Abstracts - Posters

A Rare Case of Bilateral Central Serous Chorioretinopathy in Hemodialysis Patient - Case Report

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Abstract

A 32 year old female presented with complaints of blurring of vision in both eyes for 2 weeks duration. She was diagnosed with stage V CKD following focal segmental glomerulosclerosis and was on hemodialysis since two months. There was no history of metamorphopsia, micropsia or dyschromatopsia. On examination her BCVA was 6/9 NIP OU. The anterior segment and IOP were normal in both eyes. A dilated fundus examination revealed normal disc and vessels, with ring reflex in the macula in both eyes. Right eye also revealed a small haemorrhage temporal to macula. OCT macula revealed detachment of sensory retina from RPE with subretinal fluid, suggestive of CSCR.

Central serous chorioretinopathy (CSCR) is an idiopathic disorder characterized by a localized serous detachment of the sensory retina at the macula secondary to leakage from the chorio-capillaries through one or more hyperpermeable RPE sites. Incidence of CSCR in patients on hemodialysis is 0.03%, with highest incidence rates in the age group of 50 to 64 years.This is an important inter-disciplinary issue and nephrologists should promptly refer patients with visual complaints to ophthalmologists. Once the diagnosis of CSCR is confirmed, the effects of dialysis such as osmolarity variations should be noted by the nephrologist to prevent permanent visual damage.

Key words: CSCR, Hemodialysis, CKD

Bone Marrow Biopsy in the Evaluation of FUO

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Abstract

Fever of Unknown Origin(FUO)is a diagnostic challenge to the physicians.A detailed clinical history,meticulous physical examination and a battery of investigations may fail to yield a clue in the diagnostic work up.This case highlights the significance of bone marrow trephine biopsy in the evaluation of FUO.18 year female,with no significant past medical illness presented with low grade fever of 1 month duration and generalized fatigue.She had a cough with sputum production,white in colour,not blood stained. On Examination she had mild pallor,mild hepatosplenomegaly.Other systemic examination was normal.A complete hemogram,renal and liver function tests, peripheral smear,chest X-ray,fever serology,blood and urine cultures and contrast CT of chest and abdomen were done.All investigations turned out to be negative. SputumAFB was negative.We proceeded with bone marrow aspirate and biopsy.It showed granuloma with necrosis and IHC was negative for lymphoma.Patient was started on antituberculous drugs and responded well. Bone marrow trephine biopsy is useful technique for the diagnosis of prolonged fever in immunocompetent patients. A bone marrow biopsy can help in the diagnosis of hematological malignant disease, tuberculosis, visceral leishmaniasis, immune mediated conditions like Macrophage Activation Syndrome and secondaries.

Key words: FUO, Bone marrow trephine biopsy, Granuloma

Pleural Effusion in an Immunocompromised is not Always Koch's - An Interesting Case Report

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Abstract

Pleural effusion secondary to chronic pancreatitis is a rare and uncommon condition accounting for less than 1% of patients. Patients are alcoholic but only 50% have clinical symptoms and signs of previous pancreatitis. We report a case of a young alcoholic HIV seropositive male patient who presented with massive left pleural effusion.A 29 year old alcoholic male patient presented with breathlessness, chest pain, abdominal bloating and pain for 2 weeks. Physical examination revealed a soft ill defined epigastric mass and left massive pleural effusion. Pleural fluid was hemorrhagic andexudative with grossly elevated amylase and lipase levels. Viral markers revealed seropositivity to HIV. CT abdomen and MRCP showed pseudo cyst with left pancreatico-pleural fistula. Conservative management withnasogastric suction, somatostatin analogues, antibiotics and tube thoracostomy was done. ERCP with pancreatic duct stenting was done after stabilisation. Octreotide was continued for 4 weeks with significant symptomatic improvement. He was started on ART subsequently.

Key words: Pancreatico-pleural fistula, Pleural effusion, Chronic pancreatitis

An Unusual Presentation of Esophageal Carcinoma

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Abstract

Carcinoma esophagus usually present with dysphagia and other symptoms related to gastrointestinal system but rarely it can present with respiratory symptoms alone with underlying tracheoesophageal fistula.we report a case of carcinoma esophagus with tracheoesophageal fistula presented only with respiratory symptoms.Routine investigations and specific investigations like CT thorax and CT neck suggested esophageal malignancy.Biopsy confirmed diagnosis as squamous cell carcinoma of esophagus.

Key words: Carcinoma esophagus, Dysphagia, Tracheoesophageal fistula, Squamous cell carcinoma.

Iron Deficiency Anaemia Masquerading As False Brain Tumour

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Abstract

A 36 year old female presented with headache, orbital pain, vomiting, diplopia and blurring of vision developing progressively over a period of 1 month. No history of drug intake or OCP usage. Examination revealed marked pallor and left lateral rectus palsy . Fundus examination revealed papilledema in both eyes. On evaluation patient's haemoglobin was 5.1g/dl with pattern consistent with Iron deficiency anaemia and work up for serum pituitary hormone and parathyroid hormone levels were within normal limits; coagulation profile, renal parameters and electrolytes were normal. ANA was negative. USG abdomen showed no abnormality. MRI brain with MRA/MRV showed no significant abnormality. With clinical findings intracranial mass lesion was suspected .After an elaborative work up,Patient was diagnosed with Idiopathic intracranial hypertension due to Iron deficiency anaemia. Patient was transfused with 2 units of packed cell and 3 intravenous iron sucrose infusions. After 1 month follow up, her Diplopia, lateral rectus palsy and papilloedema resolved completely. So, it has been emphasized that Iron deficiency anaemia should be treated in early stage and IDA can mislead such CNS problems.

Key words: Diplopia, Papilledema, Iron Deficiency Anemia, Idiopathic Intracranial Hypertension.

