

Rawalpindi Medical University



Rawalians



RMCAANA



5th RMU International Scientific Conference

APPNA, APPNE, UK, Aus & NZ Alumni

21-23 Dec, 2021

Pre-Conference Workshops - 14-21 Dec

Conference Core Scientific Program - 21-23 Dec

Rawalian Dinner - 23 Dec

Conference Secretariat

Research Unit, Main Campus Rawalpindi Medical University Tipu Road Rawalpindi
Email: conference2021@rmur.edu.pk, scientific.program@rmur.edu.pk, website: <http://www.rmur.edu.pk>
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Contact: Prof. Jahangir Sarwar Khan, Dr. Usman Qureshi, Dr. Asad Tamizuddin Nizami

Organizers

Prof. Muhammad Umar
VC RMU



Dr. Rizwan Khalid
President APPNA



Dr. Sohail Aman
President RMCAANA



Dr. Sarah Makhdoom
President Elect RMCAANA



Dr. Durrani
President Elect APPNA



Dr. Shahid Rafiq
Co-Chair Merit



Dr. Rao Babar
APPNA Merit



Dr. Irfan Akhter
President APPNE



Dr. Danish Bhatti
Chair Merit



Dr. Asem Ali
President UK Alumni



Dr. Zahid Rafiq
Coordinator



Dr. Majid Gondal
Facilitator



Dr. Shahbaz Chaudry
Australia



Prof. Naeem Zia
Chairman Scientific Committee



Prof. Muhammad Khurram
Coordinator



Prof. Samia Sarwar
Coordinator



Prof. Jahangir Sarwar Khan
Chairman Organizing Committee



Dr. Shazad Ahmad
Coordinator



Dr. Imran Majeed
Coordinator



Dr. Amjad Mahmood



Conveners



Dr. Hina Hanif



Dr. Arslan Manzoor



Dr. Uzma Hayat



Dr. Sidra Hamid



Dr. Rizwana Shahid



Dr. Ashar Alamgir



Dr. Malik Irfan



Dr. Soban Sarwar



Dr. Malik Shehr Yar



Dr. Sumaira



Khurram Shahzad



Special Assistant to PM

Dr. Faisal Sultan

Advances in medical techniques have revolutionized the way we treat patients today. However, with the changing times, the challenges faced by doctors are also changing rapidly e.g., the development of multi-drug resistance and the emergence of new pathogens like COVID-19. I appreciate the efforts of Rawalpindi Medical University in arranging this research-based conference which will give an opportunity to the local and international participants to discuss and formulate strategies to meet these challenges. I wish all the best to the Organizing Committee of RMU and the International participating organizations.



Health Minister Punjab

Dr. Yasmin Rashid

This is heartening to know that Rawalpindi Medical University (RMU) is holding international conference in collaboration with APPNA, APPNE Alumni, UK Alumni, RMCAANA, Australia, New Zealand Alumni and Rawalian. RMU is the fastest growing medical university of the Pakistan. This conference will bring the experts from all over the World to Pakistan after the long pandemic of COVID-19. The extensive scientific program is very exciting and particularly the hands on workshops. These workshops will be very useful for trainees as well as faculty. This will also enhance the International networking of RMU and facilitate the graduates of RMU in getting electives and avail the training opportunities in first World countries. Congratulate the organizing team for arranging such a mega endeavor in limited time.

Finally I wish great success to the conference and a very warm welcome to the delegates visiting Pakistan.



Secretary Health

Dr. Ahmad Javed Qazi

It gives me immense pleasure to write this message for the 5th International Conference of Rawalpindi Medical University to be held on 21-23 Dec 2021. I have gone through the scientific program and feel that this is a Mega scientific event bringing alumni's from all over the globe to RMU. The speakers are deliberating on recent advances on medical science and cutting edge on research. More than 130 pre-conference workshops are providing a great opportunity to upgrade the knowledge and skill of young doctors and faculty by jointly sharing the hands on experience of experts from the first world to the developing world. I also extend my gratitude to the delegates of APPNA, APPNE, UK Alumni, RMCMNA and Rawalians traveling all the way from different countries to pay back their alma matters. The health department is always ready to collaborate for such scientific activities in general and RMU and particular. I wish a great success to the conference.



Vice Chancellor, RMU

Prof. Muhammad Umar

This gives me immense pleasure to write about the fifth international conference of RMU in collaboration with APPNA, RMCAANA, UK alumni, Australian and New Zealand Alumni, and others. It is indeed a Mega Scientific Endeavour in the history of RMU. This will be a great opportunity to share the knowledge, innovations, and cutting-edge research with the experts from first world and the professionals of developing world. The alumni from different countries will provide hands on training to the young doctors and students as well as faculty of RMU. This time the APPNA merit is holding a full day research meeting and particularly involving the industry, local researchers and the regulatory bodies. There will be a Gala Dinner and Social Evening that will provide an opportunity to share the past memories of student life and social linkages of Alumni. The Host committee of RMU is working very hard to make this conference a great success. I am sure participants will enjoy the beautiful blossoming flowers of the twin cities. I wish great success to all for a wonderful conference.



APPNA President

Dr. Rizwan Khalid

It is indeed a pleasure to invite and welcome you all to the Association of Physicians of Pakistani Descent of North America (APPNA), Rawalpindi Medical College Alumni Association of North America (RMCAANA) Chapter and Rawalpindi Medical University (RMU) scientific program in Rawalpindi on December 21-23. This meeting will include seminars, workshops, MERIT symposium on research and innovation, career counselling and a proposed excursion tour to Islamabad. RMU will serve as the host and the venue for this scientific exchange of ideas and expertise. I really thank Vice Chancellor Prof. Muhammad Umar for his guidance and leadership. I also owe a debt of gratitude to the host committee including RMCAANA president Dr. Sohail Aman and also to Drs. Talat Kheshgi, Shazia Zafar, Danish Bhatti, Babar Rao for their tireless efforts in making this conference a success. We are very excited and look forward to a very successful scientific meeting in Rawalpindi. Ladies and gentlemen as you all know Universities can bring revolutions in societies, play a big role in nation building and determine a country's future direction. RMU has become one of the top educational institutions in the country with a renewed focus on research with students, residents and faculty. They have presented their research at both national and international levels. I am happy to learn of all the academic programs that have been initiated under the leadership of the Vice Chancellor Prof. Mohammad Umar who has also been awarded with Sitara-e-Imtiaz for his exemplary services. I will especially mention the initiation of an Internal Medicine Residency program based on the ACGME model, Emergency Medicine foundation program in collaboration with the Royal college of Emergency Medicine, UK as well as a Fellowship program in Pain Medicine, a first in Pakistan. A research unit was also inaugurated by honorable health minister Dr. Yasmeen Rashid. RMU has also started conducting the NLE exams and is collaborating with Comsat on AI research pathways. Another laudable achievement is the PhD program in Microbiology and a peer review journal. Lastly, I will thank the local host organizing committee including Prof. Jahangir Sarwar Khan, Prof. Bushra Umar, Dr. Usman and Mr. Ghazanfar Sial. My best wishes to the RMCAANA Executive committee for 2022, Dr. Sarah Makhdoom (President Elect), Dr. Fawad Chaudhry (Gen.Secretary) and the rest of the team.



RMCAANA President

Dr. Sohail Aman

Respectable Vice Chancellor RMU Prof. Dr. Mohammad Umar, President APPNA Dr. Rizwan Khalid, APPNA members, my dear fellows, ladies and gentlemen! AoA A very warm welcome to RMU. It is indeed a great honor and a privilege for me to welcome all the guests to the 2021 RMU

APPNA winter meeting. This conference will not only provide us with updated educational CMEs and hands on workshop experience but also a chance to meet and great and catch up with our old friends along with some great food and entertainment. With all the limited resources, we will try to make RMU winter meeting a success story and will set high benchmark standards and raise the quality bar for the future meetings to come. The theme for this year conferences is research and innovation. We will make sure that our young physicians benefit from our expertise, implement knowledge and experience in their practices and raise healthcare standards all across Pakistan. We will also try our students groups to sit and talk with our APPNA leaders for valuable mentorship time.

Besides APPNA Merit will also be delivering state of the art lectures to our audience and on zoom as well. As we all know this pandemic has been quite a challenge for all of us, during which we lost so many valuable lives of our health care workers and first responders. Ladies and gentlemen please take a moment of silence to honor their lives and sacrifices, thank you. I salute to all doctors, nurses and paramedics for their resilience and unrelenting fight against this pandemic. God bless you all.

Now I want to highlight some of the contributions that our North American alumni we call as RMCAANA has contributed under my presidency for the year 2021 in collaboration with our worthy vice chancellor Prof. Dr. Muhammad Umar without whose support it could not have been possible.

Following are some of the efforts of RMCAANA:

Contributed in Establishing Research dept inaugurated by Dr. Yasmeen Rashid, health minister Punjab. Special thanks to Drs. Talat Kheshgi, Naheed Rehmat, Shazia Zafar, Babar Rao, Shahid Rafiq, Sarah Makhdoom, Rifat Zaidi, Samina Qureshi, Zahid Rafiq, Ayaz Chaudhary, for contributing generously.

Established Mr. Makhdoom Hussain Chaudhary endowed chair at Research center. Special thanks to our esteemed colleague Dr. Ayaz Chaudhary who named it after his late father contributions to educational sector.

Donated two ambulances to the RMU. Thanks to Shazia Zafar and Tahseen Sheikh family in UK.

Donated dialysis machine ECG machine, defibrillators, HFO equipment thanks to Tahseen Sheikh foundation UK.

Upgraded burn center with shower trolley, AC installation, air purifiers. Thanks to Aman Shaikh family. A new state of the art pediatric surgical unit is under construction at Holy Family Hospital and will be inaugurated soon. Thanks to Babar Rao and RMCOF foundation.

We are also working on Girls education in Pakistan and running a girls school in Daryaabad, Layya district. Recently it has been upgraded to grade X. We sponsored all 183 girls for free education this year, all thanks to Dr. Rifat Zaidi and Babar Rao.

Started Tahseen Sheikh student scholarship. thanks to Dr. Usman and family UK.

Sponsored students under APPNA scholarships. Family medicine program started at RMU.

Assisted in Psychiatry fellowship program for child and adolescent mental health care.

Besides we also facilitate and mentor our medical students coming to USA for interviews and residencies.

Dr. Umar Farooq is running a robust externship program in Bethlehem Pennsylvania and has helped many students shaping their future careers.

Dr. Ghazala Ahmed is heading a young professionals networking program YPN, helping Many American graduates to connect with each other and now launching a pilot project in Pakistan as well.

Lastly APPNA Merit thanks to Dr. Shahid Rafiq and Dr. Babar Rao for running this program successfully all across the Pakistani universities as well as at international level reaching all the way to Bangladesh.

Ladies and gentlemen these are the few achievements of RMCAANA but we have a long way to go and we require your assistance and advise to help move forward in a right direction. I also wanted to thank my team for all their support and wish good luck to president elect RMCAANA 2022 Dr. Sarah Makhdoom, General secretary Dr. Fawad Chaudry president elect 2023 & Dr. Jamal Janjua .

God help us all and thank you very much ladies and gentlemen with best regards.



UK Alumni President

Dr. Asem Ali

I am proud of Rawalpindi Medical University, how it is transforming into centre of excellence under the leadership of Prof Muhammad Umar. It's my pleasure to support RMU 5th international conference as alumnus and as a president of RMU Alumni UK. We have formulated exciting programme so that it will be useful to the delegates of all levels. RMU Alumni is very proactive in guiding junior and senior doctors for getting experience and training in United Kingdom. Our members have actively contributed in development of various specialities in RMU. I will encourage delegates to contact us for any guidance and support.



RMU Alumni

Dr. Ayaz Chaudhry

I am really honoured and humbled to write few words about the first endowed chair in the name of my beloved father Mr. Makhdoom Hussain Chaudhry. This chair is dedicated to the researchers of RMU, who will create and disseminate knowledge for the service of ailing humanity. I am also honoured to vice chancellor Prof. Muhammad Umar who motivated and facilitated to create this chair.



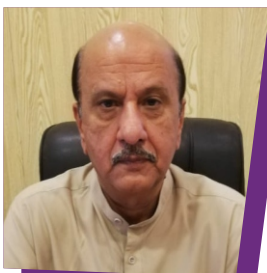
Chairman Merit

Dr. Danish Bhatti

With our focus on Family Medicine last year we organized an International Conference on Family Practice graciously hosted by Rawalpindi Medical University in March 2020. This led to a one-year long course called Family Practice Specialty Rotations in collaboration with Australian Association of Pakistani Professionals (AAPP) and Association of Pakistani Physicians of Northern Europe (APPNE) (through MoU with both), and National Family Medicine Committee of Pakistan as well as collaborations with APPS UK, UHS Pakistan, KMU, Indus hospitals, Pakistan Association of Family Physicians, Army Medical Corps (with MoU) among many other partners.

With our focus on Healthcare Research and Innovation in Pakistan this year we have started a Series of webinars to explore the landscape with top leadership and innovators invited to speak on weekly basis such as National Institute of Health, HEC, Contract Research Organizations (CROs in Pakistan), N-ovative center for biotechnology in NUST ,Artificial Intelligence company in Pakistan etc.

In the end I warmly welcome the participants of conference and wish a great success to the conference.



Secretary Rawalians

Dr. Shazad Ahmad

I feel honoured to give this message at occasion of 5th RMU International Conference, as General Secretary of Rawalians. Rawalians working at home and internationally really put the RMU at the World map in research and medical education. The rawalians have also contributed on many projects of patient care.

The 5th conference is a mega even which will be a great opportunity to share the scientific knowledge and hands on skill in different workshops and presentations. I wish a great success to the conference and congratulate whole organizing team.



Co-Chair Merit
Dr. Shahid Rafiq

I feel honored to give this lecture on the occasion of the 5th RMU International Scientific Conference. This is a unique occasion that the APPNA Merit is holding a full day conference on a research and innovation. The APPNA Merit conference will be a bench mark for future research conferences. Research and Innovations is a field which is not much developed in Pakistan. APPNA Merit has been trying from last two years to highlights the importance of research globally and in Pakistan particularly.

Numerous webinars, courses and online meetings were done to establish a global network of research at international level, particularly stressing the need of research in Pakistan. This conference will bring the researchers from all over the Pakistan and particularly from USA and UK on one forum. The speakers will debate the gaps, challenges and solutions of health research in Pakistan and finally give recommendations to all stake holders and government in Particular. I hope this conference will be game changer in health research.



Rawalian President
Dr. Saqib Abbasi

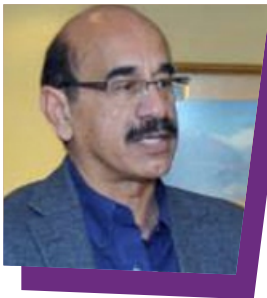
This is my proud privilege to write this message for 5th RMU International Conference. This is a mega event arranged by Rawalians, RMCAANA, UK Alumni, Australian Alumni, New Zealand Alumni and our National alumni. I appreciate the RMU Alumni all over the World had a strong network and paying back to their Alma Matter by sharing latest knowledge and skill from first world to their home country.

Rawalian had contributed many patient care and research projects in RMU. Being president I feel proud to witness great contribution of the Alumni and faculty of RMU to national and international level. I welcome all delegates traveling from abroad to wish great success to the conference.



Advisor
Dr. Shahid Hameed

I feel honored to give this message at occasion of 5th International Conference of RMU. This is a proud moment for all Rawalians who were working as a team nationally and internationally to uplift the image of RMU. This conference will bring all alumni together to share their knowledge and wisdom to further support the mission of Rawalian. I am also pleased that RMU is growing quickly and becoming the top university of the country. I wish a great success to the conference.



International Coordinator
Dr. Nadeem Afraz

Being a proud Rawalian and International Coordinator, I welcome all the alumni nationally and internationally visiting RMU and part of the mega event of Rawalian. I am very delighted the long journey of struggle is bearing fruit and RMU has become the fast growing medical university of Pakistan. Rawalians have contributed a lot in different projects of patient care and research in RMU. This international conference will be a land mark in developing future network of RMU Alumni and sharing knowledge and skill.

I warmly welcome to the participants and wish great success to the conference.



Chair RMCOF

Dr. Rao Babar

I feel honoured to give this message on the 5th RMU International Scientific Conference as a chair RMCOF. RMCOF has a long association, initially with RMC and presently with RMU. RMCOF has funded many patient-care and research projects at RMU. Important to be mentioned are Rawalian Burn Centre, Dialysis Centre, Dermatology Department, Paediatric Surgery Deptt, Blood Bank and Research Unit. RMCOF has played pivotal a role in handling the financial management of RMCAANA Alumni to Pakistan and especially with RMU. I am thankful to RMU team and the Vice Chancellor for collaborations in facilitating all patient-care projects. This conference gives me an opportunity to me to share scientific knowledge and skills, particularly hands on workshops. This will also be a great opportunity to meet the friends and families and cherish the memories of student life. I wish great success for the conference.



Founder General Secretary

Dr. Imran Majeed

I am very delighted to write this message for 5th RMU International Scientific Conference in Collaboration with APPNA MERIT, APPNA, UK, Australia and New Zealand Alumni. I am honoured and humbled that I was the founder General secretary of the Rawalians. I cherish all those sweet memories when the young rawalians at that time decided to establish the forum of Rawalians. First convention was held in the auditorium of Holy Family Hospital in 1991 and Office bearers were elected. The main mission was to pay back RMC, now MU. This struggle spanning over three decades has borne fruit & the team of Rawalians though getting older have a great legacy. The Rawalian mission has grown from a peanut to a global Rawalian. I wish you all the best of luck for a wonderful conference.

Messages

This gives me immense pleasure to write about the fifth international conference of RMU in collaboration with APPNA, RMCAANA, UK alumni, Australian and New Zealand alumni, and others. It is indeed a Mega Scientific Endeavour in the history of RMU. This will be a great opportunity to share the knowledge, innovations, and cutting-edge research with the experts from first world and the professionals of developing world. The alumni from different countries will provide hands on training to the young doctors and students as well as faculty of RMU. This time the APPNA merit is holding a full day research meeting and particularly involving the industry, local researchers and the regulatory bodies. There will be a Gala Dinner and Social Evening that will provide an opportunity to share the past memories of student life and social linkages of Alumni. The Host committee of RMU is working very hard to make this conference a great success. I am sure participants will enjoy the beautiful blossoming flowers of twin cities. I wish great success to all for a wonderful conference.



Dr. Jahangir Sarwar Khan

Chairman Organizing Committee



Dr. Usman Qureshi

Secretary



Dr. Ahmad Hasan

Joint Secretary



Dr. Sadia CHaudhry

Joint Secretary

Organizing Committee

The host faculty includes the members of Academic Council and all faculty members of RMU both basic and clinical sciences as well as junior faculty members. These members have been nominated as the chairs and co-chairs of different committees. These committees have worked very hard in organizing this conference. We heartily welcome you to the conference & thank you for your participation.



Faculty Organizing Committee



Students Council



Pre Conference Workshops

14 - 21 Dec 2021



International Workshops

24 Nov - 23 Dec 2021

S. NO	Topic	Director	Venue	Focal person RMU	Date/ Time
01	Pediatric Trauma and sepsis Management (Master Class)	Dr Asim Ijaz, UK	Dept of SU1, Dept of Emergency Med. HFH	Prof Jahangir/Dr Usman Qureshi	24-11-2021 10:30-1:30
02	Training in trauma (Symposium)	Dr Salman Khan, UK	Dept of SU1, Dept of Emergency Med. HFH	Prof Jahangir/Dr Usman Qureshi	26-11-2021 8:00-2:00
03	A clinical conundrum: How to assess and diagnose complex ADHD	Dr Muhammad Zeeshan, USA	Conference room , institute of psychiatry, BBH	Prof Asad Tamiz ud din	04-12-2021
04	Mohs Technique	Dr. Babar Rao	Plastic, HFH	Dr Husnain	20-12-2021 8:00-2:00pm
05	AI in health care (Symposium)	Prof Sarwat Hussain	Lecture hall 1	Prof Fuad Niazi Dr Nasir Khan	21-12-2021 10:00-11:30 am
06	Artificial Intelligence for Healthcare	Prof Sarwat Hussain	Lecture hall 1	Prof Fuad Niazi Dr Nasir Khan	21-12-2021 11:30-2:00pm
07	Paediatric Resuscitation, incubators and exchange transfusion	Dr Samina Jamil, MD	Paeds, HFH	Prof Rai Asghar	22-12-2021 8:00-2:00pm
08	Intra articular injections in collaboration with RMU pain management fellowship program	Dr. Talat Khesghi	MU, DHQ	Prof Shahzad Manzoor Dr Shumaila	23-12-2021 8:00-2:00pm

International Workshops

20th Dec 2021, 8am - 2.30pm

Workshop on Moh's Micrographic Surgery



Rawalpindi Medical University
International Conference
APPNA APNE UK Aus And NZ Alumni
21-23 December 2021

PRE CONFERENCE WORKSHOP

LIVE SESSION OF SURGERY
Workshop on Moh's Micrographic Surgery
20th December 2021 8:00AM-3:00PM

MOHS Micrographic Surgery is a precise surgical technique in which tumor excision plus marginal clearance under microscope is done at the same time

DR BABAR RAO
MD FAAD
Professor of Dermatology and Pathology,
Director of Clinical Research at Rutgers Robert Wood Johnson Medical School

Organized by
Department of Plastic Surgery HFH
Department of Dermatology BBH
Department of Pathology HFH

Registration: 0332 6700678
Venue: Plastic Surgery dpt Holy Family Hospital

Prof. Umar
Patron in Chief

Dr Husnain Khan
Co Director

Dr Abdul Quddus
Co Director

Dr Tayyaba
Co Director

Venue:

Plastic Surgery Department, Holy Family Hospital Rawalpindi

International Workshops

20th Dec 2021, 8am - 2.30pm

Workshop on Moh's Micrographic Surgery

Detailed Program

Workshop on Moh's Micrographic Surgery & Live Session of Surgery			
Date	20 th December, 2021	Time	08:00 am to 03:00 pm
Departments			
Rawalian Burn & Reconstructive Surgery Department, HFH.			
Department of Dermatology, BBH.			
Department of Pathology, HFH.			
Venue	Rawalian Burn & Reconstructive Surgery Department, HFH.		
Director	Prof Babar Rao		
Co-Directors	Dr Husnain Khan		
	Dr Abdul Quddus Butt		
	Dr Shawana Sharif		
	Dr. Tayyaba Ali		
Coordinator	Dr Rumaisa Yaseen - 03326700678		

Sr. No	Time	Schedule
1	8.00 am - 8:30 am	Registration
2	8.30 am - 8:45 am	Welcome address by Dr Husnain Khan (HOD Plastic Surgery) Speech by Prof. Umer (Vice Chancellor)
3	8:45 am - 9:00 am	Course Introduction by Dr Babar Rao
4	9:00 am - 10:30 am	Master class on Dermoscopy by Dr Babar Rao
5	10:30 am - 11:15 am	Master class on Mohs Micrographic Surgery by Dr Babar Rao
6	11:15 am -11:45am	Tea Break
7	11:45am - 2:30pm	Live Moh's Micrographic Surgery
8	2:30 pm - 3:00 pm	Certificate & Shields Distribution

Day-1

International Workshops

21st Dec 2021, 10am - 1pm



APPNA MERIT
Medical Education, Research
and Information and
Technology Transfer

APPNA MERIT Winter Meeting 2021



Artificial Intelligence in Healthcare Symposium & Workshop

This will be the part of APPNA Winter Meeting 2021 in Pakistan.

Venue: Rawalpindi Medical University, Rawalpindi, Pakistan



DATE

December 21st, 2021

TIME

10am - 1pm Pakistan time

Introduction to fundamentals of Artificial Intelligence in simple language with common examples of projects of AI in healthcare.

Target Audience

Medical students, Practicing Physicians, Professors and teachers, Paramedical staff, healthcare administrators (and people who have fear of AI)

Agenda

Session 1. Symposium on AI in healthcare (10:00 am - 11:30 am)
(Open Session - no registration required)

10:00 - 10:05 am	Welcome
10:05 - 10:20 am	AI for Beginners (non-expert introduction)
10:20 - 10:30 am	Getting Started with AI (and AI resources)
10:30 - 11:00 am	Examples of AI in healthcare in Pakistan (healthcare startups)
11:00 - 11:30 am	AI in healthcare research in Pakistan

Session 2. Workshop - AI healthcare research in Pakistan (11:30 am - 1:00 pm)
(Registration required - selected participants will be accepted for this workshop.
Provide as much detail as you can on registration form)

Format: Round-table Panel Discussion

Objectives of AI workshop

- How to Start an AI Research
- Cost of AI research and equipment required
- Potential for collaboration across institution.

