with expectoration and difficulty in walking since 20 days after a fall at home. A careful history revealed frequent falls since last 2 years, progressive slowness in walking which followed by slowness in all day to day activities (eating, picking up objects etc.)



HICKEY SPOT/POINTER

### Discussion

By the time of diagnosis, patients with PSP are typically 3 years from their first symptom, that is halfway through the illness. The lateness of diagnosis is multifactorial with delay in seeking general practitioner to failure to recognize the significance of early symptoms.

### Conclusion

Early assessment are critical, to reduce the risk of aspiration and also to reduce the risk of malnutrition, weight loss exacerbates fatigue and risk of injury.

# IMMUNOLOGICAL AND SOCIO-DEMOGRAPHIC PROFILE OF SARS-CoV-2 ANTIBODIES AMONG HEALTHCARE WORKERS

Authors: Vangala Samhita ,  
Kruthardh Dharavath - FCIMS



**Introduction**

The prevalence of SARS-CoV-2 antibodies in healthcare workers (HCWs) has been reported across various countries and regions, with varying results.

**Objectives**

- To determine the antibody profile of healthcare workers (HCWs) in India.
- To evaluate the antibody avidity index (AAI) in Indian HCWs.

**Methodology**

HCWs from three different states in India were recruited. They were categorized into three groups based on their history of COVID-19 infection:

- Group 1: History of COVID-19 infection ( $n=93$ )
- Group 2: No history of COVID-19 infection ( $n=275$ )
- Group 3: HCWs who tested COVID-19 IgG positive ( $n=317$ )

Antibody detection was performed using ELISA and indirect immunofluorescence (IF). Neutralizing antibody titers were determined using the plaque reduction neutralization (PRNT) assay. AAI was calculated using the IgG avidity assay.

**Results**

COVID-19 IgG antibody levels were significantly higher among 257 HCWs (73%) with a history of COVID-19 infection ( $p<0.001$ ) compared to 93 HCWs (27%) who had no history of SARS-CoV-2 infection. HCWs who tested COVID-19 IgG had higher IgG antibody levels. A total of 317 HCWs (90%) had detectable IgG antibodies, while 32 (10%) did not. Out of 317 HCWs, 34 had the lowest IgG avidity index. The overall avidity index was maintained above 40% across all IgG concentrations, indicating a stable immune response.

**Conclusion**

HCWs with a history of COVID-19 infection and those招测有 COVID-19 infection had significantly higher IgG antibody levels than those without a history of COVID-19. The study highlights the importance of ongoing surveillance, potential challenges, and the need for continued education and training regarding SARS-CoV-2 variants and refining disease severity in HCWs.

## BACTERIAL MENINGITIS IN A DEAF MUTE CHILD WITH OPISTHORONUS

## **POSTURING**

Authors: Thota Tanai Venkat , Vasikarla Sai  
Medha - AIMSP





## MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME

**Authors:** Macherla Shreya ,  
Duduka Sushma - MRMCW



AXENFLED-REIGER ANAMOLY

Authors: K.Ashraf , S.Rohila - KMC



## GENDER DYSPHORIA...

Authors: B.Sai Deepthi , M.Sridhar -  
GMC Siddipet



## A RARE CASE OF “MARRIED FEMALE ELOPING WITH ANOTHER FEMALE”

Authors: G.Anisha Reddy , K Varthika Reddy ,  
G. Shreya - KIMS



## **IDIOPATHIC NON CIRRHOTIC PORTAL HYPERTENSION**

Authors: K.Urvija Padmini , K.Yasaswini - ESIC



## UNVEILING SEVERE REGURGITATION AND CARDIAC CHALLENGES IN TAKAYASU ARTERITIS

Authors: Rahul Akkapeddi , Narra Rohith  
Reddy - Gandhi Medical College



**"Resonance of Vascular Compromise: Unveiling Severe Respiratory and Cardiac Challenges in Takayasu Arteritis"**

**Author: Neelabh & Marwa Hafiz Hafeez**  
**Sindh Medical College, Hyderabad**

### Introduction

**Takayasu Arteritis (TA)** is a rare, chronic, systemic vasculitis primarily affecting large and medium-sized arteries, particularly those in the head and neck, chest, abdomen, and四肢. It can lead to significant vascular compromise, often involving the coronary, cerebral, and peripheral arterial systems.

### General Examination

**Lentoid signs:** Common signs include:

- Durotortuous vessels (e.g., temporal arteries)
- Palmar erythema
- Subcutaneous nodules
- Hypertension
- Weight loss and fatigue
- Myopathy
- Impaired skin perfusion
- Raynaud's phenomenon
- Clubbing
- Impaired pulses
- Limb ischemia
- Organ failure

**Physical Examination:**

	Right	Left
BP	140/90 mmHg	160/100 mmHg
Pulse	Weak	Normal

**Risk factors for TA:**

- Female gender (predominant)
- African Americans
- Asian/Pacific Islanders
- Middle-aged individuals
- Genetic predisposition (HLA-B27)
- Inflammation (C-reactive protein, ESR)
- Autoimmunity (ANA, RF)
- Vascular risk factors (hypertension, hyperlipidemia)
- Endocrinological abnormalities (thyroid dysfunction)
- Infection (EBV, HCV, syphilis)
- Trauma or surgery (post-operative vasculitis)
- Radiation exposure
- Environmental triggers (smoking, stress)

### Investigations

**Initial Investigations:**

- ESR: ↑ (10-150 mm/h)
- CRP: ↑ (0.5-10 mg/dL)
- ANA: Positive (titers up to 1:1600)
- ECG: ST depression, T-wave flattening, arrhythmias
- CXR: Mediastinal lymphadenopathy, pleural effusions
- Echocardiogram: Left ventricular dysfunction, valvular lesions, pericardial effusion
- Angiography: CT angiogram, MRA, DSA (gold standard)

**CT Audit Angiogram:** Shows extensive vascular compromise, including:

- Aorta: Dilation, tortuosity, occlusion
- Coronary arteries: Occlusion, stenosis
- Cerebral arteries: Occlusion, stenosis
- Peripheral arteries: Occlusion, stenosis
- Renal arteries: Occlusion, stenosis
- Mesenteric arteries: Occlusion, stenosis
- Limbs: Occlusion, stenosis

**Diagnosis:**

**ACR/EULAR criteria for the classification of Takayasu arteritis:**

- Clinical presentation: Durable symptoms of vascular compromise, affecting one or more major organ systems.
- Laboratory findings: Elevated ESR, CRP, ANA, and/or positive anti-EBV antibodies.
- Imaging findings: Abnormal findings on angiography, echocardiography, or MRI.
- Histopathology: Histological evidence of arteritis in tissue biopsy.

**Management:**

**General Management:**

- Control of inflammation: Nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, immunosuppressants (Azathioprine, Methotrexate, Cyclophosphamide).
- Blood pressure management: ACE inhibitors, ARBs, calcium channel blockers.
- Symptomatic relief: Pain management, physical therapy, surgical interventions for critical limb ischemia.
- Monitoring: Regular follow-up, imaging studies, laboratory monitoring.

**Cardiovascular Complications:**

- Coronary artery disease: Angioplasty, stenting, bypass surgery.
- Aortic valve stenosis: Valve replacement.
- Aortic dissection: Emergency surgery.
- Aortic aneurysm: Monitoring, surgical intervention.

**Neurological Complications:**

- Cerebral artery stenosis: Endovascular interventions, bypass surgery.
- Ischemic stroke: Anticoagulation, antiplatelet therapy.

**Renal Complications:**

- Renal artery stenosis: Endovascular interventions, bypass surgery.
- Chronic kidney disease: Blood pressure control, dialysis if needed.

**Peripheral Vascular Complications:**

- Critical limb ischemia: Bypass surgery, angioplasty, amputation.
- Claudication: Exercise, antiplatelet therapy.

**Conclusion:** Takayasu Arteritis is a complex, multisystemic disease requiring a multidisciplinary approach. Early diagnosis and aggressive management can prevent life-threatening complications and improve quality of life.



## ECTODERMAL DYSPLASIA

Authors: Anvitha Dendi , Neha Rama - KIMS NKP



**A rare and intriguing genetic disorder – ECTODERMAL DYSPLASIA**  
Department of Pediatrics

**INTRODUCTION:** Hypohidrotic Ectodermal Dysplasia is a rare and intriguing proteic disorder characterized by developmental anomalies affecting tissues derived from the ectoderm – the outermost layer of embryonic cells. It often presents with a combination of abnormalities including sparse hair, missing teeth, and dry, sensitive skin.

**Case Details:**  
A 1 year 6 month old male child (DD) regurgitated milk through the nostrils and mouth. His mother was worried about his feeding difficulties and consulted him. He had sparse hair, missing upper central incisors, dry skin and recurrent respiratory tract infections.

**DISCUSSION:**  
Ectodermal dysplasias are a group of disorders in which there is compromised development of skin, hair, nails, glands, teeth and sweat glands.

**PREVALENCE :** 3,350,000 births i.e. 0.002%

**REFERENCES:**  
1. Thermann et al. (1997) The first report of a hypohidrotic ectodermal dysplasia patient with a mutation in the GATA-6 gene. *Am J Medical Genetics* 33: 100-103.

**HIGHLIGHTS IN TREATMENT:**  
1. Management of the underlying condition  
2. Symptomatic treatment  
3. Preventive measures  
4. Monitoring and follow-up

**STORIES FROM AROUND THE GLOBE:**  
Anvitha Dendi & Neha Rama  
KIMS, Hyderabad

**TREATMENT:**  
• Regular follow-ups  
• Symptomatic  
• Preventive measures  
• Monitoring and follow-up  
• Management of underlying condition

**Exclusion of epiphyses. Note the exception in the treatment of hypohidrotic ectodermal dysplasia. *Deutsche Med Wochenschr* 103: 1005-1008.**

## POSTPARTUM DEPRESSION...

Authors: V.Ramakiran , R.Shrija , S. Joshi - KMC



**POSTPARTUM DEPRESSION:THE UNTOLD STORY OF MOTHERHOOD**

**MANAGEMENT :**  
1. LIFESTYLE MODIFICATION:  
Screen Mother, Sleep Adequate, Nutritious Diet, Regular Exercise, Avoid Alcohol, Avoid Drugs.  
2. PSYCHOLOGICAL MANAGEMENT:  
Cognitive Behavior Therapy (CBT), Mindfulness, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT).  
3. MEDICAL MANAGEMENT:  
Antidepressants, Mood Stabilizers, Antipsychotics, Insulin, Metformin, Thiazolidinediones, Anticoagulants, Antihypertensives, Antidiabetics, Diuretics, Diabetes, Hypertension.

**5. SOCIAL SUPPORT:**  
Free Support Groups, Partnership Support, Family Support, Self-care.

**INTRODUCTION:**  
Postpartum depression is a severe mood disorder affecting 1 in 7 women worldwide. It is a major public health issue where 90% are left undiagnosed.

**CAUSES AND RISK FACTORS:**  
• Stress  
• Trauma  
• Adversity  
• Psychosocial  
• Biological  
• Environmental

**PATOPHYSIOLOGY:**  
• Endocrinological  
• Neurological  
• Psychopathological

**Baby Blues:**  
• Abnormal birth & delivery  
• Stress, Postnatal  
• Visual Impairment  
• Hearing Impairment

**PPD:**  
• Postpartum depression  
• Postpartum psychosis  
• Postpartum depression  
• Postpartum psychosis

**Symptoms:**  
• Loss of interest  
• Agitation  
• Depressed mood  
• Depression

**CONCLUSION:**  
PPD is not a character flaw or weakness. Society must be more aware of PPD and work towards awareness. By understanding the causes and risk factors, we can facilitate early identification, support affected mothers, and foster a healthier environment for expectant mothers.

## UNVEILING VALENTINO SYNDROME

Authors: Spurthi Subramanyam , Siddiqa Fathima - Apollo



**The Gastrointestinal Masquerade: Unveiling Valentino Syndrome**

**How Did the patient present?**  
• Epigastric pain and abdominal distension from emergency department

**What was found on Examination?**  
• On physical examination there was tenderness in the right hypochondrium, liver edge palpable, ascites were present.

**What was found on Investigations?**  
• UGI Endoscopy – RF ablation of fundal polypoid lesion, liver biopsy done with the presence of mild steatosis, serum IgM raised.

**How was the patient treated?**  
• The patient was admitted to the ICU and given metoclopramide, aperients, antibiotics, proton pump inhibitors with all by nasogastric tube aspiration for 3 days.

**What happened in the post operative period?**  
• The post-operative period was uneventful and the patient was transferred to the ICU.

**How was the patient treated?**  
• The patient continued prophylactic aperients and was started on a soft diet followed by a normal diet and discharged on 10th post-operative day.

**Pathophysiological evaluation showed features consistent with steatohepatitis after resolution of the fundal polypoid lesion.**

**Take away Message from the case:**  
• Valentino syndrome is a rare but well known entity that needs to be considered in differential diagnosis of upper abdominal pain.

**Open Modified Gastrostomy patch repair was done for the perforation with a rectalis muscle.**

## FETUS IN FETU (FIF)

Authors: Saniya Banu , Aakansha - KMC



**Fetus in Fetu (FIF)- A Systematic Review of Case and Series**

**Introduction:**  
• Fetus in fetu (FIF) is a rare congenital anomaly where one fetus grows inside another fetus.

**Objective:**  
• This review aims to consolidate existing case series and reports to expose the clinical presentation, diagnostic challenges and outcomes of FIF.

**Methodology:**  
• A systematic search of English language literature was performed using PubMed, Google Scholar, and Google Images using the following search terms: “fetus in fetu”, “fetus in fetu ultrasound”, “fetus in fetu CT scan”, “fetus in fetu MRI”, “fetus in fetu pathology”.

**Conclusion:**  
FIF should be considered in differential diagnosis of abdominal masses. Diagnostic challenges include differentiation from other anomalies such as teratomas, rhabdomyomas, and heterotopic pregnancies. Surgical excision with enucleation remains the mainstay of treatment.

**Results:**  
• Demographics: Total Cases: 68 patients (50 case reports, 9 case series). Age at Presentation: Early in pregnancy (41%). Median age at diagnosis: 20 years. 20% presented in late gestation. Gender: 54% male, 44% female.

