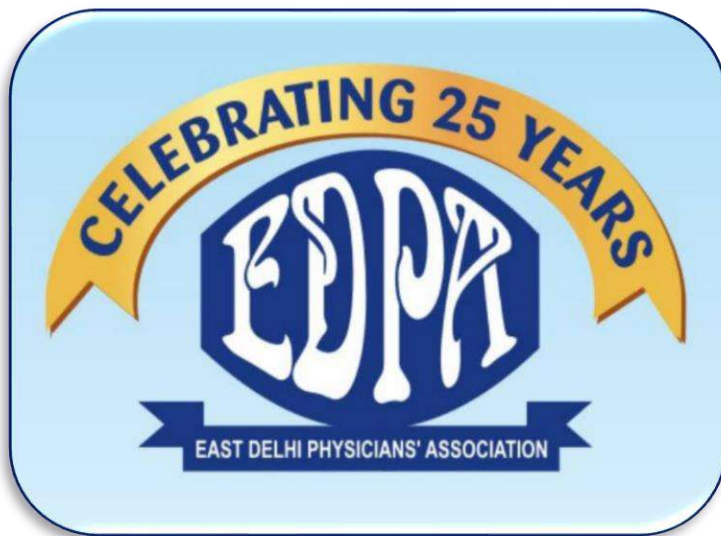


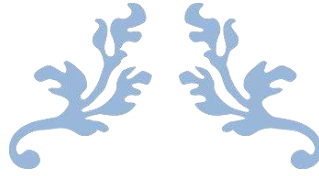


Issue: April- June 2024



EDPA Quarterly Medical Bulletin





Jubilee Year

EDPA Quarterly Medical Bulletin

APRIL-JUNE 2024
SPECIAL 25TH ANNIVERSARY EDITION



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EAST DELHI PHYSICIAN ASSOCIATION, DELHI-92

Dear Esteemed Members of the EDPA,

*It is the 25TH ANNIVERSARY OF THE EDPA, a momentous milestone for all EDPA members. On this special occasion, it is my great privilege, to extend a warm welcome to everyone as we unveil this special 25th anniversary edition of our **EDPA Quarterly Medical Bulletin!***

In this edition, we have curated a diverse array of content aimed at enriching your practice and expanding your horizons within the field of medicine. From intriguing case reports that offer valuable insights into diagnostic and treatment modalities, to announcements highlighting upcoming events and opportunities for professional development, this bulletin serves as a comprehensive resource for our esteemed members.

Moreover, we are thrilled to feature articles of interest contributed by fellow physicians, covering a wide spectrum of topics ranging from clinical advancements to healthcare trends. These articles not only foster a culture of peer-to-peer learning but also encourage active engagement within our fraternity.

As we continue to navigate the ever-evolving landscape of healthcare, let us remain steadfast in our commitment to excellence, compassion, and innovation. Together as EDPA, we can overcome challenges, seize opportunities, and chart a course towards a brighter future for healthcare in our community.

I urge each of you to consider sharing your own original case reports, articles, and insights for future publications in the bulletin. Your contributions not only enrich our collective knowledge base but also strengthen the bonds of solidarity and collaboration that define our association.

As EDPA celebrates a quarter-century of knowledge sharing, collaboration, and professional growth, here's to continuing our journey with renewed dedication and enthusiasm.

Thank you for your unwavering dedication to our profession and to the well-being of our community.

Warm regards,

RPS Makkar

Dr RPS Makkar

Editor, EDPA



Dear Members,

It's a proud moment for me as I took over as President of this august organisation which is celebrating its silver jubilee year.

All the hard work of our past office bearers is paying off as our association is getting stronger day by day from having five members in 2009 to around 350 members in this part of Delhi

We bring another digital edition of our quarterly bulletin having interesting articles & cases we presented in our monthly meetings

Thanks to our dynamic editor Dr RPS Makkar for his great efforts.

I urge all of you to provide articles & case reports to be published in our quarterly news bulletin.

I take this opportunity to invite all of you to attend our **midterm conference MIDCON on 28th July** at Hotel Raddison Blu Kaushambi Ghaziabad.

The theme of this conference will be Update on Nephrology & all stalwarts in the field of Nephrology will be participating to discuss various topics of nephrology from the physician's perspective.

Highlight of this conference is hands on Workshops on POCUS & Haemodialysis which will be very informative especially for post graduate students.