Registration Link: <https://bit.ly/MERITAIWorkshop>

Course Directors

Prof. Sarwat Hussain
Chair, MERIT AI Committee

Dr. Farid Suri
Member, MERIT AI Committee

Danish Bhatti MD FAAN
Chair APPNA MERIT 2021

Watch MERIT Research Webinars recordings <https://bit.ly/meritwebinars>

appnamerit@gmail.com

www.appnamerit.com

<https://bit.ly/meritdiscord>

Day-2

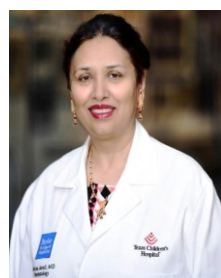
International Workshops

22nd Dec 2021, 10am - 1pm

Advances in Neonatology, Exchange transfusion and use of incubators. Cousin Marriage and Thalassemia.



Prof. Muhammad Umar
Vice Chancellor & CEO
Rawalpindi Medical University

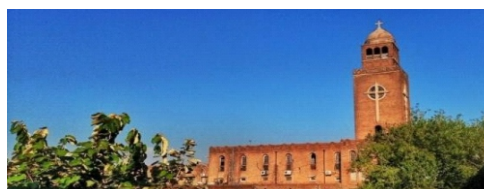


Dr. Samina Jamil
MD, FAAP
Assistant Clinical Professor
Department of Pediatrics
Baylor College of Medicine
Houston Texas (USA)

Directors : Prof. Zulfiqar Ali, Dr. Tariq Saeed

Moderators: Dr. Asad Shabbir, Dr. Verda Imtiaz

Director		Prof. Zulfiqar Ali & Dr. Tariq Saeed	
Moderator		Dr. Asad Shabbir & Dr. Verda Imtiaz	
Facilitator		Dr. Samina Jamil	
S. No.	Time	Topic	Presenter
1	9:00am-10:00am	Registration	Dr. Saba Bashir
2	10:00am-10:10am	Recitation of Holy Quran	Dr. Rafiq Ahmed
3	10:10am-10:30am	Welcome Address	Dr. Asad Shabbir
4	10:30am-11:00am	Advances in Neonatology	Dr. Samina Jamil
5	11:00am-12:00pm	Exchange Transfusion in Neonates	Dr. Samina Jamil
6	12:00pm-12:30pm	Use of Incubators	Dr. Samina Jamil
7	12:30pm-1:00pm	Cousin Marriage and Thalassemia	Dr. Samina Jamil
8	1:00pm-1:30pm	Concluding Session	Prof. Zulfiqar Ali







Day-3

International Workshops

23rd Dec 2021, 12pm - 1pm

Intra-articular Injections In Collaboration With RMU Pain Management Fellowship

			
Prof. Muhammad Umar Vice Chancellor RMU PATRON-IN CHIEF	Dr Talat Keshgi Consultant Rheumatologist COURSE DIRECTOR	Dr Muhammad Shahzad Manzoor Head of Medical Unit DHQ Hospital COURSE CO-DIRECTOR	Dr Shamaila Mumtaz Rheumatologist DHQ Hospital COURSE MODERATOR

PATRON-IN-CHIEF		Prof. Muhammad Umar (Vice Chancellor, RMU)	
DIRECTOR		Dr TalatJ Keshgi, Consultant Rheumatologist, Texas	
CO-DIRECTOR		Dr Muhammad Shahzad Manzoor (Head of Medical Unit, DHQH)	
MODERATOR		Dr Shamaila Mumtaz (rheumatologist, dhqh)	
S No	Time	Topic	Presenter
01	12:00-12:05 PM	WELCOME NOTE	DR SHAHZAD MANZOOR
02	12:05-12:10 PM	RECITATION OF HOLY QURAN	DR HAFIZ ABDULLAH JANJUA
03	12:10-12:15 PM	INTRODUCTION OF COURSE DIRECTOR AND PARTICIPANTS	DR SHAMAILA MUMTAZ
04	12:15-12:50 PM	JOINT INJECTIONS IN RHEUMATOLOGY (INJECTION TECHNIQUES)	DR TALAT KHESHGI
05	12:50-1:00 PM	QUESTION ANSWERS	DR TALAT KHESHGI DR SHAMAILA MUMTAZ
06	1:00 PM	CONCLUDING REMARKS	PROFESSOR MUHAMMAD UMAR (VC, RMU)
07	1:05 PM	CERTIFICATE DISTRIBUTION	DR SHAHZAD MANZOOR
08	1:10 PM	REFRESHMENT	

Pre Conference Workshops

23 Nov - 7 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
1	23-11-2021 09:00am to 12:00pm	Sepsis Management	MU-I HFH	Dr. Asim Ijaz Uk	Prof. Muhammad Khurram Dr. Saima Ambreen	MU-I HFH MU-II HFH
2	23-11-2021 12:00pm to 2:00pm	Management Of unconscious Patient Emergency Medicine	MU-I HFH	Dr. Asim Ijaz Uk	Prof. Muhammad Khurram Dr. Saima Ambreen	MU-I HFH MU-II HFH
3	24-11-2021 09:00am to 02:00pm	Master class on pediatric trauma and sepsis management	Conference Room SU-I HFH	Dr. Asim Ijaz	Prof. Jahangir Sarwar Dr. Usman Qureshi	SU-I HFH DEM, HFH
4	26-11-2021 09:00am to 02:00pm	Symposium Training in trauma	Conference Room SU-I HFH	Dr. Salman Khan	Prof. Jahangir Sarwar Khan Dr. Usman Qureshi	SU-I HFH DEM, HFH
5	27-11-2021 08:00am to 02:00pm	Essential Leadership skills for faculty of medicine	Deans Meeting Hall Main Campus RMU,	Dr. Arsalan Manzoor Dr. Sidra Hamid	Prof. Rai Asghar Prof. Shagufta Sial Prof. Tehzeeb ul Hassan	Basic Sciences DME
6	01-12-2021 09:00am to 12:00pm	Learning the Basic of Pediatric Neuroradiology	Pediatric BBH	Dr. Hina Hanif	Prof. Rai Asghar	Ped's BBH
7	03-12-2021 8:00am to 2:00pm	Cardiac Life Support	Skill Lab NTB	Prof. Jawad Zaheer Dr. Arshad Shahani	Prof. Rai Asghar Prof. Jahangir Sarwar Khan	Department Medical Education
8	04-12-2021 9:00am to 01:00 pm	Safe C-Section	Academic Corridor GU-I HFH	DR. Farhat Arshad Dr. Humaira Bilqis Dr. Saima Khan	Prof. Lubna Ejaz Khalon	GU-I HFH
9	4-12-2021 10:00am to 12:00pm	Knowledge & practice for foot-care in diabetics	Conference Room MU - DHQ	Dr. Zahid Miyan	Dr. Shahzad Manzoor	MU-DHQ
10	04-12-2021 9:00am to 10:30 am	A Clinic Conundrum: How to Assess and diagnose complex ADHD	Conference Room IOP, BBH	Dr. Muhammad Zeeshan	Prof. Asad Tamiz ud Din	Institute of psychiatry
11	04-12-2021 8:00am to 2:00pm	Cardiac Life Support	Skill Lab NTB	Prof. Shagufta Sial Dr. Rizwana Shahid Dr. Uzma Hayat	Prof. Rai Asghar Prof. Jahangir Sarwar Khan	Department Medical Education
12	6-12-2021 8:00am to 2:00pm	How to take LGIS effective	Deans Meeting Hall Main Campus RMU,	Dr. Arsalan Manzoor Dr. Sidra Hamid	Prof. Rai Asghar Prof. Tehzeeb ul Hassan Prof. Samia Sarwar	Basic Sciences DME
13	6-12-2021 09:00am to 2:00pm	Approach to a patient with joint pain	MU-II HFH	Dr. Muhammad Salman Mushtaq	Dr. Muhammad Khurram	MU-II
14	07-12-2021 10:00am to 1:00pm	Pediatric Mechanical Ventilation	Conference Room pediatric Ward DHQ	Dr. Atta Ullah Dr. Nazia Bibi Dr. Aziz Batool	Prof. Rai Asghar	Ped's - DHQ
15	7-12-2021 8:00am to 2:00pm	Exploring the spoken and Unspoken "Communication"	Deans Meeting Hall Main Campus RMU,	Dr. Abdus Sammad Dr. Fauzia Sammad Dr. Sadia Ch	Prof. Rai Asghar Prof. Shagufta Sial Dr. Tehmina Qamar Dr. Sadia Ch	ENT DHQ Hospital Basic Sciences DME
16	7-12-2021 8:00am to 2:00pm	Medical Writing	Pro-Vice Chancell or Office Main Campus	Prof. Shagufta Sial Dr. Rizwana Shahid Dr. Uzma Hayat	Prof. Rai Asghar Prof. Jahangir Sarwar Khan	Department Medical Education

Pre Conference Workshops

7 Dec - 11 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
17	7-12-2021 9:00am to 12:00pm	Role of ultrasound in prenatal diagnosis	Academic corridor GU-I HFH	Dr. Iqbal Ahmed Malik	Prof. Lubna Ejaz	GU-I HFH
18	08-12-2021 08:00am to 02:30pm	Workshop on upper aerodigestive tract endoscopy in ENT	ENT-DHQ	Prof. Musharraf Baig	Dr. Sadia Ch Dr. Ashar Alamgir	ENT-DHQ
19	08-12-2021 9:00am to 11:30 am	Assessing a child with Autism: a hands -on skills training	Conference Room IOP, BBH	Dr. Alia Akhtar	Prof. Asad Tamiz ud Din	Institute of psychiatry
20	8-12-2021 8:00am to 2:00pm	Medical Leaders or Master What do we need?	Deans Meeting Hall Main Campus RMU,	Dr. Abdus Sammad Dr. Fauzia Sammad Dr. Sadia Ch	Prof. Rai Asghar Prof. Shagufta Sial Dr. Sadia Ch Dr. Sidra Hamid	ENT DHQ Hospital Basic Sciences DME
21	8-12-2021 8:00am to 2:00pm	Medical Writing	Pro-Vice Chancellor Office Main Campus	Prof. Shagufta Sial Dr. Rizwana Shahid Dr. Uzma Hayat	Prof. Rai Asghar Prof. Shagufta Sial Dr. Sadia Ch Dr. Sidra Hamid	Department Medical Education
22	09-12-2021 8:00am to 2:00pm	MCQ construction and Common pitfalls	Skill lab GU - BBH	Prof. Lubna Ejaz Khalon Prof. Shazia Syed Dr. Humeria Noreen Dr. Ismat Batool	Prof. Lubna Ejaz Khalon Prof. Shazia Syed	GU-BBH
23	09-12-2021 9:00am to 12:00pm	Research Grant & Research Proposal Writing	Deans Hall Main Campus RMU	Dr. Saba Bashir	Prof. Wafa Umer	Post Graduate Main Campus RMU
24	09-12-2021 9:00am to 12: 00pm	Antibiotic in Covid -19	MU-I HFH	Dr. Ejaz Khan	Prof. Muhammad Khurram Dr. Saima Ambreen Prof. Muhammad Khurram Dr. Saima Ambreen	MU-I HFH MU-II HFH
25	09-12-2021 8:00am to 2:00pm	Master Class Research and Pandemic	MU-I HFH	Dr. Hassan Butt		MU-I HFH
26	10-12-2021 9:00 am to 12:00pm	Workshop on primary trauma care	Library Hall BBH	Prof. Azam Yusuf Prof. Asif Zafar Malik	Prof. Nacem Zia	SU-I BBH
27	10.12.2021 11:00 -01:00pm	Workshop On Robson 10 Group Classification System For Audit Of Cesarean Section	Gynae /Obs Unit 1 HFH Class Room / Skill Lab / Operation Theatre	Prof. Lubna Ejaz Kahloon	Dr. Humaira Bilqis	Dr. Ammara Arooj Dr. Sehrish
28	11-12-2021 08:30am to 2:00pm	Professionalism in HCQM	Pro Vice Chancellor Office	Prof. Shahzad Ali Dr. Azeem Rao	Prof. Rai Asghar	QEC
29	11-12-2021 9:00 am to 12:00pm	Hands on Workshop on Colposcopy	Academic corridor GU-I HFH	Prof. Lubna Ejaz Prpf. Shagufta Sial Saeed Prof. Tahira Batool	Prof. Lubna Ejaz	GU -I HFH
30	11-12-2021 09:00am to 02:00pm	Master Class non - technical skills for surgical excellence	Conference Room SU -I HFH	Col. Shahid Nafees	Prof. Jahangir Sarwar Dr. Usman Qureshi	SU-I HFH

Pre Conference Workshops

11 Dec - 14 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
31	11-12-2021 9:00 am to 12:00pm	A master class on required role off first level contact health providers in timely identifying disease outbreaks: well predicted phenomenon	DME Hall NTB	Dr. Mumtaz Ali Khan	Prof. Syed Arshad Sabir Dr Sadia Khan	Community Medicine
32	11-12-2021 9:00 am to 12:00pm	Workshop on primary trauma care	Library Hall BBH	Prof. Azam Yusuf Prof Asif Zafar Malik	Prof. Naeem Zia	SU-I BBH
33	11-12-2021 9:00 am to 12:00pm	Instrumental delivery: A dying art	Conference Room	Prof. Fehmida Shaheen	Prof. Nabeela Waheed	GU-II, HFH
34	13-12-2021 9:00 am to 12:00pm	Basic Cardiac life Support	Conference room, Anesthesia HFH	Dr. Jawad Zaheer	Dr. Jawad Zaheer	Anesthesia HFH
35	13-12-2021 9:00 am to 12:00pm	Workshop p on prenatal Diagnosis and CVS	Academic Corridor GU -I HFH	Dr Saima khan	Prof. Lubna Ejaz	GU -I HFH
36	13-12-2021 To 14 -12-2021 09:00am to 2:00p m	Synopsis writing	Pro Vice Chancellor Office	Prof. Shagufta Sial Saeed Prof. Rai Asghar	Prof. Uzma Hayat Dr. Rizwana Shahid	Research & Development +DME
37	13-12-2021 9:00 am to 1:00pm	Achieving Standard Milestones in Revascularization Therapy of Acutes Stroke IN Our Region	Conference Room	Dr Asim Javed	Prof. F azal ur Rehman	MU-I BBH
38	13-12-2021 8:00am to 2:00pm	Professionalism	Deans Meeting Hall Main Campus RMU,	Dr. Madeeha Dr. Neelofar Shaheen Dr. Sadia Ch Dr. Sidra Hamid	Prof. Shagufta Sial Prof. Sa mia Sarwar Dr. Sadia Ch Dr. Sidra Hamid	ENT DHQ Hospital Basic Sciences DME
39	13-12-2021 08:00am to 02:00pm	ECG Basis for Anesthetist	Main OT DHQ	Dr. Hafsa Shahid Malik Dr. Ayesha Mansoor	Prof. Jawad Zaheer	Anesthesia - DHQ
40	13-12-2021 08:30am to 02:00p m	Master class on management of thyroid diseases	SU-II HFH	Prof. Asif Zafar	Brig. Muhammad Idrees Anwar	SU-II HFH
41	13-12-2021 09:00am to 2:00pm	Synopsis writing and Medical Ethics	Pro Vice Chancellor Office	Prof. Shagufta Sial Dr. Uzma Hayat Dr. Rizwan a Shahid	Prof. Shagufta Saeed Prof. Ria M. Asghar	Research & Development
42	13-12-2021 09:00am to 12:00pm	Workshop on Basic Cardiac Life Support	Anaesthesia Conference Room HFH	Dr. Jawad Zaheer Dr. Usman Qureshi	Dr. Arshad Shahani	Anaesthesia HFH DEM HFH
43	13-12-2021 09:30am to 12:00pm	Master Class on Management of Hemorrhoids and Fistula in ANO	SU-1 Conference Room HFH	Dr. Jahangir Sarwar Khan Dr. Usman Qureshi	Dr. Anwar Ahmad	SU-1 HFH
44	14 -12-2021 8:00 am to 2:00 pm	Empowering your Research Through IT Skills	Pathology department NTB	Dr. Syed Muhammad Ali	Dr. Mobina Ahsan Dodhy	Medical Lab technology (pathology)

Pre Conference Workshops

14 Dec - 15 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
45	14-12-2021 10:00am to 02:00pm	Infection prevention and control and safety of health care Workers	Conference room MU -DHQ	Dr. Naseem Akhter	Dr. Shahzad Manzoor	MU-DHQ
46	14-12-2021 8:00am to 2:00pm	Perineal Repair	Skill lab GU - BBH	Dr. Nighat Naheed Dr. Rehana kauser Dr. Asima Khan	Prof. Shazia Syed	GU-BBH
47	14-12-2021 08:00am to 03:00pm	Workshop on Basic laparoscopy Skills	Academic Corridor GU -I HFH	Prof. Lubna Ejaz Dr. Farhat Arshad Dr. Sadia Khan	Prof. Lubna Ejaz Khalon	GU -I HFH
48	14-12-2021 11:30am to 02:30pm	NIV for Medicine Resident	MU-II HFH	Dr. Robina Aman	Prof. Muhammad Khurram	MU-II HFH
49	14-12-2021 08:00am to 02:00pm	Stentless Minimally invasive dacryocystorhinostomy	ENT&HNS -BBH	Prof. Muhammad Ajmal Dr. Nayyar Ayub	Dr. Ahmed Hasan Ashfaq	ENT-BBH
50	14-12-2021 8:00am to 2:00pm	Synopsis Writing	Pro-Vice Chancellor Office Main Campus	Prof. Shagufta Sial Dr. Rizwana Shahid Dr. Uzm a Hayat	Prof. Rai Asghar Prof. Jahangir Sarwar Khan	Department Medical Education
51	14-12-2021 08:30am to 01:00pm	Hand on workshop on Bone Marrow Morphology	Pathology Lab no 1 NTB, RMU	Prof. Dr Nadeem Ikram Prof. Dr Samina Amanat	Prof. Dr Wafa Omer	Pathology (Hematology), BBH
52	14-12-2021 9:00am to 2:00pm	Leadership, Emotional intelligence & Professionalism	SU-II HFH	Prof. Muhammad Idrees Anwar	Dr. Qasim Ali	SU-II HFH
53	14-12-2021 09:00am to 02:00pm	Mini PCNL	Urology OT BBH	Dr. Muhammad Nawaz Dr. Husnain Khan	Prof. Zein ul Amir	Urology BBH
54	14-12-2021 8:00am to 02:30pm	Workshop on Tendon Repair and Hands on Training	Rawalian Burn and Reconstructive surgery department, HFH	Dr. Zubair Dr. Bilal Ahmed Dr. Rehman Rasool Dr. Imtiaz Ahmed Dr. Tayyab	Dr. Husnain Khan Dr. Imtiaz Ahmed Dr. Jameel	Reconstructive surgery & Orthopedic department, HFH
55	14-12-2021 09:00am to 2:00pm	Synopsis writing and Medical Ethics	Pro Vice Chancellor Office	Prof. Shagufta Sial Dr. Uzma Hayat Dr. Rizwana Shahid	Prof. Shaguf ta Sial Prof. Ria Asghar	Research & Development
56	15-12-2021 09:00am to 12:00pm	Optimizing Insulin Therapy Workshop	Conference Room SU -I HFH	Dr. Muhammad Mujeeb Khan Dr. Usman Qureshi	Dr. Muhammad Mujeeb Khan	DID
57	15-12-2021 09:00am to 12:00pm	Works hop On Basic Cardiac Life Support Hospital Management	ENT ward	Dr. Jawad Faisal Dr Syed Fahad Shah	Prof. Nosheen Qureshi	ENT HFH
58	15-12-2021 09:30am to 12:00pm	Hospital Management during Crises. An anticipated issue, challenge and need for preparation	DME Hall NTB	Prof. Shahzad Ali Khan	Prof. Syed Arshad Sabir Dr. Shazia Zeb	Community Medicine
59	15-12-2021 8:30am to 3:30pm	Live Dsaek/Dmek Surgical Session	Eye-HFH	Dr. Zaman Shah Col.Dr. Teyyeb Azeem Janjua	Prof. Fuad AK Niazi	Eye-HFH

Pre Conference Workshops

15 Dec - 16 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
60	15-12-2021 8:00am to 2:00pm	Workshop on basic laparoscopic Skills	SU-II BBH	Prof. Muhammad Hanif Brig.Dr. Syed Mukarram Hussain	Prof. Dr Naveed Malik	SU-II BBH
61	15-12-2021 to 16-12-2021 09:00am to 2:00pm	Medical Writing+ journal Selection+ Medical ethic	Pro Vice Chancellor Office	Prof. Shagufta Sial Dr. Uzma Hayat Dr. Yasir Waheed Dr. Nazir A.Khan	Prof. Muhammad Umar	Research & Development
62	15-12-2021 8:00am to 2:00pm	Use of technology in teaching and learning in today's digital age	Deans Meeting Hall Main Campus RMU,	Dr. Naushaba Sadiq Dr. Syeda Hanna Fatima Dr. Sadia Ch Dr. Sidra Hamid	Prof. Shagufta Sial Prof. Samia Sarwar Dr. Sadia Ch Dr. Sidra Hamid	ENT DHQ Hospital Basic Sciences DME
63	15-12-2021 09:00am to 02:00pm	Hypspadias	Urology OT BBH	Dr. Mudassir Gondal	Prof. Zein ul Amir	Urology BBH
64	15-12-2021	Hands on workshop on total knee arthroplasty	Conference Room Ward 14	Maj.Gen. Suhail Amin	Prof. Nayyar Qayyum	Ortho BBH
65	15-12-2021 8:30am to 2:00pm	Workshop on Management of Inguinal Hernias	SU-II HFH	Dr. Qasim Ali Dr. Atif	Prof. Muhammad Idrees Anwar	SU-II HFH
66	15-12-2021 08:00am to 2:00	Synopsis Writing	Pro-Vice Chancellor Office Main Campus	Prof. Shagufta Sial Dr. Rizwana Shahid Dr. Uzma Hayat	Prof. Rai Asghar Prof. Jahangir Sarwar Khan	Department Medical Education
67	15-12-2021 08:00am to 2:00	Rationale prescription Writing & Pharmacovigilance	DME Conference Hall NTB	Dr Asma Khan Dr Attiya Munir Dr Zunera Hakim Dr Omaira Asif Dr Uzma Umar	Dr Akram Randhawa Dr Asma Khan	Pharmacology Department
68	15-12-2021 09:00am to 12:00pm	Workshop on High Resolution Manometry	Center for Liver & Digestive Diseases HFH	Dr. Tayyab Saeed Akhter	Prof. Muhammad Umar Prof. Hammatul Bushra Khaar	Gastro
69	15-12-2021 8:00am to 2:00pm	Medical Writing+ journal Selection	Pro Vice Chancellor Office	Prof. Shagufta Sial Dr. Uzma Hayat Dr. Nazir Ahmad Dr. Yasir Waheed	Prof. Muhammad Umar	Research & Development
70	16-12-2021 8:00 am to 2:00 pm	Glimpse of Physiotherapy Basic techniques	Main Campus	Dr. Muhammad Umar	Prof. Dr. Samia Sarwar	Doctor of Physical therapy (Physiotherapy)
71	16-12-2021 09:00am to 2:00pm	Master Class Management of Head Injury	Neurosurgery HFH	Dr. Ashraf Mahmood	Dr. Usman Qureshi	Neurosurgery HFH
72	16-12-2021 8:00am to 2:00pm	How to make Effective Power Point Presentation	Skill lab GU - BBH	Prof. Shazia Syed Dr. Humira Noreen Dr. Ismat Batool Dr. Naureen Ch	Prof. Shazia Syed	GU-BBH
73	16-12-2021 09:30am to 2:00pm	Workshop On Dialysis	Nephrology HFH	Dr. Raja Asif Masood	Dr. Naureen Ch	Nephrology HFH