**Clinical Presentation:**  
• Ultrasound was diagnostic tool.

**Outcomes:**  
• Prognosis: Associated with no recurrence. Recovery: Rapid recovery post-surgery in all cases.

## HYPOKALEMIC PERIODIC PARALYSIS

Authors: Priyotosh Dey ,Thota Monish -



**HYPOKALEMIC PERIODIC PARALYSIS**

**Rare disorder**  
• Prevalence ~ 1 in 10000 population and mostly in teenagers and early childhood

**Type – Hereditary, Familial, Acquired**  
• Familial form  
• Type-1: CACN03B001  
• Type-2: SCN4A gene involved.

**Treatment:**  
• Acute – Potassium supplements  
• Prevention and long term management  
– Potassium sparing diuretics  
– Carbonate diuretic response

**Associated with sudden onset of weakness**

**Triggers:**  
• Stimulus exercise  
• Carbohydrate rich diet

**Diagnosis:**  
• Laboratory tests  
– Serum potassium levels  
– Thyroid function test  
– Creatinine kinase levels  
– ECG (Electrocardiography)  
– Genetic testing  
– ECG (Electrocardiography)

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K-0906-Priyotosh Dey  
K-0815-Thota Monish

## LOW HbA1c & HIGH RBS

Authors: Summaiya Fayaz , K.Manisha - KMC



**Low HbA1c & High RBS**

**Management of DM:**  
• Medical nutrition therapy (Diet & Exercise)  
• Oral hypoglycemic therapy  
• Insulin

**Glycemic factors:**  
• 30% adherence issues  
• 25% glucose therapy changes  
• 20% dietary factors

**Non glycemic factors:**  
• 15% Acute illness  
• 10% Laboratory errors  
• 8% Endocrine disorders  
• 6% Therapeutic variants  
• 7% Renal blood loss / Capillary

**Reference:**  
1. American Diabetes Association. (2024). Standards of Medical Care in Diabetes—2024. *Diabetes Care*, 47(Supplement 1).

Summaiya Fayaz K-0542  
K.Manisha K-0778

## MULTIFOCAL VENOUS MALFORMATION

**Authors:** Sravya Devarakonda  
Ankita Mukherjee - KAMSRC



## LUNG SEQUESTRATION , KOMMERELL DIVERTICULUM & ESOPHAGAL BRONCHUS

Authors: Venkateshan Nithya Veni  
Palvai Aishwarya - Amrita



**Complex Congenital Anomalies in a Preterm Infant**

**A Case of Lung Sequestration, Kommerell Diverticulum, and Esophageal Bronchus**

DEPARTMENT OF PEDIATRIC SURGERY, AMRITA HOSPITAL, KODI, YENATESHWARI NITHYA VENKATESH, MRIS 21, PALASU ASHWINA KARMAKAR, MRIS 21, SRIKANTH KUMAR, MRIS 21, and RAVI KUMAR, MRIS 21

**Discussion**

This article illustrates rare combination of complex congenital anomalies in a preterm infant, emphasizing this importance of early differentiation and multidisciplinary management. The presence of lung sequestration, Kommerell diverticulum, along with a large left-sided diaphragmatic hernia, presents unique challenges in surgical planning and postoperative care in these infants.

**Case description**

In a case of lung sequestration, and heterotopic heart, associated with esophageal bronchus and tracheal fistula. Chief complaint: recurrent episodes of cough with associated respiratory distress, with or without cyanosis. On examination, there was a systolic murmur with tachypnoea. On auscultation, there was a continuous murmur over the right side of the chest. Past history: IVF, no recurrence of anomalies, no family history of heart disease or respiratory anomalies.

**DIAGNOSIS**

Lung sequestration and related findings from autopsy: coopting the lung segment with abnormal left subcarinal artery and Kommerell diverticulum.

**MANAGEMENT**

Collaborative collaring with cardiothoracic, neurosurgery, Labetomy for oesophageal bronchus & sequestered lung resection. Planned for fundoplication for diaphragmatic hernia.

**INTRODUCTION**

8 months old preterm child with life-threatening respiratory distress and hypoxia was admitted to the hospital. After initial resuscitation and stabilization, he was evaluated and found to have lung sequestration and bilateral tracheoesophageal fistula. The patient had a large left-sided diaphragmatic hernia with abnormal left subcarinal artery and Kommerell diverticulum and esophageal bronchus and tracheal fistula.

**-Cervical Bifida** (n= 11), Tracheo-  
Esophageal fistula, congenital stoma, cleft lip + palate  
-21, and 22 trisomy, non-invasive chromosomal analysis  
-Invagination (Diaphragm) Lung sequestration or diaphragm hernia (MRI/CT scan)

**-Cleft: Angioneurotic edema (Kommerell diverticulum)**

**-Cleft with contrast air bubble in upper airway**

**-Bilirubin** (congenital jaundice) (increased in preterm)

## THE CHILD WHO CANNOT METABOLISE L-FUCINE

Authors: Golla Santoshini , Jasti Himaja  
KMC



THE CHILD WHO CAN NOT METABOLISE LUCINE		Authors: David Kornberg, MD, FAAP Children's Hospital of Philadelphia Gardner 12th Avenue, Philadelphia PA 19103-3599 Eduardo Mirelles, MD	
		<p><b>Introduction</b></p> <p>3-Hydroxy-3-methylglutaryl-CoA lyase deficiency is a rare <b>autosomal recessive</b> metabolic disorder that results from abnormalities between the two enzymes involved in the synthesis of isoleucine: <b>3-hydroxy-3-methylglutaryl-CoA lyase</b> (HMGCL) and <b>3-keto-3-methyl glutaric aciduria</b> (KMA). Patients have reduced capacity to synthesize isoleucine. They present with hypoglycemia, metabolic acidosis, lethargy/malaise during fasting and illness.</p>	
		<p><b>Care Summary</b></p> <p>A 10 month female baby named Janice product of 3 degree consanguinity parents was presented with vomiting, diarrhea, 2 days starting limb twitching activity and refusal of feeds 1 day. She had a history of similar seizures like activity in past led to repeated hospital admissions.</p>	
<p><b>Investigation</b></p> <ul style="list-style-type: none"> <li>- Urine: 3-hydroxy-3-methyl glutaric acid</li> <li>- Urine: alpha-glycosidase ketone test</li> <li>- EEG: normal</li> <li>- Ige: IgE normal</li> <li>- Urine: 14C-pantothenate/butyryl CoA ratio: 4.5 (normal &lt; 3.7)</li> <li>- NGS: peroxisomal hyperlipidogenicity</li> <li>- Fatty acids: fatty acid profile normal</li> <li>- Urine: organic acids: organic acids profile: blunting in 3-hydroxy-3-methyl glutaric acid</li> <li>- Electrophoresis: elevation of CSACO/CoA</li> <li>- GCMs-HMG-CoA lyase deficiency</li> </ul>		<p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>- 1.5% CB6: Sust-Bolin</li> <li>- Sust-Bolin</li> <li>- Sust-leucine</li> <li>- Sust-leucine</li> </ul>	
<p><b>Differential Diagnosis</b></p> <ul style="list-style-type: none"> <li>- Beta-ketothiolase deficiency</li> <li>- Isovaleric academia</li> <li>- Medium chain acyl-CoA dehydrogenase deficiency</li> </ul>			

## DECODING WALLENBERG SYNDROME

**Authors:** Chirugupati Rithika ,  
Y V Dhruvardhan Reddy ,  
**Dundigala Ashritha - Gandhi Medical College**



**Chungappa Rithika**  
**Vijay Bhuvaneswar Reddy**  
**Dundigalla Ashritha**  
**Final Year MBBS Part-I**  
**Gandhi Medical College**

# Decoding Wallenberg : Insights into a complex condition



## INTRODUCTION

Wallenberg Syndrome is also known as Lateral Medullary Syndrome which is a rare and severe type of stroke that occurs in the posterior part of the brainstem, specifically the Posterior Inferior Cerebellar Artery or VII Vertebral artery. It is characterized by a combination of autonomic instability, weakness, impaired coordination, and contralateral sensory disturbances that affect the head, neck, limb, and extremities and can cause repeated Gag and Pals.

## CASE DESCRIPTION

**HISTORY:**

- A 54 yr old male patient presented to the OR with chief complaints of sudden onset of dizziness, difficulty in说话 (Speaking) and Paroxysmal Tonicus.
- Patient is known Hypertension and no regular treatment.
- Family history of Diabetes and Chronic Alcoholism.

**SYSTHEIC EXAMINATION:**

**CVS:**

- Right-sided bradycardia.
- Left-sided reflexes: Pupil & Temperature (Left side)
- Motor system and Reflexes: Normal
- Cerebellar function: Normal based on gait

**Neurology:**

- Right-sided gaze evoked
- Romberg sign - Negative
- Intentional tremors (Right side)
- Dysarthria (Right side)
- Finger-nose test: Abnormal (Right)
- Finger-finger test: Abnormal (Right)
- Heel-shin test: Abnormal (Right side)

**Cranial nerves:** CN-9 Loss of sensation of Part (Right side)

**CSF:**

- Loss of Corneal Reflex (Right side)
- CNS-Taste loss and Vertigo
- CNS-10-Delta Deviation to Left side
- GAG Reflex lost

## INVESTIGATIONS

**Routine Investigations:** Normal

**Lab Test:** Fasting blood glucose-120 mg/dL (Normal)  
 Serum Cr-1.25 mg/dL (Normal)

**Specific investigation:**

- Hypoglossic nerve imaging (MRI): Sella floor area revealed a small lesion.
- Hypoglossic nerve angiography (MRA): Showing irregular narrowing of Right Vertebro-Artery

## MANAGEMENT

**Do's:**

- Don't's: Head injury with 100ml milk or water
- Take: Maxdol 200mg (Ibuprofen) intravenously once/day
- Don't: Aspirin
- Take: Thiamine 100mg twice daily
- Take: Telmisartan 100mg once daily
- Take: Folic's supplementation

## CONCLUSION

Timely recognition of Wallenberg syndrome, with prompt and effective management can prevent complications and preventing future complications. Advances in Neuroimaging and Clinical awareness can lead to improved management strategies , minimizing disability and enhancing quality of life for affected individuals.

## A RARE CASE OF OBSTRUCTED LABOR

Authors: Sumaiya Mehveen - RIMS



Case Report: A Rare case of Obstructed Labor-leading to Rectovaginal fistula, repaired with Primary Labial flap(Martius)	
By SURAJEEV MEHTA (MBBS Part II), Grade-IV Surgeon, Department of Surgery, JIMS Allahabad	
INTRODUCTION	CASE REPORT (contd.)
<p>Rectovaginal fistula (RVF) is defined as an epithelium-lined abnormal communication between the rectum and vagina[1,2]. RVF generally presents with passage of air and stool from the vaginal route in recurrent urinary tract infection or sepsis[1]. The wide range of treatment, commonest complication makes RVF treatment difficult[3].</p>	<p>No history of rectal incontinence, pain, fever, foul vaginal discharge. Patient is P2L2, 1st Pregnancy LSCS, 3 kgs, 2nd pregnancy HVD 2 kgs IUGR. <b>GO/Hypertension:</b></p> <ul style="list-style-type: none"> <li>o Menorrhagia and absence of new intraoperative findings.</li> <li>o Absence of new intraoperative findings.</li> <li>o Previous reversal surgery performed.</li> </ul> 
<p><b>Chief complaints:</b> Patient is a 30 years old primigravida case, patient came for stoma reversal.</p> <p><b>History of presenting illness:</b> 27 year old patient came to our hospital with history of delivery of 2nd child using abdominal route after prolonged obstructed labor leading to RVS for which coitus was done, 3 months later RVS repair was done with Martius flap. Four months later, she has come for stoma reversal surgery.</p>	<p><b>EXAMINATION</b></p> <p>Fistulae are seen.</p> <p>10cm per speculum examination of rectum, vaginal discharge.</p> <p>10cm piv - no cervical motion tenderness, vaginal fornices.</p> <p>Per rectal examination : On inspection - no evidence of stoma, fistula, hemorrhoids. Fissure: Sphincter tone normal. Gluteal finger finger stained with stools.</p>
	<p>This procedure is bulbar sacrospinous muscle flap or Martius labial fat pad. After separating the rectum and vagina through a perineal dissection, pedicled skin graft from the labia majora is sutured to the rectal mucosa. Low and mid-level fistulas up to 8 cm proximal to the rectal mucosal intussusception is indicated for this procedure. Success rate is reported to range 85%-95%.</p>
CASE REPORT	CONCLUSION
	<p>Martius flap is a safe and simple procedure that improves wound healing through neuvascularization with good results and minimal recovery time. Follow-up perirectal care is important to avoid wound complications.</p> <p><b>REFERENCES:</b></p> <p>1. Gohar A, Bhatia S, Singh S, et al. Primary labial flap for rectovaginal fistula. Indian J Surg. 2008; 79(1): 11-13.</p> <p>2. Kaur S, Bhambhaniya S, et al. Primary labial flap for rectovaginal fistula. Indian J Surg. 2008; 79(1): 11-13.</p> <p>3. Chaturvedi A, et al. Primary labial flap for rectovaginal fistula. Indian J Surg. 2008; 79(1): 11-13.</p>

## **SYNCHRONOUS CARCINOMA OF OVARY & BREAST**

Authors: Siri Goud Cheruku , Atta Tanvi - KAMSRCC



**SRI GOLO CHERUKU  
ATTA TANU**

# Synchronous Carcinoma of Ovary & Breast

A CASE REPORT

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**1. Introduction**  
Bilateral carcinoma is the term used to describe cancer in one or both primary lesions that develops simultaneously after the diagnosis of the first primary lesion with Gynaecological or other cancers. It is also known as synchronous carcinoma. In this case report we will observe deep clinical presentation, treatment, the breast and the ovary.

**2. History**  

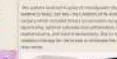
- History of uterine fibroids
- History of irregular bleeding per vagina

**3. Past history**  

- Previous case of hypertension and Diabetes Mellitus
- Social history of hysterectomy (Bilateral salpingo-oophorectomy) 10 years ago
- BCGVAC

**4. Examination**  

- General conditions were fair, vitelline.
- Ovarian size - 10x10 cm.
- Ovarian mass - A heterogeneous mass in the right adnexa was appreciated.



