CIMSRE Daily

CIMSRE
Care Institute Medical Society for Research and Education

GMERS Medical College, Sola, Ahmedabad
Association of Physicians of Ahmedabad
Gujarat Forensic Sciences University, Gandhinagar
American Association of Physicians of Indian Origin (AAPI)

Saturday, January 5, 2013 - Day-2

Today's Highlights

- Plenary Lectures
- Lifetime Achievement Award & CIMS-CON 2013 Award
- CIMS-CON Oration
- Live Case Session - Interactive

Tomorrow Highlights

Certification Course

- Neonatal & Pediatric Critical Care
- Critical Care / Pulmonary
- Internal Medicine
- Clinical Cardiology

TODAY'S WEATHER

Sunrise : 7.21 AM

Sunset : 6.08 PM

Max
27°C

Min
9°C

The Grand Quest Continues...

A full house on Day-1 of Conference

Dr. Hemang Baxi (L) awards Lucky Draw winner Dr. Ashish Makadia (R)

Exhibit Area

Dr. Satya Gupta (R) awards Lucky Draw winner Dr. Bipin Gohil (L)

Don't Miss Today Live Case - Interactive

5:20 PM Aortic Aneurysm and Dissecting Aortic Aneurysm - ***Dhiren Shah***

5:05 PM RVOT Device Closure in Management of Post Operative Chylothorax in Child with Complex CHD - ***Kashyap Sheth***

5:35 PM Total Arterial Revascularization with Special Reference to Usage of LIMA and RIMA in CABG ***- Dhaval Naik***

10 Points to Remember on Management of Cardiovascular Disease During Pregnancy

Uri Elkayam,

1. Most women with heart disease can become pregnant
2. The management of a pregnant patient with heart disease should ideally start before pregnancy
3. The diagnosis and management of heart disease in pregnancy should also take into account fetal safety
4. Drugs, including safe drugs, should be used in pregnancy only if absolutely indicated and in the smallest dose effective
5. A key for good outcome in women with severe heart disease is a close follow up
6. Normal physiological changes of pregnancy can either mimic or obscure signs and symptoms of CV disease
7. Women with Eisenmenger syndrome, Severe pulmonary arterial hypertension, severe LV dysfunction, Marfan with dilated aorta, valvular or CHD at NYHA class ⩾III should not become pregnant.
8. Shortness of breath early after the delivery – think peripartum cardiomyopathy
9. Acute myocardial infarction in pregnancy predominantly due to coronary atherosclerotic disease during early part of pregnancy and coronary dissection during late pregnancy and early PP period.
10. Most women with heart disease can deliver vaginally

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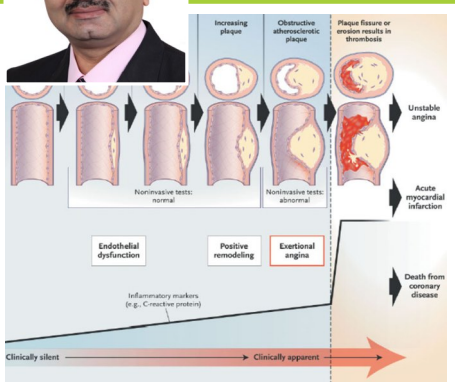
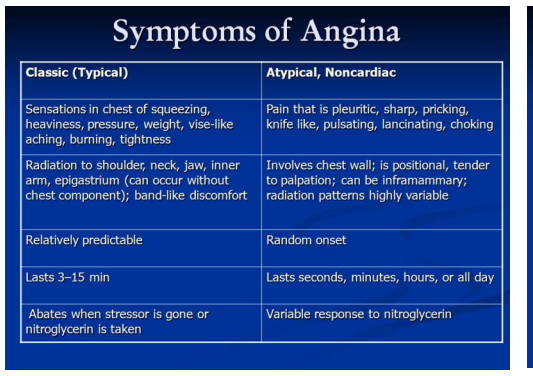
Friday, January 5, 2013 - Day-2

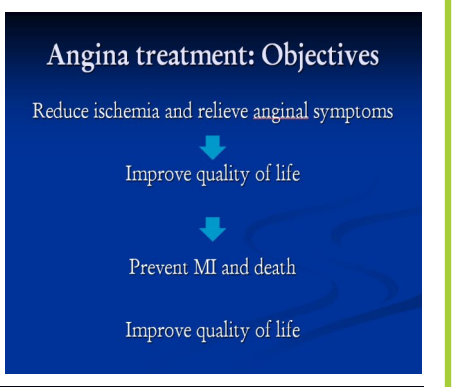
Hemang Baxi discussed Evidence Based Management of Stable Angina