Pre Conference Workshops

16 Dec - 17 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
75	16-12-2021 08:00am to 2:00	ELECTROCARDIOGRAPHY Workshop	Library BBH	Brig. Azmat Hayyat Dr. Qurban Hussain Khan Dr. Muhammad Talha bin Nazir Prof. Muhammad Asad Saleem	Prof. Imran Saeed	Cardiology BBH
76	16-12-2021 09:00am to 12:00pm	Gateway to Dermatology	Conference room Derma BBH	Dr. Neelam Ayub	Dr. Abdul Qadoos Butt	Dermatology
77	16-12-2021 09:30am to 12:00pm	Consort, Strobe & Prisma Guidelines for Reporting Health Research	DME Hall NTB	Dr. Khola Noreen	Prof. Syed Arshad Sabir	Community Medicine
78	16-12-2021 8:30am to 3:30pm	Live DSAEK/DMEK Surgical Session	Eye-HFH	Dr. Zaman Shah Col. Dr. Teyyeb Azeem Janjua	Prof. Fuad AK Niazi	Eye-HFH
79	16-12-2021 9:00 am to 12:00pm	Postpartum Hemorrhage, A life Threatening Emergency	Conference Room	Dr. Alia Malik Dr. Nadia Sadiq	Prof. Nabeela Waheed Assoc. Prof. Dr. Attiya Begum	GU-II, HFH
80	16-12-2021 08:00am to 02:00pm	Clinical Audit	Gynae/Obs DHQ	Prof. Ambreen Malik	Prof. Tallat Farkhanda	GU-DHQ
81	16-12-2021 09:00am to 02:00pm	Nephrectomy	Urology OT BBH	Dr. Muhammad Hanif	Prof. Zein ul Amir	Urology BBH
82	16-12-2021 08:00am to 2:00	Innovative Teaching Methods	Lecture hall 2	Dr. Muhammad Ali Dr. Omaira Asif Dr. Attiya Munir Dr. Zunera Hakim	Dr. Rai Asghar Dr. Akram Randhawa	Pharmacology Department
83	16-12-2021	Hands on Workshop on Basic Knee Arthroscopy	Conference hall ortho BBH	Prof. Nayyar Qayyum Dr. Shamas Tabraiz	Prof. Nayyar Qayyum	Ortho BBH
84	16-12-2021 8:00am to 2:00pm	Clinical Management of a Typical Genital Difficulties and Challenges	New lecture complex Lecture Hall No 02	Dr. Gul Been Shahid Dr. Mudassir Gondal Dr. Rehmana Waris Dr. Aqeela Ayub	Prof. Rai Asghar Dr. Hina Sattar	DME Pediatric Surgery
85	16-12-2021 8:30am to 01:00pm	Symposium on Problem -Based Learning in Bleeding Disorders	DME Conference Room, NTB, RMU	Prof. Dr. Lubna Zafar Prof. Dr. Tahira Zafar	Prof. Dr. Wafa Omer	Pathology (Hematology), BBH
86	16-12-2021 9:00am to 01:00pm	Symposia on Diabetes	Conference room MU -II	Dr. Rizwan Muhammad Dr. Imran Arshad	Dr. Muhammad Ali Khalid	MU-II
87	16-12-2021 8:00am to 2:00pm	Medical Writing+ journal Selection	Pro Vice Chancellor's Office	Prof. Shagufta Sial Dr. Yasir Waheed	Prof. Muhammad Umar	Research & Development
88	16-12-2021 9:00am to 12:00pm	Master Class on the Management of Head Injury	SU-I Conference room HFH	Dr. Usman Qureshi	Dr. Ashraf Mahmood	DEM HFH Neurosurgery HFH
89	17-12-2021 09:00am to 12:00pm	Ambulatory Teaching Workshop	Conference room MU-DHQ	Dr. Mehwish Jameel Dr. Lubna Meraj	Dr. Shahzad Manzoor	MU-DHQ
90	17-12-2021 09:00am to 11:00am	Infection Control in Endoscopy	Gastro HFH	Dr. Aqsa Naseer Sr. Misbah Noreen	Prof. Bushra Khaar Dr. Shazia Zeb	Gastro HFH

Pre Conference Workshops

17 Dec - 18 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
91	17-12-2021 09:00am to 2:00pm	Ultrasound Guided Renal Biopsy	Nephrology HFH	Dr. Naureen Ch Dr. Raja Asif Masood	Dr. Naureen Ch	Nephrology HFH
92	17-12-2021 09:00am to 12:00pm	Workshop on Basic Management of Subfertility	Academic Corridor GU -I HFH	Dr. Farhat Arshad Dr. Sadia Khan	Prof. Lubna Ejaz	GU-I HFH
93	17-12-2021 08:00am to 02:00pm	Workshop on Microbiology, AMR & Biosafety	Patho HFH	Dr. Afreenish Amir Dr. Waseem Sajjad Dr. Faisal Hanif Dr. Uzma Amir Dr. Rabia Mumtaz	Prof. Mobeena Dhody	Patho HFH
94	17-12-2021 09:30am to 12:00pm	Uncontrolled Environmental Degradation & visible Threat to Life on Our Planet	DME Hall NTB	Dr. Sohail Ahmed	Prof. Syed Arshad Sabir Dr. Sana Bilal	Community Medicine
95	17-12-2021 08:00am to 02:00pm	Advanced Laparoscopic Upper Gastrointestinal Surgery & Bariatric Surgery Workshop	SU-II BBH	Prof. Muhammad Hanif Prof. Azam Yusuf	Prof. Naveed Malik	SU-II BBH
96	17-12-2021 09:00am to 02:00pm	Uro-Oncology	Urology OT BBH	Dr. Khashf Nawaz	Prof. Zein ul Amir	Urology BBH
97	17-12-2021 08:00am to 02:00pm	Hands on neonatal Resuscitation	Gynae/Obs DHQ	Dr. Hina Sattar Dr. Israr Liaqat Dr. Javeria Zain Dr. Muhammad Mujeeb Khan Dr. Muhammad Ali Khalid	Prof. Tallat Farkhanda	GU-DHQ
98	17-12-2021 09:00am to 12:00pm	Infection Prevention & Control and Hand Hygiene	Sughra Diabetic Center BBH		Dr. Muhammad Mujeeb Khan	DID
99	17-12-2021 09:00am to 2:00pm	SPSS	Deans Hall Main Campus	Dr. Saba Dr. Uzma Hayat Mr. Amir Afzal	Prof. Muhammad Umar Prof. Shagufta Sial	Research & Development
100	17-12-2021 08:30am to 2:00pm	Airway Management	Simulation Lab RMU	Brig. Muhammad Saleem	Dr. Abeera Zareen	Anesthesia and Pain Management BBH
101	17-12-2021 8:00 am to 2:00 pm	Vestibular Rehabilitation: A comprehensive Treatment Approach	Main Campus	Dr. Misbah Maryam	Prof. Dr. Samia Sarwar	Doctor of Physical therapy (Physiotherapy)
102	17-12-2021 09:00am to 2:00pm	SPSS	Pro Vice Chancellor Office	Prof. Muhammad Umar Prof. Shagufta Sial Saeed	Dr. Saba Mr. Amir	Research & Development
103	18-12-2021 8:00 am to 2:00 pm	Spinal Mobilization and Manipulations	Main Campus	Dr. Aleem Liaqat	Prof. Dr. Samia Sarwar	Doctor of Physical therapy (Physiotherapy)
104	18-12-2021 10:00am to 02:00pm	Awareness of organ donation and ethical Issues	Conference room MU -DHQ	Prof. K.H. Mujtaba Dr. Syed Mudassir Laeeq Dr. Omer Rahman	Dr. Shahzad Manzoor	MU-DHQ

Pre Conference Workshops

18 Dec 2021

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
105	18-12-2021 11:00am to 02:00pm	Master Class some antibiotic Stewardship is Better than none	MU-I HFH	Dr Faisal Hanif	Dr. Saima Ambreen Dr. Usman Qureshi	MU-I HFH
106	18-12-2021 11:00am to 02:00pm	Master Class on Some Antibiotic Stewardship is better than non.	MU-I HFH	Dr. Saima Ambreen Dr. Usman Qureshi	Col. Dr. Faisal Hanif	MU-1 HFH DEM HFH
107	18-12-2021 10:00am to 1:00pm	Neonatal resuscitation Program (NRP) workshop	Conference Room	Prof. Rubina Zulfiqar Dr. Nauman Naseer	Prof. Zulfiqar Ali	Paed's HFH
108	18-12-2021 08:00am to 2:00pm	Review Literature Zotero	Pro Vice Chancellor Office	Col. Nosheen Bakht Dr. Uzma Hayat	Prof. Shagufta Sial	Research & Development
109	18-12-2021 09:00am to 2:00pm	Perma Catheter Insertion	Nephrology HFH	Dr. Naureen Ch Dr. Raja Asif Masood	Dr. Naureen Ch	Nephrology HFH
110	18-12-2021 09:00am to 1:00pm	Workshop on Developing Portfolio Reflective Writing Skills and Personal Learning Plan	Academic Corridor GU -I HFH	Prof. Lubna Ejaz Dr. Arsalan Manzoor Dr. Sadia Waheed Dr. Farah Deebea	Prof. Lubna Ejaz	GU-I HFH
111	18-12-2021 09:00am to 2:00pm	Review Literature Zotero	Pro Vice Chancellor Office	Prof. Shagufta Sial	Col. Nosheen Bakht Dr. Uzma Hayat	Research & Development
112	18-12-2021 09:00am to 12:00pm	Mastering the Art of time Management in Distracted World	MU-I HFH	Dr. Sehar Khaliq	Dr. Saima Ambreen	MU-I HFH MU-II HFH
113	18-12-2021 08:30am to 03:30pm	Phacoemulsification Wet Lab	Eye-OT-BBH	Col.Dr. Shahzad Saeed Dr. Maria Khaliq	Prof. Fuad Ak Niazi	Eye-BBH
114	18-12-2021 09:00am to 12:30pm	Master Class on MRCP	Conference Room Radiology HFH	Dr. Misbah Durrani Dr. Hina hanif Dr. Balqees Yawar	Dr. Nasir Khan	Radiology HFH
115	18-12-2021 9:00am to 11:30 am	Impact of cultural differences on presentation of personality disorder	Conference Room IOP, BBH	Dr. Shahid Latif	Prof. Asad Tamiz ud Din	Institute of psychiatry
116	18-12-2021 09:00am to 02:00pm	Perma Cath.	Urology OT BBH	Dr. Mudassir Cheema	Prof. Zein ul Amir	Urology BBH
117	18-12-2021 8:00am to 04:00pm	Hands on acetabulum and Pelvic Workshop	Ward 14 BBH	Maj.Gen. Prof. Suhail Amin Prof. Muhammad Hanif Mian Prof. Muhammad Ayaz Khan	Prof. Nayyar Qayyum	Orthopedics Department DHQ Hospital Rawalpindi
118	18-12-2021 08:00am to 02:00pm	Hands on Workshop Contraception	Gynae/Obs DHQ	Dr. Sobia Nawaz	Prof. Tallat Farkhanda Prof. Muhammad Umar	GU-DHQ
119	18-12-2021 09:00am to 12:00pm	Workshop on Hands on Colonoscopy	Center for Liver & Digestive Diseases HFH	Brig. Amjad Salamat	Prof. Hamma tul Bushra Khaar	Gastro
120	18-12-2021 09:00am to 12:00pm	Labour Care Guide, New Generation Program of WHO	GU-II HFH Conference Room	Dr. Humaira Bilqis Dr. Khansa Iqbal Dr. Maliha Sadaf	Prof. Nabeela Waheed	GU-II HFH

Pre Conference Workshops

18 Dec 2021 - 5 Jan 2022

S.#	Date Time	Title	Venue	Facilitator	Director	Specialty
121	18-12-2021 08:00am to 01:00pm	Workshop on Microbiology, AMR & Biosafety	Patho HFH	Dr. Afreenish Amir Dr. Waseem Sajjad Dr. Faisal Hanif Dr. Uzma Amir Dr. Rabia Mumtaz	Prof. Ambreen Dhody	Patho HFH
122	19-12-2021 09:00am to 02:00pm	Hands On Workshop on Basic Vascular Anastomotic Techniques	Conference Room SU-I HFH	Col. Samael	Prof. Jahangir Sarwar Khan Dr. Usman Qureshi	SU-I HFH
123	20-12-2021 09:00am to 01:00pm	Diagnostic Dilemmas and Resolution of haemoglobinopathies, Coagulopathies & Transfusion Medicine	Conference Room, HFH	Dr. Madeeha Rehan Dr. Attika Khalid	Prof. Wafa Omer Dr. Javeria Qaiser	Patho HFH
124	20-12-2021 08:00am to 02:00pm	Design Thinking for Innovation	Pro Vice Chancellor Office	Mr. Muhammad Adnan Azam	Prof. Shagufta Sial Dr. Uzma Hayat	Research & Development
125	20-12-2021 08:30am to 03:30pm	Hands On Workshop on Micropulse Cyclodiode Laser in Glaucoma	EYE-OT HFH	Col. Dr. Ahsan Mukhtar Dr. Mahmood Ali	Prof. Fuad AK Niazi	EYE-HFH
126	20-12-2021 09:00am to 02:00pm	Uro-Oncology	RMU Main Campus	Dr. Farrukh Muhamad	Prof. Zein ul Amir	Urology BBH
127	20-12-2021 09:00am to 02:00pm	Symposium Covid in Pregnancy	Gynae/Obs DHQ	Dr. Lubna Mehraj	Prof. Tallat Farkhanda Dr. Muhammad Adnan Azam Dr. Sara Rafi	GU-DHQ
128	20-12-2021 09:00am to 02:00pm	Design Thinking for Innovation	Pro Vice Chancellor Office	Dr. Masood Javed Dr. Uzma Hayat		Research & Development
129	20-12-2021 10:00am to 01:00	Symposium Research & Update in Neurosurgery	Syndicate Hall Old Campus RMU	Prof. Arif Malik Prof. Sajjad Nazir Bhatti Prof. Muhammad Nadeem Dr. Soban Sarwar Gondal	Prof. Muhammad Akhtar	Neurosurgery
130	20-12-2021 09:00am to 01:00pm	Workshop on Mohs micrographic Surgery and Live Session of Surgery	Rawalian burn and Reconstructive surgery	Prof. Baber Rao	Dr. Hussnain Khan Dr. Qudus butt Dr. Shawana Sharif	HFH
131	21-12-2021 09:00am to 02:00pm	Neonate as a Surgical Patient	RMU Main Campus	Dr. Mudassir Gondal	Dr. Mudassir Gondal	Pediatric Surgery
132	05.01.2022 (Post Conference) 9:00-01:00pm	Hands On Workshop On Safe Cesarean Section	Class Room / Skill Lab / Operation Theatre	Prof. Lubna Ejaz	Dr. Humaira Bilqis Dr. Sara Ejaz	Gynae-1 HFH



Core Scientific Program
21-23 Dec 2021



Day-2

Rawalian Student Research Society

22nd Dec 2021, 7.30am - 9.00am

Rawalian Students Research Society is a student body for research established in 2014, since then students elect this body and they publish their own journal which is called Student Journal of RMC and published Bi-Annually. There is a annual student research conference where they present their publications as oral and poster presentation. Best paper and research are given cash award and certificate of appreciation. Student also present their research nationally and international.



Prof. Syed Arshad Sabir
Professor Incharge RSRS



Dr. Afifa Kalsoom
AP, Coordinator RSRS



Tehseen Haider
Trainee Editor in Chief, SJRMC



Fatima Khaliq
President RSRS



Hafiz M Sana Ullah
President RSRS



Resident Research Forum

23rd Dec 2021 - 7.30am - 2.00pm

Resident Research forum is research forum of residents who are doing residency in different disciplines and departments of RMU. There are about 520 residents registered in residency programs of RMU in three allied teaching hospitals of Rawalpindi. Residents published their own journal every year. There is an annual research conference of the residents where they present their research in oral and poster presentations. Also there is a research award ceremony following the conference where the best papers and researchers are given different awards.



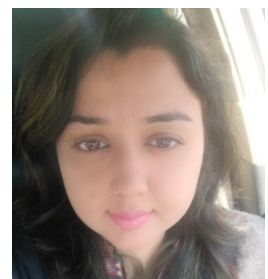
Prof. Naeem Zia
Chairman RRF



Dr. Abdullah Khurram
President RRF



Dr. Malik Shehr Yar
VP RRF / Manager RJRMC



Dr. Noor ul Saba
Vice President RRF



*CONTRIBUTION OF PERCEIVED WORKLOAD TO
COUNTERPRODUCTIVE WORK BEHAVIOR WITH MEDIATING ROLE
OF JOB STRESS AND MODERATING ROLE OF LEISURE CRAFTING*

Areeba Ikram¹

¹ Lecturer, Radiology Department, Holy family Hospital

Objective:

This study was aimed to examine the relationship between perceived workload and counterproductive work behavior under the mediating role of job stress. The moderating role of leisure crafting in the relationship between job stress and counterproductive work behavior was also examined.

To evaluate the relationships among study variables the quantitative research method was used by conducting a relational survey (Kerlinger & Lee, 2000) design via structured and self-administered questionnaires, with prior consent from the concerned authorities of the hospitals.

The data were collected from the nurses (n= 300) working in public sector hospitals of Rawalpindi. Data were collected in three-time lags with a lag of 2 weeks between each time lag.

Because of the particular focus on public sector hospitals' nurses, the non-probability sampling technique known as convenience sampling was implemented (Battaglia, 2008). SPSS was used for data analysis.

Correlation and regression analysis results revealed that perceived workload is significantly positively related with counterproductive work behavior and job stress. Furthermore, job stress partially mediates the relationship between perceived workload and counterproductive work

behavior. Moderating role of leisure crafting is also supported in the relationship between job stress and counterproductive work behavior. The study demonstrated that although nurses with high job stress are more likely to engage in counterproductive work behaviors, presence of leisure crafting weakens such relation and makes such individual less likely to engage in counterproductive work behaviors. Such that leisure crafting is shown as a reduction strategy for counterproductive work behaviors. Thus, implications were made for policy makers in public sector hospitals and other organizations in general.

Perceived workload, counterproductive work behavior, job stress, leisure crafting and reduction

Strategy.

CLUB FOOT TREATMENT WITH PONSETI METHOD

Dr. Ahmed Dilawar khan ¹, Prof. Dr. Nayyar Qayyum²

¹Post graduate resident, Department of Orthopedics, Benazir Bhutto Hospital

²Head of department, Department of orthopedics, Benazir Bhutto Hospital

Objective:

Club foot also known as Congenital talipes equinovarus (CTEV) is a common deformity in neonates with an incidence of 1:1000. It is most common musculoskeletal deformity at birth. A less invasive technique developed by Ponseti has gained acceptance as gold standard for club foot management. Materials and

A total of 64 patients (84 club feet) were managed by Ponseti method under supervision of single orthopedic surgeon from period of July 2020 to June 2021 with mean follow-up age of 4.2 years. Serial Ponsetti casts 1 week apart with or without Achilles tenotomy before last

cast was done. After Ponseti casting completion patients were advised to wear Dennis Brown shoes with strict compliance. Pirani severity score system was used for outcome. Passive ROM were evaluated at mean follow up of 4.2 years.

64 patients, 44 male(14 bilateral) and 20 female(6 bilateral) Ponseti casting is an excellent method of treating club foot conservatively provided it is done in skillful hands.

RDW AS A PREDICTOR OF SEVERITY OF ACUTE PANCREATITIS

Tayyaba Ismail¹, Hafiz Anzal Farooqi², Abeer Ayoub³

^{1,2,3} Rawalpindi Medical College, Rawalpindi

Objective:

Acute pancreatitis is the acute reversible inflammation of pancreatic parenchyma ranging from mild inflammation with minimal local and systemic effects to severe necrosis of the pancreatic tissue and multi organ failure. Early assessment of severity and early prediction of the risk of morbidity and mortality is the key to proper and timely management. Over the last decade, Red Cell Indices Especially Red Cell Distribution Width or RDW has emerged as a marker of acute inflammation and has been used as a predictor of mortality and morbidity in acute pancreatitis. This study was conducted to assess the predictive value of RDW in determining the severity of acute pancreatitis and to assess its prognostic value in determining acute pancreatitis mortality, multi organ failure and ICU admission in Pakistani population.

110 patients presenting to surgical ER of Holy Family Hospital Rawalpindi with acute pancreatitis (diagnosed on the basis of raised serum lipase) were retrospectively included in the study. CTSI or CRP levels were used as gold standard to assess severity of acute pancreatitis.

RDW levels at admission were recorded for all patients. ROC curves were used to assess the predictive value of RDW in determining the severity, morbidity and mortality related to acute pancreatitis.

A positive correlation was found between RDW levels and no. of days of ICU stay ($r=0.230$, $p=0.019$). On the ROC curve, RDW only weekly predicted the severity of acute pancreatitis with area under curve of 0.659. At a cut off value of 15.25, RDW predicted severe pancreatitis with a sensitivity of 71.4% and specificity of 56.8%. RDW is a better predictor of acute pancreatitis severity and mortality in men. At a cutoff score of 15.25 RDW predicted mortality with a sensitivity of 100% and specificity of 61.8%, with AUC of 0.735 on the ROC curve.

RDW is a reliable predictor of acute pancreatitis severity and mortality. Key Words: Red cell indices, RDW, acute pancreatitis.

Retropharyngeal liposarcoma; a rarity.

Dr Wajiha Arshad¹, Dr Javeria Arshad Kiany², Dr Ali Raza Warraich³.

^{1,2,3} Post graduate resident, Surgical Unit II, Holy Family Hospital, Rawalpindi.

Introduction:

Sarcomas are malignant neoplasms arising from connective tissue.

They represent 1% of all cancer cases reported. One type of sarcoma is liposarcoma. This type of sarcoma represents anywhere from 9-18% of all reported sarcoma cases with only 4-9% of them occurring in the head and neck region. Retropharyngeal liposarcoma is a rare entity and very few cases with retropharyngeal liposarcoma has been yet reported in the literature.

We report a case of retropharyngeal liposarcoma in a 53-year-old female who presented with complaints of neck swelling accompanied with dysphagia, orthopnea and dysphonia. Clinical

examination revealed huge multi nodular swelling in front of neck with bilateral extension, more prominent on left side and it moves with deglutition. The diagnosis of retropharyngeal liposarcoma was established following CT scan, MRI and incisional biopsy. Surgical excision of mass along with Near total thyroidectomy was performed. Post-operative hospital stay was uneventful.

Retropharyngeal liposarcoma is a rare tumor. A review of the literature explores the reasons behind the late presentation as well as the difficulties in diagnosis and treatment of this rare tumor.

A CASE REPORT ON THE MIXED EPITHELIAL AND STROMAL TUMOR OF THE KIDNEY.

Dr Qasim Ali¹, Dr Asad Amir², Dr Wajiha Arshad³

¹ Assistant professor, Surgical Unit II, Holy Family Hospital, Rawalpindi

² Senior registrar, Surgical Unit II, Holy Family Hospital, Rawalpindi

³ Post graduate resident, Surgical Unit II, Holy Family Hospital, Rawalpindi

Introduction:

Mixed Epithelial and Stromal tumor of the kidney is predominantly benign type, but it can exist in metastatic form as well.

We reported a 22-year-old female with a mass in her left retroperitoneum on ultrasound. CT scan revealed 180mm of mass lying on left kidney involving whole kidney, upper, middle and lower border with no invasions to capsule, ureters or adrenal glands.

Patient had perfect recovery later. Final pathological diagnosis was mixed epithelial and stromal tumor of kidney (MEST). Follow up for 5 years have been recommended.

While managing cases of cystic tumors in middle aged, peri menopausal women or men with the history of hormonal therapy, the possibility of MEST should be considered. Surgical intervention (partial or radical nephrectomy) is preferred.

MULTIPLE LEVEL CERVICAL DISC HERNIATION IN YOUNG PATIENT

Danish¹, Yasir shahzad², Usman Maqsood³, Faiza⁴

¹ post graduate resident, Department of neurosurgery, District headquarters hospital.

² Assistant professor, Department of neurosurgery, District headquarters hospital.

^{3,4} House surgeons, Department of neurosurgery, District headquarters hospital.

Introduction:

Cervical degenerative disc herniation is a well-known spinal pathology that most often presents clinically with myelopathy, and radiculopathy. This is particularly common in the elderly and is almost always because of degeneration of the cervical discs and occasionally presents at multiple levels simultaneously. This multilevel cervical degenerative disc disease is accompanied by formation of bone spurs and osteophytes of the facet joints and hypertrophy of the ligamentum flavum with cervical stenosis or cervical myelopathy. The diminution of the normal mobility on the adjacent level caused by the fusion can contribute to the degeneration of the intervertebral discs.

A 29-year-old man presented with neck pain radiating to his left arm and forearm all the way to the dorsum of the thumb, also with numbness and tingling and weakness in his left hand. The patient also

complained of restriction in movements as well. These symptoms occurred after a physical effort performed two months ago and he reported an increase in the pain as well as the weakness over the course of the previous 3 weeks. Physical exam found a diminished right brachioradialis reflexes. It also revealed spasticity and rigidity of the arm and forearm. An MRI

was done, and it depicted Disc Herniation at C4-C5, C5-C6, C6-C7 compressing the spinal cord. The patient was optimized and a Two- Level Cervical Discectomy along with Corpectomy with cage fixation via anterior approach was done. Post operatively the patient was relieved of his radicular pain and his muscle strength improved in a matter of weeks. The spasm was relieved, and he made a full recovery. Multi- Level cervical herniated discs are not common in adults without cervical degenerative disc disease and the over stresses of the intervertebral discs contributes to disc herniation.

To summarize, the anterior cervical micro-discectomy with fusion via cage for multilevel cervical herniated disc can resolve this pathological condition. Performing a corpectomy for spinal decompression can also significantly improve post-operative outcomes.

HUMAN BORN WITH A TAIL: A CASE REPORT

Qurat ul ain¹, Nadeem Akhtar², Yasir Shahzad³, Danish⁴, Moiz⁵

^{1,4} Post graduate Resident, District Headquarter Hospital

²Head of department, District Headquarter Hospital

³Assistant Professor, District Headquarter Hospital

⁵House surgeon, District Headquarter Hospital

Introduction:

A human tail is a rare congenital anomaly protruding from the lumbosacroccygeal region. Some authors have considered this rare and curious condition to be evidence of man's descent from or relation to other animals, while others have made it the subject of superstition. It is important to distinguish between a true tail and a pseudo-tail in the lumbosacral region, since the treatment and prognosis are different. A healthy 2-year-old female was brought for investigation of a tail-like structure that had been present in the lumbosacral area since birth. According to the parents, the tail had measured about 3 cm at birth and had been increasing in size. On physical examination, the appendage was tail-like, soft, well circumscribed, 6 cm long and 0.5 cm thick and was attached to the back of the tip of the coccyx, appearing like a human tail. It was soft, non-tender and covered with normal skin. Excision and repair of human tail with untethering of cord and Dural repair was done. Post surgically, the patient recovered uneventfully and no further neurological deficit was evident on follow-up. In conclusion, the caudal appendage is not difficult to treat. However, before the method of treatment is chosen, it is necessary to evaluate the patient carefully in case the appendage coexists with lesions of the intraspinal component. After the operation, long-term follow-up of the patient for tethered cord is necessary.