**5. Investigations**  
**Breast sonography:** Bilateral enlargement of the breasts.  
Breast MRI: Lesion measuring 1.6x2.0 cm in the right mastoid quadrant of upper outer breast. Lesion measuring 1.0x1.2 cm in the left mastoid quadrant of upper outer breast. Biopsy: BI-RADS 4B, BI-RADS 4C.

**Imaging:**  
• Axillary lymphadenopathy: No enlarged axillary lymph nodes.

**MRI:**  
• Axillary lymphadenopathy: No enlarged axillary lymph nodes.

**Abdominal CT scan:**  
Axial CT scan of abdomen and pelvis: No enlarged lymph nodes.

**Angio-CT:**  
Angio-CT of abdomen and pelvis: No enlarged lymph nodes.

**FDG-PET:**  
FDG-PET: No enlarged lymph nodes.

**• Histopathology:**  
• Histopathology: Ovarian adenocarcinoma, grade 3.

**6. Treatment**  
The patient underwent a total hysterectomy along with bilateral salpingo-oophorectomy. The right adnexal mass was sent for frozen section which showed adenocarcinoma. The left adnexal mass was sent for frozen section which showed normal ovarian tissue. The patient was then referred to medical oncologist for chemotherapy.

## A RARE CASE OF APERTS SYNDROME

Authors: C.Rojasree , G.Namya Reddy - Bhaskar Medical College



**Kriti'24** A RARE CASE OF APERTS SYNDROME K-0768 & K-0773

Authors: C.Rojasree, 3rd year, Bhaskar Medical college, G.Namya Reddy - 3rd year, Bhaskar Medical college, Guide: Dr.Sreyan Yadav - Asst professor, Dept. Of pediatrics, Bhaskar Medical college, Tirupati.

**INTRODUCTION:** Apert syndrome, also known as Acrocephalopagus Type I, is a rare congenital disorder characterized by the premature fusion of certain skull bones (synostosis), leading to a flattened head, short and broad nose. It is associated with synostosis (fusion of the fingers and toes) and other skeletal abnormalities. The syndrome is primarily caused by mutations in the FGFR2 gene.

**CASE DESCRIPTION:** A Telangana boy named Kishore, came to our OPD with chief complaints of fever, cold and diarrhea for 3 days. On examination he presented with unbroken nail bridge, broad nostrils and absence of digits from eyes. On examination of hands and feet shows synostosis of all digits of hands and toes. In further examination patient shows cleft palate, swelling of speech. Mental status of the patient shows no anomaly. A provisional diagnosis of APERTS SYNDROME was established.

**INVESTIGATIONS:**

- 1. Genetic Testing - FGR2 gene mutation analysis
- 2. Imaging studies - Cranial CT scan or MRI, 3D CT reconstruction, X-rays of the hands and feet.

**TREATMENT:**

1. Cranio-nostoses repair
2. Dental and orthodontic treatment.
3. Myofacial advancement
4. Cleft palate repair
5. Speech and developmental therapy
6. Genetic counseling
7. Psychological and emotional support

**EXAMINATION FINDINGS:**

- GENERAL APPEARANCE - Clefted dysmorphism
- HANDS AND FEET - Synostosis
- NEUROLOGICAL EXAMINATION - Developmental delay/achondroplasia
- EYES - Ocular anomalies, epiphora, epiphora, keratoconjunctivitis
- MUSCULOSKELETAL EXAMINATION - Ankylosis, genu valgum
- DENTAL PHONICS - dental crowding

**DISCUSSION:**

Although Apert syndrome can cause significant physical and cognitive challenges, early intervention and multidisciplinary care can help manage the symptoms and improve the quality of life for affected individuals.

## ANTISYNTETHASE SYNDROME

Authors: Kokila Gayathri Abbireddi , Aditi Silamkoti - KAMSRC



**Kriti'24** CASE REPORT: INSIGHTS INTO ANTISYNTETHASE SYNDROME

FOR: MARCH 2024 | VOLUME 2 | ISSUE 0006 | DOI: 10.51573/kriti24.v2i0006.0006 | KAHEM ACADEMY OF MEDICAL SCIENCES AND RESEARCH CENTRE

**Introduction:** Antisynthetase syndrome is a rare autoimmune disease (1-2% of all systemic lupus erythematosus (SLE) cases) characterized by muscle weakness, interstitial lung disease, and Raynaud's phenomenon. The disease is associated with antibodies against enzymes involved in protein synthesis, specifically S-adenosyl-L-methionine: aminoacyl-tRNA synthetases (SAs). These antibodies bind to the cytoplasmic domain of the SA, leading to their dysfunction and subsequent muscle damage.

**Case description:** A 40-year-old male patient presented with progressive muscle weakness and interstitial lung disease. He had a history of Raynaud's phenomenon and a positive ANA test. His symptoms progressed over 6 months, leading to difficulty in walking and climbing stairs. He also reported a non-productive cough and shortness of breath. He had a family history of SLE in his mother.

**Investigations:**

- HRCT: Shows bilateral peripheral pulmonary infiltrates.
- ABG: Hypoxemia, type I respiratory failure.
- ESR: High ESR (40 mm/h).
- ANA: Positive for SLE.
- RF: Negative.
- Anti-PL7: Positive.
- Anti-PL12: Positive.
- Anti-SAs: Positive (anti-PheRtSA, anti-GlyRtSA, anti-AlaRtSA, anti-AspRtSA, anti-ValRtSA, anti-IleRtSA, anti-ThrRtSA, anti-AsnRtSA, anti-GlnRtSA).
- Anti-PM/Scl: Negative.
- Anti-Jo-1: Negative.
- Anti-Scl-70: Negative.
- Anti-SSA: Negative.
- Anti-SSB: Negative.
- Anti-PM-230: Negative.
- Anti-PM-260: Negative.
- Anti-PM-280: Negative.
- Anti-PM-310: Negative.
- Anti-PM-330: Negative.
- Anti-PM-350: Negative.
- Anti-PM-370: Negative.
- Anti-PM-390: Negative.
- Anti-PM-410: Negative.
- Anti-PM-430: Negative.
- Anti-PM-450: Negative.
- Anti-PM-470: Negative.
- Anti-PM-490: Negative.
- Anti-PM-510: Negative.
- Anti-PM-530: Negative.
- Anti-PM-550: Negative.
- Anti-PM-570: Negative.
- Anti-PM-590: Negative.
- Anti-PM-610: Negative.
- Anti-PM-630: Negative.
- Anti-PM-650: Negative.
- Anti-PM-670: Negative.
- Anti-PM-690: Negative.
- Anti-PM-710: Negative.
- Anti-PM-730: Negative.
- Anti-PM-750: Negative.
- Anti-PM-770: Negative.
- Anti-PM-790: Negative.
- Anti-PM-810: Negative.
- Anti-PM-830: Negative.
- Anti-PM-850: Negative.
- Anti-PM-870: Negative.
- Anti-PM-890: Negative.
- Anti-PM-910: Negative.
- Anti-PM-930: Negative.
- Anti-PM-950: Negative.
- Anti-PM-970: Negative.
- Anti-PM-990: Negative.
- Anti-PM-1010: Negative.
- Anti-PM-1030: Negative.
- Anti-PM-1050: Negative.
- Anti-PM-1070: Negative.
- Anti-PM-1090: Negative.
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- Anti-PM-1830: Negative.
- Anti-PM-1850: Negative.
- Anti-PM-1870: Negative.
- Anti-PM-1890: Negative.
- Anti-PM-1910: Negative.
- Anti-PM-1930: Negative.
- Anti-PM-1950: Negative.
- Anti-PM-1970: Negative.
- Anti-PM-1990: Negative.
- Anti-PM-2010: Negative.
- Anti-PM-2030: Negative.
- Anti-PM-2050: Negative.
- Anti-PM-2070: Negative.
- Anti-PM-2090: Negative.
- Anti-PM-2110: Negative.
- Anti-PM-2130: Negative.
- Anti-PM-2150: Negative.
- Anti-PM-2170: Negative.
- Anti-PM-2190: Negative.
- Anti-PM-2210: Negative.
- Anti-PM-2230: Negative.
- Anti-PM-2250: Negative.
- Anti-PM-2270: Negative.
- Anti-PM-2290: Negative.
- Anti-PM-2310: Negative.
- Anti-PM-2330: Negative.
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- Anti-PM-2650: Negative.
- Anti-PM-2670: Negative.
- Anti-PM-2690: Negative.
- Anti-PM-2710: Negative.
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- Anti-PM-2990: Negative.
- Anti-PM-3010: Negative.
- Anti-PM-3030: Negative.
- Anti-PM-3050: Negative.
- Anti-PM-3070: Negative.
- Anti-PM-3090: Negative.
- Anti-PM-3110: Negative.
- Anti-PM-3130: Negative.
- Anti-PM-3150: Negative.
- Anti-PM-3170: Negative.
- Anti-PM-3190: Negative.
- Anti-PM-3210: Negative.
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- Anti-PM-3250: Negative.
- Anti-PM-3270: Negative.
- Anti-PM-3290: Negative.
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## A CASE OF METACHROMATIC LEUCODYSTROPHY

**Authors:** Pranavi Reddy ,  
**Soma Singh Thakur - KAMSRC**



<b>INTRODUCTION</b>	<b>MATERIALS / METHODS</b>	<b>RESULTS</b>	<b>DISCUSSION</b>
METHACHROMATIC LEUCODYSTROPHY AND KIRKUS ADHAR	PESSYI BEDI, SONA SINGH THAKUR, GURDEEP KASRI HARJAN KALYANMANI ACADEMY OF MEDICAL SCIENCE & RESEARCH CENTRE	YOGITA BHANU, RAVI KUMAR THERAPY APPROACHED IN METACHROMATIC LEUCODYSTROPHY	LATE ONSET FORM OF DISEASE, WHICH IS TREATABLE BY DELETION OF M6A GROUP AMINO ACIDS, INABILITY TO WALK, AND INABILITY TO TALK, AND THERAPY APPROACHED IN DEEP TENSION RELEASES ARE DISCUSSED. THE PAPER ALSO DISCUSSES THE CLINICAL FEATURES, PROGNOSIS, MEASUREMENTS, AND HYPERSENSITIVITY TESTS AND THEIR USE IN THE MANAGEMENT OF METACHROMATIC LEUCODYSTROPHY.
<b>AIMS / OBJECTIVES</b>	<b>HISTORY:</b> A 23-YEAR-OLD MALE CHILD PRESENTED WITH COMPLAINTS OF DEGENERATION OF MUSCLES AT 18 MONTHS, UNABLITY TO WALK SINCE 20 MONTHS.	<b>RESULTS:</b> MRI BRAIN AND CSF REPORT PRESENTED BY DR. RAVI KUMAR MARRIED, THREE CHILDREN, CONGENITAL DEFECT, MARRIAGE, IMMATURE, TELL DATE ACCORDING TO HIS MOTHER.	<b>CONCLUSION:</b> COMBINATION OF SURGICAL, CORTICOSTEROID TREATMENT, AND ANTICONVULSANT THERAPY IS THE TREATMENT OF CHOICE FOR METACHROMATIC LEUCODYSTROPHY.
TO STUDY A CASE OF METACHROMATIC LEUCODYSTROPHY	<b>CASE HISTORY:</b> A 23-YEAR-OLD MALE CHILD PRESENTED WITH COMPLAINTS OF DEGENERATION OF MUSCLES AT 18 MONTHS, UNABLITY TO WALK SINCE 20 MONTHS.	<b>DISCUSSION:</b> MRI BRAIN AND CSF REPORT PRESENTED BY DR. RAVI KUMAR MARRIED, THREE CHILDREN, CONGENITAL DEFECT, MARRIAGE, IMMATURE, TELL DATE ACCORDING TO HIS MOTHER.	<b>DISCUSSION:</b> MRI BRAIN AND CSF REPORT PRESENTED BY DR. RAVI KUMAR MARRIED, THREE CHILDREN, CONGENITAL DEFECT, MARRIAGE, IMMATURE, TELL DATE ACCORDING TO HIS MOTHER.
<b>HEICING AL. REPORT WAS PRESENTED POWER</b> <b>IN 1976 BY DR. HEICING AL AND SHELL</b> <b>HEILBRON SEPARATED CONSTRUCTIVE</b> <b>PROGRESSION OF DISEASE OVER 10 YEARS</b>	<b>RESULTS:</b> MRI BRAIN AND CSF REPORT PRESENTED BY DR. RAVI KUMAR MARRIED, THREE CHILDREN, CONGENITAL DEFECT, MARRIAGE, IMMATURE, TELL DATE ACCORDING TO HIS MOTHER.	<b>DISCUSSION:</b> MRI BRAIN AND CSF REPORT PRESENTED BY DR. RAVI KUMAR MARRIED, THREE CHILDREN, CONGENITAL DEFECT, MARRIAGE, IMMATURE, TELL DATE ACCORDING TO HIS MOTHER.	

## **ASSESSMENT OF NUTRITION , HYGEINE AND SANITATION AMONG SCHOOL GOING CHILDREN**

Authors: Tamminana Lakshmi prasanna



## AICABDI GOUTIERES SYNDROME

Authors: Charu Sharma , Pooja Mehra - KMC



## **WILKIE'S SYNDROME**

Authors: B.Sidhardha Reddy & A.Sai Vennela - KMC



**Superior Mesenteric Artery Syndrome (Wilkie's Syndrome)**

Author: B. Sridharulu & A. Venkata, and year MBBB 2013

**Introduction**

- Superior Mesenteric Artery syndrome is a rare condition that involves the compression of the third portion of the duodenum.
- The condition occurs when the third part of the duodenum is compressed between abdominal aorta and one of its branches.
- SMA syndrome is triggered when there's narrowing of the aorto-arteric angle and shortening of aorto-oesophageal distance.

**Case Report**

A 45 yrs female brought to Emergency Department with C/o pain in Epigastric region and multiple episodes of bilious vomittings.

- H/o constipation since 3 days, unable to pass faeces

- flatless since 3 days.