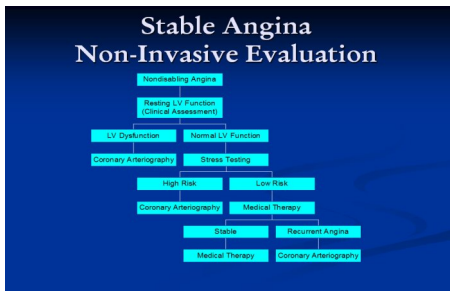


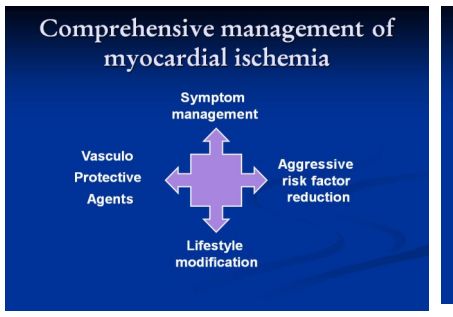
Due to ageing population worldwide the incidence of chronic stable angina is expected to increase by 50% over the next 3 decades. Anti Anginal agents like Nitrates, Betablockers and Calcium Channel Blockers, do not prevent MI Cardiovascular death. Combination treatment is preferred and history of Sildenafil use must be asked according to Hemang Baxi.

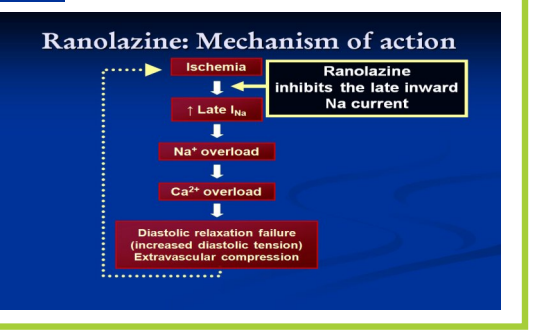
Pharmacological agents with potential benefits for refractory angina include Metabolic modulators, Bradycardic agents, Potassium channel activators, Rho kinase inhibitors, Metformin, Thazolidinediones (TZDs), Preconditioning agents, Vasopeptidase inhibitors, Nitric oxide donors, Capsaicin, Diuretics, Gene therapy, Autologous bone marrow implantation and Sex hormones, estrogens and testosterone









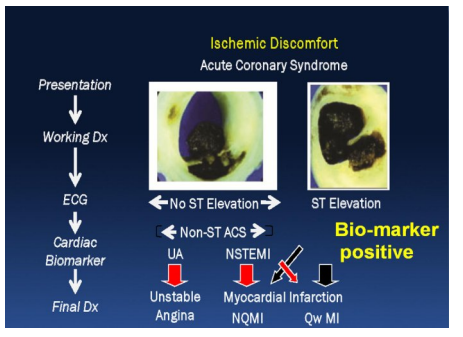


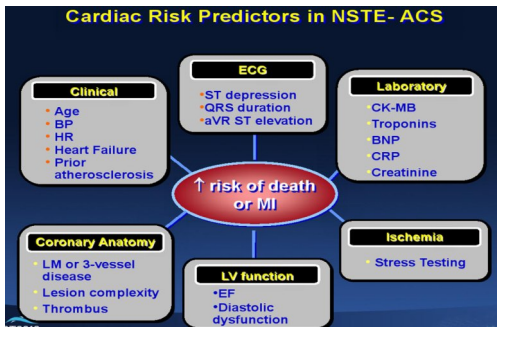
Urmil Shah discussed Evidence Based Management for Early Angiography in ACS?

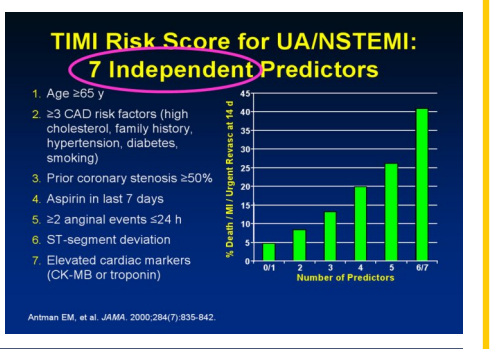
According to Urmil Shah following diagnosis of unstable angina (likely or definite) leads to early risk stratification helping to select the management strategy

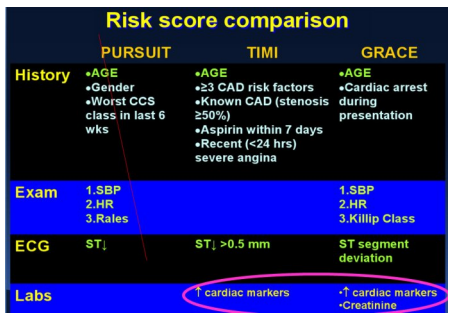
(a) Invasive treatment for more severe patients who are diagnosed angiographically and treated with PCI

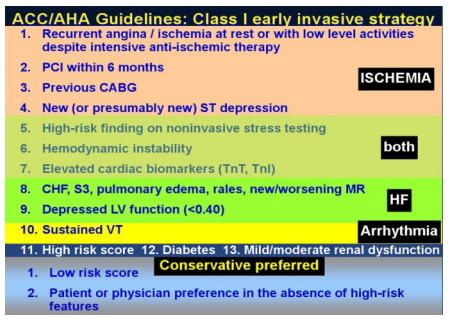
(b) Conservative treatment for less severe patients who are diagnosed angiographically and treated without PCI