AN UNUSUAL CASE OF EXTENSIVE CONTIGUOUS CERVICOTHORACIC SPINAL TUBERCULOSIS INVOLVING MULTIPLE DAMAGED SEGMENTS: A CASE REPORT

Danish¹, Yasir Shahzad², Moiz³

¹Post graduate resident, District headquarter Hospital

²Assistant professor, District Headquarter Hospital

³House surgeon, District Headquarter Hospital

Introduction:

Cervical-thoracic extension of tuberculosis is a very rare occurrence and involves the lordotic cervical and kyphotic thoracic spine. Approximately half of those cases involves one or two segments of cervicothoracic vertebrae. Cervicothoracic spinal tuberculosis (CTSTB), defined by tuberculosis infection involving the vertebrae between C7 to T3, is a rare disease that

typically results in disabling complications such as kyphotic deformity, large paravertebral abscesses, and progressive spinal cord damage with severe neurological deficit. Affecting mainly the anterior column, contiguous tuberculous lesion of cervicothoracic junction leads to profound instability and altered biomechanics of the weight-bearing area. A 50-year-old female presented with tuberculous involvement of multiple contiguous vertebral segments is presented. A series of radiographic and CT scan depicted multiple vertebral body destruction anteriorly, along with facet joint dislocation and mild retrolisthesis of C7-T1 segments. MR images of the cervical region was demonstrated pathologic contrast enhancement on C5 to T2 vertebrae, a total of five contiguous segments. Initially there was mild neck pain, and then she experienced numbness along with weakness of all four extremities. The symptoms gradually worsened such that at the time of admission, she could not walk. Posterior fixation of cervico-thoracic spine with Tapered rods and screws and cervical fixation was done by lateral mass screws and thoracic spine fixation was done by trans pedicle screws. The patient was closely followed up post-operatively and she was able to hold her neck. There was marked neurological recovery post-operatively. Our report demonstrates one of the longest involvements of extensive contiguous CTSTB who was treated with one-stage posterior-only approach using tapered rods and screws.

*TEXT NECK SYNDROME AMONG MEDICAL STUDENTS AND
HOUSE OFFICERS AND ITS RISE TILL TODAY.*

Faiza Shahid¹, Yasir Shehzad², Sania Safdar³, Soban Gondal⁴, Ammad-ul-Haq⁵,
Nadeem Akhtar⁶

Objective:

Text neck syndrome refers to repetitive stress injury to the neck caused by having your head in a forward position for extended period. This variant of neck pain is the major cause of morbidity among medical students and house officers. Due to the increasing complaints of this issue this research was carried out to find out the factors contributing towards it and the comparison of the numbers with previously documented studies in Pakistan.

This is a cross-sectional study with a sample size of 500 carried out with the help of an online self-designed questionnaire; the questionnaire was adapted from the Nordic Musculoskeletal questionnaire and neck disability index. Lottery method was used to collect the sample. Study was carried out over a period of 2 months (July 1 st 2021 -September 1 st 2021). Data analysis was done on spss version 25.v

Among the 508 participants 69.4% had experienced neck pain in the past with prolonged hours of mobile use (4-6hours) being the most significant factor leading to it. Also 71.5% of people believe that their posture is incorrect while using mobile phones. People who deal with stress occasionally are about 68% and people who stress out daily 27.6% this also is a significant factor leading to neck pain among others.

Keeping in mind the high incidence of neck pain this problem should be taken very seriously. Physiotherapy and correction of posture are likely to provide pain relief in such cases and act as preventive measures.

*COMPARISON OF POLYETHERETHERKETONE (PEEK) CAGE VERSUS ILIAC BONE
GRAFT IN THE ANTERIOR CERVICAL DISCECTOMY AND FUSION.*

Soban S Gondal¹, Saad Javed², Faiza Shahid³, Yasir Shahzad⁴, Nadeem Akhter⁵

Introduction:

Anterior cervical discectomy and fusion (ACDF) is a type of neck surgery that involves cervical discectomy to relieve spinal cord or nerve root pressure and alleviate corresponding pain,

weakness, numbness, and tingling. For decades Iliac bone graft has been used in this procedure.

This study compares the result of PEEK cage with the traditional Iliac crest graft as a substitute. This is a prospective comparative study of 70 (35 in each group) patients of symptomatic CSM having degenerative cervical disc disease who were planned for ACDF from Jan-2017 to Jan-2021 in Rawalpindi Medical University. All the procedures were performed under general anesthesia with a written consent. Radiological and surgical outcomes were determined after a 6 month follow-up.

The baseline study characteristics were the same between the two groups. Mean modified Japanese Orthopedic score was the same for both the groups at 6 month follow up; 14.16 ± 4.30 in group A and 13.54 ± 3.24 in group B (p-value 0.49). Disc space height at follow-up was also similar between the groups; 10.01 ± 0.67 mm in group A versus 10.11 ± 0.70 mm in group B (p-value 0.54). Fusion rate at final follow-up was 31 (88.6%) in group A versus 30 (85.7%) in group B (p-value 0.72).

PEEK cages have similar functional and radiologic outcomes in comparison to ileac crest allografts. So, PEEK cages can be used as a successful alternative to ileac crest allografts this will be helping to reduce donor site morbidity and will reduce longer surgical times associated with graft harvesting.

C1-C2 SUBLUXATION - FIXATION BY HARMS TECHNIQUE

Motsim¹, Yasir Shahzad², Danish³

Introduction:

Atlantoaxial subluxation is characterized by excessive movement between C1 & C2, resulting from several pre-disposing conditions. These include trauma & infective pathology. The condition presents with neck pain which unchecked can progress to debilitating neurological deficit. Timely treatment is pertinent & over the years, several surgical approaches have been studied to address this. In this case-report we elaborate our Experience with the Harms Technique of C1-C2 fixation. Opposed to the conventional methodology, Harms technique offers a smoother post-op course, making it an efficient, appropriate treatment option in the care of these patients.

A 28-year-old male patient, with no known premorbid, presented to OPD with complaint of progressive weakening of all 4 limbs. Duration of complaint was since last 6 months. Clinical Diagnosis of Quadripareisis was established. MRI C-Spine showed C1-C1 Subluxation with compression of the

spinal cord at the corresponding level. Operative intervention was pursued with the Harms Technique. Fixation of the upper cervical spine has been performed with various techniques ranging from wiring methods to polyaxially screw placement. Screw fixation methods for the second cervical vertebra have traditionally been performed by placement into the pars or pedicle. An alternate technique of C2 fixation is the laminar screw, which is placed from the contralateral spinous process/laminar junction. This technique is advantageous in that it lessens the risk of vertebral artery injury while providing a biomechanically stable means of fixation. C2 laminar screw placement is generally reserved as a salvage mechanism in cases of anatomic variations in the V3 vertebral artery segment, as well as iatrogenic or traumatic disruptions of the C2 pedicle. The original description of C2 laminar screw insertion utilized intraoperative line-of-sight and anatomic knowledge for intraosseous placement of C2 laminar screws. This freehand technique is an effective and safe method of instrumentation

without relying on image guidance systems; however, it requires guided practice. Our patient had objective improvement of power on follow-up, no post-op complications. Harms technique is an effective, efficient technique of fixation. It offers reduced operative time but its chief & unique advantage is its ability to make possible reduction after placement of rods & screws.

SPIGELIAN-CRYPTORCHIDISM SYNDROME: A RARE CASE IN ADULTS

Dr. Atif Khan¹, Dr. Amjad Umair², Dr. Javeria Arshad³

¹ Assistant Professor, Surgical unit 2, Holy Family Hospital, Rawalpindi.

² Senior Registrar, Surgical unit 2, Holy Family Hospital, Rawalpindi

³ Post graduate Resident, Holy Family Hospital, Rawalpindi

Introduction:

Spigelian hernia is an uncommon hernia presenting as a protrusion of abdominal contents through the spigelian fascia, lateral to the rectus abdominis. Concomitant presence of Spigelian hernia and cryptorchidism forms a recognized syndrome found in 75% of male infants with Spigelian hernia.

Case report: We report a case of a 65-year-old male with a right sided obstructed spigelian hernia along with the rare finding of testis in the hernial sac. The patient was successfully managed by transperitoneal primary repair with concomitant orchidectomy. The patient recovered uneventfully and was discharged 5 days after the surgery.

Spigelian Hernias in children are almost exclusively congenital whereas, in adults are mostly secondary to trauma or increased intra-abdominal pressure. A review of literature completes this case report by providing a description of a etiology, pathophysiology and management options.

RARE DISEASE IN CHILD. ACUTE DISSEMINATED ENCEPHALOMYELITIS

Saba bashir¹

¹ Postgraduate resident, Department of Pediatric medicine, Holy Family Hospital

Introduction:

Acute disseminated encephalomyelitis (ADEM) is a demyelinating disease of the central nervous system (CNS) that presents as a monophasic disorder associated with multifocal neurologic symptoms and encephalopathy. ADEM is considered an autoimmune disorder that associated with environmental stimulus in genetically susceptible individuals. The diagnosis of ADEM is based on clinical and radiological findings.

Most children with ADEM initially present with fever, meningeal irritation signs, acute encephalopathy, and different conscious level. Diagnostics criteria is based on MRI in which Deep and subcortical white-matter lesions and gray-matter lesions such as thalami and basal ganglia involved in ADEM on magnetic resonance imaging (MRI). In a child who presents with signs of encephalitis, bacterial and viral meningitis or encephalitis must be ruled out for ADEM. Serials MRI is required to confirm the diagnosis of ADEM, as relapses with the appearance of new lesions on MRI may suggest either multiphasic ADEM or multiple sclerosis (MS). Pediatric MS, defined as onset of MS before the age of 16, is being increasingly recognized. MS is characterized by recurrent episodes of demyelination in the CNS separated in space and time. The most important alternative diagnosis to MS is ADEM. At the initial presentation, the 2 disorders cannot be distinguished with certainty. Therefore, prolonged follow-up is needed to establish a diagnosis.

Acute disseminated encephalomyelitis, Multiple sclerosis, Children, Central nervous system, Autoimmune disorder.

**ENDOSCOPIC COVERED SELF EXPANDING ESOPHAGEAL
STENT- AN EFFECTIVE MEANS TO PREVENT THORACOTOMY IN
IATROGENIC ESOPHAGEAL PERFORATIONS.**

*Umar Javed¹, Maryam Farooqui², Ruqia Mushtaq³, Rabia Arshad⁴, Muhammad Hanif⁵
^{1,2,3,4,5}Faculty, Surgical Unit 2, Benazir Bhutto Hospital*

INTRODUCTION:

Diagnostic and therapeutic interventions in the esophagus or adjacent organs are the leading cause of esophageal perforation, accounting for 46.5% of all cases. The mortality depends on the etiology, part of the esophagus involved, presence of underlying pathology and time elapsed from symptom onset to diagnosis. Indeed, the reported mortality ranges from 10% to 25% when therapy is instigated within 24 hours but increases up to 60% when treatment is delayed beyond 48 hours.

A 50-year-old lady presented to us with after esophagoscopy, done for absolute dysphagia secondary to foreign body (chicken bone). Patient was shifted to surgical ward on 1st post esophagoscopy day with marked tachycardia, tachypnea. Urgent CT showed marked pleural effusion on right side and suggestive of esophageal perforation. Patient was shifted to COT after resuscitation and right sided chest tube intubation was done. Patient was admitted to HDU Under strict monitoring and endoscopy was done and showed a esophageal tear at 28-33cm from incisors on right posterolateral wall, which was managed non operatively by covered, self expanding stent placement. Patient remained stable and was discharged after an uneventful hospital stay.

Endoscopic placement of CSES is a safe and effective treatment in patients with esophageal injury and prevents the morbidity of operative interventions.

GALLSTONE ILEUS (GI), A RARE CAUSE OF SMALL BOWEL OBSTRUCTION

*Jamal Nasir Malik¹, Sidra Mehmood Dar², Usman Qureshi³
^{1,2,3}Surgical uit-1, Holy Family Hospital*

Introduction:

Gallstone ileus is a rare cause of mechanical small bowel obstruction. it accounts for 1-3% of all mechanical bowel obstruction cases. It is characterized by bowel lumen occlusion as a result of one or more gallstones. The most common sites are ileum (terminal ileum and ileocecal valve) and jejunum.

45years old female presented to surgical ER of HFH with complain of Vomiting and Abdominal distension for last 5 days. She underwent Open subtotal cholecystectomy from a hospital in periphery 6days back but symptoms didn't relieve. She was referred to surgical department for further management. Upon examination, her abdomen was moderately distended and tender, tympanic on palpation with hyper dynamic bowel sounds on auscultation. Rectal examination was unremarkable. CT scan abdomen showed small bowel obstruction. Patient was resuscitated and workup done.

She underwent Exploratory Laparotomy, per-op, there was large gallstone (5cm x 4cm x 4cm) 2 feet from ileocecal junction completely occluding the lumen. There was a choledocoduodenal fistula through which contents were leaking into the abdomen. Enterotomy was performed and Gallstone was removed, and ileum repaired. Fistula tract was

closed by placing omentum. Postoperative course was uneventful, and patient was discharged on 6th postoperative day.

RUPTURED DUPLICATION CYST OF TRANSVERSE COLON

Laraib Rasool¹, Navira Javed², Naeem Liaqat³, Shaoib Tarar⁴, Jawad Abbasi⁵

^{1,4,5}post graduate resident, Department of pediatric surgery, Holy family Hospital

^{2,3}Assistant professor, Department of pediatric surgery, Holy Family Hospital

Abstract

Duplication cysts of gastrointestinal tract are rare congenital abnormalities found in 0.2% of children. We report a rare case of a ruptured duplication cyst of transverse colon in a 7-year-old female child who presented with abdominal pain and mass in the right iliac fossa. We assumed it as an appendicular mass; however, it turned out to be a ruptured duplication cyst of transverse colon. Only two cases of duplication cyst of transverse colon have been reported yet in the literature.

COMPARISON OF OUTCOME OF MYRINGOTOMY ALONE WITH MYRINGOTOMY AND TYMPANOSTOMY TUBE IN OTITIS MEDIA WITH EFFUSION

Amna Kousar¹, Asher Alamgir², Mudassar Ahmad Khan³

^{1,2,3}Department of ENT, DHQ Hospital and RMU, RWP

Objective:

Otitis media with effusion is a collection of non purulent effusion in middle ear space without acute infection. Common in age 3-5 years.

Patient presents with nasal obstruction, rhinorrhea, mouth breathing and decreased hearing. Treatment options are myringotomy or myringotomy and tympanostomy tube insertion with or without adenoidectomy. The objective is to compare the outcomes of two methods.

Quasi experimental trial with Male and females from 5 to 15 years of age in duration 3 months at ENT Department of DHQ Hospital RWP & Rawal Institute Of Health Sciences Sample size was calculated to be 60 Inclusion criteria: Decreased hearing, recurrent URTI, Dull Tympanic membrane, hearing impairment on voice and tuning fork type B tympanogram, not responding to medical treatment for 3 months.

Exclusion criteria: recurrent otitis media, discharging ear, bleeding disorders Data collection technique: Follow up otoscopy and tympanometry at 2 weeks, 1 month and 3 months after the procedure 48(80%) were below 12 years while 12(20%) were more than 12 years of age Myringotomy with tympanostomy tube insertion is a better way to treat myringotomy than myringotomy alone.

COMPARISON BETWEEN MICROPULSE DIODE LASER CYCLOPHOTOCOAGULATION AND CYCLOCRYOABLATION IN THE TREATMENT OF REFRACTORY GLAUCOMA

Mariam noor¹, Amina

Khalid², Hassan Hamid³, Fuad Ahmed Khan Niazi⁴, Rizwan Khan⁵

^{1,2,3,4,5}department of ophthalmology, Holy Family Hospital

The surgical modalities to decrease aqueous humor production by damaging the ciliary body, dates to the early twentieth century. Until recently, cyclodestructive procedures (cyclocryotherapy and transscleral diode laser photocoagulation) have been reserved as last option procedures in refractory glaucoma. Emerging technology has led to the development of safer and less destructive procedure techniques, such as micro pulse diode cyclophotocoagulation and ultrasound cyclodestruction. There is a positive shift towards the

use of these surgical techniques in eyes with less severe glaucoma and good visual potential. Although existing evidence has not yet adequately defined the role and value of the procedures, their emergence is a welcome expansion of available options for patients of moderate to severe glaucoma.

THE PSYCHOLOGICAL IMPACT OF E-LEARNING ON EDUCATION OF MEDICAL STUDENTS OF A DEVELOPING COUNTRY, DURING COVID-19 PANDEMIC: A CROSS-SECTIONAL STUDY

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Introduction

During the COVID-19 pandemic, due to highly contagious nature of the virus, medical training through clinical rotations had been suspended and shifted to online learning.

Psychological problems were found in students due to this new method of learning. To assess the depression, stress and anxiety among medical students of Punjab, Pakistan during COVID-19 pandemic, due to E-learning and to find out the impact of depression, stress and anxiety due to E-learning on their medical education.

A Cross-sectional Study was conducted in different medical institutes of Punjab, Pakistan during the pandemic. Using non-probability convenience sampling technique, data were collected through online Google forms sent to medical students via internet. Descriptive statistics, correlational model, linear and logistic regression were applied.

Total 1311 responses were collected out of which 431 responses were rejected by exclusion criteria. Out of selected 880 forms 463 were males and 417 were females. Predominant age group was 21-22 years. Out of 880 respondents 69% were suffering from mild to severe anxiety, 50% were suffering from mild to severe stress, 66% were suffering from mild to severe depression. A significant association was found between dis-satisfaction with E-learning and moderate stress, (OR 1.028, 95% CI: 1.001, 1.055) $p < 0.05$, with severe anxiety (OR 1.020, 95% CI: 0.988, 1.053) and with severe depression (OR 1.039, 95% CI: 1.009, 1.071) $p < 0.01$. Depression, stress and anxiety showed very significant correlation with bad impact on medical education i.e. ($r=0.212$, $p < 0.001$), ($r=0.217$, $p < 0.001$), ($r=0.184$, $p < 0.001$). Most of the medical students were not satisfied with E-learning due to which depression, stress and anxiety were found in them and caused bad impact on education of medical students.

Depression, stress, anxiety, online education.

**PATTERNS OF OROFACIAL CLEFTS AND ASSOCIATED RISK FACTORS IN PAKISTAN:
AN INSTITUTIONAL REVIEW**

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Objective:

Cleft lip and palate are one of the most common congenital anomalies worldwide.

The purpose of present study is to identify the incidence of different types of orofacial clefts and presence of known risk factors among cleft cases.

A prospective study was conducted at the Cleft Hospital in Gujrat, Pakistan from December 2015 to April 2018. All new cases of cleft lip and/or cleft palate (CL/P) presenting at the Cleft

Hospital were included. A comprehensive questionnaire was used to collect details, including demographics, type of cleft, maternal pregnancy history and family history. SPSS was used for data analysis and risk factors associated with CL/P were identified.

The study included 567 patients with CL/P. Of the total, 318 (56%) patients had cleft lip with cleft palate, 75 (13.2%) had cleft lip only and 167 (29.5%) had cleft palate only. The most common defect was bilateral complete cleft lip and palate and midline incomplete cleft palate. 64 (11%) of the cases had other associated anomalies. Median age at primary lip repair was 4 months and at primary palate repair was 13 months. Consanguinity among the parents was found to be the most common risk factor (62%). A complication during pregnancy (49%) was the second identifiable risk factor followed by maternal smoking or exposure to smoking in 36% cases and positive family history (20.6%).

The present study provides an insight into several environmental factors which may act as risk factors for development of orofacial clefts in the Pakistani population. These findings emphasize on the development of proper peri-natal counseling programs for this population.

PERFORATED JEJUNAL DIVERTICULITIS: A RARE CAUSE OF PERITONITIS

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Case report:

Diverticulum is an outpouching formed at weak point in alimentary tract. It is less common in small intestines with incidence ranging from 0.06 to 1.3% with jejunum diverticulum rarest among them.

Condition is usually asymptomatic or presents with vague symptoms that leads to misdiagnosis or either

it is diagnosed incidentally on imaging or present late with complications like perforation and peritonitis.

We report a unique case of 75 years' female presented in surgical emergency with acute abdomen secondary to perforated jejunal diverticulitis.

Diverticulum, Jejunum, Perforation, Peritonitis.

CASE REPORT OF A RARE UTERINE TUMOR CAMOUFLAGED IN FIBROID UTERUS

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Introduction:

Endometrial stromal sarcoma is an extremely rare clinical entity and only few cases have been delineated in literature. ESS account for <10 % of sarcomas and <1% of all uterine malignancies. We need to report this instance as it is extremely rare case. Hereunder, we describe case of 65-year-old postmenopausal women, P 3 +2 previous 3 scars, who presented with 2 months history of lower abdominal pain, weight loss & loss of appetite.

In our case patient underwent staging laparotomy (total abdominal hysterectomy, bilateral salpingo-oophorectomy, infra colic Omentectomy) and resection of ileum to remove 3x3 cm tumor with clear margins followed by primary anastomosis. Mesentery of proximal ileum adherent to mass, about half foot, was resected to prevent vasculature of mesentery. Primary repair of bladder done due to inadvertent bladder injury during sharp dissection. Following

were per op findings: No ascites, large uterine mass about 20x15 cm arising from fundus of uterus.

adherence of mass with gut, omentum and anterior abdominal wall at multiple points, 3x3 cm mass invading into wall of ileum, mesentery of proximal ileum adherent to mass (about 6 inches). Both tubes and ovaries healthy and adherent to posterior surface of uterus, bladder adherent to uterus and anterior abdominal wall, lymph nodes were not enlarged, under surface of liver, gall bladder smooth & diaphragm normal. Biopsy report & Immunohistochemistry of resected specimens confirmed HGESS in this patient. Her postoperative recovery was uneventful. She was referred to consultant oncologist at NORI hospital Islamabad for adjuvant radio/chemotherapy.

As tumor is scarcely encountered, management protocols are still contentious. In patients with large fibroids especially when fibroids are not regressing after menopause, high index of suspicion should be kept. It is significant to do vigilant follow up, thorough evaluation and rule out other diseases with similar clinical presentation as radiological imaging; biopsy reports can be deceptive in many cases.

SUCCESSFUL SEPARATION OF PYOPAGUS CONJOINED TWINS

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Case Report:

Conjoined twins comprise of a rare anomaly in which a pair of fetuses are joined together partially or completely. These are usually detected on antenatal scans during gestational period.

The incidence of such twins is 1 in 200,000 births with a female predisposition of 3:11.

These twins might be symmetrical or asymmetrical. The symmetrical twins consist of two alive fetuses fused together while in asymmetrical twins, an incomplete partially formed appendage (parasite) is attached to the other alive fetus. Among symmetrical twins, thoracopagus (twins joined from chest) account for 43%, while omphalopagus (joined from the abdomen) comprise of 33%, pyopagus (joined from the back) 19%, ischiopagus (joined from the pelvis) 6%, craniopagus (joined from head) 2%.

We present a rare case of conjoined twins, who were not only joined from the buttocks but also had sacral fusion sharing a same anal canal. The patients were managed at the department of pediatric surgery high dependency unit for about 6 months. Both the patients underwent pelvic divided colostomies immediately after birth. After that a very elaborate plan was followed for the resuscitation of the twins. At about 6 months, definitive surgery was planned. An excellent interdepartmental liaison between the department of gynecology, anesthesiology, pediatric medicine, neurosurgery, and pediatric surgery led to the successful delivery and separation of the infants. Both the patients are being followed till date and are doing absolutely fine post operatively.

Conjoined twins, Pyopagus, conjoined spinal cord, successful separation.

SACROCOCCYGEAL TERATOMA WITH ASSOCIATED UROGENITAL ABNORMALITIES A RARITY WITHIN THE RARE

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Introduction:

Sacrococcygeal teratomas are a rare entity with a female pre-dominance and occurrence of 1; 35000- 40000 live births. Occurrence of hydronephrosis accounts for 16.2% of all the sacrococcygeal teratomas.

While it might suggest that the volume of the sacrococcygeal teratoma might have an effect in contributing towards hydronephrosis, but the literature suggests otherwise. We herein present a case series of two cases of sacrococcygeal teratoma admitted and operated at the department of Pediatric

surgery, Holy family hospital, Rawalpindi.

The first case of the series was 2 months old female child admitted via outpatient department with a mass in the sacrococcygeal region. Ultrasound showed mild dilatation of pelvicalyceal system and proximal ureter along with left polycystic kidney disease. The excision was done meticulously and post operative course was unremarkable with a successful decline of alpha fetoprotein on follow up visits.