**Examination**

- performing a physical examination -
- Epigastric region was distended
- There was tenderness of upper abdomen over palpable gallbladder

**Investigations:**

- USG and CT scan - Delayed bowel loops located with large air bubble increased peristalsis seen.
- CTangiogram - Distortion of stomach and duodenum noted with translation of fat and oesophagus.
- DNA - *liver kinase domain kinase 1P* - *Kidney and Adrenal Disease*
- To rule SMA syndrome
- Differential Diagnosis:

  - Adynamic ileus
  - Gastric outlet obstruction
  - Pseudo-Ulcer Disease

**Discussion**

**STENOLOGY OF SUPERIOR MESENTERIC ARTERY SYNDROME**

- Normal aortomesenteric angle is 38°-65° and the distance is 10-38 mm
- An angle of  $<30^\circ$  is considered the most etiologically important for SMA syndrome.
- The diagnosis is further supported if the aortomesenteric distance measures  $<10$  mm.

**Treatment**

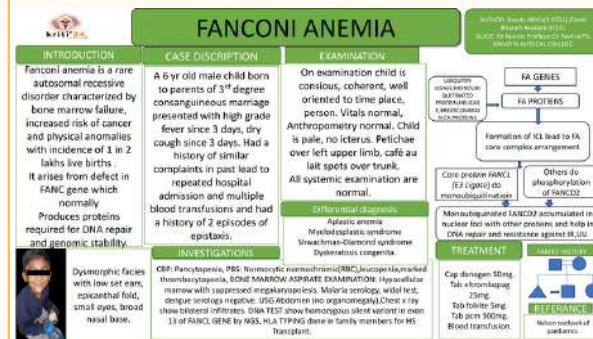
- Conservative therapy -
- Nasogastric Tube
- Nonos Jejunostomy
- PEG
- Electrolyte Correction
- Respiratory Therapy
- Duodenotomy
- Duodenopexy
- Strong Procedure

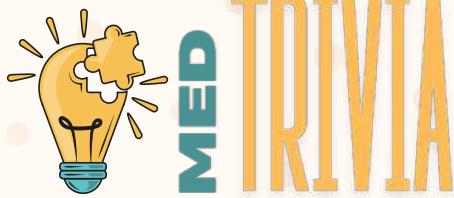
**Cochlear**

Despite the rarity, the morbidity and mortality associated with this condition is high. It is important to evaluate when someone presents with the classic symptoms of bilious vomiting, constipation, and flatulence.

FANCONI ANEMIA

Authors: Ravula Akhila ,  
Ellangi Bharath Reddy - KMC





# RIDDLE ME THIS, O' DOCTOR



## RIDDLE #1

I have mirrors and prisms all aligned,  
With me, the angles you will find.  
I check your eye's fluid outflow rate,  
What am I, helping assess your fate?



## RIDDLE #2

In gentle hands I play my part  
During birth, I'm a careful art.  
I guide the placenta out with care  
Preventing bleeding, a task so rare.  
What am I, in this birthing domain?



## RIDDLE #3

slice and freeze with liquid's cold,  
For liver or lung, when tumors are bold.  
Destroying cells with precision pure,  
What am I, offering a frozen cure?



## RIDDLE #4

I turn a vein into a heart's new door,  
Helping blood to reach once more.  
For a failing valve, I intervene,  
What am I, where precision is keen?



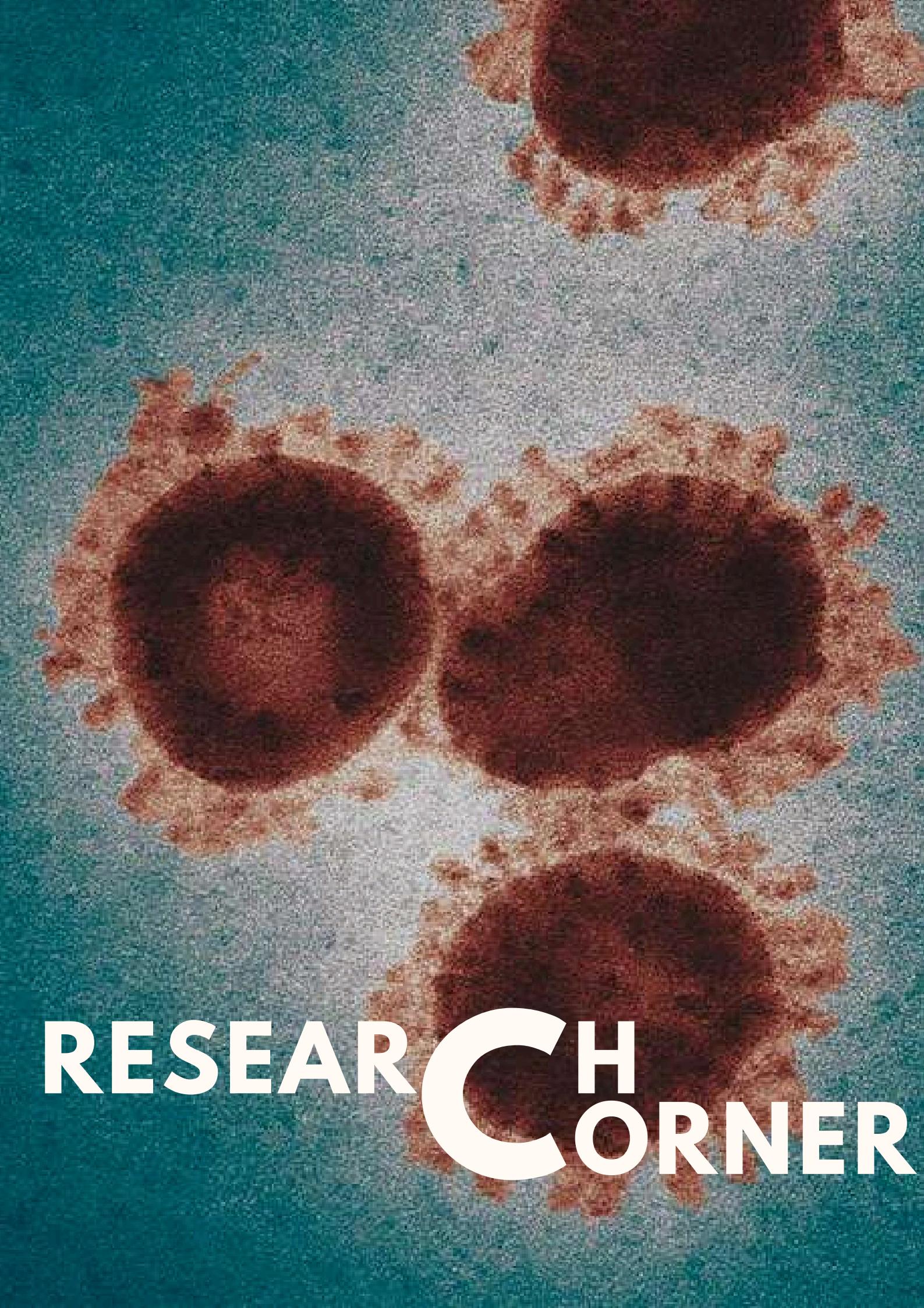
## RIDDLE #5

I harvest nerves from the knee,  
To help a damaged face move free.  
Restoring smile with a careful touch,  
What am I, repairing so much?



## RIDDLE #6

I target cells with a special key,  
HER2 is where I aim to be.  
For breast cancer, I'm the chosen guide ,  
Blocking growth , turniung the tide.  
With precision I work, a tailored glove,  
What am I, in this battle of love?



# RESEARCH CORNER

# MEDICAL THEORIES & CLINICAL REALITIES!

## Research Paper

### Evaluation of the Role of *Withania somnifera* (Ashwagandha) in Animal Models of Alcohol Use Disorder

Alcohol Use Disorder (AUD) is a major global health concern with limited treatment options. *Withania somnifera* (WS) or Ashwagandha, is an Indian medicinal plant used in Ayurvedic practice to promote physical and mental health.....

(scan to continue reading)

**Alhad Mulkalwar,  
Dr. Padmaja Marathe  
Seth GS Medical College, Mumbai**



## Research Paper

### Comparative Efficacy of Insulin Alone Versus Insulin Plus Metformin in Managing Diabetes During Pregnancy

Effective glucose management is crucial for maternal and fetal health in both gestational and pre-existing diabetes during pregnancy. This study compares the effects of insulin alone versus insulin combined with metformin to assess potential additional benefits in.....

(scan to continue reading)

**Summaiya Fayaz,  
Kadam Manisha  
KMC, Warangal**



## Research Paper

### Study Of Hemoglobinopathies In Patients Of Anemia Using High Performance Liquid Chromatography (HPLC)

In India, major cause of anemia is nutritional deficiencies which can be treated by medications. Hemoglobinopathies are the most common inherited red cell disorders. Most clinically significant hemoglobinopathies are inherited Defects of the beta ( $\beta$ ) globin.....

(scan to continue reading)

**Katta Sukruthi,  
Devara Sonya  
KMC, Warangal**



### **Research Paper**

## **Impact Of Residential Education On Improving The Quality Of Life Among Socially Marginalized Students**

Quality of life of an individual is shaped by physical health, psychological health, social relationships and environmental health as defined by WHO.....

(scan to continue reading)



**Soumika Krishna Vaidya,  
Dr. Priyanka Vaitla  
GMC Mahboobnagar**

### **Research Paper**

## **Rodenticide Poisoning in Young Adults - Relentless Rise**

Poisoning is a major global public health issue, particularly among young adults (18-25), who frequently misuse substances for self-harm or intimidation. Rodenticides, while beneficial for pest control, are increasingly.....

(scan to continue reading)



**Palvai Aishwarya,  
Dr. Arathy SL, AIMS, Kochi**

### **Research Paper**

## **Perceptions and Knowledge regarding Palliative Care among undergraduate medical students in Warangal.**

Palliative care (PC) is a holistic approach to provide care to people suffering with chronic, advanced, and life-threatening illnesses. It aims to improve dignity and quality of life of patients and their care-providers....



**Divyanshi Gupta,  
Jothika Balakrishnan,  
Dr. LakshmiPathi K,  
KMC, Warangal**

## **Research Paper**

### **Investigating The Variation in The Antipyretic Response to Paracetamol Among Paediatric Populations in an Inpatient Department of a Tertiary Health-Care Centre.**

Paracetamol is the most commonly used over-the-counter antipyretic in children, however, literature has highlighted insignificant evidence of its effectiveness. Additionally, clinically.....

(scan to continue reading)

**Aafreen Kerosenewala,  
Dr. Rekha Priyadarshini  
AIIMS, Bibinagar**



## **Research Paper**

### **Correlation of Anti-Tubercular Treatment Related Hyperuricemia With Anthropometric And Demographic Parameters And Its Varied Clinical Manifestations**

India is the highest Tuberculosis burden country in the world. Intolerance to Anti-tubercular therapy (ATT) due to side effects is a common cause of low compliance.<sup>1</sup> ATT-induced hyperuricemia...

(scan to continue reading)

**Mohammed Misbahuddin,  
Dr. Sultan Rizwan Ahmed  
DCMS, Hyderabad**



## **Research Paper**

### **Maternal Imprints: A qualitative study body mapping women's narrative of respect and disrespect during childbirth**

Respectful Maternity Care is essential to ensure optimal health outcomes for both mother and baby, it is every woman's right. The abusive encounters with women during labor are enormous and highly under-reported in India. They believe that the obstetric abuses, disrespect they face are...

(scan to continue reading)

**K Yasaswini,  
K Urvija Padmini,  
Dr Aparajita Sophia D'Souza  
ESICMC, Hyderabad**



## **Research Paper**

### **Prevalence of Depression Among Married women and the Impact of Sociodemographic Factors: A Cross-Sectional Study.**

Depression is a major mental health concern in India, especially among married women, who face multiple sociocultural and economic stressors. This study compares the prevalence of depression in urban and rural areas and examines the influence of key sociodemographic factors. With rural women.....  
(scan to continue reading)

**Saksham Kumar Jha,  
S. Sundara Karthik,  
Dr. N. Gowtami  
KIMS, Narketpally**



## **Research Paper**

### **Efficacy of pharmacological and non-pharmacological therapies in decreasing the disease progression in Patients with Alzheimer's Disease and Vascular Dementia: A systematic review and network meta-analysis of Randomized Control Trials.**

Alzheimer's disease (AD) and vascular dementia (VaD) [1] are progressive neurodegenerative conditions characterized by cognitive decline, functional impairment, and reduced quality of life[2]. Despite extensive research, effective treatments for these remain elusive[3]....  
(scan to continue reading)

**Mohammed Rafia Tasneem,  
Johanitha Moraes,  
Dr.Veena, OMC, Hyderabad**



## **Research Paper**

### **A Comprehensive Study of Psychological Health in Early Medical Education: Stress, Depression, and Coping Among MBBS Medical Novices**

The transition to medical school is a major source of stress for first-year MBBS students, impacting their mental health and coping mechanisms. This study sought to evaluate their stress....  
(scan to continue reading)

**Desiraju Bhavana,  
Francis Ankitha,  
Dr. Anagoni Srikar, FCIMS, Warangal**



## Research Paper

### Immunological and Socio-Demographic Profile of SARS-CoV-2 Antibodies Among Healthcare Workers: Focus on Neutralizing Antibodies, IgG, and Avidity.

The persistence of SARS-CoV-2 antibodies, particularly neutralizing IgG, is essential in preventing COVID-19 outbreaks among healthcare workers (HCWs), who are at high risk of.....

(scan to continue reading)

**Samhitha V,  
Kruthardh D,  
Srikanth A, FCIMS, Warangal**



## Research Paper

### Bacteriological Profiles and Antibiotic Susceptibility Patterns of Chronic Suppurative Otitis Media among patients attending a tertiary care hospital in a tribal region'.

Chronic suppurative otitis media (CSOM) is defined as chronic inflammation of the middle ear in presence of the tympanic membrane perforation and discharge for more than 6 weeks...  
(scan to continue reading)

**Sumaiya Mehveen,  
Dr. Padmavali Palange  
RIMS, Adilabad**



## Research Paper

### A Novel Ultrasound-Based Scoring System for Differentiating Benign and Malignant Focal Liver Lesions with Computed Tomography correlation.