Myotonic Dystrophy

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Abstract

The diagnosis of Myotonic Dystrophy can usually be made clinically in a patient who has characteristic presentation and a positive family history. Genetic testing for an expanded CTG repeat in the DMPK gene is the gold standard for confirming the diagnosis of DM1.We report a 17-year-old male who presented to us with complaints of difficulty in releasing hand after gripping objects for some time, with history of slurring of speech since childhood. He also had difficulty in lifting head from the pillow. His younger brother who was 15 years old had similar complaints, but in a milder form. On examination he was found to have wasting of Temporal muscles and small muscles of both hands with weakness and diminished reflexes in both upper and lower limbs. A provisional diagnosis of Myotonic Dystrophy was made. EMG was done which consists of discharges of muscle fiber, producing a sound reminiscent of a dive bomber. Muscle biopsy was done.Myotonia is a condition of prolonged muscle contraction followed by slowed relaxation. It always follows muscle activation but can be elicited by mechanical stimulation.

Key words: Myotonic Dystrophy , CTG repeat , Slowed relaxation

Triple Trouble

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Abstract

A 37 years old non-smoker male, working in a silica industry for 15 yrs (in packing area) who was diagnosed to have silicosis 2 years back and on appropriate treatment, came with history of cough with bloody sputum, low grade fever and significant weight loss for past 4 months. Radiological imaging revealed features of multiple cavities in the background of silicosis, suggestive of silico-tuberculosis. Sputum AFB was positive and Sputum gene expert revealed Rifampicin resistant Mycobacterium Tuberculosis and he was started on MDR TB (Multi drug resistant Tuberculosis) regimen. This case is presented to highlight the occurrence of MDR TB in chronic silicosis.

Key words: Silicosis, Silico-tuberculosis, MDR TB

A Case of Von Willebrand Disease Masquerading Cysticercus Myalgia

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Abstract

21 year old female, a known case of Von Willebrand disease with seizure disorder presented with complaints of lower back pain following a trauma 3 weeks back. She also had left sided hip and leg pain along with fever for 3 days. On examination, her vitals were stable. Systemic examination revealed spinal and paraspinal tenderness from T12-L5 region. SLR (Straight leg raising) test was positive. Other systems were normal. A clinical diagnosis of Psoas muscle hematoma with secondary infection was made. Laboratory investigations showed leukocytosis. USG showed no hematoma . MRI Lumbar spine with contrast showed intramuscular peripherally enhancing subcentimetric lesions involving the right psoas and the left paraspinal muscle suggestive of Cysticercosis. Patient was treated with T.Albendazole for 28 days. Patient improved with Albendazole and she is symptom free now .

Key words: Cysticercosis, Von Willebrand disease, Albendazole

Unusual Case of Quadriparesis

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Abstract

55 year old male a known case of ethanol related Chronic Liver Disease presented with quadriparesis which upon evaluation was found to have hypokalemia. Causes of hypokalemia was investigated and the patient was diagnosed with Renal tubular acidosis type 1. Causes of RTA type 1 was then looked for. After excluding all the known causes, we attributed the cause to Chronic Liver Disease carefully looking into various literature which have been published.Chronic Liver Disease is a rare cause of type 1 RTA which presented to us, as hypokalemic-quadriparesis. The etiology of RTA in Chronic Liver Disease is due to various immunological processes.

Key words: Chronic liver disease, Hypokalemia, Renal tubular acidosis

Young Veg With A Lung Wedge

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Abstract

This is a case report of a young male with cyanocobalamin deficiency with secondary hyperhomocysteinemia presenting with deep venous thrombosis and pulmonary thromboembolism.33 years old Mr.X , mechanic ,vegetarian with no comorbidities or risk factors presented with left leg swelling for one day with multiple petechial spots over the swollen limb, local examination had Well's score of four plus , Homans sign and Moses sign were positive. Systemic examination was unremarkable except for tachycardia and fever. Doppler lower limb showed acute deep venous thrombosis of saphenous system extending to external iliac vein. CTPA done in view of persisting tachycardia and elevated D-dimers showed pulmonary thrombosis with wedge infarcts. Lab workup showed dehydration evident by relative polycythemia which corrected with hydration. Pro-thrombotic workup was normal except for low cyanocobalamin levels and elevated homocysteine levels more than 10 times the normal .Patient was treated with Enoxaparin for a week and vitamin B12, B6 were supplemented intravenously , later it was switched over to oral vitamin K antagonists and oral high dose vitamin B12.

Key words: Cyanocobalamin deficiency, Hyperhomocystinemia, Pulmonary thromboembolism

High Voltage Electricity Induced Lung Injury

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Abstract

India accounts for the most number of electrocution related deaths in the world. Visceral injuries in electricity exposure is rare. Lung involvement is extremely rare. Here one such case of lung injury following a high voltage electricity exposure is reported. This 25 year old healthy male without any co-morbidities gave a history of exposure to 10,000 volt electrical current when his head came in contact with an over head electrical wire while he was working on the terrace. The patient became tachypneic and drowsy immediately on exposure. A chest radiograph demonstrated bilateral diffuse infiltrates. A computed chest tomography revealed bilateral consolidation in all lobes. Electrocardiogram, Echocardiogram, Cardiac enzymes, Coagulation studies and sputum culture did not reveal any abnormality. Patient was treated with adequate oxygen, volume resuscitation and supportive measures. He completely recovered by Day 7. This is the first reported case of bilateral lung edema and / or injury after electricity exposure without cardiac arrest in Tamil Nadu. Electrical injuries account for nearly 5% of admissions to major burn centers. Least frequently involved organ is the lung, since it contains air and is a poor conductor of electricity.