The second case of the series was a one-year-old female child who was referred from Benazir Bhutto hospital with massive cystic swelling in the gluteal region. Antenatal diagnosis of sacrococcygeal teratoma has already been made. Ultrasonography suggested gross abdominal ascites, bilateral hydronephrosis and cholelithiasis. Ascitic tap was done, and fluid was sent for routine examination which suggested it to be urinary ascites. Post operative recovery was delayed and extravasation of urine was seen from the wound site which led to wound dehiscence at 10th post operative day. For 3 months follow up, the patient didn't report out patient department after which parents were contacted via telephonic conversation which reported that the patient had developed pneumonia and couldn't recover and ultimately passed away in pediatric intensive care unit.

In contrast to clinically obvious abnormalities, urogenital abnormalities might be latently present. Therefore, routine renal ultrasound should be done of all such patients who present with sacrococcygeal teratomas.

EVALUATION OF PSYCHOSOCIAL IMPACT OF CONGENITAL TALIPES EQUINOVARUS USING PARENTAL STRESS SCALE

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Objective:

Objective of this study was to determine whether the parents of patients with congenital talipes equinovarus were stressed out due to the condition of the child. Various studies have been done where different congenital abnormalities and their association with parental stress has been studied but very less data is available when it comes to spectrum of psychosocial trauma these patients and their parents go through. And if proven, we will be able to

understand the long-term psychological effect of the disease on the patients and their parents. We will be able to draw recommendations for long term psychosocial rehabilitation of such parents. At hospital level, we will be able to build liaison with institute of psychiatry for proper counseling and management of such parents.

After approval from ERB and informed consent, A Quantitative interview study of parents of 31 patients at the Department of Orthopedic Surgery, Holy family hospital; Duration 10 months from January 2021 – October. All the data was recorded on the Performa/ questionnaire. All the statistical data was entered on spss22.

Association of Pirani scoring with parental stress score was analyzed using regression analysis. Qualitative data such as gender, side involved, foot involved were analyzed as frequency distribution.

Quantitative data such as age, Pirani score, parental stress score was analyzed as mean from standard deviation.

Mean age is 12.87 months +/- SD4.7, Mean Pirani Score is 2.8387 +/- SD 1.206, Mean Parental Stress Score is 53.19 +/- 13.420 Side involvement: 35% right sided CTEV, 9.7% left sided CTEV, 54% Bilateral CTEV

By regression analysis, following interpretation was drawn The co-relation between total score and Pirani score is statically significant (<0.005) Using anova, co relation between age and total score is statistically significant ($<0.05\%$) Hence, we conclude that, Mean age of presentation is around 12 months with a mean Pirani score of 2.8. 54% bilateral CTEV, 35% right sided CTEV and 9.7% Left sided CTEV Using multivariate analysis, age and Pirani score have statically significant relation with Total Parental stress score.

DISTAL ESOPHAGEAL SPASM(DES) IS ACHALASIA IN EVOLUTION: A CASE REPORT

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Introduction:

With the advent of High resolution manometry(HRM) and standardization of findings through Chicago classification v.4.0. categorization of esophageal motility disorders has not only become easy but simultaneously more insight into the pathophysiology and inter-connection amongst different motility disorders is possible. DES and Achalasia are two separate yet overlapping entities like higher amplitude

simultaneous contractions of the esophagus. However, for DES there must be some peristaltic activity on manometry and LES relaxation is normal which is incomplete in patients with Achalasia. This issue is further complicated as DES may evolve to achalasia over time with the likely progression to aperistalsis.

We share a case of a 80 year old man who presented with dysphagia to solid and liquids for 4 yers. He underwent upper GI endoscopy with no evidence of mechanical obstruction. His Barrium Swallow showed Corkscrew appearance of distal esophagous suggesting tertiary peristalsis movement in esophagous. HRM was performed showing premature contractions with DL <4.5 sec with mean DL of 3.11 sec. However, with last two viscous swallows the pattern changed to panesophageal pressurizations. Overall mean IRP for 4 seconds was 9.354 mmHg (Normal <15 mmHg), however with DES the mean was 10.344 mm of Hg whereas with panesophageal pressurization the mean IRP raised to 13.25 mm of Hg. The maximum IRP was with the last swallow exhibiting panesophageal pressurization and was 14.1 mm of Hg.

So as per Chicago classification v 4.0 a diagnosis of “Distal Esophageal Spasm(DES)” was made and patient is put on calcium channel blockers with a repeat manometry after 3 months.

P. ROSEA; A RARE DERMATOLOGICAL MANIFESTATION IN A PATIENT OF
HCV DCLD USING DAAS (DIRECT ACTING ANTIVIRALS; SOFOS AND DACLA)

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Introduction:

PTYRIASIS ROSEA is a common type of rash that often goes away on its own. it typically start with a large patch of red raised skin. This “mother patch” or “herald Patch” may be surrounded by small red bumps called “daughter patches” that are typically oval. It is sometimes called a “Christmas Tree rash”. It may be cause by stress, infection or as side effects of some drugs but previously no association was reported with use of DAAs.

We are presenting a rare dermatological manifestation in a 46-year-old male patient of HCV DCLD, CPC-B with no other premorbid, who when started taking DAAs (Sofos and Dacla) develop rash (erythematous annular plaques with collarette scales like lesions) on his elbows, around knees, inner thighs and shin after 3rd month of taking DAAs. Rash was associated with itching. Patient was treated by dermatologist for presumptive diagnoses of P.Rosea with emollients, topical steroids, topical antibiotics, topical antifungals, antihistamines etc., but no improvement occurred during the time when he was on DAAs. After completion of DAAs course for 6 months, his symptomatic rash started to disappear on its own and almost completely resolved. Biopsy was advised to make the final diagnosis.

DAAs are safe and well tolerated drugs with no serious side effects, however some rare side effects can occur with them as well. One can except dermatological manifestation like P. Rosea with DAAs but the condition is self-limiting and reversible after discontinuation of DAAs therapy. This case is being reported in order to increase the awareness among medical professionals.

A CASE SERIES OF HEPATIC TUBERCULOSIS

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Introduction:

Tuberculosis is a common health issue in Pakistan with an annual incidence of 177/100,0001. It can involve almost any organ of human body and thus can present in several ways, including some very unusual presentations. Amongst the extra-pulmonary site's lymph nodes (36.2%) are the commonest followed by abdominal (35%) involvement². 50% of the abdominal cases presents with small bowel involvement, 35.7% with ileo-cecal involvement and less than 1% of these cases is located too the

liver. Hepatic TB (HTB) can appear because of miliary tuberculosis or as a primary localized lesion. Symptoms and the findings of HTB, such as abdominal pain or jaundice, are not specific, and the delay of diagnoses could lead to end-stage liver disease, failure, and death [5]. Lastly, the diagnosis of HTB is based on histopathological and microbiological findings from the liver biopsy

Here in, we repost case series of immunocompetent patient with primary HTB without any other sites of infection. Inimmune-competent patients' involvement of liver spleen and lymph nodes is a diagnostic challenge and differentials include lymphomas and metastatic disease.

We conclude that in low socioeconomic countries hepatic tuberculosis is a rare entity but still an important differential in patients with nonspecific abdominal symptoms. Thus, it is of paramount importance to suspect its presence in cases with diagnostic dilemmas. Therefore, least invasive and

safer techniques like EUS should be adapted for early diagnosis, better prognosis and treatment response monitoring. HTB can be managed effectively if diagnosed in time and it can lead to death if left untreated.

DIAGNOSIS OF OBSCURE OR OCCULT GI BLEED (OGIB)

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Introduction:

The evaluation of OGIB consists of a judicious search of the cause of bleeding, which should be guided by the clinical history and physical findings. The standard approach to patients with OGIB is to directly evaluate the gastrointestinal tract by endoscopy, abdominal computed tomography, angiography, radionuclide scanning, capsule endoscopy.

26 years old male's history dates to about 8-10 years when he started having Episodic vague crampy non radiating abdominal pain associated with vomiting. After 2 to 3 years of onset of pain abdomen he started having intermittent melena (black tarry foul smelling and difficult to stools) 3 to 5 times per month. It was never associated with hematemesis or any other orificial bleed but gradually he needed to get blood transfusions due to severe anemia. Over the years he has been extensively worked up to rule out the underlying cause of bleed but no definite diagnosis was made. Then capsule endoscopy was performed but we ended up incomplete examination due to retention of capsule in intestine, which was traced by exploratory laparotomy that was retained by a stricture in ileum and overlying the stricture a bleeding ulcer was found during surgery.

The source of OGIB can be identified in 85%-90%, no bleeding sites will be found in about 5%-10% of cases. Even if the bleedings originating from the small bowel are not frequent in clinical practice (7.6% of all digestive hemorrhages, in our casuistry), they are notoriously difficult to diagnose.

FREQUENCY OF CERVICAL VS LUMBAR SPONDYLOSIS IN DIFFERENT AGE GROUPS ON MRI

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Objective:

The objective of the study was to determine frequencies of cervical and lumbar spondylosis within different age groups diagnosed based on MRI findings.

The simple descriptive cross-sectional study was conducted at Radiology department of Pakistan Institute of Medical Sciences, Rawalpindi. Total 70 patients of different age groups were included in this study. Data was collected from records of patients diagnosed with spondylosis on MRI. Appropriate statistical data analysis technique by using SPSS (Vol. 20) was applied.

Numerical or quantitative variables such as age, level of vertebrae affected were expressed. Frequencies of gender, clinical presentations and causes of spondylosis were calculated. This was a simple cross-sectional descriptive study, and the duration of the study was 4 months from November 2020 to February 2021. Total 70 patients were included in the study and previous records were used for the purpose of collecting information about the MRI findings.

of spondylosis. MRI findings of spondylosis were analyzed by using frequencies and percentages.

Results indicated that out of 70, 13 (18%) had cervical and 57(82%) had lumbar spondylosis. 31(44%) patients were males and 39 (55%) were females. Positive correlation ($r= 0.223$) was found between increase in age and risk of spondylosis. Most common age group for spondylosis was 41-60 years. Spondylosis was also noted in the age group of 21-40 years. No case was reported below 20 years. Out of 67 patients with known history, 54 patients had degenerative changes which are more common in lumbar region than cervical region in patients having more than 40 years of age and 13 patients had a history of trauma.

Spondylosis is more common in lumbar region than cervical region. Risk of spondylosis increases with the age. However, it can also occur in young age. Results also show that degenerative changes are the most common cause of spondylosis than trauma.

Cervical Spondylosis, Lumbar Spondylosis, Magnetic Resonance Imaging.

WBC TO PLATELET RATIO AS A MARKER OF ADVERSE OUTCOME IN ORGANOPHOSPHATE POISONING: A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Objective:

Among acute illnesses presenting in emergency department, poisonings pose a significant hazard on human health with Organophosphates (OP) being one of the common ones. Complete Blood Picture is cheap and easily available. Generally, rise in WBC count occurs secondary to stress response in body so leukocyte count must be raised in marked stress. Main aim of this study is to ascertain the Correlation of level of WBC/Platelets with the severity outcome of organophosphate poisoning.

This was a cross-sectional study conducted in the Department of Emergency Medicine over a period of 6 months. Patients with clinical features of OP Poisoning who presented in the ER within 24 hours were included in the study. Patients with co-morbid, multiple poisonings, concurrent infective etiologies or bleeding tendencies were excluded. A total of 48 patients were enrolled in the study. Following ethical approval, informed consent was taken, and data was collected on specialized performas which was then analyzed using SPSS.

The study included a total of 46 patients, with ages ranging from 12 to 42 years ($M = 22.8$, $SD = 7.29$), with the majority being formed by females 30(65.2%). Out of 46 participants, 13(28.3%) were married, while 33(71.7%) were unmarried. 37% belonged to a rural background. Most participants (84.8%) had taken the rodenticide poison. Out of the 46 patients, 27 were discharged, 15 were admitted to the ward, 3 were intubated and shifted to the ICU while 1 patient died in the Emergency Department. A nonparametric correlation analysis was performed, and a statistically significant effect of WBC to Platelet ratio ($p < 0.01$) on Emergency Department Fate of the patients. The Spearman's rho correlation coefficient was calculated, and a moderately strong correlation was found. Thus, those patients who had an elevated WBC/Platelet ratio were more likely to suffer and a worse ED outcome.

The results indicate that Patients with a higher WBC-to-Platelet ratio had statistically significant worse outcomes. Such patient was more likely to be admitted and sent to the ICU versus those with lower counts. Such patients were also less likely to be intubated.

ACUTE PERFORATED DUODENAL ULCER: RISK FACTORS, CLINICAL PRESENTATION AND OUTCOMES OF SURGICAL MANAGEMENT

Objective

To determine outcomes of patients presenting with perforated duodenal ulcer (PDU) in terms of mortality and morbidity with respect to their clinical presentation.

This is retrospective cross sectional study conducted at surgical unit-I, Benazir Bhutto Hospital, Rawalpindi. Medical record of patients underwent surgical management for PDU was reviewed from January 2021 to June 2021 (6 months).

Total cases observed were thirteen and all were of male gender. Age distribution ranged from 30 – 60, only two patients presented in 20's. Almost 46% were referred from peripheries of Punjab. Only 5 patients out of 13 presented within 24 hours, maximum late presentation was on day 5th. 53% presented in grade 2 shock, while 47% presented in grade 3. Observed associated risk factors with PDU were smoking (76%), APD (38%), NSAIDS (23%) and steroids/hakeic medication (15%). Post. Operatively, 70% admitted in ward and all were discharge d, while 30% admitted in ICU and unfortunately, all landed up in mortality. Observed post. Operative complications were Atelectasis (92%), pyrexia (23%) and wound infection (15%). Length of hospital stay ranges between 5-7th day, while patients who developed complication pyrexia and wound infection were discharged on 9th day.

Smoking found out to be a major contributor in causing PDU. Trend has been shifted from APD from last two decades due to availability of PPI and H 2 receptor antagonist. Delayed presentation of patients with PDU resulted in critical care admissions post operatively, and mortality. Patients who present with 24 hours are better responders to resuscitation, develop lesser post. Operative complications and maximum 5 days hospital length of stay.

GRANULOMATOSIS WITH POLYANGIITIS COMPLICATED WITH MUCOR MYCOSIS

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Introduction:

GPA is a rare multisystem autoimmune disease with annual incidence of 10 cases per million. Male to female ratio is 1:1. It is a systemic vasculitis involving both arterial & venous circulation, most

commonly involves nose, sinuses, throat, lungs and kidneys. Tissue biopsy from a site of active disease(kidney and lung) are the most specific confirmatory tests for GPA. ANCA positivity is found only in about 50% of the patients with disease. Antineutrophil cytoplasmic antibodies directed against proteinase 3 (PR3-ANCA) is highly specific i.e positive in 95% of the patients with generalized disease.

A young female with no premorbid presented with hearing loss and runny nose for last 04 weeks and productive cough for last 01 week. Examination findings: Bilateral nasal polypoidal growth, saddle nose deformity, right eye proptosis, right sided lower motor type of facial nerve palsy and sensory neural deafness of right ear. On chest auscultation, there were findings of consolidation/cavitation involving left sided chest.

Positive investigations: Pansinusitis, 7th and 8th cranial nerve involvement, Pulmonary and renal involvement, C-ANCA Positive, raised ESR, Polypoidal growth, nasal biopsy showing necrotic tissue with wide angle branched fungal hyphae.

Induction therapy with steroids & cyclophosphamide has excellent initial therapeutic response with complete remission in 75% patients. Only four cases have been reported of

infectious Mucor mycosis with GPA. Detailed history & examination is the key to early diagnosis of a rare disease.

VASCULARIZED LYMPH NODES TRANSFER

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Introduction:

Despite long-standing efforts by pioneer surgeons, surgical treatment for lymphedema is still a challenging task. However, surgeons' recognition of lymphedema as a surgically treatable condition is increasing, and microsurgical techniques continue to be refined. VLNT is a fairly new reconstructive surgical method. The aim is to induce the regeneration of the lymphatic pathways by surgically removing scar tissue and bringing healthy lymphatic tissue, lymph nodes, and fat tissue from the donor to recipient area.

48-year-old male presented with complain of primary lymphedema tarda of left lower limb. VASCULARISED LYMPH NODES TRANSFER in VLNT, an autologous flap that includes lymph nodes (supraclavicular LN in our case) is harvested from a healthy donor site and transferred to the lymphedematous area.

GRUBER-FRANTZ TUMOR: CASE REPORT OF A RARE PANCREATIC NEOPLASM

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Introduction:

Pseudopapillary neoplasm of pancreas is an unusual pathological condition accounting 1 to 2% of all exocrine pancreatic tumour having very low malignant potential. It has female predilection in 2nd or 3rd decades and excellent prognosis with adequate surgical treatment. A 35-year-old woman presented with pain in epigastrium and right hypochondrium for 1 year associated with occasional nausea. On clinical examination mass was palpable in right hypochondrium. USG Abd revealed a well-defined heterogenous round solid mass confirmed further on CECT scan which shows soft tissue density mass lesion at head of pancreas measuring

19.5*11*9.6cm. Upper GI endoscopy done and there was external compression at the body of stomach, multiple biopsies were taken. FNAC reported as tissue composed of pseudo papillae lined by columnar cells with central vascular core suggesting features consistent of pseudopapillary pancreatic neoplasm. Exploratory laparotomy with complete pancreatic resection was done. Histopathology confirmed the diagnosis. Post-operative evolution was uneventful, and patient was discharged on 5th post op day.

Despite the rarity of solid pseudopapillary pancreatic neoplasm and its nonspecific presentation, this must be in differential diagnosis of the abdominal masses specially presented in young females. The tumor often detected as an incidental finding on imaging. CECT scan and histopathology is necessary for the diagnosis there is favorable prognosis with complete resection of tumor.

ROLE OF EMOTIONAL INTELLIGENCE IN DETERMINING LEADERSHIP CAPACITY AND SELF-EFFICACY AMONG MEDICAL STUDENTS: A CROSS-SECTIONAL STUDY

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Objective:

Emotional intelligence is an “ability which focuses on the accurate perception and expression of emotion; the understanding of emotional knowledge; the use of feelings to facilitate thought; and to regulate emotions in oneself and others”. Studies have shown that there is a direct correlation between medical education and emotional intelligence. Emotional Intelligence is an essential component of medical education nowadays.

Leadership is defined as the ability to influence others in certain direction in order to achieve the shared goals. Leadership Capacity has been found to be an integral part of curriculum for becoming physician leaders. Study has shown that emotional intelligence of a person also influences the way of leadership a leader uses. Self-efficacy is defined as one’s ability to produce desired results through their own actions. It is able to explain self-efficacy.

Correlation of Emotional Intelligence with Gender, Boarding Status, Smoking Habits, Physical Activity Self Efficacy and Leadership Skills among medical students has been established in this study.

It was a Cross sectional Study conducted at Rawalpindi Medical University during 3 months after approval targeting Medical Students of Rawalpindi Medical University with a predetermined sample size of 250.

Multivariate Regression Analysis for predictors of Emotional Intelligence in Medical Students revealed that only presence of Physical Activity was a statistically significant predictor of higher emotional intelligence ($p < 0.05$) while gender, smoking habits and boarding status were insignificant with p values being 0.367, 0.817 and 0.256 respectively

It was concluded that physical activity is a statistically significant predictor of emotional intelligence in medical students.

A positive correlation of emotional intelligence with leadership skills and self-efficacy was observed.

However, no association with gender, age, smoking and boarding status could be established.

DELAYED RECOGNITION OF TYPE 1 COLONIC ATRESIA: A RARE MALFORMATION

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Case report:

Colonic atresia is the least common type of intestinal atresia. It is a rare pathology observed in 1.8%-15% cases of intestinal atresia. This paper reports the case of an infant who presented with constipation and abdominal distension. Type I colonic atresia was found on surgical exploration. Surgical excision of web was done. Patient had a good post op recovery and is doing well on one year follow up.

CORRELATION OF NUTROPHIL LYMPHOCYTE COUNT RATIO WITH THE SEVERITY OF ACUTE PANCREATITIS

Anam Shakeel¹

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Objective:

Acute pancreatitis is a pancreatic inflammatory condition, with the underlying tissue and remote organ systems involved. Early diagnosis of severe acute pancreatitis is crucial if care is to continue treatment in due course, as early as possible to detect complications. The NLR is determined by dividing the peripheral blood neutrophil count by the lymphocyte count. In benign and malignant clinical conditions, high NLRs have been associated with poor prognosis. To determine the frequency of severe acute pancreatitis in patients with acute pancreatitis and to compare the mean neutrophil-lymphocyte ratio between mild to moderate and severe pancreatitis.

The Cross-sectional study was conducted at Gastroenterology Department, Holy Family Hospital, Rawalpindi during October 30, 2020 to April 30, 2021 Total 95 patients with clinical diagnosis of acute pancreatitis were included. Ransom's score was calculated. Severity was confirmed on second post-admission day completing ransom's criteria. The NLR values were calculated. Sample for NLR was taken on day of admission and repeated after 72 hours of admission. Data were entered and analyzed using SPSS v25.0. Independent t-test was used to determine if mean score was significantly different between two categories of severe pancreatitis as per ransom's scale.

The mean age of the patients in our study was 64.66 ± 5.84 year. Out of 95 patients, 40(42.1%) were males and 55(57.9%) were females. The frequency of severe acute pancreatitis in patients with acute pancreatitis was 22.1%. The results of NLR at admission and at 72 hours of admission were significantly different in patients regarding severity of acute pancreatitis. Increased NLR was associated with severe acute pancreatitis. NLR can be used as a prognostic biomarker in patients admitted to the emergency department with acute pancreatitis.

Severe Acute Pancreatitis, Acute Pancreatitis, Neutrophil-Lymphocyte Ratio.

ISOLATED PANCREATIC TUBERCULOSIS PRESENTING AS OBSTRUCTIVE JAUNDICE

Sayyam Fatima¹, Aroosh Hanif², Anum Shafique³

^{1,2,3}Post graduate trainee, SU1-HFH

Case Report:

A 36-year-old male patient presented in surgical clinic with complaints of abdominal pain and progressively increasing yellowish discoloration of his skin and sclera for last 1 month. He was deeply jaundiced with mild tenderness in epigastric region. He had a strong family history of tuberculosis.

Diagnostic work-up revealed obstructive jaundice secondary to pancreatic tuberculosis. Tomographic examination revealed a pancreatic head mass with peripancreatic lymphadenopathy. Endoscopic ultrasound (EUS) showed a mass at pancreatic head region & EUS guided fine needle aspiration revealed tuberculosis. Patient was started on anti-tubercular therapy with gradual improvement of symptoms over the course of treatment.

Extrahepatic biliary obstruction, Pancreatic tuberculosis, Anti-tuberculosis treatment, Endoscopic Ultrasound.

EFFECT OF COVID 19 VACCINE ON PREGNANT LADIES, FETAL AND MATERNAL OUTCOME

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PGT Gyn/Obs DHQ Hospital Rawalpindi

Objective:

To evaluate the effect of Covid 19 vaccines on pregnant ladies, fetal and maternal outcome. This cross-sectional observational study was conducted at the department of gynecology and obstetrics,

DHQ Hospital, Rawalpindi, from September 2021 to November 2021. Eligible women were pregnant

women and of age 18 to 45 years able to provide an informed consent and received the COVID-19 vaccine.

The mean age of the ladies was 25 +/- 1.5 years. Three hundred and five (76%) of the ladies had a normal outcome, twenty-eight (7 %) had caesarean, fifty-two (13%) had Obstructed labor and sixteen (4%) of the girls had miscarriages. Three hundred and five (76%) of babies had a normal weight, sixty-eight (17%) had low birth weight and twenty-eight (7%) had to be admitted to NICU. A statistically significant relationship was not found between Covid vaccine and maternal fetal outcome ($P < 0.001$).

The study concludes that most of the ladies had normal outcome. Out of the four hundred and one ladies who were treated, two hundred thirty-one had spontaneous vaginal delivery. Covid 19 vaccine had no significant impact on maternal fetal outcome.

Infant low Birth weight, maternal mortality rate, abortion

SLE AND SECONDARY SJOGREN'S SYNDROME: A CASE REPORT

Abdul Kabeer Baig¹

PGT MU2 HFH

Case Report:

Systemic lupus erythematosus is a complex disorder of autoimmune origin involving multiple organs, widespread clinical manifestations and varying clinical outcome, characterized by episode of active disease and remission. It may be associated with Sjogren's syndrome, an autoimmune chronic inflammatory condition involving the lacrimal and the salivary glands, resulting in decreased oral and lacrimal secretions leading to dry mouth and dry eyes.

We present a case of 38 years old married female with dry mouth, oral ulcers, and joint pain. Oral ulcers were there for two years. These were recurrent and aggravated by taking spicy meals and relived temporarily by topical steroids. Joint involvement was characterized by morning stiffness and painful swelling of small joints of hands. Low grade fever, Raynaud's phenomenon, and hair loss were additionally noted.

Laboratory workup showed raised CRP and ESR (22mg/L & 50mm), and thrombocytopenia

($110 \times 10^9/L$). Autoimmune profile showed positive ANA, Anti dsDNA, ANTI-RO, ANTI-LA, ANTI SMITH antibodies. These findings were consistent with diagnosis of "SLE with Sjogren's syndrome".