Focal liver lesions are most encountered in clinical practice and include a wide spectrum of benign and malignant liver lesions. The diverse ultrasound features of these lesions often complicate the development of a standardized scoring system. Liver Imaging Reporting and Data System Ultrasound Surveillance (LI-RADS US Surveillance) is a....  
(scan to continue reading)

**Dr. T. Naveena,  
Dr. Sreedevi,  
Dr. Srujana,  
Dr. Naresh,  
Dr. Sreelatha,  
Kakatiya Medical College, Warangal**



## **Research Paper**

### **Paraquat Lung -A Case series on survivors of paraquat poisoning with lung manifestations who attended a tertiary care hospital in Warangal**

Fatal Poisoning with herbicides are common in developing country like India. Paraquat (1,1-dimethyl-4,4-dipyridinium) is liquid herbicide associated with both accident.....

(scan to continue reading)



**Dr. Akhila Jose,**

**Dr. Deekshith Kolluri,**

**Dr. P Ravi,**

**Dr. P Sunitha**

Kakatiya Medical College, Warangal

## **Research Paper**

### **A study on efficacy of early hemodialysis in acute paraquat poisoning patients presenting to MGM hospital, Warangal.**

Paraquat is one of the most widely used herbicidal compound for self poisoning in developing countries. Because paraquat is highly poisonous, it is associated with a high mortality.....

(scan to continue reading)



**Dr. Maddikunta Gayathri,**

**Dr. Joshua MD,**

**Dr. Prashanth MD**

Kakatiya Medical College, Warangal

## **Research Paper**

### **Stability of ICD-11 Diagnosis of Adjustment Disorder and Factors Associated with its Course and Outcome - A One Year Prospective Study**

The ICD-11 introduces a new unidimensional construct for Adjustment Disorder (AjD), eliminating prior ambiguities and confusion. This led to the creation of the Adjustment Disorder New.... (scan to continue reading)



**Dr. Sagnik Mukherjee,**

**Dr. V Murali Krishna**

Kakatiya Medical College, Warangal

## Research Paper

### A Novel Ultrasound-Based Scoring System for Differentiating Benign and Malignant Focal Liver Lesions with Computed Tomography correlation.

Focal liver lesions are most encountered in clinical practice and include a wide spectrum of benign and malignant liver lesions. The diverse ultrasound features of these lesions often complicate the development of a standardized scoring system. Liver Imaging Reporting and Data System Ultrasound Surveillance (LI-RADS US Surveillance) is a....  
(scan to continue reading)

**Dr. T. Naveena,  
Dr. Sreedevi,  
Dr. Srujana,  
Dr. Naresh,  
Dr. Sreelatha,**  
Kakatiya Medical College, Warangal



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(scan to continue reading)

**Dr. Akhila Jose,  
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Dr. P Sunitha**  
Kakatiya Medical College, Warangal



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(scan to continue reading)

**Dr. Maddikunta Gayathri,  
Dr. Joshua MD,  
Dr. Prashanth MD**  
Kakatiya Medical College, Warangal



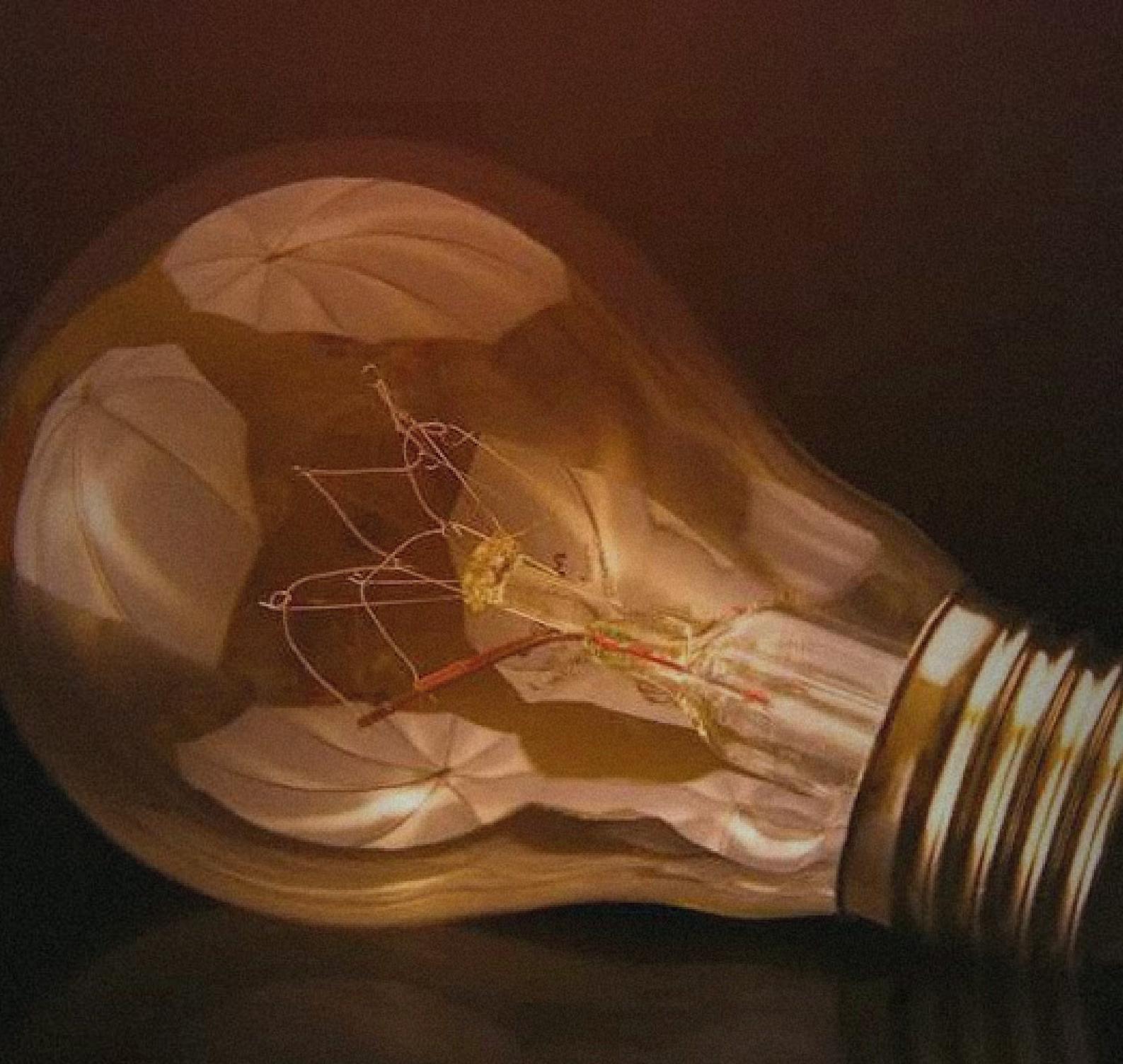
## Research Paper

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The ICD-11 introduces a new unidimensional construct for Adjustment Disorder (AjD), eliminating prior ambiguities and confusion. This led to the creation of the Adjustment Disorder New....  
(scan to continue reading)

**Dr. Sagnik Mukherjee,  
Dr. V Murali Krishna**  
Kakatiya Medical College, Warangal





# HACKATHON ABSTRACTS

## **ABSTRACT #1**

### **Pritampur's Regan Virus Outbreak**

Pritampur's Regan Virus outbreak necessitates swift action. As Health Minister, I've devised a multifaceted strategy, implementing measures to curb transmission and mortality, enhanced surveillance, optimizing healthcare, misinformation mitigation, policy reforms, and collaborative research to combat this zoonotic, aerosol-transmitted disease with respiratory and neurological manifestations Reducing transmission mortality rates.

- Isolation of effected individuals
- Contact tracing and quarantine of contacts
- Rodent control measures such as.....

(scan to continue reading)

**Krishna Pranavi Yallambhotla**

**Borra Glory Evangeline**

**Princy Rose Sodadasi**

**Katakam Sai Karthik**

**Syed Khaja Harooni**

KIMS, Narketpally



## **ABSTRACT #2**

### **Suraksha Ke Prahari: Virus Par Vaar**

As the health minister, addressing the outbreak of the Regan virus in Pritampur requires a multifaceted approach, tailored to the region's socio-economic and demographic context. Given the virus's high mortality rate, aerosol and rodent transmission, and the population's living conditions, the response must be swift, innovative, and culturally sensitive. Here's a comprehensive plan addressing the key challenges: 1. Reducing Transmission and Mortality Rate  
a.Rapid Response Units (RRUs) :Establish mobile RRUs equipped with medical personnel, rapid diagnostic kits, and essential supplies. These units will conduct house-to-house.....

(scan to continue reading)

**Saniya Banu,**

**Sofiya Begum**

**Sumaiyya Fayaz**

**Priyanshi Sharma**

Kakatiya Medical College, Warangal



## **ABSTRACT #3**

### **Virus Vendetta - An Outbreak Control Playbook**

We are addressing an emerging epidemic in a primarily rural state with high population density, low education and high migration liability. One Health Perspective shall be used to realistically control disease, keeping above variables in mind Human, animal & environmental factors determine transmission by interaction. Hence, we tackle aforementioned factors to combat the epidemic.....  
(scan to continue reading)

**Kunapareddy Urvija Padmini**

**Kadiyala Yasaswini**

**Narwa Shravani**

**Jeshwanth Yelavarthi**

**Saransh Singh**



## **ABSTRACT #4**

### **THE GARUDA TASK FORCE**

Overcrowded homes and aerosol transmission accelerate the virus's spread, while rodent infestations create new pathways. High mortality is exacerbated by healthcare shortages and delayed rural access. Misinformation, fueled by low literacy and cultural resistance, hinders public health effort. The task ahead is to curb transmission, allocate strained health resources, and quell panic amidst economic hardship.....  
(scan to continue reading)

**Aman Shaikh**

**Durgesh Kumar Dey**

**Jatin Kumar Pareta**

**Pratik Sonunkar**

**Mustafa Husain Khan**

**AIIMS, Bibinagar**



## ABSTRACT #5

### PROJECT KAVACH

We are confronted with a grave and urgent crisis—a deadly disease (Regan virus infectivity rate, high mortality rate) that has taken root in a village of the state Pritampur (literacy rate - 57%, population density: 1067) threatening lives, livelihoods, and the very fabric of this community. This is not merely a health emergency but a profound humanitarian challenge, one that touches every individual, every family, and every aspect of daily life in the village. Our mission today is clear: to thoroughly examine this disease, uncover its .....

(scan to continue reading)



**Abhiram DVS, OMC, Hyderabad**

**Vikram Singaraju , GMC, Secunderabad**

**P. Kushal , GMC, Secunderabad**

**Aditya Sagar , GMC, Secunderabad**

**Akshaj Gundekoiiker ,OMC, Hyderabad**

## ABSTRACT #6

### Combating the Regan virus

As the Health Minister of Pritampur, my approach to combating the Regan virus will focus on reducing transmission and mortality rates, optimizing health resources, combating misinformation, and implementing effective policies. The strategy will be categorized into three phases: Rapid diagnostic tests for identification; Isolate and prioritize early-stage cases through health camps; Provide treatment to infected individuals; prophylaxis for contacts and high-risk groups, followed by quarantine.....

(scan to continue reading)



**Geethika Reddy Sama**

**Saatvika Buddhiraju**

**Kalturi Laxmi Veekshita**

**P.R. Nishitha**

**Angel Chepuri**

Malla Reddy Medical College for Women, Hyderabad

## ABSTRACT #7

### New Calamity has Struck the State of Pritampur

The strategies I would make and implement to stop the spread and mortality due to the virus have been described below. I would assess the situation in Pritampur first. Assessment of current situation: First case of identification Newly emerged cases since the first case Calculate attack rate and prevalence of disease Completely isolate the infected and diagnosed (A special type of isolation which would not deteriorate their neurological condition) Panic struck among pritampur residents Containment of virus by.....  
(scan to continue reading)

**Basmah Muhaymin**, GMC, Suryapet  
**Sumaiya Mehveen**, RIMS, Adilabad  
**Bharadwaj Sudgani**, Arundathi Institute of Medical Sciences



## ABSTRACT #8

### Pritampur Regan Response Plan

The Regan virus outbreak in Pritampur has become a pressing public health crisis endangering the population's welfare and straining the State's Medical framework. Our objective as the health minister is to mitigate the virus' momentousness and safeguard the well-being of all through robust and precipitous containment measures.....  
(scan to continue reading)

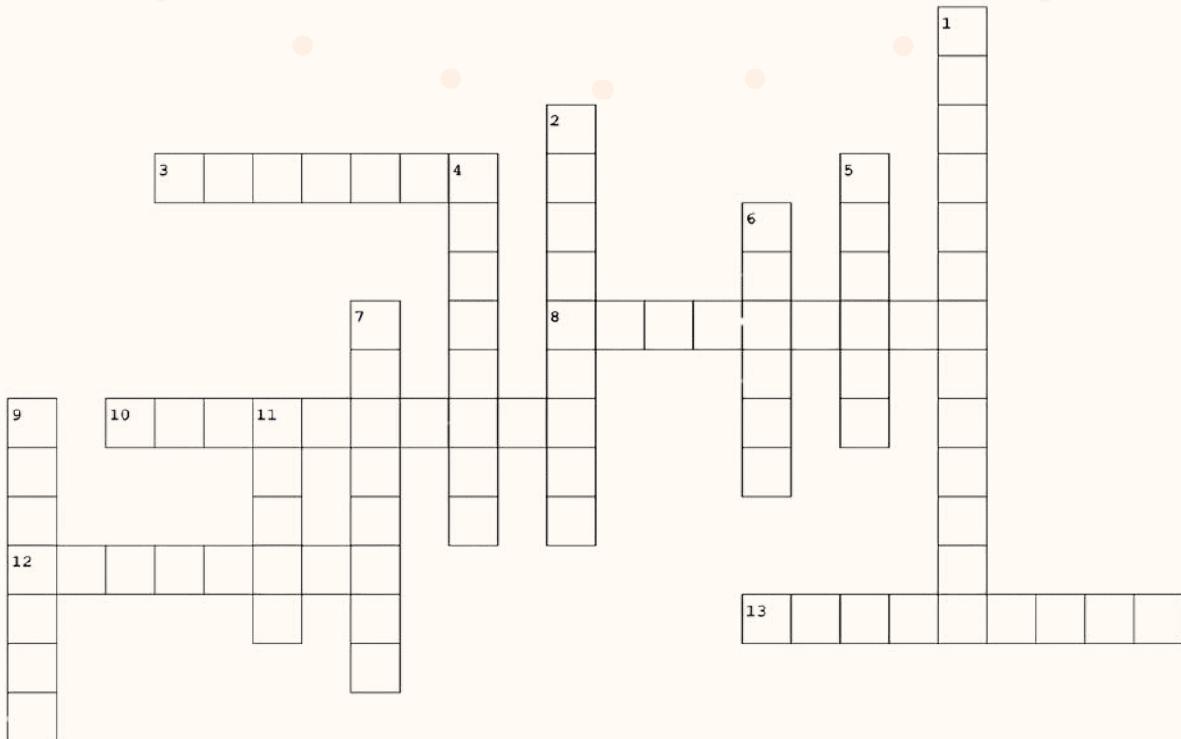
**Vootkoor Shiva Sai Saketh**, OMC, Hyderabad  
**Vedant Jain**, OMC, Hyderabad  
**Boindala Sri Surya**, GMC, Nizamabad