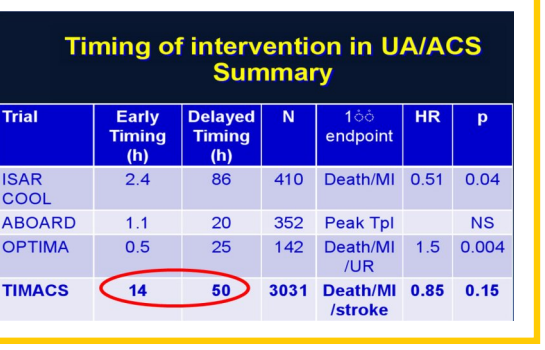






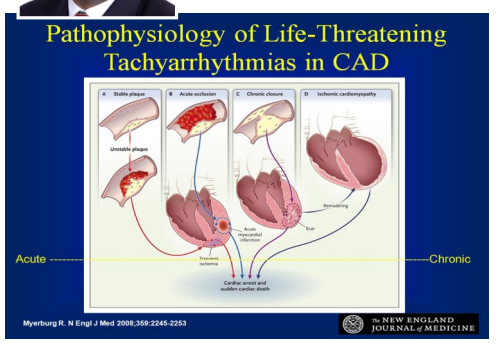


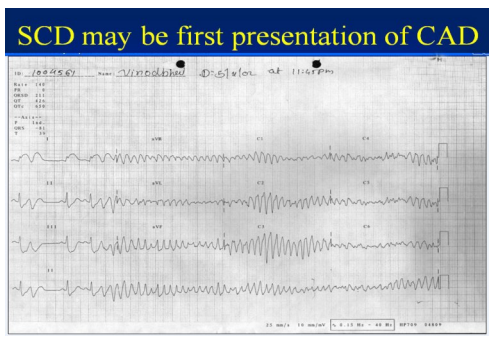




Trial	Early Timing (h)	Delayed Timing (h)	N	1○○ endpoint	HR	p
ISAR COOL	2.4	86	410	Death/MI	0.51	0.04
ABOARD	1.1	20	352	Peak Tpl		NS
OPTIMA	0.5	25	142	Death/MI /UR	1.5	0.004
TIMACS	**14**	**50**	**3031**	**Death/MI /stroke**	**0.85**	**0.15**

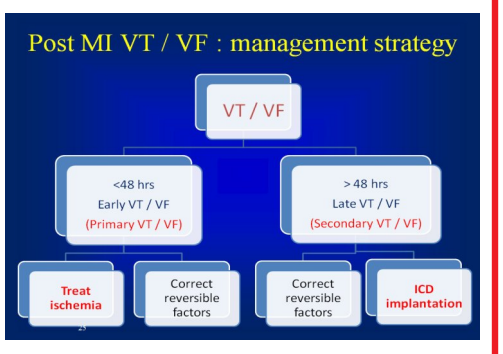
Ajay Naik discussed Evidence Based Management for Preventing SCD Post-MI

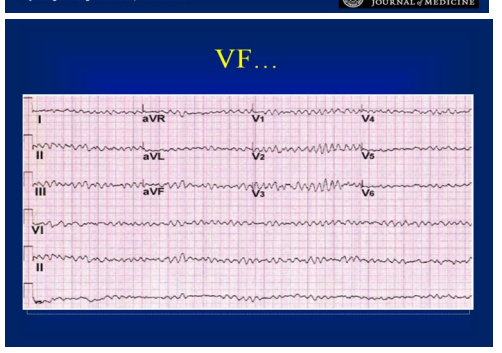


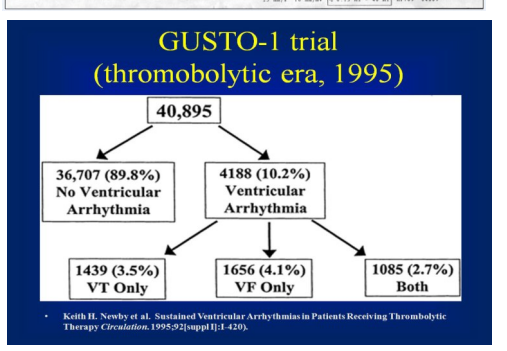


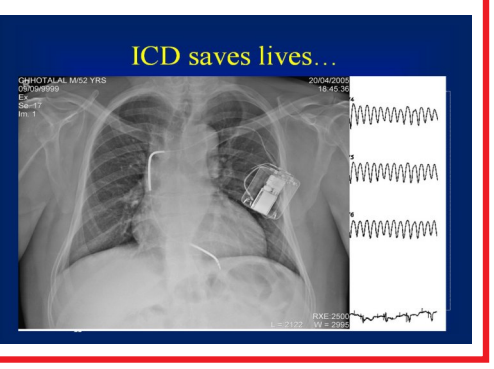
Definition of Sudden Cardiac Death : Cardiac death occurring within minutes after the onset of acute symptoms, resulting from a documented cardiac arrhythmia, or unwitnessed and occurre unexpectedly and without recognizable causes (e.g. during sleep).