This case reports depicts variable extent of clinical symptoms and associations of SLE that can present as a primary disease.

Systemic lupus erythematosus, Autoimmune diseases, Sjogren's syndrome, Raynaud disease, Thrombocytopenia.

MCARDLE DISEASE: A CASE REPORT

Muhammad Sarfraz¹

Case Report:

McArdle disease is a glycogen storage disease (type V) which is due to the inherited deficiency of myophosphorylase enzyme required for the breakdown of muscle glycogen. It typically presents with exercise intolerance, early fatigability, muscle aches and sometimes leading to rhabdomyolysis (leading to AKI) secondary to myoglobinuria in case of unaccustomed exercise.

The spectrum of clinical presentation is somewhat associated with the intensity of stimulus. We present the case of a 27years old male with bilateral lower limbs weakness associated with muscle aches, dark colored urine which later turned into anuria. This was precipitated after he had hiking in the Northern areas. He had repeated history of exercise intolerance, easy fatigability and dark colored urine worsening with exertion since childhood.

Laboratory evaluation showed significantly elevated CPK (>90000 U/L), Urea(137mg/dl) and creatinine (7.9mg/dl). Urine examination showed blood +++ but no RBCs and casts, suggesting myoglobinuria. Furthermore, minimal ischemia test and EMG/NCS were carried out and were suggestive of McArdle disease. Muscle biopsy then confirmed the diagnosis of McArdle disease.

This case report illustrates that how this disease goes unnoticed for years and once diagnosed patient can be appropriately managed.

Glycogen storage disease, Glycogen phosphorylase, myopathy, rhabdomyolysis.

CLINICAL AUDIT ANKLE FRACTURES

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Introduction: Ankle fractures are common among adult age group with an incidence of 174 per 100000 per year and they pose serious problems in management of geriatric age group because of osteoporotic bone. Our aim of current clinical audit was to introduce changes in current clinical practice by recommendations according to Standard guidelines of management of Ankle Fractures.

Clinical Audit was carried out in Department of Orthopedics, Benazir Bhutto Hospital in Outdoor and Emergency Patients of age group 20-70 years.

Emergency, Outdoor Slips were evaluated according to Standards of Practice formulated. Then a presentation was given to medical staff on Guidelines of Ankle fractures management and they were informed about the deficiencies in their documentation and management.

Pana flexes of Guidelines were displayed in ER and ward and then re-evaluation was done for improvement in management and documentation.

Following are the results of comparison of documentation and difference in management before and after Intervention when the Medical Record was re-evaluated after presentation and display of Pana flex. There was a significant improvement in documentation and management of patients with this intervention.

Clinical Audits should be carried out on regular basis in hospital settings as they help to improve the standards of care as well as proper documentation which has legal importance.

MESENTEROAXIAL VOLVULUS OF STOMACH WITH DIAPHRAGMATIC EVENTRATION

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Introduction

Gastric volvulus is defined as an acquired swirling of the stomach or its parts more than 180° creating a closed loop barrier. It affects both genders. Out of 300, about 10–20% of cases occur in children, usually in infancy. Gastric volvulus is a sparse and true surgical catastrophe which is potentially life endangering if not recognized and managed on time. This condition is found to be most common in late 50s of life but there are more than 100 reported pediatric cases also 2-year-old female girl presented with a day-long history of acute non-bilious vomiting and an obvious swelling in the upper abdomen. On physical examination, she had a markedly distended abdomen, soft, non-tender, with a palpable mass in left hypochondrium, extending to umbilicus; measuring 8*10cm Thoracoabdominal X rays were advised which revealed a distended gastric bubble with left diaphragmatic eventration. An ultrasound doppler was advised for gastric malrotation, which reported supposed superior mesenteric vein overlapping of the right superior mesenteric artery. Confirmatory barium study was recommended which supported the provisional diagnosis of malrotation. The girl was aggressively resuscitated and planned for exploratory laparotomy at the second day of admission.

Gastric volvulus along with gut eventration and splenic volvulus is a very rare clinical finding so research for optimal clinical management is still underway. Delay in definitive management and resulting lethal complications necessitate a high degree of clinical suspicion for timely diagnosis and intervention. To our knowledge, this is the first local occurrence with such a presentation.

Emergency laparotomy with open fixation and fundoplication has resulted in lower recurrence rates.

APPENDICEAL BAND SYNDROME AS A CAUSE OF MECHANICAL INTESTINAL OBSTRUCTION: A CASE REPORT

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⁶ *Associate professor, Department of pediatric surgery, Holy family Hospital*

Case report:

Acute appendicitis is a common surgical emergency we encounter on surgical floor.

Adynamic obstruction due to appendicitis and its related complications are seen very often; however, the mechanical obstruction is a rare happening associated with acute appendicitis.

We reported a case of 7 years old boy, who presented with generalized abdominal pain more marked in right iliac fossa and abdominal distension as well. On clinical examination tenderness in RIF and guarding in lower abdomen was present. Complete blood picture was

showing the leucocytosis and neutrophilia and rest of the laboratory findings were reference ranges. After making the patient clinically stable the retrograde appendectomy was performed. At operation, the vermiform appendix was found encircling a loop of terminal ileum like a band. The tip of appendix was gangrenous. The postoperative recovery was uneventful.

Acute appendicitis, Appendiceal band syndrome, intestinal obstruction.

TYPICAL HEMOLYTIC UREMIC SYNDROME: A CASE REPORT

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Case Report:

Hemolytic uremic syndrome belongs to a group of thrombotic microangiopathy. The hemolytic uremic syndrome is characterized by a triad of microangiopathic hemolytic anemia, thrombocytopenia, and acute renal damage. We are presenting a case of 16 years old boy who presented to us with acute diarrhea. The lab parameters were showing the picture of HUS with significant number of schistocytes on peripheral film though stool culture showed no pathogens. The patient was managed promptly with IV hydration and was closely monitored. The recovery became evident after a few days. Therefore, we hereby emphasize the importance of prompt and immediate management of typical HUS with IV fluids to help reduce the incidence of acute kidney injury and make the outcomes better.

ISOLATED SIGMOID STRICTURE IN AN INFANT FOLLOWING NECROTIZING ENTEROCOLITIS

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Case Report:

Intestinal stricture is a relatively uncommon and severe complication of necrotizing enterocolitis (NEC), which may cause prolonged morbidity and can occur in one-third of newborns with NEC. The common locations of stricture are ascending colon, descending colon, transverse colon, hepatic flexure, splenic flexure together with sigmoid colon. Stricture mostly involves right side of the gut. We hereby report a case of isolated sigmoid stricture following NEC in a male infant.

Intrauterine Torsion Of The Finger

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Case report:

A lot of newborns present with the post-axial polydactyly, but its intrauterine torsion and gangrene is a rare event. Only two cases have been reported previously in the literature. We are reporting a similar third case of intrauterine torsion of post axial polydactyly.

KEYWORDS: Polydactyly; Torsion; Child; Newborn

KNOWLEDGE, ATTITUDE AND PRACTICES OF SURGEONS REGARDING VENOUS THROMBOEMBOLISM PROPHYLAXIS IN TERTIARY HEALTHCARE HOSPITALS OF RAWALPINDI DISTRICT

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Objectives: To determine knowledge, attitude, practices regarding VTE prophylaxis amongst the practicing doctors in Rawalpindi District and to compare with the international health care units. Methods: A cross sectional study was conducted from April till August 2019, in the three public sector hospitals namely: Holy family hospital, Benazir Bhutto hospital, and District headquarters hospital Rawalpindi. Using a predesigned questionnaire regarding venous thromboembolism prophylaxis practices from Venkataram et al. 220 questionnaires were distributed and analyzed using SPSS version 25.

Of the total participants 150, 140 and 113 reported to have encountered DVT, PE, and mortalities due to PE respectively during the course of their practice. 75.5% routinely gave DVT prophylaxis to their post-operative patients. 30% practiced hospital-based regimes for prophylaxis. Participants preferred mechanical prophylaxis for low risk patients and a combination of both mechanical and pharmacological prophylaxis was preferred for moderate and high-risk patients.

We found that almost all surgeons had encountered VTE, however knowledge regarding prophylactic measures was inadequate. Most hospitals do not have institute-based protocols. We would advocate for greater awareness and education of surgeons on this topic and the adoption of national guidelines for VTE prophylaxis.

Prophylaxis, mortality, pulmonary embolism, deep vein thrombosis.

COMMUNICATION SKILLS OF POSTGRADUATE RESIDENTS USING HEALTH PROFESSIONALS COMMUNICATION SKILLS SCALE

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Objective: To determine the communication skills level of Postgraduate residents (PGRs) working in Rawalpindi Medical University (RMU) using Health Professionals Communication Skills Scale (HP-CSS).

This cross-sectional study was conducted at RMU over a period of one month in January, 2020. All PGRs working at RMU were included in the study. For communication skills assessment, HP-CSS was used, which is an 18- question scale, reported on a Likert scale. It assesses communication skill in four subscales: informative communication, empathy, social skills and respect. Data was analyzed using SPSS 26.

Of the 191 respondents, 105 (54.9%) were satisfied with their communication skills level. Overall HP-CSS score was significantly higher among those who had attended communication skills workshop ($p=0.02$), among nonsmokers ($p=0.038$), those who were satisfied with their communication skills ($p=0.001$) and those who would like to be addressed in the same manner as they had addressed the patient ($p=0.001$). Among subscales of HP-CSS, informative communication was significantly higher among nonsmokers ($p=0.049$), who had attended communication skills workshop ($p=0.017$) and who were satisfied with their communication skills ($p=0.012$). Also, empathy was significantly higher among those who were satisfied with their communication skills ($p=0.004$). Respect was found significantly higher among those who were engaged ($p=0.03$), those who had attended communication skills workshop ($p=0.001$) and those who were satisfied with their communication skills ($p=0.017$). Social skills were significantly higher among medicine and allied residents ($p=0.04$), those who were non-boarders ($p=0.047$) and who were satisfied with their communication skills ($p=0.001$).

In general, communication skills were better among those who had attended its workshop and among non-smokers. Therefore, we recommend conducting workshops and applying different strategies to improve communication skills of our PGRs.

Postgraduate Residents; Communication skills; Empathy; Patients; Trainees .

MUCORMYCOSIS, CLINICAL AND SURGICAL FACTORS AFFECTING PROGNOSIS AND DISEASE SPECIFIC MORALITY OF THIS DISEASE

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Objective:

To discover factors that determines mortality in Mucor mycosis patients.

Materials and methods: This retrospective study included 17 patients diagnosed with Mucor mycosis and who had undergone treatment in our department, including both surgical and medical management between Jan 2020 to October 2021. There were 4 males and 13 female patients, whose mean age was 46 ± 15.67 years, ranging from year 20 to 70. All the patients were immune compromised because of diabetes mellitus. We studied the factors affecting mortality of patients affected with this disease, it included the extent of disease (Para-nasal sinuses, palatal, orbital or intracranial involvement), serum glucose level (SGL) and C-reactive protein levels.

Only one patient had paranasal sinuses involvement alone and patient became disease free after treatment. Disease specific mortality rate was $n=2$ (33.3 %) of $n=6$ patients with palatal involvement, and in 4 (100%) of 08 patients with intracranial involvement and 4 patients didn't have disease control at time of discharge and didn't follow up. Death rate in orbital involvement was 20% (3 of 15 patients) and 5 patients with intra orbital involvement left hospital against medical advice.

Analysis of data demonstrated that only intracranial ($p = 0.01$) involvement in addition to the nasal cavity and paranasal sinus involvement had statistically significant effect on survival rate unlike intra orbital ($p = 0.510$) and palatal involvement ($p = 0.171$).

According to Cox regression analysis, only the extent of the disease, not the other independent factors such as BSR and CRP levels, had a statistically significant predictive effect on disease specific mortality.

Early endoscopic nasal inspection, diagnosis, and treatment are critical for disease specific mortality in Mucor mycosis since orbital or cerebral involvement is linked to a poor prognosis. Patients who come with uncontrolled diabetes, ophthalmological findings, and palatal findings and with positive findings on nasal examination should necessitate urgent histopathological and radiological workup.

Mucor mycosis, diabetes mellitus, disease specific mortality, intracranial, intra orbital, palatal involvement.

AFFECTIVE TEMPERAMENTS AND ATTACHMENT STYLES AS MEDIATORS OF PSYCHOLOGICAL DISTRESS

DURING THE COVID-19 PANDEMIC

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Objectives:

This study investigates the pandemic and its psychological impact on the Pakistani population, identifying temperament and attachment styles, and analyzing the relationship between them.

This is a cross-sectional observational study conducted through an online survey between August 15 and September 15, 2020. The self-structured questionnaire included 1) Demographic details, 2) The Kessler 10 Psychological Distress Scale [1], 3) Temperament Evaluation of Memphis, Pisa, Paris, and San Diego-Munster (TEMPS-M) scale [2] and 4) Attachment Style Questionnaire-SF [3]. We ran standard univariate/bivariate comparisons of continuous measures (ANOVA) and categorical measures (contingency table/ χ^2) to compare factors of interest in the three groups of psychological distress i.e. normal, mild-moderate and severe. Data were analyzed using the Statistical Package for Social Sciences (SPSS) v.23.0 (IBM, Armonk, U.S.).

Out of the total, 97 (24%) reported a likelihood for no psychological distress, 135 (33.3%) reported a likelihood for mild-moderate psychological distress, while 173 (42.7%) reported a likelihood for severe psychological distress. Age ($OR = 0.864$; $p = 0.015$) and "Confidence" ($OR = 0.946$; $p = 0.037$) were significant protective factors against higher levels of psychological distress. On the other hand, "Preoccupation" ($OR = 1.061$; $p = 0.039$) was a risk factor for higher levels of distress. Similarly, depressive ($OR = 3.148$; $p < 0.001$), cyclothymic ($OR = 2.101$; $p < 0.001$), irritable ($OR = 1.682$; $p = 0.001$), and anxious ($OR = 1.971$; $p < 0.001$) temperaments were all risk factors for higher levels of psychological distress in the study population.

Our results show that psychological distress levels have increased considerably, but the predictors and protective factors are approximately identical. More importantly, they

reinforce the idea that both attachment styles and temperament can be used to predict the risk of developing psychological distress.

COVID-19, Psychological distress, Pandemic, Affective temperaments.

DICED CARTILAGE FOR AUGMENTATION RHINOPLASTY

Nida Riaz¹

Postgraduate Resident, Holy Family Hospital

Objective:

To determine the advantages of diced cartilage graft (wrapped in temporo-parietal fascia) in augmentation rhinoplasty as compared to synthetic grafts and costal cartilage grafts.

Randomized prospective observational study with Consecutive non-random type of sampling. The research has been conducted in patients of augmentation rhinoplasty in Department of Otorhinolaryngology and Head and Neck surgery, Holy Family Hospital, Rawalpindi. During 6 months.

Patients with external nasal deformity (depressed nasal dorsum). With a sample size of 10.

Till now our 10 patients have had a 6 month follow up and 9/10 patients have complete satisfaction for their procedure with regards to consistency in shape of the nose. Our follow up has also yielded that the cartilage is surviving up to 6 months. Though, a longer follow up is required for a definitive result.

Rhinoplasty is a cosmetic procedure performed to reshape the nose to improve appearance or function. The removal of humps or unevenness can make the nose appear proportionate to the body and help boost self-confidence.

Diced cartilage grafts are a valuable addition to rhinoplasty surgery. They are highly flexible and useful throughout the nose.

Their use simplifies one of the greatest challenges in all of rhinoplasty--dorsal augmentation. Complications have been relatively minor and their correction relatively simple.

Diced cartilage has dramatically revolutionized dorsal grafts in rhinoplasty surgery.

TUBEROUS SCLEROSIS COMPLEX; A CASE REPORT

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Introduction:

Tuberous sclerosis complex (TSC) is a rare multisystem autosomal-dominant neurocutaneous disorder characterized by hamartomas in different organ systems.[1,2] The hamartomatous lesions can be found anywhere; however, common locations are the brain, lungs, kidneys, heart, and eyes.[1,2] According to the International TSC Consensus(2012), the disorder is diagnosed through clinical manifestations and/or genetic basis.

Here, we are present a case report of a young female with a history of childhood epilepsy and mental retardation who was admitted to us with fever, increased frequency of convulsions, hematuria, and abdominal pain.

A 13-year-old Asian female presented in the ED of Holy Family Hospital Rawalpindi, Pakistan. The patient had a 10-day history of fever, lower abdominal pain, and hematuria along with increased frequency in convulsions for the past 4 days. She had a known history of generalized tonic-clonic seizures since the age of 8 months and was on AEDs with good compliance but poor control of seizures. The patient had delayed achievement of physical and mental milestones. Clinical examination revealed an irritable teenage girl with a lean built. She was febrile, had tachycardia (pulse rate 120 bpm), and reddish urine in the drain. Examination

showed multiple facial angiofibroma appearing as multiple brownish lesions in a butterfly pattern with sparing of the forehead and shagreen patch on the cheek [Figure 1]. Laboratory showed low hemoglobin level (4.0 g/dL), high total leukocytes ($21 \times 10^9/L$) and platelets counts ($521 \times 10^9/L$), and normal hepatorenal function tests. Urine examination revealed numerous pus and red blood cells. Abdominal ultrasonography showed a large heterogeneous lesion (9.4×7.4 cm) with internal cystic and necrotic components in the right lumbar region which could be of hepatic or renal origin.

*RECOVERY FROM DEEP COMA SECONDARY TO SPONTANEOUS
PARAFALCINE SUBDURAL EMPYEMA*

Jazib¹

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Background:

Parafalcine subdural empyema (SDE) is a rare entity consisting of pus accumulating below the longitudinal sinus, between the falx cerebri and the arachnoid layer covering the medial surface of the cerebral hemisphere. Its treatment strategy is controversial, but most clinicians have the general belief that appropriate treatment consists of prompt surgery combined with long-term antibiotic therapy.

Nevertheless, six reports published in the 1980s provided evidence that antibiotic therapy alone is a safe and suitable option. The treatment strategies and outcomes of the 31 well-described cases previously published, in addition to our own, are discussed.

We report a 21-year-old female with a right-side parafalcine SDE who presented with fever, headache, generalized tonic-clonic seizures, and contralateral hemiparesis 3 weeks after undergoing sinonasal surgery. Despite clinical symptoms almost entirely abating after starting treatment with broad-spectrum antibiotics, magnetic resonance imaging performed during the 2nd and 3rd weeks showed progressive enlargement of the interhemispheric collection (from 4 cm 3 to 30 cm 3). We reflect on the treatment strategy chosen for this patient, who experienced a total recovery.

A nonsurgical strategy for parafalcine SDE might be contemplated for patients with a good clinical condition and no major midline shift on neuroradiological studies, given their usual indolent course and the relative difficulty in reaching the interhemispheric fissure. Conversely, surgery should be contemplated when the collection significantly enlarges despite antibiotic therapy. When surgical drainage is added to antibiotics, broad-range 16S ribosomal DNA polymerase chain reaction of the empyema is recommended to identify the causative organism as pus cultures are usually sterile.

*CASE SERIES – PUESTOW'S MODIFIED PROCEDURE (LATERAL
PANCREATICOJUJENOSTOMY)
FOR CHRONIC PANCREATITIS*

Anam Saeed¹

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INTRODUCTION

Pancreatic duct calculi are main cause of intractable pain in chronic pancreatitis (CP). It causes irreversible destruction to pancreatic tissue. Most common cause is Alcohol (60%) others

causes of PD obstruction is stricture formation after trauma or by malignancy. Decompression options are both ERCP and surgery.

3 cases were included in case report with mean age group of 20-30 yrs, with chronic pancreatitis for more than 3 years, 2 patients were referred by center of liver diseases, after failed ERCP for PD stone removal, by cannulating PD and placing stent, later on Puestow's procedure (Parrington lateral pancreatojejunostomy) was done.

Case study is carried out in Holy Family Hospital in Surgical unit 1 during 2020-21 Case 1: 40yr old female with upper abdominal pain radiating towards back for last 4 yrs. and recent onset of yellow discoloration of sclera with serum total bilirubin 4.1, ErCP shows stricture in common bile duct with plastic stent and choledocholithiasis and PD stones with dilated up to 14 mm prepared for Puestow's.

Case 2: 15 yr. old male with pain and history of recurrent attacks of pancreatitis, episodes of attacks were severe and settled on hospital admission. ERCP done shows small stones retrieved from common bile duct and cannulated, but PD shows multiple filling defect with failed extraction, admitted for choledochotomy, cholecystectomy and pancreatojejunostomy.

Case 3: 36 yr. old male known DM was admitted with chronic pain and vomiting with cholelithiasis and chronic pancreatitis, MRCP shows pancreatic duct enlargement with multiple stenting done later on admitted for Puestow's procedure.

Patients were kept in follow up for 3 months. The surgery has marvelous result with uneventful course, patients remained pain free with no complications. 1 patient has continuous pain so celiac plexus block was advised. Surgical procedure lessens morbidity and length of hospital stay due to chronic attacks.

PRIMARY NON-PARASITIC SPLENIC CYST MANAGED BY SPLEEN-PRESERVING LAPROSCOPIC CYSTECTOMY- A CASE REPORT

Fakhar Munir Sial¹, Mubashir Rafique², Muhammad Hamza³, Rabia Arshad⁴, Aurengzeb Khan⁵, Muhammad Hanif⁶

Benazir Bhutto Hospital, RMU

Introduction:

Splenic cysts having epithelial lining is called as primary splenic cysts and they can be parasitic or non-

parasitic. The non-parasitic cysts are rare and include epidermal, neoplastic and vascular cysts.

24-year-old male with left hypochondrial swelling with no history of abdominal trauma. There was 12x14 cm in size, non-tender mass arising from left hypochondrium reaching up to umbilicus. His hydatid serology was negative. CT scan showed massive splenomegaly with 24 X 20 X 16 cm (CC, AP, TX) thin-walled cystic lesion with internal septation and tiny calcification near lower pole of the spleen. The lesion measured 24 X 20 X 16 cm (CC, AP, TX). He underwent laparoscopic cystectomy with complete spleen preservation. Per-operative findings included a large cyst at lower pole of the spleen extending up to diaphragm and displacing pancreas, stomach and left kidney. The cyst contained approximately 5L of turbid fluid collection and was excised totally from the splenic tissue with intact wall. The histopathology report showed cyst wall with denuded lining. The immunohistochemistry report showed positivity for CKAE1AE, calretinin and HBME1. A final diagnosis of true, non-parasitic splenic cyst was made.

There has been an ongoing debate about which surgical modality is better suited for patients with splenic cysts. Historically total or partial splenectomy either through laparoscopic or open approach has been done. Although laparoscopic technique is more suited for peripherally located cyst, it is associated with less morbidity in terms of wound complications, faster recovery and preserved splenic function.

There has been no previously reported case where laparoscopic cystectomy with splenic preservation has been done, and to our knowledge this is the first time it has been done with removal of the entire cyst wall intact.

Few Cases of Primary non-parasitic splenic cysts have been reported and extensive classification system

of the cysts need to be revised. Since the advent of the new laparoscopic techniques, on the basis of radiological findings, attempts should be made to conserve the splenic architecture in order to prevent

immediate or late post-op complications.

A CASE OF BILATERAL JUGULAR VENOUS THROMBOSIS SECONDARY TO LYMPHOMA MISDIAGNOSED AS TUBERCULOSIS

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Benazir Bhutto Hospital , RMU

Introduction:

Tuberculosis is one of the leading causes of death worldwide and is endemic in countries like Pakistan. It

Has an early clinical presentation that is very similar to conditions like lymphoma. Due to similarities Between the two, patients in some cases can be misdiagnosed.

18-year-old male patient presented with right sided neck swelling for 5 months. He started experiencing high grade fever, night sweats, weight loss and chest pain. He had no significant medical or surgical History. There were no palpable peripheral lymph nodes present anywhere in the body. On Echocardiography pericardial effusion was diagnosed and consequent pericardiocentesis was done, fluid was sent for r/e, cytology and c/s. The results of the investigation showed lymphocytic exudative fluid with raised ada levels but no afb was detected.

Due to high index of suspicion att was started empirically. Patient didn't follow up and later presented To us with a neck welling and no improvement of his previous symptoms despite being compliant on Att.

Cect 5.4*5.5*12.6 cm soft tissue density mass in superior mediastinum encasing major blood vessels of

Right side of clavicle. Intra luminal filling defect in bilateral jugular vein suggesting thrombosis. Soft tissue

Mass at right parasternal location, multiple variable signet lymph nodes noted at level 2,3,4,5. Moderate

Pericardial effusion and mild pleural effusion.

Core biopsy of the mass was done under sedation, per op findings included hard nodular mass, present On right side posterior aspect of sternocleidomastoid starting from the thyroid cartilage till right Infraclavicular area displacing the trachea. Tissue was sent for histopathology findings of which showed

Atypical lymphoid infiltrate. On immuno-histochemistry cd3, tdt were positive and cd20 was negative.

These findings were consistent with the diagnosis of pre-t lymphoblastic lymphoma. Patient was then

Sent to lymphoma center for chemotherapy.