MED TRIVIA

# VITAL CLUES: CROSSWORD



## Across

- 3. the maneuver used for delivery of extended arms in breech presentation
- 8. the phenomenon of swollen,eosinophilic schwaan cells surrounding tumor nests in neuroblastoma
- 10. the first ever FDA approved drug to treat PPD[post partum depression]
- 12. the crystal having coffin lid appearance
- 13. this disease caused akbar's death

## Down

- 1. an indirect look at the gaze of basilisk from the chamber of secrets causes this
- 2. the bone involved in a lover's fracture
- 4. the duct that carries saliva from parotid gland to mouth
- 5. plant penicillin
- 6. sunflower cataract occurs due to the accumulation of
- 7. anti ro and anti la antibodies are markers of this disease
- 9. the gastrinoma triangle is named after this scientist
- 11. the awareness day of Dr. Shaun Murphy's condition in the good doctor comes in the month of

solve the med-trivia and win exciting prizes at the halloween stalls

The background of the image is a dark, out-of-focus photograph of a city at night. It features a variety of blurred lights in shades of blue, green, yellow, and orange, creating a bokeh effect. A prominent vertical beam of light, possibly from a searchlight or a tall building, cuts through the center of the frame.

# **SYMPOSIUM ABSTRACTS**

## **ABSTRACT #1**

### **Illusion of Intimacy: A Cross-sectional Study to Assess the Prevalence of Awareness of the Effects of PARASOCIAL RELATIONSHIPS on an Individual's Everyday Psyche**

Parasocial relationships are non-reciprocal socio-emotional connections with media figures such as celebrities or influencers.<sup>[1]</sup> People form one-sided, para social relationships with targets incapable of returning the sentiment.<sup>[2]</sup> In other words the relationship is considered parasocial because fans tend to be aware of the activities anecdotes and even personalities of their favourite celebrities whereas celebrities barely know anything about their fans. PSRs on social media can promote healthy attitudes and behaviours and lower health-relates stigma, but may adversely impact mental health through negative self-comparisons.<sup>[1]</sup> Fans tend to get driven by the curated version of star's lives, creating fall sense of intimacy and a feeling of being familiar with everything that is actually happening in their lives. With the explosion of digital media in the past decade opportunities to augment the fulfilment and the disillusionment provided by real relationships with Para socialization have never been so great.<sup>[3]</sup> A portion of the community is benefited by these virtual connections in aspects of inspiration, promotion of positive change and development of creative expression (like fan art and fictions) and provides a sense of escapism-healthy distraction from daily life, providing stress relief. However, these days it is difficult to acknowledge and appreciate the positive aspects of parasocial connections when the negatives outshine them so much.

**Anoushka Srivatsan**

**Shreya Phuke**

**Mariyam**

**A. Tanvi**

**Siri Goud Cheruku**

**Niveditha Joshi**

**Bhuvan Shankar Reddy**

**Tanish Ram Kolli**

Kamineni Academy of Medical Sciences and Research  
Centre, LB Nagar



## **ABSTRACT #2**

### **Navigating Life with a Rare Disease: Assessing Quality of Life, Mental Well-being and Healthcare Challenges faced by patients in the Indian Population.**

Technological advancement and progress in genomics have outlined Rare diseases (RDs) as a global health priority (1). These 6,000 to 8,000 uniquely identified RDs, are often complex, chronic and debilitating causing marked morbidity and mortality in individuals (2). The World Health Organization defines RDs as conditions impacting 6.5-10 out of 10,000 people (3), afflicting approximately 3.5-5.9% of the world's population. This is almost equivalent to the population of the third-largest country (4). Despite their significant impact, there are no universally accepted definitions of RDs mostly due to variability in country-specific descriptors, either quantitative (incidence, prevalence) or qualitative (severity, availability of treatment, emotional connections)(5). This leads to inconsistent data and misrepresentation of RDs' prevalence. Despite a revised national policy for RDs in 2021, India lacks a formal definition. The thresholds as defined for RDs by the ICMR (1/2500) and the ORDI (an NGO) (1/5000) have estimated a disease burden of thousands of affected people in India (6). However, due to the absence of an official definition, this prevalence data is inadequate and thus undetermined (7). India contributes 2.7% of the global RDs burden, yet limited resources are allocated. A comprehensive national policy and registry are crucial to improving data, knowledge, and support for healthcare workers dealing with the complex nature of RDs(1).

**Aman Shaikh**

**Aafreen Kerosenewala**

**Durgesh Kumar Dey**

**Jatin Kumar Pareta**

**Preeti Shahane**

**Pratik Sonunkar**

**Mustafa Husain Khan**

**Manogna Guntasala**

Dr. Anish Singhal, Assistant Professor, Department of Physiology.

All India Institute of Medical Sciences (AIIMS), Bibinagar, Hyderabad.



## **ABSTRACT #3**

### **Coping strategies and the levels of depression , anxiety and stress in visually impaired school-going children (Grade 6 to 10) : A mixed method study.**

Blindness is regarded as one of the most severe physical handicaps[1]. People with visual impairments may experience a substantial impact on various life domains such as work, interpersonal relations, mobility and mental well-being[2].

Individuals experience dramatic changes in physiology, psychology during their adolescence and their psychosocial adaptation is susceptible to influence by the external environment[3]. Visual impairment has been shown to have a significant impact on adolescent mental development. For example they tend to have more psychological conflicts like insecurity about the physical environment, feelings of guilt, anxiety, sadness, depression and a higher risk of social isolation[4].

People with visual impairments have been found to have poor quality of life , since it affects their ability to perform independent activities of daily living, emotional well-being and social relationships. [5]

Individuals with visual impairment face novel and complex challenges [6].

As visual disability is a chronic stressor, understanding the coping strategies used by visually impaired people may help in the design of interventions targeted to improve their quality of life[7].

**Mohd Huzaifa**

**Movva Keerthi**

**Pitta Saharsh**

**Thummala V Subhash Chandra**

**Kokkerikar Kushala**

**Mustyala Bhavana**

**B. Surya Archith**

**Aadhigonda Puneeth**

**Dr. Maruthi Reddy M. Assistant Professor, Department of Community Medicine.**

**Osmania Medical College, Hyderabad.**



## **ABSTRACT #4**

**A Cross sectional study to Determine and compare the behavioural pathways in underage and legal age individuals [according to Telangana law] towards alcohol use and its relation with cognitive process.**

India ranks first in the South East Asia region for per capita consumption of pure alcohol[1]. Drinkers consumed on an average 28.7 L of pure alcohol per capita per year. According to NFHS-5, Alcohol use among men is 3rd highest in Telangana accounting to 43.5% of the male population[2].

Prevalence of alcohol consumption at least once in past year among Indian adolescents ranged from 10.6% to 32.9% and the mean age of initiation of drinking ranged from 14.4 to 18.3 years[4]. As per the Andhra Pradesh Excise Act 1968, the legal age for drinking in Telangana is 21[9]. Despite the strict age regulations, adolescents still manage to procure and consume alcohol[3]. Alcohol consumption is a major public health concern worldwide because it is one of the leading risk factors to disability-adjusted life years (DALYs) lost globally(IHME 2015). The causes for drinking have been explored through the prototype willingness model. The prototype willingness model (Gerrard et al; 2008) is a dual-processing model suggesting two pathways to any health risk behaviour(including alcohol consumption): a reasoned path, mediated by behavioural intention and a social reaction path, mediated by behavioural willingness[6]. Intention refers to a person's planned or deliberate decision to engage in a behaviour. It reflects their conscious determination to perform the behaviour. Willingness is a person's readiness or openness to engage in a behaviour, it refers to an individual's spontaneous response to social circumstances.

**K. Bhuvana Sri  
Anandita Panyam  
D. Sushma  
Macherla Shreya  
K. Bindhu Lakshmi  
Nukala Ashritha  
Anumitha Y**  
**Malla Reddy Medical College For Women**



## **ABSTRACT #5**

### **The relationship between Metabolic Syndrome and Circadian rhythm: A cross sectional study among adults in Siddipet, Telangana.**

Metabolic Syndrome(MetS) is a collective term used for several metabolic abnormalities. These include central obesity, hyperglycaemia, hypertension and dyslipidaemia.<sup>1</sup> Metabolic syndrome growth has been proven to have a continuous growth around the globe with a prevalence of 20% to 25%.<sup>2</sup> There is evidence showing that MetS can lead to a fivefold increase in progression of diabetes mellitus and a twofold increase in development of cardiovascular disease over a span of 5 to 10 years.<sup>3</sup> Further it is established that there is twice to four times increased risk of stroke and three to four times risk of occurrence of myocardial infarction in people with MetS.<sup>4-7</sup> Circadian rhythms refer to the physiological, mental, and behavioural patterns that follow a 24hour cycle.<sup>2</sup> While individual cells can produce these rhythms independently, the suprachiasmatic nuclei (SCN) in the hypothalamus function as the main circadian pacemaker, coordinating the rhythms of all other tissues based on external signals like light exposure, mealtimes, physical activity, and even weather.<sup>2</sup> Disruptions in the timing of these external signals—such as increased nighttime activities or irregular eating habits—can shift the phase of circadian rhythms by several hours in peripheral clocks located in organs like the liver, fat tissues, and muscles. However, this shift has little impact on the SCN itself. Disrupted circadian rhythms have been linked to obesity, type 2 diabetes (T2DM), cardiovascular disease (CVD), and hypertension, which are all key elements of metabolic syndrome.<sup>8</sup> People who work night shifts or experience poor sleep are at a higher risk of developing obesity and T2DM as a result of circadian clock disturbances.<sup>8</sup>

**Chaturvedula Rushi Kashyap**

**Meghavath Sridhar**

**Mathukumilli Jhansi Rani**

**Mathangi Akanksha**

**Mudavath Ganesh**

Dr Srinivas, Professor and HOD of Social and preventive medicine

Dr C Desham, Assistant Professor, Social and preventive medicine

Government Medical College, Siddipet



## **ABSTRACT #6**

### **BARRIERS TO HEALTHCARE ACCESS, ENDOCRINE HEALTH, AND FAMILY SUPPORT IN TRANSGENDER POPULATIONS: INSIGHTS FROM A QUESTIONNAIRE STUDY**

In societies shaped by binary gender norms, transgender individuals often face profound neglect, not only in their visibility but in the access to fundamental needs across healthcare, legal rights, employment, and social services. While strides have been made toward transgender recognition, the underlying needs for affirming medical care, mental health support, legal protection, and inclusive spaces remain critically unmet. This neglect deepens the marginalization of transgender people, perpetuating cycles of vulnerability, poverty, and violence.

The healthcare needs of transgender individuals in India remain grossly underserved, largely due to societal stigma, discrimination, inadequate healthcare policies, systemic neglect within the health care system.

Despite legal recognition and some advancements, there remain substantial gaps in healthcare access, quality, and inclusivity. This sheds light on the unique challenges faced by transgender communities, particularly in accessing gender-affirming care, mental health support, and basic healthcare services. By exploring the barriers to care and presenting successful case studies of inclusive healthcare initiatives, the presentation advocates for transformative policy changes and increased awareness to address these issues. The goal is to inspire action from both the government and health care workers for actionable recommendations to improve healthcare equity and outcomes for the transgender population to create an equitable healthcare system for all.

**Akshaya Preethi**

**Ch. Ramakrishna Rao**

**A. Sreshta**

**N. Sudhamsh Reddy**

**R. Neeraj Kumar**

**M. Lokesh**

**Hari Chandrika**

**MD. Abdul Raoof**

**N. Simon Prabhakar**

**L. Naga Nivas**

Kakatiya Medical College, Warangal



## **ABSTRACT #7**

### **A study on understanding the factors and impact of treatment delays in psychiatric patients visiting faith healers in a tertiary care hospital.**

Mental health care especially in India, reflects a complex interplay of cultural, social, and spiritual influences. The line between medicine and mysticism blurs when it comes to mental health. In most rural areas of India, faith healing plays a vital role in treatment of psychiatric illnesses.

Faith healing is a method of treating illnesses through faith rather than medical methods<sup>(1)</sup> It refers to terminate an illness or a debilitating physical condition through supernatural means such as the power of prayer or a Godly intervention through a miracle.<sup>(2)</sup> Cultural diversity of India influenced peoples belief's pertaining to health and illness.<sup>(3)</sup> In India, people believes that symptoms of the mental illness are caused by the spirit possession, invisible entities, or supernatural powers.<sup>(4)</sup> People choose the kind of health care based on their deep rooted belief's.<sup>(3)</sup> These Belief systems of society has been found to have a major impact on delay in treatment<sup>(5)</sup> Studies reveal that prevalence of seeking faith healing practice is high among psychiatric patients<sup>(6)</sup>, and one in every five people in India suffer from one or the other sort of mental illness.<sup>(7)</sup> Majority of these people visit a faith healer in the light of experiencing psychiatric symptoms causing a gap, worsening their condition<sup>(8)</sup> A study on pathways to care found that 9.2% alone went to a psychiatrist first.<sup>(9)</sup> The stigma associated with mental illness in society also made people hesitate in seeking psychiatric help at first time.<sup>(10)</sup> .