Looking forward to your active participation in all the activities of EDPA

Best regards

Pankaj Chaudhary

Dr Pankaj Nand Choudhry

President, EDPA



Dear EDPA Members,

As the immediate past president, I am thrilled to share with you the upcoming EDPA Quarterly Medical Bulletin. This publication is a testament to our collective efforts and dedication to advancing medical knowledge.

This bulletin, a product of rigorous work and insightful discussions, will bring to you the latest findings and innovative articles from various medical topics. It is designed to foster a culture of continuous learning and collaboration among us.

I encourage each one of you to delve into it, share your insights with your peers, and contribute to the enriching discussions it is bound to inspire. Your feedback will be invaluable in shaping future editions.

Thank you for your unwavering commitment to EDPA. Together, we continue to make strides in the medical fraternity.

Warm Regards,

Paras Gangwal

Dr Paras Gangwal

Immediate Past President, EDPA



Dear EDPA Family,

I am delighted to announce the upcoming release of our **EDPA Quarterly Medical Bulletin**. As the Chairman of the Scientific Committee, I am proud of the hard work and dedication that has gone into the creation of this bulletin.

This bulletin is a testament to our commitment to advancing knowledge and promoting dialogue in the medical field under the EDPA banner. It will feature the interesting and insightful discussions from various aspects of medicine.

We believe that this bulletin will serve as a valuable resource for all members, fostering a culture of continuous learning and collaboration. We encourage you to read it, share it with your peers, and provide your valuable feedback.

Thank you for your continued support and dedication to EDPA. Together, we can make a significant impact on the medical community.

Best Regards,

Vijay Arora

Dr Vijay Arora,

Chairman, Scientific Committee, EDPA



Dear Members of the EDPA,

I am pleased to inform you about the release of EDPA's second quarterly Medical Bulletin of 2024. This publication covers a wide range of medical topics, reflecting the diverse interests and expertise within our association.

As the Secretary of EDPA, I invite each one of you to contribute to the bulletin. Your insights, experiences, and thoughts on further improving the EDPA bulletin are what will make this bulletin a rich and valuable resource for all our members.

Please consider submitting articles, case studies, reviews, or any other relevant content that you would like to share. Your participation is crucial in making our Medical Bulletin a success.



Thank you for your continued support and contributions to the EDPA.

Warm regards,

Swathi

Dr Swathi Jami

Secretary, EDPA

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Dear Esteemed Members of the EDPA,

I am thrilled to share the next EDPA quarterly Medical Bulletin with you all. This publication promises to be a compendium of varied medical topics, showcasing the breadth and depth of our collective knowledge.

As your Joint Editor, it is my honor to invite contributions from our talented membership body. Whether it's a research article, review of a topic, insightful case studies, or thought-provoking editorials, your input is what will shape the essence of our bulletin.

Please send your submissions for consideration in our forthcoming edition. Together, we can create a publication that not only informs but also inspires to communicate and from each other.

Looking forward to your active participation.

Best regards,

Anindya Biswas

Dr Anindya Biswas,

Joint Editor, EDPA Medical Bulletin



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1. World Liver Day, 19th April: EDPA Partners With ILBS To Promote Liver Health

On the occasion of World Liver Day on April 19, 2024, the **East Delhi Physician Association (EDPA)** was invited by the **Institute of Liver and Biliary Sciences (ILBS)** in Saket, Delhi, to join hands in creating awareness about liver health among the people of India and to partner in conducting an epidemiological/awareness study on fatty liver disease in school-going children.

The ILBS, under the guidance of its Director, **Dr. Shiv Kumar Sarin**, is a premier institute dedicated to the diagnosis, treatment, and research of liver diseases. Dr. Sarin is a well-known figure in the medical community and is highly respected for his expertise in this field. The ILBS has taken the initiative to commemorate World Liver Day and spread awareness about the importance of liver health in the general public. The event was attended by **Dr. VK Paul** from Niti Ayog as its Chief guest. **Dr. Sarin invited EDPA members to share the stage** with him before announcing the EDPA ILBS collaboration to the audience.



From EDPA, the event was attended executive members including **Dr Vijay Arora, Dr Ashok Grover, Dr Paras Gangwal, Dr Pankaj Chaudhary, Dr Aman Rohatgi, Dr Swathi Jami and Dr RPS Makkar.**

The main focus of this collaboration between EDPA and ILBS is to conduct a questionnaire-based study of the risk factors for non-communicable diseases with a special focus on **fatty liver disease amongst school children** between the age group of 12 to 18 years.