Risk factors for early VT/ VF include : Pre PCI TIMI flow grade 0, Total baseline ST deviation, Low Creatinine clearance, Inferior MI, Killip class greater than I, Baseline HR greater than 70 bpm









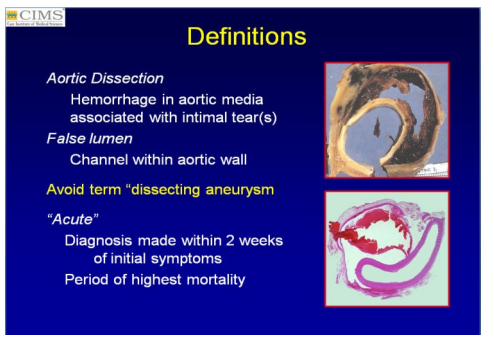
Dipesh Shah emphasized What Physicians should know about Aortic Dissection

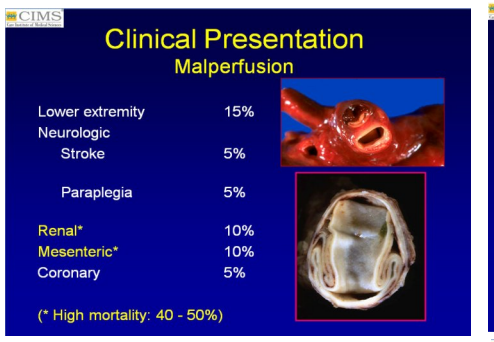
Most common surgical emergency of aorta Incidence is uncertain, up to 1/3 are not diagnosed and > 90% mortality occurs in first 3 months.

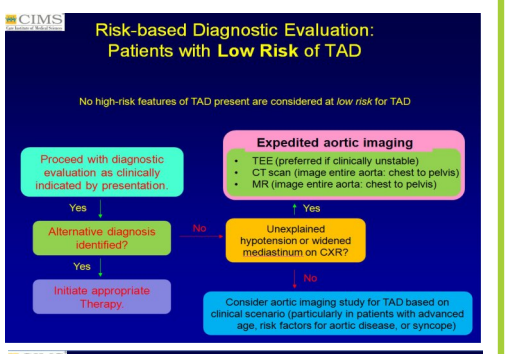
Aortic Dissection : Hemorrhage in aortic media associated with intimal tear(s)

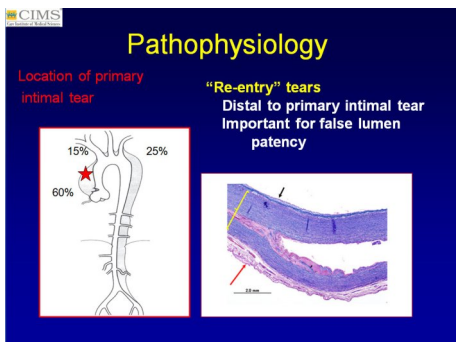
"Acute" Diagnosis made within 2 weeks of initial symptoms - Period of highest mortality

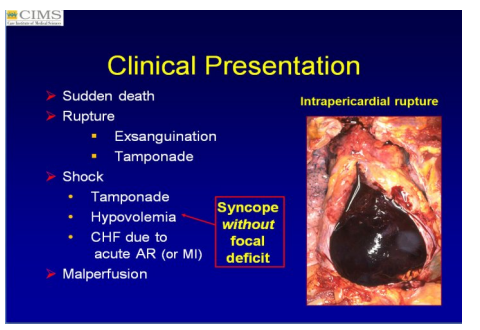
Conditions associated with increased aortic wall stress include Hypertension, particularly if uncontrolled, Pheochromocytoma , Cocaine or other stimulant use, Weight lifting or other Valsalva maneuver, Trauma, Deceleration or torsional injury (eg, motor vehicle crash, fall) and Coarctation of the aorta.