**E. Rishitha**

**Seharika Uppu**

**V. Sohan**

**Srimukhi**

**R.Sumith**

**R. Pranav Nadh**

**Charu Sharma**

**Snehith**

**Sumanth Vadla**

**Sidhardha Reddy**

**Esha Singh Sisodia**

**V. Sai Sarath**

**Dr. Srinivas, Professor and HOD, Department of Psychiatry  
Kakatiya Medical College**



## **ABSTRACT #8**

### **A Cross-sectional Study on The Fear of Missing Out (FoMO) Among Medical Students: Investigating the Prevalence and Impacts of FoMO**

In the twenty-first century, digital advancements have amplified the phenomenon of "fear of missing out" (FoMO), especially among young adults, including medical undergraduates. This research focuses on the FoMO and its effects on academic performance, especially among medical students. FoMO is a psychological phenomenon characterized by the anxiety that one is missing out on rewarding experiences others are having. FoMO may occur when an individual's interpersonal needs are not met<sup>1,2</sup>.

FoMO is a unique term introduced in 2004 and then extensively used since 2010<sup>3</sup>. FoMO can be thought of as a state or a trait<sup>4,5</sup>. FoMO includes two processes; firstly, perception of missing out, followed up with a compulsive behavior to maintain these social connections findings in relation to mental health, social functioning, sleep, academic performance and productivity, neuro-developmental disorders, and physical well-being<sup>6</sup>. frequent use of social media kept people in a constant state of connectedness, which in turn increased the FoMO<sup>2</sup>.

FoMO among students has a progressive negative effect on their academic performance. When it comes to medical students, it not only impacts individual academic performance but also eventually contributes to a decline in quality healthcare availability in our country. In young adults particularly students, FoMO is regarded as "fear of missing opportunities".

**Kotte Ramana**

**Eligeti Sai Vardhan**

**Thuma Varsha**

**Gundammagari Vaisnavi Reddy**

**Shajeeah Sheereen**

**Goli Naga Samhitha**

**Mandala Srija Reddy**

**Somala Devi Naga Vaishnavi**

**Bandi Meghana Mani Malika Reddy**

**Inika Gupta**

**Nalajala Sai Shiva Ganesh**

**GOVERNMENT MEDICAL COLLEGE SURYAPET, TELANGANA**



## **ABSTRACT #9**

### **A cross sectional study on the prevalence of hearing loss in prolonged PERSONAL LISTENING DEVICES (PLD's) users among hearing loss population**

Hearing loss (HL) is a growing public health concern with recent research highlighting the impact of personal listening devices (PLD's) on auditory health. [1] HL occurs when inner ear is damaged. Frequent exposure to loud or moderately loud noise over a long period of time can damage the sensitive structures of the inner ear(cochlea)[2].

In today's fast paced, technology driven world the popularity of using PLD's is being increased dramatically over a period of time.[3] All those who wear headphones for longer durations are at a higher risk of Sensorineurial hearing loss.[4]The Global Burden of Disease.

Study found that HL is the 4th leading cause of disability globally[5]. This study explores the relationship between PLD's and HL.HL that results as a consequence from exposure to loud noises is called Noise Induced Hearing Loss (NIHL).[6.7.8]Studies suggest that exposure up to 60 DB of noise for more than 60 minutes can lead to reversible HL, whereas permanent HL develops when exposure occurs at 85 DB for at least 8 hrs per day.[9] NIHL has become a global issue in the past two decades and this is largely due to the growing use of PLD's.Headphone users are at about 4 times greater risk of developing NIHL than non-users, with HL reported in users as young as 9 yrs and putting 1.1billion young people world wide at risk of auditory damage.[10] With this concern it is vital to bring awareness about the consequences of prolonged usage of PLD's.This research aims to provide an overview of current evidence on PLD's related hearing loss and to bring awareness on healthy listening habits. Hence it was found essential for investigating HL amongst PLD's users.

**Donthula MalyaDharshitha**

**Akkaldevi Maithili Priya**

**Dodla Anjali**

**Gonepally Akshaya**

**Kanukuntla Madhuri**

**GovindulaYashaswini**

**Dodda Naga Kapil**

**Gollapalli Manohar**

**Pasunuri Sathwikh**

Dr.Rathna Kumari, Associate Professor, ENT Department.

Osmania Medical College, Hyderabad



# **AWARDS — & — ACHIEVERS**





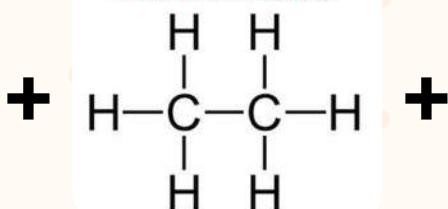
MED TRIVIA

# PICTOMED

**Q1:**



Chemical Formula: C<sub>2</sub>H<sub>6</sub>



= \_\_\_\_\_

**Q2:**



+



+



= \_\_\_\_\_

**Q3:**



+



+



= \_\_\_\_\_

**Q4:**



+



+



= \_\_\_\_\_



# AWARDS

## SYMPOSIUM

### WINNERS -

Late Smt. Vijaya Veerareddy Memorial Award by Dr.Srikanth Veerareddy  
CashPrize - Rs. 25,000/-

### RUNNERS -

Dr. Subramanyeshwar Rao Arekapudi Award  
CashPrize - Rs. 15,000/-

### 2ND RUNNERS -

Dr. Sreedhar Rao & Sarojini Pulluru Award  
CashPrize - Rs. 10,000/-

## DEBATE

### WINNERS -

Dr. Shyam Akkulugari Award  
CashPrize - Rs. 15,000/-

### RUNNERS -

Dr. Rajani Katkuri Award  
CashPrize - Rs. 10,000/-

## JEOPARDY

### WINNERS -

Late Sri Sr. B. Dharma Rao Memorial Award by Dr. Vidyasagar Bobba  
CashPrize - Rs. 25,000/-

### RUNNERS -

Dr. Suresh Reddy Award  
CashPrize - Rs. 15,000/-



# **MEDEX**

## **WINNERS -**

Dr. Madhavi Venigalla Award. Cash Prize - Rs. 15,000/-

## **RUNNERS -**

Dr. Sreedhar Rao and Sarojini Pulluru Award. Cash Prize - Rs. 10,000/-

## **2nd RUNNERS -**

Dr. Kartik Cherabuddi Award Cash Prize - Rs. 5,000/-



# **PAPER PRESENTATION**

## **WINNERS – UG PAPER PRESENTATION**

Late Sri Krishnamurthy Chirunomula Memorial Award by Dr. Rammurthy Chirunomula  
Cash Prize - Rs. 15,000/-

## **RUNNERS – UG PAPER PRESENTATION**

Dr. Rakesh Donthula Award. Cash Prize - Rs. 10,000/-

## **WINNERS - PG PAPER PRESENTATION**

Late Smt. & Sri. Kamala & Chandra Pinnapureddy Memorial Award by Dr. Parashuram  
Pinnapureddy. Cash Prize - Rs. 15,000/-

## **RUNNERS - PG PAPER PRESENTATION**

Late Sri Dr. B. Dharma Rao Memorial Award by Dr. Vidyasagar Bobba  
Cash Prize - Rs. 10,000/-

# **POSTER PRESENTATION**

## **WINNERS - UG POSTER PRESENTATION**

Dr. Sreedhar Rao and Sarojini Pulluru Award Cash Prize - Rs. 15,000/-

## **RUNNERS - UG POSTER PRESENTATION**

Late Dr. Bathini Venkat Rathnam Memorial Award by Dr. Venu Bathini  
Cash Prize - Rs. 10,000/-

## **WINNERS - PG POSTER PRESENTATION**

Late Sri Peethamber Rao Thangada Memorial Award by Dr. Vinod Thangada  
Cash Prize - Rs. 15,000/-

## **RUNNERS - PG POSTER PRESENTATION**

Late Sri Sadanandam Polasa Memorial Award by Dr. Sangeetha Polasa  
Cash Prize - Rs. 10,000/-

# **HACKATHON**

## **WINNERS -**

Late Smt. Kalavathi Reddy Aeddula Memorial Award by Dr. Narotham Aeddula  
Cash Prize - Rs. 15,000/-

## **RUNNERS -**

Dr. Anupama Gotimukula Award. Cash Prize - 10,000/-

## **2ND RUNNERS -**

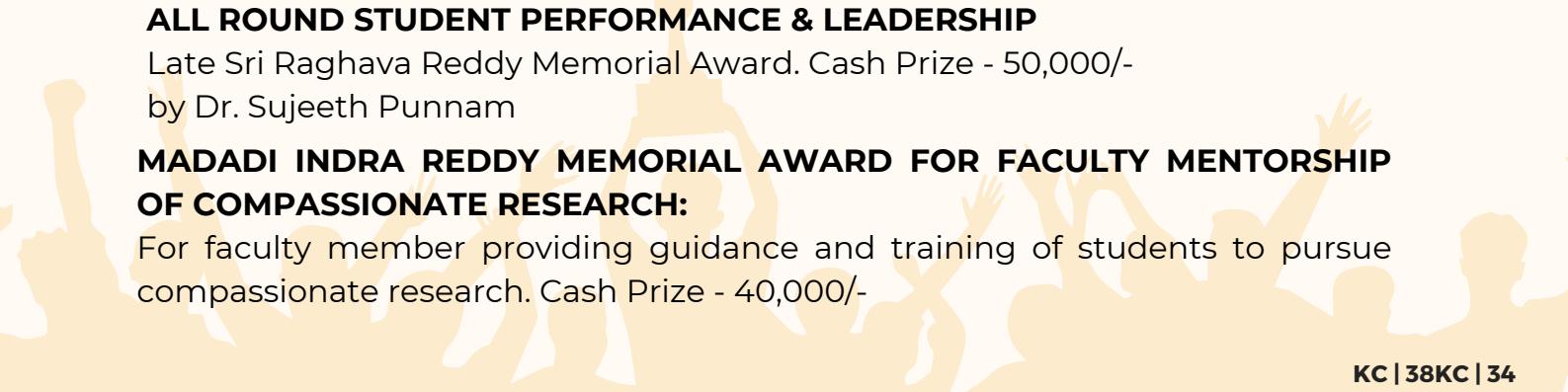
Dr. Jyothi Reddy Award. Cash Prize - 5,000/-

# **ALL ROUND STUDENT PERFORMANCE & LEADERSHIP**

Late Sri Raghava Reddy Memorial Award. Cash Prize - 50,000/-  
by Dr. Sujeeth Punnam

# **MADADI INDRA REDDY MEMORIAL AWARD FOR FACULTY MENTORSHIP OF COMPASSIONATE RESEARCH:**

For faculty member providing guidance and training of students to pursue  
compassionate research. Cash Prize - 40,000/-



# 1ST YEAR MEDALISTS



Dr Namratha Vontela Medal

PAGIDIMARRY GANESH  
237/300  
BIOCHEMISTRY



Dr Rojan Samudrala Medal

POOJA MEHRA  
232/300  
ANATOMY



Dr Geetha Soodini Medal

VEERAMALLA NIVEDITHA  
REDDY  
241/300  
PHYSIOLOGY

# 2ND YEAR MEDALISTS



Dr Karthik Ganta Medal

GAJULA VINOOTHNA  
239/300  
PATHOLOGY



Dr Karthik Ganta Medal

YAGGADI DILEEP KUMAR  
239/300  
PATHOLOGY



Dr. Vivek Katkuri Medal

THAMMANABATLA  
RUSHENDRA  
238/300  
MICROBIOLOGY



Dr Annapurna Muthyapu Medal

RAYABARAPU SRI LAXMI  
229/300  
PHARMACOLOGY

# 3RD YEAR MEDALISTS



Dr Vijaya Dasari Medal

NARAHARI  
SANTHOSH REDDY  
153/200  
ENT



Dr Swarna Latha Medal

SIDDAMSHETTY ASHRITHA  
158/200  
OPHTHALMOLOGY



Dr. Roopa Vemulapalli Medal

ANKIT KUMAR  
240/300  
COMMUNITY  
MEDICINE



Dr. Rani Vatti Medal

SAMALA PRAVALIKA  
157/200  
FORENSIC  
MEDICINE

# FINAL YEAR MEDALISTS



Dr. Ravi Vanukuru Medal  
LUNAVATH  
GEETHIKA NAYAK

305/400

OBSTETRICS AND  
GYNECOLOGY



Mr. Koteshwara Rao  
Arekapudi Medal  
SINGARAJU ROHIT

312/400

GENERAL  
MEDICINE



Dr. Vikram Kishore  
Aleti Medal  
SUMIYA ANJUM

315/400

GENERAL  
SURGERY



Dr. Srinivas Nalamachu  
Medal  
MADDALA PAVANI

146/200

PEDIATRICS

## OVERALL TOPPERS OF THE YEAR



Dr Hanimireddy Lakireddy Medal  
(Best Outgoing Student )

DR. SANA NAZNEEN



Dr Tajuddin Ahmed Medal  
(Final Year MBBS-II)  
DR. ROHIT SINGARAJU



Dr Mahender Reddy Medal  
(Final Year MBBS-I)  
PUNNA VENNELA



Dr. Laxmipathi Garipalli Medal  
(2nd Prof Year MBBS )

YAGGADI DILEEP KUMAR



Dr. Jitender Katukuri Medal  
(1st Prof MBBS - 2022)

MARELLA SWAGATH

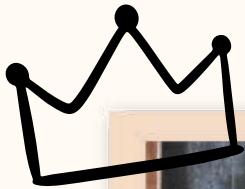


Dr Mahender Reddy Medal  
(1st Prof MBBS- 2023)

SRESHTA GAVEESHNA PUPPALA



# THE TEAM



We promise this was all part of  
the plan.  
Mostly.

CORE COMMITTEE.



Because someone has to Google  
'How to plan a Medfest in 24  
hours.'



ORGANIZING COMMITTEE.



We're here to create the  
battleground; you bring the swords...  
metaphorically speaking.

Debate Team



Hackathon Team

Med-Ex Team



Anchoring: Because someone  
has to talk while everyone  
else panics!



Anchoring Team



Forget the Oscars; this is the only competition that really matters-The Great Poster Showdown!