Non-alcoholic Fatty Liver Disease (NAFLD) (or Metabolic Associated Steatotic Liver Disease (MASLD) as it is called today) is a growing concern in India, with an estimated 30% of the population affected by it. Similar to adults, MASLD in children and adolescents includes a spectrum from the relatively benign steatosis defined as abnormal fat accumulation in greater than 5% of hepatocytes, to inflammation, then

the progressive fibrosis and eventually cirrhosis. The prevalence increases with age ranging from 0.7% for ages 2-4 years, up to 17.3% for ages 15-19 years.

This study aims to create a simple tool to assess the prevalence of fatty liver disease and increase awareness on this in school children through a questionnaire. The project is an extension of the SMILES project being conducted by ILBS in College-going students. The EDPA project, named as **Y-SMILES@EDPA** (Young Stronger India Through a Million Health Educated Students), will be focusing on school children aged group (children and adolescents).

The EDPA, with its strong network of MD physicians, will play a crucial role in the success of this study. The association members will be actively involved in the conduct of the study and will coordinate with the ILBS team to reach out to local schools in Delhi. The target is to reach out to approximately 25,000 children and collect data through a scientific questionnaire.

The questionnaire will be designed by the ILBS/EDPA scientific team, keeping in mind the age group and understanding of the children. It will include questions related to their lifestyle, dietary habits, and any symptoms related to liver health besides some anthropometric measurements. The data collected with appropriate consent and following relevant ethical guidelines, will be analysed by the ILBS/EDPA research team, and the results will be shared as a future publication in appropriate journals or social media.

The collaboration between the EDPA and ILBS is a significant step towards creating awareness about liver health in the younger generation. By targeting school children, we aim to educate them about the importance of a healthy lifestyle and its impact on liver health. The study will also help in identifying the prevalence of fatty liver disease in this age group and take necessary measures to prevent and manage it.



EDITOR'S COMMENT:

The EDPA is committed to supporting this initiative and will continue to work closely with the ILBS in the future. We believe that such collaborations between medical institutions and associations can bring about a positive change in the healthcare sector. We urge all our members to actively participate in this study and help in spreading awareness about liver health.

EDPA is proud to be a part of this initiative by the ILBS and looks forward to a successful collaboration. We hope that this study will not only create awareness about liver health but also contribute to the overall well-being of the younger generation. Let us all come together and make this study successful and make a difference in the fight against liver diseases.



2. CPC (Clinico-pathological correlation): Teaching Session (10th May)

As part of its teaching and academic activities at EDPA, and after a long break (a few years!) a Clinical Pathological correlation (CPC) meeting was held at the EDPA Bhawan on May 10th, 2024. A very interesting and compelling clinical case was presented by **Dr. Prateek Singh** (2nd-year PG in Medicine at Max PPG) and moderated by **Dr. Vijay Arora**. **Dr. NP Singh**, joined online from the USA as the Case Discussant. Additional contributions and Final diagnosis were provided by **Dr. Nivedita**, Principal Consultant Hemato-oncology and BMT, and **Dr. Saranjana**, Consultant Hematopathology at Max PPG.



CASE SNIPPET: A male patient, aged 71 years, resident of East Delhi, and retired for 12 years, presented with a constellation of symptoms including watery loose stools, cough with expectoration, fever, and loss of appetite. Notable past medical history included hypertension, coronary artery disease (post PTCA, 2010), disseminated histoplasmosis (2021; treated and resolved after oral Itraconazole x 14 months), and Type 2 diabetes mellitus (since 2020).

Clinical Findings: The patient exhibited signs of mild hepatosplenomegaly and significant pancytopenia. Laboratory investigations revealed microcytic hypochromic anemia, leukopenia with non-severe neutropenia, and thrombocytopenia. Imaging studies indicated mild fatty infiltration of the liver and an enlarged spleen. Chest X-ray revealed alveolar opacities suggestive of pneumonitis.

Provisional and Final Diagnosis:

The presentation was suggestive of an acute febrile illness with hepatosplenomegaly and pancytopenia. The case was discussed in detail by Dr NP Singh and the team and the academic discussions led to multiple close differentials almost reaching the diagnosis. However, the final diagnosis, as provided by Dr Nivedita and Dr Saranjana pointed towards a relapse or reinfection of histoplasmosis.