Lymphoma should be considered as an important differential in patients presenting with symptoms Like tuberculosis, especially in smear negative patients. Furthermore, malignancy should always be Suspected in cases of unprovoked, bilateral jugular venous thrombosis.

ASSOCIATION OF HCV AND CHRONIC URTICARIA RESISTANT TO EMPIRICAL ANTI -HISTAMINE THERAPY

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Objective:

Hepatitis C (HCV) is associated with many dermatological manifestations. The aim of this study was to establish an association between HCV infection and chronic urticaria resistant to empirical anti-histamine therapy in patients of district Sargodha.

A total of 300 patients of chronic urticaria (>6 weeks) resistant to empirical anti-histamine therapy with different age groups ranging (18-60) years were examined for presence of antibody to HCV in a control population. A retrospective study was carried out at District Headquarters Hospital Sargodha over a period of 1st April, 2019 to 31st October 2019. Patients of chronic urticaria resistant to empirical anti-histamine therapy with no previous history of diabetes mellitus, hypertension or any other chronic illnesses like chronic liver disease (CLD), chronic renal failure (CRF) etc. were selected randomly. Fresh blood samples were taken from these patients and examined for HCV antibodies through serological techniques. All 300 patients (157 males and 143 females) included in the study were diagnosed to have chronic urticaria of duration more than 6 weeks and none of them had previously diagnosed HCV infection.

From 300 patients of chronic urticaria resistant to empirical anti-histamine therapy, 57 patients (34 males and 23 females) were diagnosed to have HCV antibodies and 243 patients showed negative results.

Our findings show a calculated prevalence of patients with HCV infection among chronic urticaria patients resistant to empirical antihistamine therapy.

*EVALUATION OF HOLMIUM LASER VERSUS COLD KNIFE IN OPTICAL INTERNAL
URETHROTOMY FOR THE MANAGEMENT OF URETHRAL STRICTURE*

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Introduction:

Optical internal urethrotomy is an endoscopic technique in which the strictures are treated in a minimally invasive way. To treat the stricture multiple methodologies have been used. Commonly used techniques include the cold knife technique while with advancement holmium laser technique has also become very common.

The aim of our study is to compare the outcomes of holmium laser urethrotomy with the conventional cold-knife technique in the treatment of urethral strictures.

This prospective cohort was conducted at the Department of Urology, Benazir Bhutto Hospital. A total 60 patients presenting with urethral strictures were divided into two groups. Group 1 underwent the Holmium laser technique treatment while group 2 will undergo Cold Knife technique treatment. Both the groups were compared for operative time, peak flow rates, complications and success of the procedure. Data was entered and analyzed in SPSS v23.0. The mean age of the 60 patients was 51.94 ± 13.70 . The peak flow rates were compared between the two groups (Cold Knife vs Holmium Laser) pre-operatively (7.45 ± 1.09 vs 7.28 ± 1.21) and post-operatively at 24 hours (16.21 ± 4.56 vs 12.21 ± 5.87), 15 days (27.35 ± 3.24 vs 23.62 ± 2.67), 3 months (23.60 ± 4.87 vs 19.67 ± 4.92), and 6 months (22.23 ± 3.80 vs 16.88 ± 2.08). The difference between the means of peak flow rates (PFR) was not statistically significant. Operative time was less in Cold knife technique compared to holmium laser (11.58 ± 3.37 vs 17.31 ± 2.75). Cold knife technique had relatively less post-operative complications ($p=0.028$). Bleeding (10.0% Vs 20.0%), rupture of urethra (3.33% Vs and 10.0%) extravasation of fluid (6.66% Vs 20.0%) was more common in holmium laser group.

Urethral stricture is a disease affecting middle-aged men. Both cold knife and laser urethrotomy are effective method for treatment of urethral stricture. PFR was increased post operatively more in the cold knife group. Operative time was shorter in cold knife group.

*COMPARISON OF HOLMIUM YAG LASER WITH PNEUMATIC LITHOTRIPSY IN THE
ENDOSCOPIC TREATMENT OF PROXIMAL URETERAL STONES REGARDING THEIR EFFICACY
AND FREQUENCY OF RETROPULSION OF URETERIC STONE*

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Objectives:

The objective of study is to compare the efficacy and frequency of proximal migration of stones in holmium YAG laser vs. pneumatic lithotripsy in the endoscopic treatment of proximal ureteral stone. It was a Randomized Control Study conducted in the Urology Department, Benazir Bhutto Hospital, Rawalpindi Medical University from May 2020 to May 2021. Total 88 patients (44 in each group) were included in this study. Data was entered and analyzed in SPSS version 25.

The efficacy of holmium YAG laser Vs. pneumatic lithotripsy in treating proximal ureteral stones is 94.4% vs. 67.9% respectively with $p = 0.007$ and frequency of proximal migration of stones is 38.88% in laser group and 47.05% in pneumatic lithotripsy group with $p > 0.05$.

Current study shows that holmium YAG laser has more efficacy in treating the upper ureteric stone than the pneumatic lithotripsy. The chances of Retropulsion of stone is more in the pneumatic lithotripsy than the holmium YAG laser. So holmium YAG laser is most effective treatment in upper ureteric stone treatment than the pneumatic lithotripsy.

*COMPARISON OF THE OUTCOME OF STENTED VERSUS NON-STENTED
INTRACORPOREAL PNEUMATIC LITHOTRIPSY FOR URETERIC CALCULI*

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Introduction:

Urolithiasis is a major clinical and economic burden for healthcare systems; it is a highly prevalent condition with a high rate of recurrence and a substantial impact on quality of life. Literature showed that their stenting required more time and complications. But there is a lack of local data. Also, conflicting data has been found in literature, showing no difference in stenting and no stenting. So, we conducted this study to get the evidence for the local population.

To compare the outcome of stented versus non-stented intracorporeal pneumatic lithotripsy for ureteric calculi.

This was a randomized control trial conducted in patients who presented with ureterolithiasis in the Department of Urology, Benazir Bhutto Hospital, Rawalpindi from November 2020 to May 2021. A total of 170 patients were included and were randomly divided in two groups. In group A, a double J ureteric stent was inserted via cystoscopy under fluoroscopic guidance. In group B, no double J ureteric stent was inserted. Patients then underwent intracorporeal pneumatic lithotripsy under general anesthesia by a single surgical team with assistance of the researcher.

Operative time was noted and after discharge, patients were followed-up in wards for 5 days. After 5 days, patients were evaluated for urinary frequency, pain and hematuria. Patients with complications were managed as per hospital protocol. Data was gathered and analyzed in SPSS version 21.0. Urinary frequency was higher in Group-A patients (56.5%) versus Group B patients (16.5%), and was seen to be statistically significant (p value=0.000). Frequency of pain was about the same in both Group A (52.9%) and Group B (55.35%), and was not statistically significant (p value=0.758). Hematuria was significantly higher (p-value=0.003) in Group-A patients (31.8%) versus Group B patients (12.9%).

The results of this study demonstrated that non-stented intracorporeal pneumatic lithotripsy for ureteric calculi is more effective as compared to stented intracorporeal pneumatic lithotripsy in terms of low urinary frequency and hematuria. However, no significant difference was seen regarding pain in both treatment groups.

Intracorporeal, Pneumatic, Lithotripsy, Ureteric, Calculi, Stented, Non-stented.

*EFFICACY OF VARICOCELECTOMY IN TERMS OF MEAN SPERM COUNT
AND SPERM MOTILITY: A QUASIEXPERIMENTAL STUDY.*

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Benazir Bhutto Hospital*

Objective

The aim of the current study is to compare the pre and post varicocelectomy mean sperm count and mean motile sperm percentage among the patients with varicocele.

This was a quasi-experimental study conducted in patients who presented with varicocele and underwent ligation in the Department of Urology, Benazir Bhutto Hospital, Rawalpindi from June 2020 to June 2021. A total of 60 patients were included and the mean sperm count (before and after varicocelectomy) and mean motile sperm percentage (before and after varicocelectomy) were assessed after 3 months of surgery. Data was entered and analyzed in SPSS version 25.

About 53.3% of our patients (n = 32) had bilateral varicocele, and unilateral disease was found in the other 28 (46.6%) cases. Varicocele grade III was diagnosed in 38 (63.3%) patients while the rest had Grade II. Statistical analysis shows that the progressive sperm motility difference in patients with Grade 3 and with Grade 2 varicocele was significant ($p = < 0.005$). Mean (SD) Motile Sperm percentage were 59.1 ± 15.79 vs 67.2 ± 14.43 respectively. Mean (SD) sperm count was 70.5, and 19.48 in patients with Grade 2, and Grade 3 varicocele, respectively. Mean (SD) sperm count before varicocelectomy for Grade 3 varicocele was 48.96 ± 28.42 whereas mean (SD) sperm count after varicocelectomy was 70.1 ± 28.28 . Statistical analysis showed that the improvement of both sperm motility and sperm count was more in patients who underwent varicocelectomy for Grade 3, rather than in patients who underwent varicocelectomy for Grade 2 which was statistically significant ($p = < 0.005$). The current study shows that sperm count and motility are significantly improved after varicocelectomy. However, the more significant improvement occurs with higher grades of varicocele compared to the lower grade. As such, patients with higher grades of varicocele facing infertility issues should be informed about the benefits of getting varicocelectomy done.

Varicocele, varicocelectomy, sperm count, sperm motility.

IMPACT OF INDWELLING DOUBLE-J STENT ON MALE SEXUAL FUNCTIONS, AN EXPERIENCE AT UROLOGY DEPARTMENT

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Objective:

The aim of this study is to assess the impact of DJ stent on male sexual life in terms of mean change in international index of erectile dysfunction (IIEF) among patients with indwelling double J stent. This was a descriptive study conducted in patients who presented with urological problems and underwent DJ stenting in the Department of Urology, Benazir Bhutto Hospital, Rawalpindi from June 2020 to June 2021. A total of 70 patients were included. A 50% decrease in Erectile Function, Orgasmic Function, intercourse satisfaction and sexual desire according to the international index of erectile dysfunction was surveyed at 4 weeks following the DJ Stent insertion. Data was entered and analyzed in SPSS version 25.

The mean \pm -SD International Index of Erectile Function-5 score was 23.2 ± 1.27 before stent positioning. After the ureteral stent was indwelling the mean International Index of Erectile Function- 5 score was 13.5 ± 4.01 . Individual IIEF-5 component scores for men were erection confidence (60%, n = 42), maintenance ability (44%, n = 31) and intercourse satisfaction (36%, n = 25). Thus, ureteral DJ stenting leads to significant sexual dysfunction and patients need to be counselled regarding this.

Ureteral stenting led to a significant decreased satisfaction in the sexual life of men. The main problem was that of erectile function that led to significant erectile dysfunction.

DJ stenting, erectile dysfunction, intercourse.

EFFECTIVENESS OF GUYS STONE SCORE IN PREDICTING THE OUTCOMES OF PERCUTANEOUS NEPHROLITHOTOMY

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Introduction:

A stone moving down the ureter and causing only intermittent obstruction actually may be more painful than a stone that is motionless. Percutaneous nephrolithotomy is accepted as the procedure of choice for the treatment of large or complex renal calculi. This study was done to determine the grade of guy's stone score and then compare the stone free status in patients with different grades of guy's stone score undergoing percutaneous nephrolithotomy for renal stones.

Objective: To determine the grade of guy's stone score in patients undergoing percutaneous nephrolithotomy for renal stones and to compare the stone free rate of percutaneous nephrolithotomy in patients with different grades of guy's stone score.

A Cross sectional at Department of Urology, Benazir Bhutto hospital, Rawalpindi for 06 months i.e., from 30-1-2021 to 30-7-2021. After meeting the inclusion criteria 170 patients were enrolled. Then patients were evaluated on Guy's scoring system and were divided based on grading of Guy's score. Then patients were undergone percutaneous nephrolithotomy under general anesthesia by a single surgical team with assistance of researcher. Then patients were followed-up in OPD for 4 weeks. After 4 weeks, patients were evaluated if they any residues of stones on x-ray KUB. If there was not residue, then stone free status was labeled.

The grade I guys score was found in 118(69.41%) patients, grade II guys score was found in 17(10%) patients, grade III guys score was found in 28(16.47%) patients and grade IV guys score was found in 7(4.12%) patients. Stone free rate of percutaneous nephrolithotomy was found in 138(81.18%) patients and significant association between the stone free rate and grades of guy score. i.e. p-value<0.05

This study concluded that more than half of the 69.41% patients, stone free rate was found in 81.18% patients and there is significant association exist between the stone free rate of percutaneous nephrolithotomy in patients with different grades of guy's stone score

Percutaneous Nephrolithotomy, Guy Score, Stone.

ROLE OF TAMSULOSIN IN LOWER URETERIC CALCULI LESS THAN 9MM

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Background

Urolithiasis is a health problem of worldwide importance. Significant advances have been made during the last two decades in the management of upper urinary tract stones. Most patients presenting with acute renal colic due to ureteric calculi can be managed conservatively with hydration and analgesia until the calculi pass. The role of Tamsulosin in ureteric stones has been under-studied while other treatment options have all been studied in various researches, so this study was planned.

To evaluate the success of tamsulosin for the management of lower ureteric calculi of size less than nine millimeter.

Descriptive case series

Department of Urology, Benazir Bhutto Hospital Rawalpindi

Duration: 06 months i.e. 30-1-2021 to 31-7-2021

Data Collection: After meeting the inclusion criteria 70 patients were enrolled. X-ray kidney-ureter-bladder was applied to determine the size of ureteric stone. Then patients were given tamsulosin 0.4 mg once daily for 28 days or up till spontaneously stone is passed out. In cases where the stones are expelled, the time-period from medication to expulsion was also recorded. Success was labeled if ureteric stone passes out of ureteric tract through urination within the one month duration.

The mean age of the patients was 43.37 ± 11.27 years, 57(81.43%) patients were male.

The mean number of days of stone expelled was 14.41 ± 4.83 days and the success was achieved in 41(58.57%) patients.

According to this study the success of tamsulosin was found in 58.57% patients for the management of lower ureteric calculi of size less than nine millimetre.

Lower Ureteric Calculi, Tamsulosin, success, expulsion.

COMPARISON OF MEAN IPSS SCORE AT 4 WEEKS AMONG PATIENTS TAKING TAMSULOSIN WITH SOLIFENACIN AND WITHOUT SOLIFENACIN FOR BPH/LUTS IN OPD SETTINGS OF BBH.

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Background:

Benign prostatic hyperplasia (BPH) is a disease of benign enlargement of prostate in elderly males. The hyperplastic process in the prostate begins in the periurethral region, namely, the transition zone. Different options of treatment are available to treat. This study was conducted to may prove the fact that tamsulosin plus solifenacin is better.

To compare tamsulosin and solifenacin as compared to tamsulosin alone in patients of BPH in term of mean IPSS score.

A Randomized control trials at Outpatient Department of Urology, Benazir Bhutto hospital Rawalpindi

For 06 months i.e., 26-2-2021 to 26-8-2021. After meeting the inclusion criteria 90 patients were enrolled. For comparison 2 groups were made by using lottery method. These were labeled as Group A and Group B. Group A received 0.4 mg Tamsulosin, and Group B received 0.4 mg/5mg tamsulosin plus solifenacin and patient followed before and after giving them questionnaire and their results were analyzed in SPSS.

At baseline there is statistically insignificant difference was found between the study groups and IPSS. At 4th week follow up: In group A the mean IPSS score of the patients was 13.24 ± 1.61 whereas in group B the mean IPSS score of the patients was 14.29 ± 1.59 (p-value=0.003).

This study concluded that combination therapy that is tamsulosin and solifenacin is better than tamsulosin alone in improvement of LUTS symptoms.

Tamsulosin, Solifenacin, Prostate, benign prostatic hyperplasia, lower urinary tract symptoms, International Prostate Symptom Score.

LARGE RHABDOMYOMA IN NEONATE

Shanza Nazish¹ Abdul Hafeez soomro² Ahsan hameed³ Saima Ahsan⁴ Tanveer Ahmed Chaudhry⁵ Zubair Warriach⁶

Introduction:

Rhabdomyoma is a rare but most common benign primary intracardiac tumor, with incidence of 0.02% to 0.08%. It may appear as single or multiple lesions, most commonly associated with Tuberous Sclerosis that is autosomal dominant or in some cases sporadic in origin. About 75% of patients with Tuberous Sclerosis have rhabdomyoma. It arises mostly from the left ventricle as an intramural mass with the largest lesion measuring about 60x45x60mm in size. It may be asymptomatic or may present as non-immune hydrops fetalis.

Here, we report a rare case of a term baby girl, product of consanguineous marriage, born to a mother of 30 years of age at 38 weeks of gestation, with a birth weight of 2.5 kg by spontaneous vaginal delivery (SVD), with vertex presentation and APGAR scores of 8/10 and 9/10 at 1 and 5 minutes respectively.

PAIN DURING CIRCUMCISION IN INFANTS: DOES AGE MATTER?

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Background:

Infants undergoing circumcision receive local analgesia to relieve procedural pain. We sought to compare the differences in the mean pain scores among different age groups of infants who underwent circumcision.

A total of 174 healthy infants up to the age of 180 days were included in the study. The infants were divided into three groups based on their age, i.e., group A: age ≤ 30 days, group B: age 31-90 days, and group C: age 90-180 days. They underwent a standard plastibell procedure for circumcision under

local anaesthesia using Lidocaine as a ring block. They were assessed for mean pain scores using the Neonatal Infant Pain Scale (NIPS).

11.42% of infants in group A, 42.3% in group B and 47.05% in group C had moderate to severe pain during circumcision at any point. The overall mean NIPS was highest one minute after the start of the procedure ($p=0.000$). Patients in group C had higher pain scores most of the time during circumcision than those in group B and group C ($p=0.000$).

Infants older than 3 months experienced more pain during circumcision, even after administration of the required amount of local analgesia. The results imply that infants undergoing circumcision in the first month of life respond best in terms of pain management.

Male circumcision; Infant; Newborn; Lidocaine; Pain; Pain assessment.

OWREN'S DISEASE: A RARE DEFICIENCY

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Case report:

Factor V deficiency is a rare bleeding disorder, which may be due to acquired inhibitors or biallelic mutations. Factor V deficiency due to homozygous or compound heterozygous mutation (also known as Owren disease or Para hemophilia) has an estimated prevalence of one in one million people. A 22-year-old female was admitted for evaluation of longstanding

menorrhagia. Anatomic abnormalities were excluded, and prolonged prothrombin time (PT) and partial thromboplastin time (PTT) were identified. Mixing studies followed by specific factor assays and genetic testing enable identification of factor V deficiency, for which fresh frozen plasma (FFP) or factor V concentrates are therapeutic.

Specific clotting factor assay followed by mixing studies and genetic studies is essential for the diagnosis of congenital factor V deficiency. Deranged PT and activated partial thromboplastin time (APTT) with normal factor I level must be evaluated for the disorder of clotting factors and must be managed by FFP administration or plasma-derived factor V concentrate wherever available.

OUR EXPERIENCE WITH RHINOPLASTY IN HOLY FAMILY HOSPITAL, RAWALPINDI, PAKISTAN

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Introduction:

As our healthcare system is evolving, the need for achievement and assessment of patient's welfare and expiation is becoming more pertinent. Rhinoplasty is a rewarding yet highly challenging variety of cosmetic surgery. It has variable patient satisfaction rate largely due to unrealistic patient expectations. Therefore, to ascertain factors which play role in overall positive outcome, it is crucial to evaluate the outcome of this surgery which can be measured by patient satisfaction, morphologic measurements etc.

A prospective study was undertaken at the Rawalian Burn and Reconstructive Surgery department, Holy Family Hospital. All rhinoplasty surgeries performed in adults between January 2017 and November 2019 were included. The type of deformities, patients' expectations, surgical procedure, post-operative complications, and outcomes were recorded. The goal of our study was to ascertain satisfaction of patient by using a formalized questionnaire, regarding the appearance of their nose and its function in the pre-operative and post-operative period.

Among 35 patients, 31 completed the questionnaires and the follow-up period. Analysis of pre-operative and post-operative Rhinoplasty Evaluation Outcome showed a significant improvement after 3 and 6 months in functional and aesthetic features.

In our study we discovered that the patients undergoing rhinoplasty experienced improvement in the quality of their life regarding their nose appearance and function. Hence, if executed incisively rhinoplasty can be extremely gratifying.

SPECTRUM OF UROLOGICAL MALIGNANCIES

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Introduction

Benazir Bhutto Hospital has the state-of-the-art health facilities and caters for a wide range of the patients from large catchment areas. Uro-oncology is a major entity in the field of Urology. Uro-oncology clinic established in August 2013, not only provides health care facilities for diagnosed patients of Urological malignancies but also facilitate their regular follow up.

All the patients presented to Department of Urology and diagnosed as urological malignancy were included in the study. History, examination, and Demographic details Were taken. All investigations were carried out and followed up in Uro-oncology clinic. Out of 106 patients included in the study, from August 2019 to January 2021, 92(86%) were males and 14(14%) were females. Age ranged from 09 – 100 (mean 60) years. Eighty-three patients were admitted throughout patient department and 23 patients through emergency department with OPD to ER ratio (3.61: 1). Bladder Tumor 62(58.49%) was the Commonest neoplasm followed by renal tumors 23(21.69%), prostatic tumors 17(16%) testicular tumors 04(3.77%). The incidence of urological malignancies is high in male population. Peak age incidence is significantly high between 60-70 years. The most common malignancy is bladder tumor.

HUTCH DIVERTICULUM; USUAL PRESENTATION OF AN UNUSUAL CASE

M.Noman Qureshi¹, Rameez²

Case Presentation:

A ten-year-old child presented with the recurrent episodes of burning micturition for the last 3 years. He gave history of sense of incomplete emptying after micturition and passage of large amount of urine within 5-10 minutes after first micturition. There was no history of straining, poor stream, blood in urine, urgency, pain, passage of stone, or incontinence. General physical, systemic and genitalia examination was unremarkable. Patient was prepared for general anesthesia Urethrocystoscopy, open Diverticulectomy, ureteric reimplantation and suprapubic cystostomy was performed.

Per Operatively: 3*3.5 cm diverticulum was found at the site of left vesicoureteral junction with left ureteric orifice found within the wall of the bladder. Post Operative period was uneventful. Drain was removed on the 5th Post op day. Suprapubic catheter was clamped on 7th and removed on 9th post operative day. Per urethral catheter was removed on 28th post operative day. DJ stent was removed 6th week after the procedure. Patient is now doing well with no symptoms and satisfactory quality of life.

MANAGEMENT OF FEMALE URO-GENITAL FISTULAS

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Introduction:

Female Uro-genital fistulas with consequent urinary incontinence are associated with significant physical morbidity and dreadful social and psychological consequences. Surgery is the only curative option for such fistulas. To evaluate the results of surgical management of Uro-genital fistulas in the department of Urology & Transplantation

Study was conducted from March 2019 to October 2020.

All patients that were diagnosed with having a Uro-Genital Fistula were enrolled in the study. The details of the selected patient was recorded on a pre-made performa, including history, Obstetric history, investigation including EUA.

A total of 9 patients were operated in the department, for various Uro- Genital fistulas. Age ranged from 10 – 47 (Mean36) years.

Following were the presentations in patients:

VesicoVaginal Fistulas: 06 (66%).UreteroVaginal Fistulas: 02(22%).UteroVaginal Fistulas: 01(11%) Following were the Aetiology in patients:

Abdominal hystrectomy for Benign condition = 2 (22%). Elective Cesarean section = 2(22%).Prolonged labor = 2 (22%).Obstetric Surgery = 1 (11%).

Surgery offers the best treatment modality for Uro-Genital Fistulas. Trans-abdominal or Trans Vaginal repair is the best treatment option, with very high success rate and minimal post operative complications.

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National Submission

FREQUENCY OF CONGENITAL HYPOTHYROIDISM IN NEWBORN ADMITTED WITH NEONATAL JAUNDICE AT TERTIARY CARE HOSPITAL PESHAWAR

Sajjad rehman¹

¹ Associate professor Pediatrics medicine

Background:

Neonatal jaundice is a common disease worldwide, affecting 30% to 70% of newborns. Severe neonatal jaundice and its progression to kernicterus are one of the main causes of neonatal death and disability in resource-poor countries.

To determine the frequency of congenital hypothyroidism in newborn admitted with neonatal jaundice

at tertiary care hospital Peshawar.

This Descriptive (Cross sectional) study was conducted in the Department of child health, Hayatabad Medical Complex, Peshawar over a period of 1 year from January 2020 - January 2021.

In our study 489 mothers 386(79%) mothers were in age range 18-30 years while 103(21%) mothers were in age range 31-40 years. 279(57%) babies were male, and 210(43%) babies were female. 303(62%) newborns had maternal gestation age \leq 38 weeks and 186(38%) neonates had gestation age $>$ 38 weeks. 352(72%) newborns had duration of jaundice \leq 14 days and 137(28%) newborns had duration of jaundice; 14 days. Birth weight was analyzed as 200(41%) newborns had birth weight \leq 2.5 kg and 289(59%) newborns had birth weight $>$ 2.5 kg. 15(3%) Mothers had positive history of hypothyroidism while 474(97%) mothers had negative history of hypothyroidism. 24(5%) mothers had positive history of anti-thyroid drug intake while 465(95%) mothers had negative history of anti-thyroid drug intake. 5(1%) newborns had congenital hypothyroidism while 484(99%) newborns didn't had congenital hypothyroidism.