Key words: Electrocution, Lung edema, Lung injury

A Rare Case of Fifth Digit Syndrome

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Abstract

Coffin-siris syndrome is classically characterized by aplasia or hypoplasia of the distal phalanx or nail of the fifth and additional digits, developmental or cognitive delay of varying degree, distinctive facial features, hypotonia, hirsuitism/hypertrichosis, and sparse scalp hair. Congenital anomalies can include malformations of the cardiac, gastrointestinal, genitourinary, and/or central nervous systems. Other findings commonly include feeding difficulties, slow growth, ophthalmologic abnormalities, and hearing impairment. This 22 year old male had come with complaints of first episode of seizures.Patient gave history of frequent falls. General examination revealed coarse facial features,Hypoplasia of the fifth toe was noticed and detailed history revealed history of developmental delay and intellectual disability. CT revealed arachnoid cyst in the posterior fossa with ventriculomegaly. Patient was subjected to the MRI which revealed a Dandy-Walker variant. Further IQ tests, Echocardiogramstudies, ophthalmologic and otorhinological examinations were done. With the positive findings a clinical diagnosis of Coffin-Siris syndrome was made.

Key words: Aplasia of distal phalanx, Arachnoid cyst, Dandy- walker variant

An Unusual Observation in Organo-Phosphorus Compound Poisoning

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Abstract

A 35 year old female and a 45 year old male, with alleged history of oning Chlorpyrifos poisoning were referred to our hospital with history of drowsiness and seizure . Both were treated in different hospitals for nearly 8 hours prior to admission in our hospital. At the time of presentation, the patients vital parameters were stable, but they were drowsy and not responding to painful stimuli. Investigations revealed elevated serum sodium levels in both the patients. The female patient was a diabetic, on regular treatment and was asymptomatic before consumption of poison. Her CBG was 501 mg/dl and plasma acetone was negative. Measures taken initially to identify the cause for hypernatremia were futile. On further probing, the patients' attenders admitted that emesis was induced with salt during first aid. A probable diagnosis of iatrogenic acute hypernatremia was made and corrective measures were taken. Both the patients' neurological status improved gradually and they were discharged. Hypernatremia with increased total body sodium is the least common form of hypernatremia. Ingestion or iatrogenic administration of excess sodium can be rarely causative. Common salt though used in inducing emesis in developing countries can endanger life because of its ability to cause acute severe hypernatremia.

Key words: Iatrogenic hypernatremia, OPC, Common salt

Proximal Renal Tubular Acidosis in Overlap Syndrome

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Abstract

Proximal RTA is characterized by a defect in the absorption of bicarbonate by proximal tubule. A 30 year old nulliparous female presented with symmetric spastic weakness involving both lower limbs, which was insidious in onset and progressive in nature for 3 years,with polyarthralgia involving both small and large joints of all 4 limbs. She had weakness involving both upper limbs for the past 3 months.There was history of pancytopenia earlier.On examination, glossitis, oral ulcers and bilateral knee joint contractures were seen. CNS examination was normal. Routine investigations were normal, DCT was negative. Other lab investigations showedS.K+:1.9, Ca2+:6.8, Mg2+:0.9 mg/dl, Phosphorous:1.5mg/dl; Uric acid: 2.4mg/dL; Urine K+/Creat ratio 142, Urine Calcium/Creat ratio=0.0361,Urine anion gap : 26.5,Urine pH 5, ABG-pH:7.31,HCO_3:13.3,pCO_2:26.8, ANA 3+(speckled), Rheumatoid factor +ve,Anti Smith equivocal, Anti SS-A,SS-B +ve, Sm/RNP,Scl 70,Jo-1 were negative. A diagnosis of overlap syndrome with proximal renal tubular acidosis with hypokalemia was made. She was treated with i.v. KCL, oral potassium citrate and soda bicarbonate. Any patient with hypokalemia must be worked up with a high degree of suspicion to rule out coexisting connective tissue disorders.

Key words: Proximal RTA, ANA, Rheumatoid factor, overlap syndrome

A Cross Sectional Study on Stress Among Software Professionals Working in A Private Firm In Chennai, Tamilnadu

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Abstract

Introduction: Software Engineers being exposed to strenuous client deadlines and peer pressure, they are becoming victims of inevitable stress. So a study was conducted to assess the stress levels among the Software Professionals.

Materials and Methods: A cross sectional study was conducted in a private firm situated at Chennai. The sample size was calculated to be 364. Simple Random Sampling was done to select the sample. Perceived stress scale was used to assess the stress levels.

Results: The mean age of the population is 27±3.5 years. Out of 364, 298 (81.9%) had moderate stress and 15 (4.1%) had high level of stress. Stress was higher (63.7%) among those who have more than 3 years' experience, and those who uses computer more than 6 hours (88.4%) and lower (36.5%) among those who have some hobbies and also those who do exercise (27.1%).

Conclusion: Stress can be reduced by some of the preventive strategies. Developing hobbies like Yoga, meditation, involving in sports can reduce stress.

Key words: Stress, Software professionals, Hobbies

A case report of Black Bone Disease

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Abstract

Alkaptonuria is considered as a rare disorder with its prevalence being 1:100,000. We report a case of alkaptonuria diagnosed predominantly by dermatological manifestations. This 42 years old female belonging to a gypsy family, a known case of chronic kidney disease and hypothyroidism on medications, came with the complaints of bilateral pedal edema. Patient had papulo-ulcerative lesions with bluish pigmentation in both palms and hands , predominantly in the nails. The differential diagnosis for this skin manifestation includes contact dermatitis, acrodermatitis enteropathica, CREST syndrome, Wilson's disease, argyria and drug induced pigmentation. Anti dsDNA, ANA and anti TPO antibodies turned out to be negative. Serum zinc & serum Cerruloplasmin levels were also normal. There was no history of chronic exposure to drugs, irritants or silver containing salts. Patient gave a history of chronic low backache and similar papulo-ulcerative presentation in her family members. Patient also had black pigmentation in the sclera of her eyes. Patient had a history of blackish discolouration of the urine on long standing. The patient's urine was tested for homogentisic acid and turned out to be positive. It was thus diagnosed as a case of alkaptonuria with blackish discolouration of the hands, sclera and pinna. We visited their gypsy settlement and identified nearly 15 to 20 people with significant similar skin lesions. All of them were tested and found positive for homogentisic acid. They were counselled and provided with supportive measures. Prevalence of alkaptonuria in India was 1:100,000 as reported, but with the increased prevalence of alkaptonuria in gypsy community, alkaptonuria may be an underdiagnosed entity. Skin manifestations may be used as a window for the identification of alkaptonuria.