## Poster Presentation



Our job is to organise fun, laughter, and lots of 'I should have known that!' moments!



## Paper Presentation



## Jeopardy Team



## Symposium Team

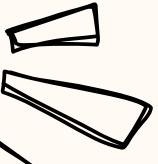


Public Relations Team

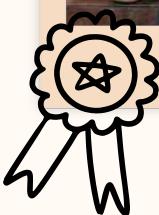
Turning your moments into  
mementos, with a dash of  
mischief

Souvenir Committee

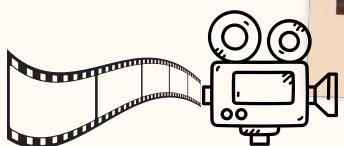
We turn 'just passing through'  
into 'let's hang out',  
Making memories and friendships  
without a doubt!



Hospitality Team



AudioVisual Team



We promise a blast, from start  
to end, with games and laughter,  
there's always a trend!

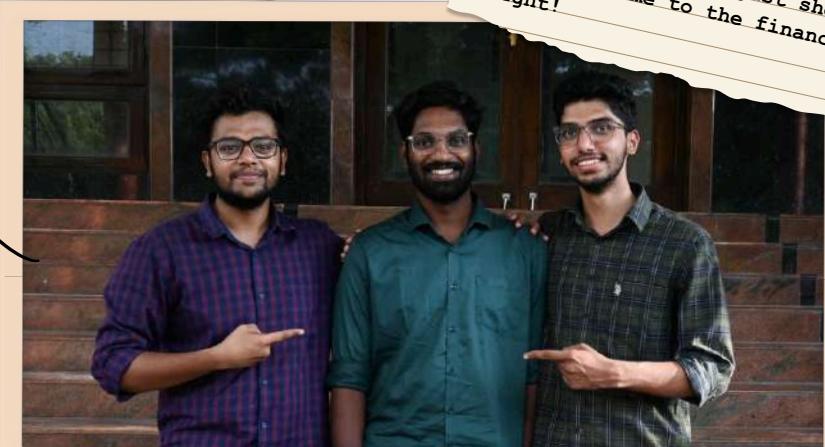


## Recreational Team

We count more than just sheep at  
night—welcome to the finance  
fight!

## Finance Team

Where creativity sparks collaboration  
and ideas become reality,  
Together, we craft moments that leave  
a legacy.



## TEAM KAKATIYA CHRONICLES.



KRITI ARMY



Matching together with passion and  
pride,  
We're the heat of KRITI, with nothing  
to hide!

# THE TEAM

**Core Committee:**

1. Dr.Rohit Singaraju
2. Dr.Md Shashank
3. Dr.T Sudheer
4. Dr.Indu Etta

**Organizing Committee:**

- 1.Dr. Shriyarchana
- 2.Dr. K. Sreenija
- 3.Dr. B. Roshini
- 4.Dr. T. Akshitha
- 5.Dr. A. Reena
- 6.Dr.Joshi Sahiti
- 7.Dr.G.Aditya
- 8.Dr.Akhil Balecha
- 9.Dr.Chaitanya Cherkuri
- 10.Anushka Pandharpurkar
- 11.Vaishnavi Gulla
- 12.Ashwini Navadeep
- 13.Shammas Mostafa
- 14.Md Waseem
- 15.G.Sai Aneesh
- 16.Aarush Thakur
- 17.Rashi Agarwal
- 18.Bantu Raghavendra
- 19.Rakesh

**Symposium Volunteers:**

- 1.Ananya
- 2.Phani Sri Sowmya
- 3.Jyotsna
- 4.Rishika
- 5.Sreeja
- 6.Kashyap
- 7.Deekshith
- 8.Vishnu
- 9.Yogitha

**Organizing Committee:**

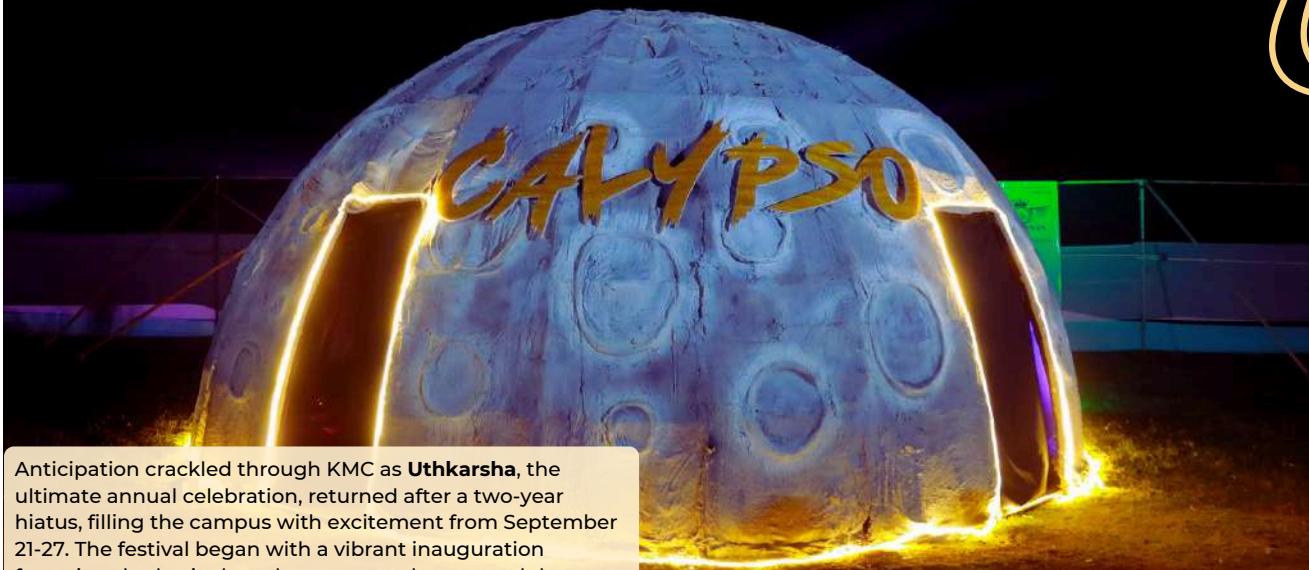
- 1.Ashish Preetham
- 2.● Deepa Reddy
- 3.● Y.Nikhileshwari
- 4.● Rashi Agrawal
- 5.● Likhith Raj Mukkera
- 6.● Sai Likith
- 7.● Sreeja Rathod
- 8.● T Rusheendra
- 9.● R Srija

# RECENT DEVELOPMENTS



# UTHKARSHA ENJOY CHEYALI

## MAMA!



Anticipation crackled through KMC as **Uthkarsha**, the ultimate annual celebration, returned after a two-year hiatus, filling the campus with excitement from September 21-27. The festival began with a vibrant inauguration featuring rhythmic drum beats, a march-past, and the unveiling of the U'24 logo, setting an electric tone for the week.

Day one kicked off with a **\*Health Run\***, promoting fitness and well-being. A flash mob by the organizing batch, The Evanderz (2k20), followed, turning exhaustion into infectious energy. Creative events like T-shirt painting, pot painting, and mehendi filled the afternoon, transforming the campus into a buzzing art space.

On day two, creativity continued with nail art, clay modeling, and micro art, while sports finals stole the spotlight. Spectators were kept on edge by intense matches, as cheers and playful sledging filled the air, showcasing the students' athleticism.

Day three featured **Impulse** showcasing the athletic prowess of students, a display of teamwork and speed, with Mr. and Miss Impulse contenders captivating everyone. **Chitralahari**, the short film festival, followed, where 16 films with students-turned-directors, editors, and actors saw their creations lit up the screen. The evening closed with dazzling dance performances.

A Blood Donation Drive opened day four, emphasizing community spirit. As night fell, **Carnival Night** transformed the campus with vibrant stalls, a live band, and a colorful cosplay competition, creating an unforgettable atmosphere.

Day five celebrated tradition with **Mayuka**, where students donned cultural attire, honoring India's heritage. As the sun set, **Dandiya Night** brought Garba rhythms, swirling colors, and lanterns in the sky lit the black canvas of the sky.

Day six featured a thrilling **Treasure Hunt** before an epic **EDM Night**, where a dazzling ramp walk preceded non-stop dancing under the stars. The week concluded with a grand cultural showcase and awards ceremony, recognizing the festival's achievements.

As the final night faded, **Uthkarsha 2024** left behind cherished memories and a spirit that united the campus—a celebration that will be remembered until the next chapter.



# GANPATI BAPPA MORYA!!



## Day 0: Aagmanam

After the long anticipation of a year, KMC joyfully welcomed Bappa with immense love and excitement on the inaugural day of the Ganesh Mahotsav festivities.

## Day 1:

Following the grand welcome, the Pratishtapna Puja was performed by the 2021 batch (Renokrantz). The day was filled with lively and engaging events such as the Vedic quiz, tambola, and antakshari.

## Day 2:

The campus was imbued with a serene spiritual ambiance. Adding to this, the Ganpati Homam was conducted by the Xentaurianz, while the Pushparchana ceremony was organized by Renokrantz. The focus on fun never wavered, with activities like kite flying, tug-of-war, and idol-making.

## Day 3:

The most captivating and eagerly awaited highlight of the event, the "Dandiya Night," took place. The vibrant rhythm of the dandiya sticks, combined with the colorful attire of the participants, created an electric atmosphere. The night was filled with infectious energy, laughter, and spirited dancing, making it a magical and memorable evening for everyone.

## Day 4:

A noble gesture of "Annadanam" was carried out by the organizing batch. The evening was illuminated with Bathukamma, the festival of flowers, celebrating the divine presence of Gauramma.

## Day 5:

"Visarjanam" - With hearts brimming with joy and happiness, Bappa was bid a fond yet emotional farewell. Though the rhythmic beats of dhol and nagadas filled the air, there was a sense of sadness among the devotees as they parted from Bappa. The Visarjanam ceremony was conducted, and the event was a resounding success, leaving the campus enveloped in a divine and serene atmosphere.

# ODE TO KRD'23

It is with immense pride and gratitude that we extend our heartfelt congratulations to the organizing committee, Kriti'24. As the Chairman and Co-Chairman, we have had the unique privilege of witnessing the growth of a vision that was set into motion last year through Kakatiya Research Day 2023. What began as an initiative to inspire and innovate research and promote opportunities among undergraduate students has blossomed into a remarkable event today.

At its core, Kriti was established with the vision of nurturing research initiatives among undergraduate students, aiming to create an environment where curiosity is celebrated, and research is viewed as an integral part of medical education. The event is not only a platform to showcase research work but also a stepping stone for young minds to explore the vast potential of scientific inquiry. By encouraging students to engage in hands-on research, Kriti strives to develop critical thinking, problem-solving skills, and a passion for discovery, which are essential for shaping the future of healthcare and medical advancements.

This year's Kriti stands as a testament to the hard work, dedication, and collaborative spirit of each and every individual who contributed to its success. We deeply appreciate the efforts of all organizers and volunteers who have worked tirelessly to bring this vision to life and further our collective mission of nurturing research and innovation.

We would like to take this opportunity to extend our special thanks to the distinguished faculty members and mentors who have guided and supported this remarkable event. Dr.Sujeeth Reddy Punnam, Dr.Venu G. Bathini and Dr.Anupama Gotimukula, representing the USA NRI Alumni Committee of Kakatiya Medical College, your involvement has been invaluable. Your guidance, expertise, and dedication have been crucial in shaping the success of this event and its goals.

A heartfelt thanks to Dr.D.Mohan Das Sir, the former Principal of Kakatiya Medical College, for your continued support and for laying a strong foundation for research initiatives at the institution. We would also like to express our deepest gratitude to our current Principal, Dr. K. Ramkumar Reddy Sir, for your encouragement and unwavering support in fostering the research culture that is vital for the progress of our academic community.

It is inspiring to see how KRITI continues to provide a platform for students to explore, innovate, and contribute to the world of research. We are confident that KRITI will only grow stronger in the years to come, and we look forward to witnessing its continued success.

Once again, congratulations to all the organizers, faculty, and students who are going to make KRITI'24 an unforgettable and impactful event. Thank you for your dedication to advancing research and innovation at our institution.

With gratitude and best wishes,  
Dr.Sai Kiran Kuchana  
Chairman, Kakatiya Research Day 2023.  
Dr.Rohith Kode.  
Co-Chairman, Kakatiya Research Day 2023.

END

# FROM THE EDITOR'S DESK

Dear Reader,

As we proudly present the fourth edition of Kakatiya Chronicles, I want to take a moment to reflect on our journey and express my heartfelt gratitude to those who have made this publication possible. This edition comes at a special time, as we also celebrate the second edition of KRITI, Telangana's Grandest Medfest organized by Kakatiya Medical College. KRITI has quickly grown into an exciting platform, uniting students through academic excellence, innovation, and teamwork, and it's an honor to see how far we've come.

I extend my sincerest thanks to our esteemed Principal, Dr. Ram Kumar Reddy, for his endless support throughout this process. Your encouragement has been a guiding light for us. I would also like to commend the dedicated editorial team for their relentless efforts in bringing this edition to life. Your commitment to excellence is truly inspiring, and I hope this edition of Kakatiya Chronicles exceeds all expectations.

Kakatiya Chronicles has blossomed into a vibrant platform for sharing knowledge and experiences, showcasing the talents and voices of our college community. It serves not just as a collection of articles, but as a reflection of our collective journey, creativity, and intellect. This evolution would not have been possible without the active participation of our faculty, seniors, and juniors. Your insights and contributions have undoubtedly elevated the quality of our publication, making it truly outstanding.

Thank you for entrusting us with the opportunity to contribute to this journey. Together, let us continue to inspire and elevate each other as we strive for excellence in all that we do.

Sincerely  
Aarush Thakur  
Editor-in-Chief  
Kakatiya Chronicles

## THE TEAM

**Editor in Chief:** Aarush Thakur  
**Managing Editor:** Rashi Agarwal

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- Saniya Banu
- Anika Goel
- Srinidhi Mudireddy

**Social Media Executive:** Furquan Mohiuddin

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- V. Sai Sarath
- Bhargav Guptha
- Pooja Mehra
- Vishnu Pappu
- Mukka Archisri
- V. Deekshith
- Saandeep Mane



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