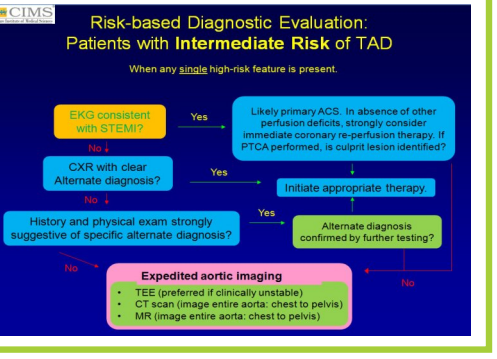










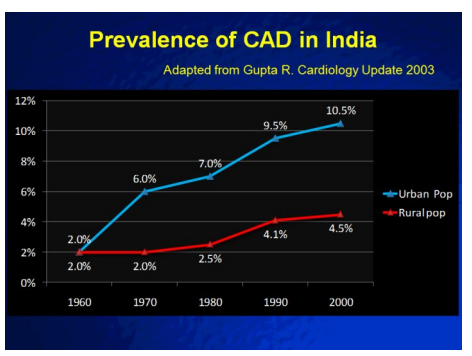


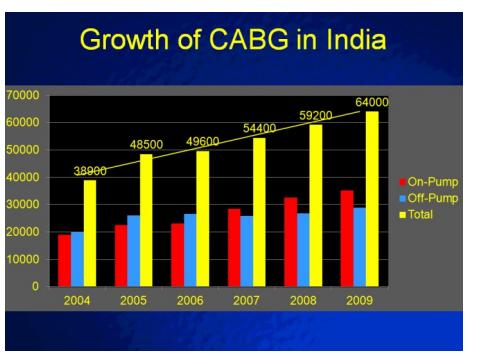
A 35 year Perspective of Coronary Artery Bypass Graft Surgery in India

M.R.Girinath

Coronary artery bypass graft surgery took nearly a decade to come to India following its introduction in the USA and Western countries. Even after its introduction in one or two centres in the country it took another decade to be done in significant numbers.

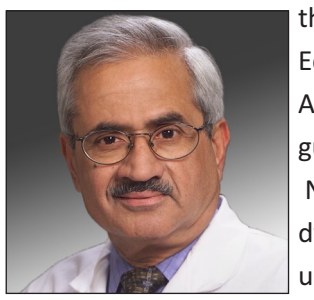
The future of PCI and CABG in India on current trends and WHO is projected.





Dyslipidemias: Current Management and Challenges

Moti Kashyap



Clinical and basic research over the past half century indicates that atherosclerotic cardiovascular disease is associated with several risk factors including dyslipidemia, metabolic syndrome/diabetes mellitus, hypertension, cigarette smoking and family history. An abundance of evidence indicates that lowering Low Density Lipoprotein-Cholesterol (LDL-C) results in reduction of cardiovascular (CV) events by approximately one-third. Two-thirds of patients continue to have events. This has been referred to as residual risk. It persists in spite of concurrent therapies for non-lipid modifiable risk factors.

In addition to medical nutrition therapy, statins, ezetimibe and bile acid sequestrants alone or in combination effectively lower LDL-C in the vast majority of patients to target levels per the National Cholesterol Education Program (NCEP) Adult Treatment Panel (ATP) guidelines in the USA.

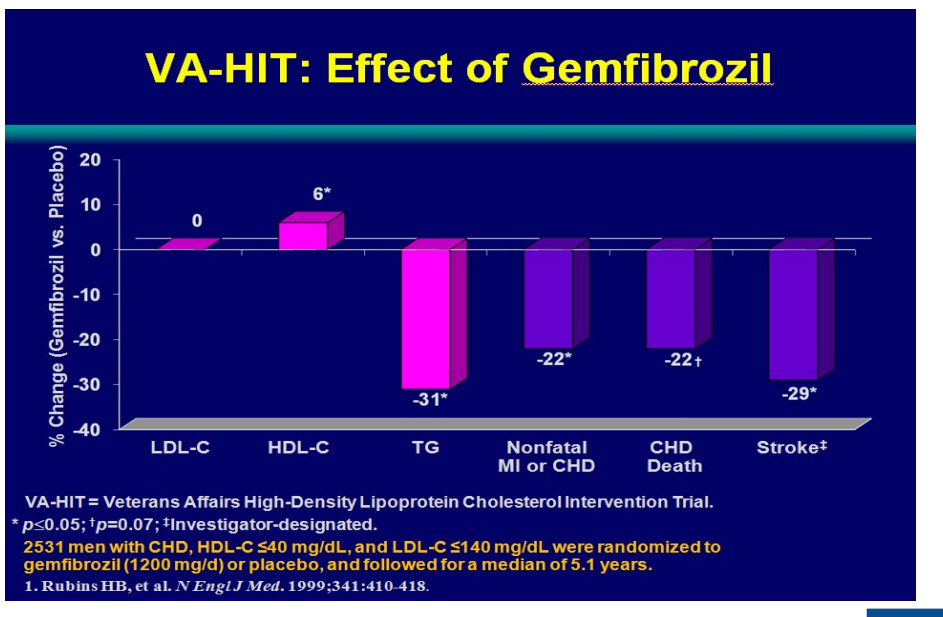
Newer therapies for dyslipidemia are also underway. These include new formulations of niacin to prevent flushing, the PCSK9 antibody, very effective for LDL lowering in patients whose LDL-C cannot be brought to target, CETP inhibitors that effectively raise HDL-C, Apolipoprotein(apo) AI Milano, apo AI mimetics and other apo AI based agents which mediate functional properties of HDL.

Taking STEMI Patients to Percutaneous Coronary Intervention hospitals save Time, Life and Money

Sameer Mehta, **Tracy Zhang**

Rapid gains have been made in the management of acute MI. These changes are occurring globally albeit at a varied pace in different regions of the world. The entire spectrum is shifting from thrombolytic therapy to pharmaco-invasive management and finally to Primary PCI. Scientifically, Primary PCI is clearly superior to thrombolytic patients for most subsets, except for the very early presenting patient that may be a candidate for newer generation thrombolytic agents that are administered pre-hospital.