Key words: Alkaptonuria, Papuloulcerative lesion, Homogentisic acid.

A Rare Case of Harris Platelet Syndrome

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Abstract

Harris platelet syndrome is a new entity (formerly labeled as asymptomatic macro thrombocytopenia) that happens to be the most common subtype of IGPD(inherited giant platelet disorder) reported from the North East of India. It is characterised by absent bleeding symptoms with mild to moderate thrombocytopenia. A 19 year old primi at 12 weeks of gestation presented with complaints of fever for one day and decreasing platelet count. On examination patient had pallor. Laboratory investigation revealed platelet count of 30000/mm3 (manual count 1,20,000-1,50,000 giant platelet cells) and decreased RBC cell count. The mean platelet volume was 12.4 fl with no bleeding manifestations. Workup for thrombocytopenia was negative and since patient was from northeast she was diagnosed to have Harris Platelet Syndrome. Thus while treating patients with decreased platelet count of north east origin consideration of Harris platelet syndrome would avoid unnecessary diagnostic evaluation and treatment.

Key words: IGPD, Thrombocytopenia, Giant platelet cells

A Royal Malady – Unleashing Its Varied Spectrum

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Abstract

Porphyrias are a group of rare metabolic disorders resulting from deficiency of specific enzymes in the heme biosynthesis pathway causing accumulation of porphyrin and their precursors, leading to a variety of neurological, hematological and dermatological manifestations. A 17 yr old male came with complaints of fever and vomiting for the past 3 days with 1 episode of generalized seizures followed by altered sensorium since morning. On Examination patient was febrile, CT brain & CSF analysis were not contributory to infective etiology.On the 5th day of admission, patient had two episodes of generalized seizures following which the patient's sensorium deteriorated again. BP was 140/110 and MRI brain showed features suggestive of PRES(Posterior reversible encephalopathy syndrome).Serum electrolytes were suggestive of SIADH(Syndrome of inappropriate ADH secretion) . Patient developed acute flaccid areflexic quadriparesis (predominant proximal weakness) with preserved ankle jerks. Nerve Conduction Study- normal. Urine on sunlight exposure turned burgundy wine colour.24 hr urinary PBG(Porphobilinogen)and ALA(Aminolevulinic Acid) were elevated consistent with diagnosis of porphyria.

Key words: Porphyria, Areflexia, Quadriparesis, Porphobilinogen, Aminolevulinic Acid

See You After 12 years

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Chettinad Health City Medical Journal 2018; 7(2): 83

Abstract

A 63 year old male a known case of Renal Cell Carcinoma Post Left Nephrectomy Status (2006) presented with acute breathlessness for the past 10 days associated with cough and fever.He is an ex-Smoker and no prior history of Tuberculosis.Clinical examination and imaging showed Right sided massive pleural effusion with multiple pleural based mass with Right lower lobe mass lesion and Computed tomography abdomen revealed no significant abnormality.Pleural fluid analysis was haemorrhagic and exudative neutrophilic effusion with Gene Xpert being negative for MTB His cytology was negative for malignancy.CT guided biopsy revealed clear cells with high mitotic figure which is suggestive of renal cell origin. This case is reported as it is an Unusual and late recurrence of a renal cell carcinoma presenting as contralateral pleuro-pulmonary metastasis.

Key words: Pleural effusion, Renal cell carcinoma, Pleura-pulmonary metastasis

Extranodal Non-Hodgkin's lymphoma presenting as cavernous sinus syndrome

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Abstract

Non-Hodgkin's lymphomas (NHL) are a heterogeneous group of malignant lymphomas and it involves T cells (85%), B cells & NK cells. Extranodal involvement of NHL to vagina is extremely rare. Mrs. X presented with complaints of inability to open her left eye for 4 days. History of altered sensation over the face, headache, pain over the cheek and neck with fever. CT brain was suggestive of Cavernous sinus syndrome with high protein in CSF analysis and was started on antibiotics and steroids. USG abdomen showed bulky uterus, cervix with enlarged right ovary and adnexal mass. Further MRI abdomen showed features suggestive of carcinoma cervix with parametrial and vaginal extension, ovarian metastasis, bilateral kidneys involvement and MRI brain suggested Granulomatous etiology affecting paranasal sinuses with cavernous sinus and meningeal involvement. Biopsy was suggestive of NHL in cervix and aspergillus colonies in sinus cavities. Reasons for delayed diagnosis in cervical lymphoma is absence of bleeding per vagina and Negative cytology.

Key words: Non-Hodgkin's lymphomas, Cavernous sinus syndrome, Carcinoma cervix, ovarian metastasis.

A Case of Pickwickian Syndrome

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Abstract

This is a case report of a middle-agedfemale with morbid obesity, significant sleep disordered breathing and Hypercapnia (Pickwickian Syndrome). This 46 years old Mrs.P , with Type 2 Diabetes Mellitus and Systemic hypertension who presented with generalized body swelling, abdominal pain,breathlessness (on and off) associated with history of snoring and disturbed sleep. Examination revealed bilateral pedal edema with morbid obesity (BMI- 50).On respiratory system examination, bilateral scattered crackles were heard, per abdomen examination revealed edematous skin with warmth and tenderness.X-ray chest showed cardiomegaly. CT-Thorax and Abdomen revealed ground glass opacities in both lungs and abdominal wall cellulitis. 2D Echo showed RA,RV dilatation,mild PHT and moderate TR.Lab workup showed mild leukocytosiswith ABG showing severe hypercapnia (76mm Hg).Polysomnography showed high AHI (35.8) with lowest SpO2- 55% and OSA/hour=9.7.Epsworth sleepiness scale was more than 8.Patient was treated with higher antibiotics for cellulitis and nasal oxygen during daytime and NIV(BiPAP) during sleeping time to maintain target SpO2 of 88%. Patient's AHI improved after 10 days of BiPAP therapy.Patient was advised to continue BiPAP support at home with diet control to reduce weight.