Our study concludes that the frequency of congenital hypothyroidism was 1% in newborn admitted with neonatal jaundice at tertiary care hospital Peshawar.

Hypothyroidism, Jaundice, kernicterus, bilirubin, morbidity, anti-thyroid drugs.

FREQUENCY OF NEONATAL SEPSIS AMONG NEONATES PRESENTING WITH SEIZURES

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Introduction:

The occurrence of neonatal seizures may be the first, and sometimes the only, clinical sign of a central nervous system disorder in neonates. Neonatal seizures may indicate the presence of a potentially treatable etiology. Thus, identification of neonatal seizures is critical in the management of high-risk neonates. This study will provide us the latest and updated information about the magnitude of neonatal sepsis in our population. The results of this study will be shared with local pediatricians and suggestions will be given regarding future research recommendations.

To determine the frequency of neonatal sepsis among neonates presenting with seizures.

Settings: Department of child health, Hayatabad Medical Complex, Peshawar.

Duration: 6 months 13/10/2018 to 13/4/2019.

Study Design: Descriptive (cross sectional) study.

In this study a total of 195 patients were observed. All neonates were subjected to detailed clinical examination like general physical, neurological examination, and detail systemic examination and complete set of baseline investigations. From all neonates, 5cc of venous blood was obtained under strict aseptic technique and was sent to hospital laboratory for measuring the TLC, Absolute neutrophil count, CRP, and platelet count to confirm the presence or absence of neonatal sepsis.

In this study mean age was 10 days with standard deviation ± 8.36 . Fifty eight percent neonates were male while 42% neonates were female. Moreover the 42% neonates had neonatal sepsis while 58% neonates didn't have neonatal sepsis.

Our study concludes that the frequency of neonatal sepsis was 42% among neonates presenting with seizures.

Neonatal sepsis, fever, seizure.

CATHETER RELATED ANTIMICROBIAL RESISTANCE PATTERN IN INTENSIVE CARE UNIT

PATIENTS: A SINGLE CENTRE STUDY

Intensive Care unit, Hayatabad Medical complex, Peshawar

Background:

Urinary catheter is the most common cause of urinary tract infection (UTI) which has been associated with threefold increased risk in mortality. A high level of resistance was noted among the admitted patients for cephalosporin. The primary aim of the study is to know the strain of pathogens; its drugs sensitivity and resistance in intensive care unit (ICU) patients which help the physician in proper management and reduces the mortality and morbidity in urinary catheter related complication.

This study was conducted in Intensive care unit patients of Hayatabad medical complex Peshawar Pakistan over a period of 1 year from 1st January to 31st December 2019. Medical charts were reviewed, and 100 patients were selected based on inclusion criteria and their urine culture and sensitivity reports were noted to know about the most common pathogens, its drugs sensitivity and resistance in these patients. Clinical and Laboratory Standards Institute (CLSI) used for uropathies by culture and Disc diffusion method to determined

antimicrobial susceptibility pattern. The data were shifted from excel sheet to SPSS 21 IBM version.

The mean age (standard deviation) of patients was 51.60±26.59 years (Median age 58.50 years).

Of the total, 64 were female and the remaining were male patients. It was found that most common pathogens in urine sample were E. coli. Maximum pathogens were sensitive to intravenous meropenem (65%) and fosfomycin (55%). Chi-square test is used for correlation of sensitivity of meropenem and fosfomycin with the type of organism shows p-value=0.004 and 0.002.

It is concluded that resistance patterns of uropathogens change which results in treatment failure. Further, based on clinical practice, meropenem, fosfomycin, and cefepime had high sensitivity profile against catheter-related infection in ICU.

Urinary tract infection, ICU, fosfomycin, meropenem.

FACIAL REANIMATION IN CONGENITAL HEMIFACIAL PALSY

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Introduction:

A 35-year-old female patient presented to OPD of plastic surgery with complaint of facial asymmetry of left side since birth. She was concerned with the marked asymmetry of her smile. After preoperative evaluation and careful consideration of the patient's concerns, it was decided to perform a Labbé's lengthening temporalis myoplasty procedure. A hemicoronal incision is made. Forehead flap is elevated in the subgaleal plane until 1-2 cm of the orbital rim and posteriorly along the temporalis muscle insertion. Dissection is done in plane between the superficial temporal fascia and temporal aponeurosis until 15 to 20 of the zygomatic arches. Then the zygomatic arch is exposed and sectioned using a saw so that the coronoid process is accessed. After identifying the temporalis tendon, the osteotomy of coronoid process is done. A 4 cm incision is made in the nasolabial crease. Post-operative was unremarkable.

Facial reanimation using lengthening temporalis myoplasty is a dynamic procedure which uses no intermediate grafts. This is a dynamic correction since the motor innervation to the temporalis muscle coming from the third branch of the trigeminal is preserved (which is, of course, a fundamental requirement for success), and the muscle normally contracts at the end of the operation.

PLEOMORPHIC ADENOMA

Ayesha amin¹

We reported a case of a middle-aged man 50 years old who presented in our hospital OPD with complaints of painless swelling along right lateral aspect of neck for 6 months that is progressively increasing in size from last 3 months. Clinical examination revealed a large firm non-tender fixed swelling on right side of neck and face with mild contralateral deviation of uvula. His routine blood tests were within normal limits except elevated CRP that was 29. Ultrasound examination was performed that must be first investigation being noninvasive showed a large cystic mass containing internal echoes and echogenic as well as soft tissue components, not separable from parotid gland. Multiple enlarged lymph nodes were seen.

submandibular and upper jugular groups of lymph nodes are noted. A computerized tomography neck with contrast was done and showed evidence of a large well defined lobulated fluid attenuating lesion measuring 16.7x11.9x18.2 cm noted in right aspect of face likely parotid in origin. It showed internal septations, soft tissue components with chunks of calcifications within it. It is compressing sternocleidomastoid muscle medially and internal jugular vein. Superiorly it is extending up to supra-auricular region and medially into infra temporal fossa. Right sided sub mandibular gland is not separately visualized appears compressed by the mass. Pleomorphic adenoma showed a mixture of variable histology. They contain both epithelial and myoepithelial tissues, with mixed histology. They appear encapsulated and well circumscribed however the pseudo capsule is delicate and incomplete. Based on these histological findings the diagnosis of pleomorphic adenoma was made. Patient was surgically treated.

Pleomorphic adenoma, head and neck.

ASSOCIATION BETWEEN OBESITY AND GESTATIONAL DIABETES MELLITUS

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Objective:

The main purpose of this study is to find the interconnection between one of the most worrying obstetrical condition gestational diabetes mellitus (glucose intolerance first recognized in pregnancy) and obesity among Asian population. Objective is to determine the association between obesity and development of GDM.

The study was conducted in the Gynae/OBS department of Benazir Bhutto Hospital a tertiary care hospital dealing with the high risk, low risk and referral patients daily. In this study pregnant women based on their BMI were enrolled & these were divided in group A and group B. Group A includes women with BMI $\geq 25 \text{ kg/m}^2$ while the comparison group B includes women with BMI $\leq 25 \text{ kg/m}^2$. Women having multiple pregnancy, family history of diabetes, type1 or type2 diabetes or any other known risk factor were excluded from my study

The mean age of patients in group A was 30.66 ± 6.40 years and in group B was 30.15 ± 6.61 years. Majority of the patients 158 (63.71%) were between 31 to 40 years of age. The mean gestational age in group A was 30.76 ± 2.96 weeks and in group B was 30.08 ± 3.08 weeks. The mean parity in group A was 2.57 ± 1.11 and in group B was 2.61 ± 1.14 . In group A (obese women) gestational diabetes was found in 42 (33.87%) women as compared to group B (non-obese women) in whom these were seen in 14 (11.14%) women with p-value of 0.0001 and relative risk of 3.00 which is statistically significant

and shows positive association between obesity and GDM.

The findings of the study indicate that high maternal weight is associated with a substantially higher risk of GDM.

Obesity, non-obese, gestational diabetes mellitus, Body mass Index, Pregnancy.

NEONATE AS A SURGICAL PATIENT, A MULTICENTRIC TERTIARY CARE EXPERIENCE FROM RAWALPINDI

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⁵ Assistant professor, department of pediatric surgery, Holy Family Hospital

Objective:

This study highlights the spectrum of surgical diseases encountered and their management protocols in a newly developed pediatric surgical ward in Holy Family Teaching Hospital. At the end of the study, we were able to generate recommendations for the factors predisposing to increased mortality and their improvement strategies that need to be implemented in order for favorable results in surgical neonates.

A retrospective study was carried out of all neonates who underwent surgery over a period of one year in two of our hospitals of Rawalpindi that are Military Hospital, Rawalpindi and Holy family hospital Rawalpindi, Pakistan. The Performa consisted of different variables like gender, place of delivery, mode of delivery, antenatal diagnosis, mortality, and discharge details. Spss version 23 was used to analyze the data. The qualitative variables were presented as frequency and percentage while quantitative variables were described as mean and standard deviation

The results stated that Total patients were 60 and 90 at MH and HFH respectively, out of those mortality was 18 and 32 respectively at /MH and HFH. Amongst various disease Atresia 33 at HFH, 7 At MH while Anorectal malformation was 18 at HFH, 15 at MH.

The morbidity and mortality following surgical management of neonates is still very high in our hospitals. It is very important to focus on human resource management, awareness of preventable birth defects, early diagnosis, access to specialized center, and provision of proper equipment.

International Submission

Driving after Stroke; Are we telling/documenting enough?

Hassan Butt¹,

¹ Internal Medicine Trainee, Hull university Hospital, NHS

Objective:

The objective of our study was to evaluate the provision of driving education to stroke patients in acute hospital setting.

A medical record audit was conducted amongst 23 patients with acute stroke admitted in on the acute stroke ward which met the inclusion criteria in which all age groups, all types of strokes and those who were directly discharged from hospitals were enrolled during a 3-month period from June 2021 till September 2021 at Hull University teaching, hospitals. The patients who were not drivers, went for rehabilitation and/or died of the were excluded.

Data was analyzed using SPSS 22

The main results of the analysis were quite astonishing, only 13% of the patients had documented post discharge driving advice while 56% reported that no advice was documented by medical or paramedical health staff.

The only 13% post discharge driving advice by given by treating doctors and were written in the discharge summaries as well. While 56% of the patients received no advice from their doctors, physiotherapist, and associated rehabilitation specialist.

This study has highlighted that the documentation of driving restrictions in the medical records of patient admitted to hospital after acute stroke or TIA is inconsistent and that there is a significant gap in the documentation of Return to driving management plan.

Return to drive (RTD) advice, stroke, inadequate documentation.

Experience In Department of Pediatric Surgery, Holy Family Hospital Rawalpindi

Faizan Shahid ¹, Noor Ul Sabah Butt ², Hasnain Aslam ³, Usama Iftikhar ⁴, Muhammad Omer Fraz ⁵, Mudassar Fiaz Gondal ⁶

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⁵ Assistant Professor, Department of Pediatric Surgery, Holy Family Hospital.

⁶ Associate Professor, Head of Department, Department of Pediatric Surgery, Holy Family Hospital.

Introduction:

The objective of our study was to prospectively evaluate electrical burn patients which are being managed at the ward of pediatric surgery at Holy Family Hospital. After this study we were able to establish the psychosocial impact of electric burn using Body Dysmorphic Disorder questionnaire as well as strength and Difficulties questionnaire.

To evaluate the psychosocial impact, a questionnaire was devised with 3 components. The three components consisted of demographic details, Strength and difficulties questionnaire and Body dysmorphic disorder questionnaire which were interviewed via telephonic communication from patients as well as parents.

There were 30 patients presented to our department of pediatric surgery, Holy family Hospital, Rawalpindi.

As per the evaluation of psychosocial impact on our patients, 18 out of 26 patients who responded to our telephonic interviews were labelled as body dysmorphic disorder and were further referred to proper psychologist for evaluation and treatment.

17 out of 27 patient had difficulties as compared to strengths overall in different psychosocial aspects of life which needed to be addressed by support at domestic level, school as well as national level in order for the victims to be an effective part of the society. As per the evaluation of psychosocial impact on our patients, 18 out of 26 patients who responded to our telephonic interviews were labelled as body dysmorphic disorder and were further referred to proper psychologist for evaluation and treatment.

Electrical burn injuries are a preventable danger, more so in the pediatric age group. The long-term psychological stress and the various spectrum of psychiatric disorders in such patients is profound.

Electric Burn, psychosocial impact, Body dysmorphic disorder, Strength and difficulties Assessment.

THE IMPACT OF COLORECTAL PATHOLOGIES IN PEDIATRIC AGE GROUP ON PSYCHOSOCIAL WELL-BEING OF PARENTS AND PATIENTS

Laraib Rasool¹, Omer Fraz, Mudassar fiaz gondal

Postgraduate resident, Depttment of pediatric surgery, Holy family hospital

Assistant professor, Department of pediatric surgery, Holy Family Hospital

Associate Professor, Department of pediatric surgery, Holy Family Hospital

Objective:

The aim of this study was to estimate the psychosocial wellbeing of caregivers and patients suffering from these conditions.

This cross-sectional study was conducted in the department of pediatric surgery of Holy Family Hospital,

Rawalpindi from February 2021 to October 2021. Psychosocial wellbeing of the patients was assessed using the Strengths and Difficulties Questionnaire (SDQ, parent-proxy; SDQ-S, self-report for 11 years and older) for patients and Parents Stress Score (PSS Self Report) for caregivers. Descriptive statistics were used to summarize the questionnaire and inferential statistics such as T-test and post-hoc Tuckey's test were used to compare the scores based on stratification done on gender, diagnosis and procedure performed on the patients. The overall SDQ score and PSS score were 11.7 and 13.8 respectively. Based on diagnosis, patients with primary idiopathic incontinence had the highest PSS score which was significantly more than patients with Hirschsprung disease, post-op incontinence and anorectal malformation. (12.05 vs 11.81, 11.62 and 11.53, $p < 0.05$). Similarly, SDQ score was significantly greater in case of anorectal malformation when compared to Hirschsprung disease, post-op incontinence and primary idiopathic incontinence (14.54 vs 13.73, 12.47, 13.5, $p < 0.05$). There was no significant difference among the genders but patients who underwent PSARP had significantly greater scores in SDQ and PSS compared to patients on BMP and those who underwent pull through.

Parents of patients with idiopathic constipation had a greater psychosocial impact while patients suffering from anorectal malformation faced generally more difficulties as per the SDQ questionnaire.

Proper rehabilitation and support for these patients is recommended to deal with the neglected psychological impact of these disease.

EXPANDING SPHENOID MUCOCELE WITH IMMINENT VISION LOSS IN A YOUNG FEMALE.

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Case Report:

Isolated sphenoid sinus mucocoele is a rare affliction affecting 2% population worldwide. It is a benign encapsulated mucus filled cystic mass which slowly expands and destroys the noble structures around it. Refractory retro-orbital headache is the most common presentation. Patients continue to suffer till disease progression causes visual defects, prompting the treating physicians for detailed evaluation.

The objective of this case report is to create awareness of clinical presentation and treatment options of sphenoid mucocoele amongst students, Eye, ENT, OFMS, Radiology and Neurosurgery teams to prevent permanent visual and neurological deficit.

Our patient, a 34-year-old female, with no known comorbid, presented with history of bilateral deep-seated headache and progressive blurring of vision for the last 4 months. She had undergone septoplasty 15 years back due to headache and nasal obstruction. Eye examination revealed decreased visual acuity in Left eye. Rest of eye exam was normal.

Adhesions were seen on nasal exam. Her CT PNS plain was suggestive of Sphenoid Mucocoele with erosion of Left super-lateral wall. MRI showed expanded hypointense sphenoid sinuses, Postero-superior displacement of pituitary and mild bilateral orbital apex compression.

Under General Anesthesia, using trans nasal endoscopic approach, wide sphenoidotomy and marsupialization were done which significantly improved her symptoms postoperatively.

Sphenoid sinus mucocoele is pathologically benign but can lead to irreversible visual and neurological deficits if diagnosis and treatment are inappropriately delayed. Endoscopic sinus surgery is the gold standard modality for its treatment.

*PREVALENCE OF NOMOPHOBIA IN STUDENTS DUE TO COVID-19
PANDEMIC IN PAKISTAN*

Umar Shahzad¹, Hufsa Shahzad²

Objective:

COVID-19 Lockdown has limited the non-essential movement of people. Consequently, the effects of lockdown had a remarkable impact on everyday life, including health, social sector, economic decline, supply chain sectors and education sector.

Convenient sampling technique was used to select 580 students of both genders from 18 to 24 years of age. Students who were corona positive or having any known psychiatric disorder were excluded from the study. A cross sectional survey was conducted online by via Google form.

Validated Nomophobia Questionnaire (NMP-Q) was utilized. A self reported questionnaire regarding demographic data and information regarding use of smart phone.

A total of 580 subjects 290 (50%) were male and 290 (50%) were female. Mean age was 21 ± 2.3 years. Out of 580 subjects 460(79.31%) were nomophobic. Subject who had severe nomophobia was 19%, moderate nomophobia 58% and mild nomophobia 23%. Subject reported that they could not stay away from their smart phones, and keep their phones with them even at bedtime. 226 (38.9%) subjects never turned their phone off. 253 (43.6%) subjects carry a power bank with them so they may not run out of battery. Out of 290 female students 199 (68.6%) were nomophobic and out of 290 male subjects 261 (90%) were nomophobic. So nomophobia was more prevalent in male.

High prevalence of nomophobia was found. Due to COVID -19 lockdown students have straight off become dependent on smart phones that allow them to work and learn from home and take online classes. Smart phone is only source of entertainment for them so there is a huge percentage of a student having moderate nomophobia. So time of using smart phones should be regularized in order to avoid serious harmful effects due to prolong use.

COVID-19, nomophobia, corona virus, lockdown, smart phones, Pandemic.

FOREARM WOUND COVERAGE WITH FREE FLAP

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Introduction:

The scapular flap was used for the coverage of soft tissue defects for a young 18year male patient who was admitted to our department with high voltage electrical burn of right upper limb with entry wound on right forearm and exit wound on right shoulder. Initially wound debridement was done followed by a

defect of 6 x 4 cm over the volar aspect of forearm with exposed flexor tendons and radial artery was in zone of injury. If this wound was left untreated, it would have led to exposure of vessels and ultimately hand amputation.

The patient needed flap coverage for the exposed tendons as skin graft was not an option. We opted for free scapular flap as it was a single staged operation with no donor morbidity except a scar.

Flap was designed according to the pattern of the defect. A fascio cutaneous scapular flap was elevated based on transverse branch of circumflex scapular artery was raised and vascular pedicle of 5cm was harvested along the flap. Anastomosis of donor pedicle was done with recipient Radial artery using 8/0

prolene and 4x loupe magnification. A subcutaneous vein was used as a recipient vein.

Flap survival was complete. The result of flap coverage for these deep wounds was successful. In a follow up of 3 months patients is fine with a surviving hand and able to hold hand and grasp objects.

In severe high voltage electrical injuries if one upper extremity has to be amputated, every effort should be made to save the other upper limb. When the arterial supply of the limb is in jeopardy, early removal of thrombosed major vessels with necrotic tissues and replacement with vein graft and free flap

coverage can maintain limb viability." In our opinion, a sensate hand with minimal function is superior to a prosthesis.

SYMPTOMATOLOGY OF PCOS; A TERTIARY CARE EXPERIENCE

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Objective:

The morphology of PCOS on ultrasound has been defined as an ovary with 12 or more follicles measuring 2-9mm in diameter and/or increased ovarian volume (>10cm³).

Materials And Methods:

- Study design: Statistical review
- Duration of study: 03 months
- Sample size: 60
- Sampling technique: convenience sampling

Mean age of participants was 27 years with a standard deviation of 4.6. Over 80% of patients participated in this study were married and a big proportion of these women were nulliparous. The major concern was subfertility.

This study concluded that majority of the patients with PCOS have symptoms of weight gain and menstrual irregularities, that's why seeking medical advice. Most of them urge for conception and fertility treatment as they are suffering from primary or secondary subfertility, as well as aesthetic concern of Acne and Hirsutism.

BOUVERET SYNDROME: A RARE CASE OF GOLF BALL ILEUS

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Introduction:

Bouveret syndrome is a rare form of gallstone ileus secondary to an acquired fistula between the gallbladder and either duodenum or stomach. Through the fistula, a gallstone may enter the enteric system and cause intestinal obstruction. Here, we present a case of an 85-year-old female with gastric outlet obstruction, later diagnosed as bouveret syndrome.

An 85 year old female presented with signs and symptoms of gastric outlet obstruction for 5days. Endoscopy showed a large golf ball size stone in duodenum. CT scan showed pneumobilia, stone in 3rd part of duodenum and suspicion of cholecystoduodenal fistula. Enterolithotomy was done and stone retrieved.

Bouveret's syndrome is an uncommon presentation of gallstone ileus that represents 1% to 10% causes

of gallstone ileus. Female and older patients are disproportionately affected, and a high index of suspicion should be needed when patients present with bowel obstruction and known history of gallstones.

Bouveret's syndrome is a rare entity. However, this should be kept in mind while dealing with older female patients with previous history of cholelithiasis.

IMPACT OF COVID-19 PANDEMIC ON ACADEMICS AND PATIENT CARE: CHALLENGES FACED AND COPEd BY NEUROSURGEONS AT DHQ HOSPITAL RAWALPINDI

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Introduction:

This study was designed as quality improvement study. Public awareness reduced number of staff and reduced patient load and sudden surge on and off was managed successfully. We revised our procedural lists by postponing the cold cases, observing different scales, and adopting the feasible one in us setup, decreased the number of staff and managed inward stay of patient by reducing its stay.

We rely on 100%

on PCR report to get patient operated and to get admission in ward. The average stay duration was reduced from 7.2 ±5.2 days in January 2019 (range 1-15) days to 2.7±3.6 days in February 2020(range 0-7 days). The decrease in the stay was statistically significant in terms of its p value.

The mode for duration of stay i.e., most frequent stay period, showed a decrease from 7 days to just nearly 3 days while comparing data for these months on average. Patients with complex surgeries requiring prolonged hospital stay and mortalities were excluded from the hospital.

Different scales were proposed but Indian acuity scale was followed for triage system of the patients.

Academics as well as patient care is compromised in this sudden surge of Pandemic but effective strategy helps us to come out from this situation and this strategy will help future Neurosurgeons and researchers to provide best patient care and knowledge if such kind of emergency ever hit back.

Neurosurgery, COVID-19, Pandemic.

1- YEAR EXPERIENCE OF OBSTRUCTIVE UROPATHY CLINIC; MANAGEMENT AND OUTCOME

Maryam Jahangir¹, Rameez Ahmed², Zein-el-Amir³

Introduction:

Obstructive uropathy is defined as structural obstruction to urine flow along the urinary tract, occurring anywhere from the external urethral meatus to the calyceal infundibula. It can lead to dilatation of renal pelvis and calyces. The damage to renal tissue caused by these conditions often lead to obstructive nephropathy contributing to renal failure if treated early is a potentially reversible form of kidney disease.

All patients who had obstruction in drainage of urine, resulting in elevated serum creatinine > 1.6 mg/dl, were included in the study.

Their details were recorded on a pre-designed performa. Admitted, and treatment offered depending on the cause of the obstruction. The outcome, considered in terms of, obstruction relieved, resulting in normalization of serum creatinine.

Out of the 84 patients included in the study, Fifty Eight (69%) were males and 26(30.9%) were females.

Age ranged 16 to 86 (Mean 54.1) years. Male: Female ratio = 2.2:1.

Forty-three (51%) patients belonged from the Rawalpindi district in majority, followed by 9 (10.7%) coming from A.J.K.

Obstructive uropathy is a true urological emergency. If urinary diversion and skilled management is done within good time can result in saving the functional ability of the kidneys, and hence decrease morbidity and mortality of the patient.

EARLY EXPERIENCE OF MINI-PCNL AT THE DEPARTMENT OF UROLOGY AND RENAL TRANSPLANTATION, RAWALPINDI MEDICAL COLLEGE, RAWALPINDI, PAKISTAN

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Introduction:

We want to share an early experience of Mini Percutaneous Nephrolithotomy (Mini-PCNL) procedures performed at our department.

Study includes One Hundred and Forty cases of Mini PCNL carried out aged 13 to 70 (mean 35.5) years, with 77 males and 63 females.

The procedure was carried out under general anesthesia with cystoscopy and retrograde ureteric catheterization in all the patients followed by complete prone/supine positioning, calyceal puncture and tract dilatation under fluoroscopic guidance.

Our study revealed a good success rate with minimal acceptable complications. As in our initial cases we wanted to standardize the technique, our inclusion criteria didn't include more complex cases, however we can extend the indications in the subsequent studies. Based on our early experience, it is believed that Mini-PCNL is a minimally invasive, effective, and safe modality for the management of renal stones and should be considered as the first line surgical option when indicated.