Dr. Mehta has pioneered improvements in both the STEMI process and the procedure. The lecture will also include STEMI networks and the development of population-based STEMI programs.



How to Read Medical Paper

Bhavin Dalal

We are living now in era of “DATA”. Information is flooded in just few clicks. Tremendous amount of medical literature is published every day. Adopting results of different medical trials is not only confusing but very difficult as results of studies are conflicting so many times. In this topic we will discuss simplified but systemic approach to read and understand medical scientific trial. I have labelled this approach as 'D Approach' as it contains all Ds namely demographics, disease type, disease severity, design and difference in outcomes; both statistical and clinical. Finally we will discuss step care algorithm which you can easily remember and adopt in your busy practice while come across any medical literature.

Radial Percutaneous Transluminal Angioplasty with Stenting of Celiac Artery and Abdominal Aorta in Ventilated Patient with Takayasu Arteritis and Severe Heart Failure

Keyur Parikh

Case Presentation: A 49-year-old female patient known case of hypertensive encephalopathy, diabetes mellitus, congestive cardiac failure, ischemic heart disease, recurrent pulmonary edema, generalized wasting, and recurrent hospitalization presented with tachycardia, breathlessness since 10 days, and diminished peripheral pulses bilaterally was admitted at Care Institute of Medical Sciences, Ahmedabad, India. Her baseline vitals were: blood pressure-185/100 mmHg, heart rate- 92 beats/minute, respiratory rate- 30/minute. Her random blood sugar was 139 mg/dl and C-reactive protein level was 95.41 mg/L. Her echocardiographic evaluation showed LVEF 25%. CT Angiography and conventional angiography showed extensive changes of aorto-arteritis with multiple collaterals, 80% stenosis in abdominal aorta at origin of celiac trunk with 2.5 cm length complete block in infrarenal aorta just above bifurcation.

Diagnosis and Management: She was diagnosed with presumable Takayasu Arteritis, severe cardiomyopathy, ostial right coronary artery stenosis and severe peripheral artery disease. Admission medications were aspirin, clopidogrel, atrovastatin, carvedilol, amlodipine, digoxin, prazosin, furosemide, metolazone, nitroglycerine, and nicorandil. Patient was on ventilator support due to resistant heart failure. In accordance with these findings, stenting of the celiac artery and abdominal aorta was planned. The technique involved an access with a 6-F shuttle sheath in the right radial artery. Multipurpose catheter was navigated into the abdominal aorta, where it was engaged serially in target vessels. Percutaneous transluminal angioplasty (PTA) with stenting was done of the celiac artery [Blue stent (6.0 mm X 12 mm; Cordis, Jhonson & Jhonson)] and abdominal aorta [Genesis stent (8.0 mm X 24 mm; Cordis, Jhonson & Jhonson)]. Her C-reactive protein level reduced up to 46.91mg/L. Pressure Control Ventilation (PCV) was removed and patient extubated.

Outcome: Patient was discharged in a heamodynamically stable condition. At 6 months follow up , her LVEF improved from 25% (baseline) to 45% with improvement in both legs' peripheral pulses and gain in weight (muscular) with no further hospitalizations. CT Angiography, showed widely patent abdominal aorta and celiac stents. Her medications have been reduced.

Delirium : The Lost World

Vipul Thakkar

Delirium or acute confusional state is transient global disorder of cognition. The word "delirium" derived from Latin term meaning "off the track". It is common; life threatening and potentially preventable clinical syndrome among elderly persons hence should be treated as medical emergency.

Causes of delirium are multifactorial, as development of delirium involves complex relationship between vulnerable patient (typical pt-elderly, bed ridden, male with h/o of depression- on antipsychotic drug, with co-existing medical illness) and exposure to precipitating factor –e.g.surgery, sleep deprivation, sedative-narcotic addition or alcohol withdrawal. Pathophysiology of delirium is poorly understood, though most evidence supports the role of neurotransmitters- cholinergic deficiency and dopaminergic excess, while less evident role of other neurotransmitters and cytokines.

Vipul Thakkar discusses the diagnosis and management of this syndrome.

Neuro-Critical Care - ICU Care in Patients with Subarachnoid Hemorrhage

Bhagyesh Shah

Subarachnoid hemorrhage (SAH) is an acute cerebrovascular event which can have devastating effects on thecentral nervous system as well as a profound impact on several other organs. The course of the disease can be prolonged, with considerable secondary brain injury due to delayed cerebral ischemia (DCI). Systemic manifestations affecting cardiovascular, pulmonary, and renal function are common, and complicate the management of DCI. Due to the profound effects of the hemorrhage itself and the risk of early rebleedingand hydrocephalus, SAH patients are routinely admitted to an intensive care unit and are cared for by a multidisciplinary team including neurosurgeons,(neuro) intensivists, (neuro) anesthesiologists and interventional neuroradiologists.