Key words: Pickwickian syndrome, Sleep disordered breathing, BiPAP

Arthritis Mutilans in a patient with Psoariasis

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Abstract

Psoriatic arthritis is a seronegative spondyloarthropathy occurring in 7 -10% of patients with psoriasis. Arthritis mutilans is a rare and severe form occurring in 3 to 5 % of cases of psoriatic arthritis. It is an aggressive, progressive and destructive form of arthritis involving small joints of the hands and feet , ending in severe joint deformity thereby causing disability. Here, we report a case of a 72 year old male patient with psoriatic skin lesions of 10 years duration, not on treatment, now presented with classical "opera glass hands" (telescoping finger deformity), the hall mark of arthritis mutilans. The patient also has systemic hypertension.

Key words: Psoriatic arthritis, Telescoping finger

Management of Difficult Airway Due to Post Thyroidectomy Hematoma

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Abstract

Post thyroidectomy hematoma is a rare complication of thyroidectomy leading to airway obstruction which can be fatal. It necessitates urgent intervention for securing airway as the first choice. Due to better perioperative management and refined surgical techniques, its incidence is very less (2-3%). This is a case of post thyroidectomy hematoma in an elderly male, who underwent total thyroidectomy for papillary carcinoma of thyroid. The patient developed difficulty in breathing, stridor with increase in neck swelling on post operative day 1. In view of worsening respiratory distress and anticipated difficult airway (Mallampatti score 4), patient's trachea was intubated by awake fiberoptic bronchoscopy. Hematoma was evacuated under general anesthesia and patient made an uneventful recovery. Hence, careful monitoring in the immediate post operative period for the signs of respiratory distress, blood pressure and drain output are important for timely intervention to avoid fatal outcome.

Key words: Post thyroidectomy hematoma, Airway management, Fiberoptic bronchoscopy.

A Case Of Atypical Presentation Of Allergic Bronchopulmonary Aspergillosis (ABPA)

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Chettinad Health City Medical Journal 2018; 7(2): 85

Abstract

Allergic bronchopulmonary aspergillosis (ABPA) represents a hypersensitivity reaction to A. fumigates. Rare cases are due to other aspergillus species and other fungi. A hypersensitivity reaction leads to bronchial plugging, coughing and dyspnea. It primarily affects patients with bronchial asthma and cystic fibrosis. We report a case of a 40 year old female, a known case of bronchial asthma, who presented with cough, expectoration and dyspnoea for 3 years. She had associated hemoptysis for the past 6 months. She was also treated for pulmonary tuberculosis a few years ago. On examination, the patient was tachypnoeic, with grade 2 clubbing. Examination of the respiratory system revealed bilateral medium to coarse crepitations in suprascapular, inter and infrascapular regions. Other systems were normal. On laboratory evaluation, ESR was found to be elevated. Chest X-ray revealed cystic changes in middle zones of both lung fields. CT chest showed central bronchiectasis and the sputum culture grewA.niger. Thusa diagnosis of Allergic bronchopulmonary aspergillosis (ABPA) due to A. niger was made and patient was treated with itraconazole .

Key words: ABPA, Aspergillus niger, Central bronchiectasis

A Case of Non Secretory Myeloma Presenting as Periarthritis Shoulder in a Diabetic Patient

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Chettinad Health City Medical Journal 2018; 7(2): 86

Abstract

We report a case of 63 year oldmale,poorly controlled diabetic who presented with chronic right shoulder periarthritic type of pain, examination showed a tendernessin the right lateral third of clavicle, X-ray showed a lytic lesion which was further confirmed in the MRI . Thebone marrow study showed the presence of greater than 50% plasma cells. Serum electrophoresis was negative for M band. PET scan showed lytic lesions in ramus of right mandible, right parietal bone, sternum, right scapula , few ribs ,few vertebrae, pelvic bones and femur, which confirmed the diagnosis ofNon secretory Myeloma.

Key words: Multiple myeloma, Lytic bone lesions, Serum electrophoresis

Case Series of Systemic Fungal Infections

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Chettinad Health City Medical Journal 2018; 7(2): 86

Abstract

Most systemic fungal infections are caused by opportunistic fungal pathogens in immunocompromised hosts. However, invasive disease can occur in immunocompetent individuals. Systemic fungal infections usually originate either in the lungs or from endogenous flora, and may spread to many other organs.48 year-old male came with right cheek swelling and numbness, Recently diagnosed Type 2 DM, CT-Orbit suggestive of orbital Mucoromycosis and CT-Thorax suggestive of Pulmonary Tuberculosis, Started on Anti tuberculous therapy. Bronchoscopic biopsy was suggestive of Mucoromycosis, CT PNS was suggestive of Invasive fungal sinusitis. Diagnosis of Pulmonary rhino orbital mucoromycosisvwas made , started on Liposomal AmphotericinB and later T.Posoconazole. 52-year-old male presented with bilateral Eye swelling, Imaging suggestive of Bilateral Ethmoidal, Sphenoidal Sinusitis, Extending into Bilateral Basifrontal Lobes and Orbits, Started on Amphotericin lipid complex, Later FESS smear suggestive of Mucoromycosis. Diagnosed as Rhino-orbital Mucoromycosis. Systemic fungal infection are medical emergencies and have high mortality rate, Especially if appropriate therapy is delayed, At the same time, Fungal infections are diagnostic challenge and combinations of investigations is required to confirm, Therefore antifungal treatment started when clinically suspected and diagnostic test should be used as a part of antifungal stewardship to guide cessation of unnecessary therapy.