EDITOR'S COMMENT:

This comprehensive and excellent CPC discussion by the team highlighted the diagnostic challenges and management complexities encountered in medicine practice. Such CPC sessions play a crucial role in fostering collaborative learning and enhancing diagnostic acumen among healthcare professionals. Going forward, EDPA plans to organize more such CPC meets for the benefit of EDPA members esp. young budding physicians.



3. EDPA Champion of The Month Award

a. EDPA Champion for April 2024- Dr Ajay Kr Gupta



EDPA is thrilled to honor **DR AJAY KUMAR GUPTA** with the **EDPA CHAMPION OF THE MONTH AWARD** for **APRIL 2024**, for his outstanding academic accomplishment. He is being conferred this prestigious Award in recognition of recent **conferment of the Fellowship of the Indian College of Physicians (FICP) degree** to him. As a dedicated member of the **EDPA** and our esteemed **Vice President**, this recognition is well-deserved.



His journey, marked by **academic excellence**, has been an inspiration to us all. As you may already know, this prestigious fellowship is conferred to select few doctors in India who have excelled in academic, research, publications, social welfare and community service. The **Eligibility Criteria for Award of FICP** is tough and therefore this achievement underscores the significance of his contributions (**Minimum 10 years of experience** after post-graduation, **Continuous membership** in the **Association of Physicians of India (API)** for at least 5 years, **Significant research, teaching, and development** in the field of medicine, **Contributions to API** through scientific or organizational work, Active participation in **CMEs and conferences.**)

His commitment to advancing medical knowledge based on the above-

mentioned criteria, and his attainment of the **FICP degree** exemplify his unwavering dedication to academics and continuous learning. His accomplishments reflect not only his expertise but also his commitment to the medical community.

On behalf of entire EDPA community, we would like to congratulate him and his family on this achievement. His dedication to excellence in academic medicine and his conferment of the FICP degree at this stage of his career is truly commendable. EDPA is proud to feature this important milestone in the life of Dr Ajay in this Bulletin, ensuring that all members are informed and inspired by his success.



b. EDPA Champion for May 2024- DR SAROJ DUBEY

EDPA conferred the prestigious **THE EDPA CHAMPION OF THE MONTH of MAY 2024** Award to Dr Saroj Dubey in recognition of his outstanding achievements in the field of literature and his contributions to the medical community and beyond.

DR SAROJ DUBEY is a practising senior consultant gastroenterologist in Delhi NCR. Dr Dubey holds impressive academic credentials, including MBBS, MD in Internal Medicine, and DM in Gastroenterology.



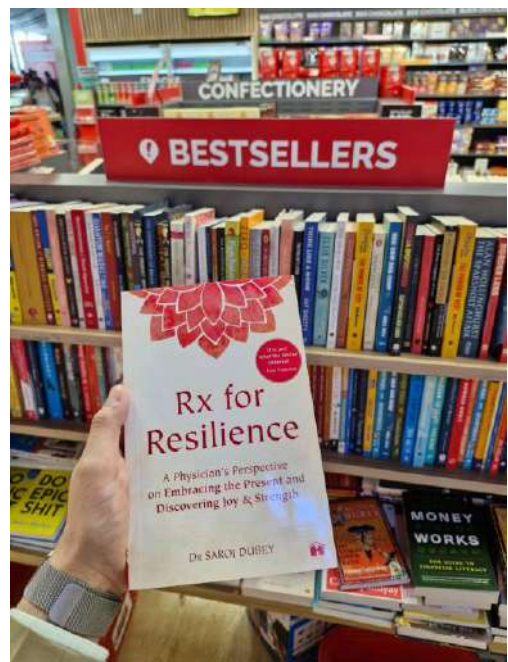
With over two decades of experience in gastroenterology, Dr. Dubey has earned a reputation as one of the best in his field and has garnered praise for his exceptional expertise and compassionate patient care.

In addition to his medical expertise with a busy clinical practice, he is also a TEDx speaker and dedicated mindfulness practitioner. He is deeply passionate about mindfulness and actively conducts classes to share its benefits with others, advocating for embracing the present moment with an open heart.

Beyond his academic and mindfulness interests, Dr Dubey indulges in hobbies such as sports, movies, and dance, which further contribute to his well-rounded life.

Dr Dubey recently authored the book "**Rx for Resilience**," inspired by personal experiences that reshaped his outlook on life. Through its insightful chapters, the book explores resilience, mindfulness, and the pursuit of joy, offering practical exercises for personal growth and self-discovery. Dr Saroj Dubey's journey exemplifies excellence, compassion, and a commitment to holistic well-being.