This talk deals with the neurocritical care management of pt. following SAH in a comprehensive manner based on guidelines and recommandetions from neurocritical care society in 2011.

Do not miss Tomorrow

Critical Care / Pulmonary Certification Course

January 6, 2013 at The Grand Bhagwati

10:30 AM : Drug Resistant Tuberculosis: Choosing the Right Regimen ***- Nitesh Shah***

11:45 AM : Lung Fitness : Pre-operative Pulmonary Assessment ***- Amit Patel***

3:45 PM : Hypoglycemia - A Frequently Visiting Monster ***- Harshal Thaker***

4:00 PM : Pulmonary Embolism ***- Dhanshri Atre Singh***

Management of PPHN - Where do we stand with Current Modalities?

Amit Chitaliya

PPHN-Persistent Pulmonary Hypertension of newborn is the terminology which alarms us to not to offer the parents a good prognosis-Is this indeed true? N0- Answer is no. Here we try to emphasis upon understanding of this disease in way that would at least help us to make prognosis better. Amit Chitaliya discusses the Signs, Diagnosis & Treatment of PPHN.

Don't Miss Pre Conference Workshop at The Grand Bhagwati

12:30 PM Vascular Access in Pediatric Critical Care – IJV , Subclavian Vein Cannulation, Arterial Cannulation

Niren Bhavsar

Tejas Shah

Neonatal Cardiac Surgery: how Timing of Surgery is Important

Ashutosh SINGH

With advancements in pediatric cardiac sciences increasing number of pathologies are being diagnosed prenatally and soon after birth. Neonatal cardiac operations are indicated for palliative as well as definitive treatment. Potentially life threatening pathologies like TGA with intact ventricular septum and obstructed TAPVC need neonatal complete correction, as the baby usually cannot survive to infancy. Likewise, neonates with truncus arteriosus have to be operated to treat severe cardiac failure and prevent irreversible damage to the lung vasculature. Neonatal large PDAs need prompt closure to treat systemic hypoperfusion and cardiac failure. Palliative operations like systemic-pulmonary shunt or PA band for complex diseases need to be done in neonates to allow growth and facilitate staged correction. Timing of these surgical procedures in neonatal cardiac surgery is determined by the pathology, general condition of the baby, birth weight, associated comorbidities, need for preoperative inotropes and ventilation, availablility of appropriate infrastructure etc. Results are optimal if these interventions are timely. High index of suspicion and timely referral are important at the pediatrician level for the best outcomes in these critically ill babies.

Neuro Emergencies in PICU

Tejas Shah

Common neuro-emergencies in PICU are Seizures/Status epilepticus, Encephalitis or altered sensorium, Traumatic brain injury and electrolyte disturbances. Patient with seizures are sometimes referred very late after development of complications like hypoxic-ischaemic injury or rhabdomyolysis (needing hemodialysis) and poses a great challenge in management with high morbidity/mortality. Numerous trials have recently highlighted role of Levetiracetam in acute management in pediatric age group, either as first-line or add-on therapy.

The purpose of these talk is to discuss common neurological patients presenting to PICU from intensivists perspective. Outcome can be improved significantly if the patient is referred in time and managed well with goal of intact neurological survival.

Answers Of Cross Words

Across Answers

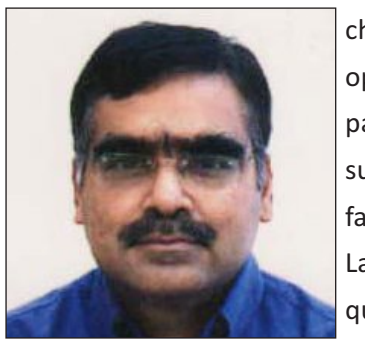
1. CATHARTIC
5. CAFFEINE
10. PHARMACODYNAMIC
12. SUBLINGUAL
13. EMETIC
14. GENERIC

Down Answers

2. TOXICITY
3. SYRINGE
4. IATROGENIC
6. ANTICOAGULANT
7. PHAMACIST
8. TRANQUILIZER
9. BACTERICIDAL
11. ANALGESIC

Outcome after Pediatric Cardiac Surgery

Shaunak Shah



Advances in all branches of medicine; especially interventional cardiology, intensive care and anesthesia, perfusion and transfusion, have improved the early and late outcome in Pediatric Cardiac Surgery (P.C.S). This, coupled with skills and experience of a comprehensive team, has resulted in more than 95% immediate success rate in babies undergoing surgery for congenital heart disease. (C.H.D)

Low birth weight and age at time of surgery are no longer considered important risk factors for outcome. However delayed referral, irreversible changes in heart and lung, pre-operative ventilation and sepsis, and palliative (as compared to corrective) surgery continue to be important risk factors for negative early outcome.

Late outcome in terms of survival, quality of life and exercise tolerance are also excellent in babies undergoing corrective surgery at appropriate age.

Patients with single ventricle physiology, heterotaxy syndromes, use of conduits have however inferior outcome.

A yearly echo in all patients undergoing pediatric cardiac surgery will detect new lesions and help nip the troubles in bud.