Key words: Mucormycosis, pulmonary tuberculosis, Amphotericin B

Chronic Intractable Hiccup as a Presenting Symptom of Autoimmune Thyroiditis With Hypothyroidism

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Chettinad Health City Medical Journal 2018; 7(2): 87

Abstract

Hiccup is common in clinical practice but rarely seen after introduction of H2 receptor blocker and Proton pump inhibitors. Hiccup has been reported rarely as a symptom in few patients with hyperthyroidism and not reported in hypothyroidism so far. Here we report a case of chronic persistent intractable hiccup as presenting symptom of hypothyroidism in Hashimoto's thyroiditis without goitre. The possible mechanism will be explained.

Key words: Hiccup, Hypothyroidism, Hyperthyroidism

An Interesting Renal Manifestation of Aplastic Anemia

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Chettinad Health City Medical Journal 2018; 7(2): 87

Abstract

Renal hemosiderosis is the deposition of hemosiderin pigment in the renal tubular cells. Renal hemosiderosis as a cause of renal failure is rare, and usually occurs in conditions where there is chronic intra vascular hemolysis or chronic iron overload as a result of repeated blood transfusions.A 55 year old gentleman, a known case of Aplastic anaemia since 2014, was on T. Cyclosporine and T.Danazol since then. In September 2017,he had an episode of acute onset of breathlessness, oliguria and was diagnosed as renal failure.He was initiated on hemodialysisand 4 sessions were given elsewhere. Since October 2017,he gave history of passing red coloured urine on and off for 6 months. There was also history of multiple blood transfusions in the past. On examination, pallor was present. Vitals and Systemic Examination were normal. Routine and necessary investigations were done. Light microscopy revealed hemosiderin pigments. Renal biopsy showed hemosiderosis. Flow cytometry was positive for CD55 and CD59 which was suggestive of Paroxysmal Nocturnal Hemoglobinuria (PNH).

Key words: Renal hemosiderosis, Aplastic anemia, PNH, Renal failure

Hepatocellular carcinoma with Biatrial invasion

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Chettinad Health City Medical Journal 2018; 7(2): 88

Abstract

Hepatocellular carcinoma (HCC) is the most common primary tumour of the liver. Although HCC usually metastasizes to regional lymph nodes, lung, or bones, it can also invade major local blood vessels with intravascular extension and rarely right atrium(2%).1 Mr.X presented with complaints of breathlessness, bilateral lower limbs swelling& abdominal distention for 5 days. On examination his vitals were stable with tense ascites and hepatomegaly. Patient had mild elevation of the liver enzymes. CECT abdomen & thorax showed hepatocellular in segment VIII extending into right hepatic vein, inferior vena cava, right atrium and left atrium via sinus venosus with multiple metastasis in lung and acute pulmonary thromboembolism. Involvement of left atrium has not been reported yet. Although HCC tends to spread into the venous system, intracardiac involvement is extremely rare and has a very poor prognosis.

Key words: Hepatocellular carcinoma, Cardiac metastasis

Sjögren's Syndrome Presenting As Hypokalemic Paralysis With Pancreatitis

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Abstract

Primary Sjögren's syndrome (PSS) primarily involves exocrine glands. Renal tubular acidosis (RTA) is seen in one-third of the cases. RTA with hypokalemic periodic paralysis as a presenting feature of PSS is described in few case reports in literature. A 39 year old female presented with bilateral upper and lower limb weakness for past few days. History of severe abdominal pain and vomiting were present for past one week. Examination showed diffuse epigastric tenderness in the abdomen and CNS examination showed motor power of 1/5 in bilateral upper limbs and 0/5 in bilateral lower limbs, reduced DTRs and flexor reflex at both plantars. Patient's initial labs showed serum potassium of 1.6 mmol/l, bicarbonate of 8 mmol/l, Phosphate of 1.5 mg/dL, amylase of 1022 U/l and lipase of 1621 U/l. CT abdomen was done which showed mild bulky pancreas, acute partial thrombosis in distal splenic vein and bilateral renal calculi. ANA was positive. LIA showed Sjo and SRho positive. Lip biopsy being normal and Schimer's test was positive. Anticardiolipin antibody was positive. Patient was managed with antibiotics and electrolyte correction. She was also started on Spironolactone and anticoagulants. Patients, presenting as distal RTA, should be evaluated for the cause as it can be the early feature of autoimmune diseases like sjogrens, SLE.

Key words: Sjogren's Syndrome, RTA, Pancreatitis, Hypokalemic paralysis.

A Rare Case Of Severe Dyselectrolytemia

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Chettinad Health City Medical Journal 2018; 7(2): 89

Abstract

Electrolyte imbalances are common in clinical practice. Severe hyponatremia < 100 mEq/L is reported to be incompatible with life. Here, we report a case of an old woman presenting with altered sensorium with multiple electrolyte abnormalities.60 year old female, a known hypertensive patient was brought with complaints of drowsiness for 2 days and 2 episodes of seizures in past 2 hours. Her GCS at the time of presentation was 7/15. Her sodium, potassium and chloride were 96 mEq/l, 1.6 mEq/l and 58 mEq/l respectively. Her neurological condition deteriorated in the emergency room and GCS became 3/15 with absent brainstem reflexes. Acute severe hyponatremia induced cerebral edema and brainstem herniation was suspected and immediate sodium correction with 100 ml 3% NaCl over 10 minutes duration was given thrice in 1 hour. On further investigation, patient was found to be on treatment with LORVAS (Indapamide) once a day, for hypertensive control which was proved to be the cause of this clinical presentation. Sodium and potassium correction was given on the subsequent days. Patient's general condition and dyselectrolytemia improved and was discharged.

Key words: Hyponatriemia, Indapamide, Altered sensorium

Quadriparetic Irony

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Chettinad Health City Medical Journal 2018; 7(2): 89

Abstract

Hypokalemia, defined as a plasma K+ concentration of <3.5 mM. It has prominent effects on cardiac, skeletal, and intestinal muscle cells. Hypokalemia also results in hyperpolarization of skeletal muscle, thus impairing the capacity to depolarize and contract; weakness and even paralysis may ensue.Hypokalemia is a rare and unexplained manifestation of high voltage electric injuries. We report a case of quadriparesis due to hypokalemia caused by high voltage electric injury.