Pearls in Pediatric Nephrology : Interactive Case Discussion

Nilam Thakar

Diseases of the kidney and urinary tract are significant causes of morbidity and mortality in childhood. However, over recent years increasing knowledge of etiopathogenesis, improvement in investigating techniques and advances in therapeutic approaches have made inroads into the impact these disorders have on children. This has, in part,been due to the development of pediatric nephrology as a major emerginng pediatric subspeciality and associated with this has been the expansion of tertiary care centre providing fascilities for high end renal care.

The responsibilities of the Pediatric Nephrologist in the critical care setting are multifaceted. Management of acute renal failure with or without renal replacement therapy,fluid and electrolyte abnormalities and hypertensive emergancies are some of the major clinical circumstances where pediatric nephrologist is involved in the care of children admitted to PICU. Prudent to say that multidicsiplinary care by specialist do make a difference in care of these complex cases and in majority it is rewarding.

Work up of Headaches Leading Towards Intervention

Purav Patel

Headache is the most frequent neurological chief complaint. It is important to get a proper headache workup to ensure proper treatment. During diagnostic workup, accurate history taking still is the mainstay for identification of patients with a serious underlying disorder. Secondary headaches are a symptom of an injury or an underlying illness. A number of characteristics make it more likely that the headache is due to potentially dangerous secondary causes; some of these may be life-threatening or cause long-term damage. A number of such "red flag" symptoms therefore mean that a headache warrants further investigations like headache that develops within minutes or associated with fever, stiff neck, change in behavior, vomiting, weakness or change in sensation. Testing of various types like CT scan, MRI, Electro-encephalogram (EEG), cerebral angiogram, PET scan, Lumbar puncture manometry are helpful in leading to proper intervention required for treatment of headache.

Recurrent Anemia may be due to Occult Blood Loss

Yatin Patel

Anemia is defined as decreased in in number of red blood cells or less than normal quantity of haemoglobin. There are types of anemia namely haemorrhagic, haemolytic,or haemopoietic. Normally to1.5 ml. Of blood escapes in stool. Detection of occult blood detects blood loss in G. I. Tract. There are different methods used for detection of occult blood in stool. There are many different sources of g.i.bleeding and many different methods to investigate the source and treat.

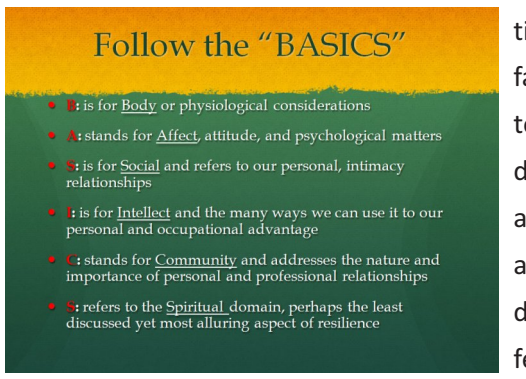
FIRST 5 TOOLS TO INSTALL ON A NEW PC

1. **Win Rar** - WinRAR is a lightweight, flexible, and easy-to-use archiving utility that can unpack most archive formats, as well as compress to both RAR and ZIP. www.rarlab.com
2. **YTD Video Downloader** - YTD Video Downloader is a great little piece of freeware for downloading and converting video. It quickly downloads video from YouTube, Vimeo, Blip.tv, Vevo, and more than 60 other supported video sites, converts video to the standard formats for iPad, iPhone and PSP (MP4); iPod (MOV); cell phone (3GP); Windows Media Video (WMV); Xvid MPEG-4 (AVI) and MPEG Audio Layer 3 (MP3), and also plays back videos in a very basic player. www.ytddownloader.com
3. **VLC Media Player -** What's the top media player? Opinions differ, but if you mean one that's open-source freeware, plays more files than the others, can be totally customized and configured to suit, and is not only updated frequently but also regularly offers new features and options created by a huge community of programmers and users, the answer is VLC Media Player. www.videolan.org
4. **OpenOffice.org -** Apache OpenOffice.org is the free open-source productivity suite that rivals Microsoft's Office suite, the business world's standard. OpenOffice.org is compatible with most Office documents and many other file types. Like Office, it's a collection of powerful tools, but you don't have to install all its modules. The latest version of OpenOffice.org supports Windows 8. www.openoffice.org

Physician Heal Thyself: How to Take Care of Mental Health Issues

Tarak Vasavada

Abstract: Most doctors agree that we as physicians are not the model patients. Overall literature suggests that doctors maintain their general health well. When it comes to emotional wellbeing though it is a different story. Gruel training, long working hours at rapid pace while making life and death decisions, competitive environment and little time for personal and family wellbeing leads to higher rates of depression, substance abuse, suicide, burnout and impairment. We as doctors try to protect a fellow doctor and build an attitude and environment that creates stigma and risk of failure if one reveals his or hers mental issues. Recent literature suggests that positive programs like physician's wellness and resiliency development can help. We will discuss the 'BASICS' principle of resiliency so that audience can apply those principles in their real life.



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