A 32 year male with a high voltage electric injury presented with complaints of inability to move all four limbs. On examination, his vitals were stable but neurological examination revealed his power to be significantly reduced in all four of his limbs (1/5), deep tendon reflexes were depressed and bilateral plantar reflexes were mute. Initial investigations revealed severe hypokalemia, for which he was started on potassium correction immediately. As soon as patient's potassium values recovered, there was significant improvement in the power grade of all four limbs. Patient was eventually discharged with normal potassium values and 5/5 power in all four limbs. Hypokalemia due to electric injury is a rare finding and requires immediate correction and treatment.

Key words: Hypokalemia, Electrical injury, Quadripresis

A Curious Case of Chronic Diarrhoea

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Chettinad Health City Medical Journal 2018; 7(2): 90

Abstract

This 14 year old girl presented with complaints of recurrent episodes of loose stools for the past six years, poor height and weight gain and decreased appetite. On further questioning, history of pica was found to be present. Patient was diagnosed as Inflammatory Bowel Disease in another centre and treated for the same. Systemic and local examination were found to be normal. Routine investigations revealed mild anemia. Colonoscopy of the patient was done and it revealed worm infestation. Further analysis revealed it to be a Trichuriasis. Patient was started on medication for the same. After one month, follow-up colonoscopy was found to be normal. Patient remains asymptomatic and is showing encouraging growth in height and weight.

Key words: Loose stools, Anemia, Trichuriasis.

Unusual cause of stroke - Combined Hypercoagulable state

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Chettinad Health City Medical Journal 2018; 7(2): 90

Abstract

We present an unusual case of stroke in a young female who is 24 years old. She was diagnosed as systemic lupus erythematosus when she was thirteen and was started on treatment for the same. For 12 years she was on regular treatment and at the age of 24 she got married and had a miscarriage followed by MTP, so she stopped the drugs on her own and discontinued follow up. Later she was admitted in tertiary care hospital for acute CVA.She had cerebellar infarct. Hypercoagulable work up was done in which allthe parameters were found to be high.Homocysteine - 14 ,Anti phospholipid antibody IgG was positive ,Anti phospholipid antibody IgM was negative,Serum Protein C3 - 0.513 (0.7 to1.52),Serum Protein C4 - 0.0841 (0.16 too.38),ANA was positive and CRP was Positive.This is a rare case of combined multiple hypercoagulable state which is an unusual cause of stroke.

Key words: Systemic lupus erythematosis, Homocysteine, Anti-phospholipid antibody

Anesthesia management of a patient with Wilson's disease for Open cholecystectomy

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Chettinad Health City Medical Journal 2018; 7(2): 91

Abstract

Wilsons disease is an autosomal recessive disorder characterized by a reduction in ceruloplasmin. Anesthetic concerns in Wilson's disease are the decrease in total hepatic blood flow which occurs during general anesthesia, the effects of anesthetics that are toxic to liver, decreased blood pressure during anesthesia and decrease in tissue perfusion as a result of surgery which may further disrupt the already impaired hepatic function.

A 30-year-old male with Wilson's disease, calculous cholecystitis and perforated gall bladder was taken up for open cholecystectomy. Patient was under treatment with Zinc acetate 50 mg thrice daily and investigations revealed Hb-6.4 g/dl, bilirubin Total/Direct- 6.4/3.64, AST- 98, ALT- 69, ALP-81, albumin- 3.5. Surgery was performed under General anesthesia. Adequate precautions were taken for optimal anesthetic management and perioperative monitoring of the patient. Patient was hemodynamically stable throughout the surgery. The intra-operative and post-operative periods were uneventful. There was no postoperative deterioration in the liver or renal functions.

The anesthetic challenges, precautions taken and intraoperative management are discussed. Preventive measures, meticulous observation and follow-up in the postoperative period would minimize the complication rates and result in a successful outcome in these patients.

Key words: Wilson's disease, Cholecystectomy, General Anesthesia.

Alcoholic Hepatitis With Toxic Optic Neuropathy

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Chettinad Health City Medical Journal 2018; 7(2): 91

Abstract

Toxic optic neuropathy caused by toxins like carbon monoxide, ethylene glycol,methanol and tobacco, drugs-chloroquine, dapsone, ethambutol and isoniazid and nutritional deficiencies. Here we report a case of alcoholic epatitis, fatty liver with toxic optic neuropathy. This 29 year old male, known diabetic occassional alcoholic for 5 years, presented with epigastric and umbilical region pain and dark coloured stools. No history of vomiting, haematemesis, loose stools, fever and easy fatiguibility. On examination vitals were stable. Icterus was present, Diffuse tenderness, guarding -present and liver tip palpable. Base line investigations showed haemoglobin of 11.8, coagulation profile showed elevated INR,LFT showed elevated total bilirubin,direct bilirubin and SGOT and RFT was normal. viral markers are non reactive.USG abdomen showed fatty liver and bilateral increased renal cortical shadows. UGI scopy done showed gastric erythema with RUT-positive.Patient complained of defective vision, so fundus examination done showed toxic optic neuropathy and slit lamp examination showed no KF ring. Liver elastography showed between F2-F3. Patient was treated with Thiamine, T.librium and HPkit. At the time of discharge LFT was normal and patient symptomatically improved.

Key words: Toxic optic neuropathy, Thiamine.

A Case Of Thyrotoxicosis Presenting With Sick Sinus Syndrome.

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Chettinad Health City Medical Journal 2018; 7(2): 92

Abstract

Cardiac manifestations of thyrotoxicosis includes tachycardia, isolated systolic hypertension and atrial fibrillation. We report a case of 66year old female diabetic patient recently diagnosed with toxic multinodular goitre who presented with recurrent syncope and palpitations. Patient had symptomatic bradycardia followed by an episode of atrial fibrillation with fast ventricular rate which was due to associated sick sinus syndrome. The case is presented for its rarity and thyrotoxicosis presenting with sick sinus syndrome, probably unmasked by propranolol.

Key words: Thyrotoxicosis, sick sinus syndrome, multinodular goitre

A case of Spino Cerebellar Ataxia with Motor Neuron Disease

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Chettinad Health City Medical Journal 2018; 7(2): 92

Abstract

We report an interesting case of 42 year old male who presented with giddiness for 1 month. He had swaying to right while walking, slurring of speech,blurring of vision, progressively worsening regurgitation of food for the past 7 years. He also had difficulty in holding on to his slippers and difficulty in buttoning the shirt and muscle twitching all over the body for past 6 months. Neurological examination revealed guttural dysarthria with right palatial droop and loss of gag reflex. Motor examination showed wasting in bilateral deltoid, thenar, hypothenar muscles, hypotonia in left upper limb and grade 4+ power in both lower limbs. Superficial reflexes were intact, DTR was sluggish bilaterally and ankle reflex absent on both sides. Fasciculations were noted and he had an ataxic gait . Posterior column sensations were absent bilaterally and incordination in all four limbs.MRI Brain showed cerebellar atrophy and NCS revealed sensory neuropathy of both upper and lower extremities. Thus a diagnosis of SCA with MND was made.

Key words: Spinocerebellar ataxia, Motor neuron disease, Incoordination

Adult Onset Still's Disease

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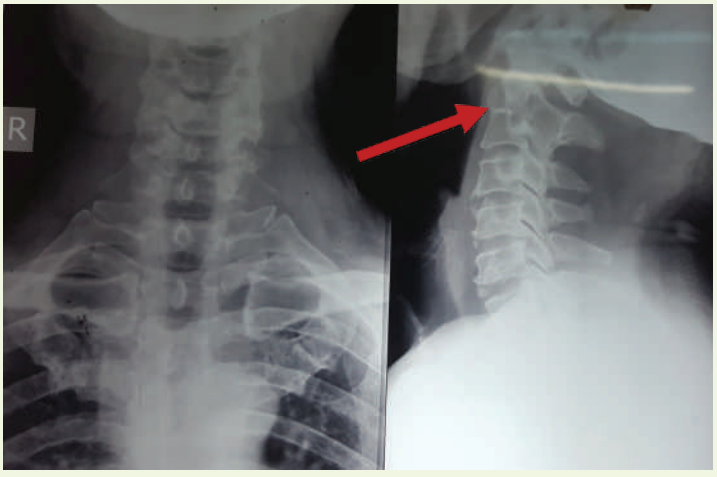
Abstract

We report a patient of fever of unknown origin. Adult onset Still's disease is a multisystem inflammatory disorder characterized by high spiking fevers, evanescent salmon coloured rash, arthralgia, hepato-splenomegaly, lymphadenopathy and sore throat. There is no specific test to establish the diagnosis of Still's disease. A 22 year old male presented with complaints of rash, severe myalgia, high coloured urine and sore throat. Initially he was treated as acute rheumatic fever, but patient did not improve clinically. Based on clinical picture, biochemical, serological, radiography results and rheumatological consultation, Adult Onset Still's Disease was diagnosed. He responded well with steroids and NSAIDs. Still's disease involves multisystems. A patient admitted with myalgia is a rare presentation of a Still's disease. Usually it is a diagnosis of exclusion. Diagnosis of fever of unknown origin is a great challenge and requires extensive investigations, standard examinations.

Key words: Adult onset Still's disease, Myalgia, Fever of unknown origin

Image Challenge - 13



Answer: Block vertebra

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CHETMEDICON - 2018

RENAL **IN**VOLVEMENT IN
SYSTEMIC DISORDERS - AN UPDATE

(REINS)

TNMC credit Points Awaited

Date : 18th August 2018
Venue : Chettinad Hospital & Research Institute

SCIENTIFIC PROGRAMME

- **Introduction - Pathology of Nephritic and Nephrotic syndrome**
  Dr.Anuradha Rao, Pathologist, Mangalore
  Chair Persons: Dr. Vijayashree R, Prof. & HOD of Pathology
  Dr. Srinivasaprasad , Consultant Nephrologist, CSSH

- **Diabetes and kidney**
  Dr.Ananatharaman R, Endocrinologist & Diabetologist, Bangalore
  Chair Persons: Dr. Rajasekaran D, Prof. & HOD of General Medicine.
  Dr. Lanord Stanley Jawahar, Prof. of General Medicine

- **Cardio renal syndrome**
  Dr.Chenniappan M, Cardiologist, Trichy
  Chair Persons: Dr. Chockalingam M, Prof. & HOD of Cardiology
  Dr. Rajasekaran D, Prof. & HOD of General Medicine.

- **Hepato Renal syndrome**
  Dr.Thayumanavan L , Gastro Enterologist, Chennai
  Chair Persons: Dr. T. Pugalendhi, Prof. & HOD of Med. Gatroenterology
  Dr. R. Sabarathinavel Prof. of General Medicine

- **Renal involvement in Rheumatological disorders**
  Dr.Arulrajamurugan PS, Rheumatologist, Madurai
  Chair Persons: Dr. Udayashankar D, Prof. of General medicine
  Dr. Vigneshwaran J, Associate Professor of General Medicine

- **Tropical nephrology - an overview**
  Dr.Raj K Yadav, Nephrologist, AIIMS, New Delhi
  Chair Persons: Dr. Priyadarshini S, Prof. of Microbiology
  Dr. Mayilanandhi K, Prof. of General medicine

- **An overview of Renal Replacement therapy**
  Dr.Sreejith Parameswaran, Nephrologist, JIPMER Pudhuchery
  Chair Persons: Dr. Uma Devi L, Prof. of Pediatrics
  Dr. Durga Krishnan, Prof. of General medicine