We congratulate him on his achievements and look forward to his continued contributions to the medical community and society at large.



c. EDPA Champion For June 2024 – DR SK GUPTA

EDPA CHAMPOIN OF THE MONTH for June 2024 was awarded to **Dr SK Gupta**, a Senior physician at EDPA, in recognition of his outstanding achievements in the field of Covid infection and his contributions to this area.

EDPA congratulates him for his stupendous accomplishment in getting a distinguished honor for his work on Covid and being invited to represent himself at the **WHO 77th World Health Assembly, in Geneva, Switzerland, on 27 May – 1 June 2024.**

Below is the account of his personal journey to the WHO in his own words:



Integrating Digital Innovation and Global Health: My Journey at the WHO World Health Assembly#77

“From May 27 to June 1, 2024, I returned to the World Health Assembly (WHA) for the second time, following my initial participation in 2023. This event marked another significant milestone in my career.



This year also I had the distinct privilege of participating in the 77th World Health Assembly (WHA), an event that marked a significant milestone in my career and provided an unparalleled opportunity to engage with international health leaders. This gathering served as a pivotal platform for shaping global health policies and fostering collective action against the world's most pressing health challenges.

- *My journey began at the Permanent Mission of India Geneva, where I engaged in critical discussions with the Indian Health Secretary Addl CEO of National Health Exchange. These conversations focused on India's significant advancements in digital health and financial*

inclusivity. During this session, I raised concerns about the regulatory challenges in telemedicine, which prompted a personal invitation from the Health Secretary for an in-depth discussion at his office - a testament to the inclusive and collaborative spirit of the assembly.

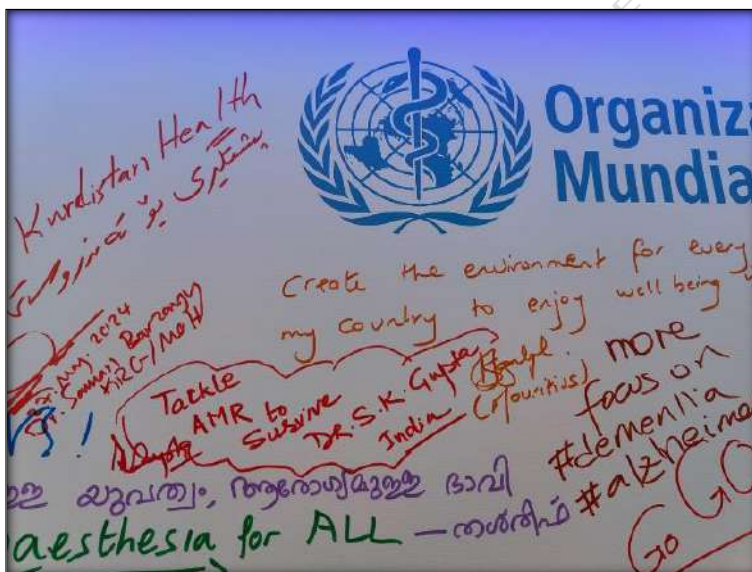
- *Later, I attended an event hosted by Health Innovation Exchange during the WHA#77. This session was dedicated to strategizing on reaching the Global Diabetes Compact Goals, especially within lower-income countries and the Middle East.*



- Here, I was honored with a position on the jury by the Health Innovation Exchange to select the best health innovations. This jury selected two outstanding innovative ideas that stood out for their potential impact on health systems. Following our selections, the board members of the Health Innovation Exchange conferred upon me the Health Innovation Exchange Special Award for my significant contributions during the COVID-19 pandemic in spreading the knowledge with innovative ideas in COVID management, which reached millions of people.



- A highlight of my participation was the honor to visit the United Nations alley the main venue of World Health Assembly#77, where I contributed to the "Wall of Hope". I wrote about the looming threat of antimicrobial resistance, emphasizing its potential to become the next pandemic if not addressed with concerted efforts by all nations. This message underlines the urgency of global collaboration to combat superbugs that threaten human life.



- My deliberations also focused around the impact of climate change on the spread of dengue and the need for development of resilient healthcare infrastructure. Changes in climate, such as rising temperatures and varying rainfall patterns, are expanding the habitats of mosquitoes, increasing the risk of diseases like dengue even in previously unaffected areas. My suggestion was to focus not only on preventive measures like reforestation (which can reduce carbon dioxide levels and moderate local climates) but also on

developing sustainable and climate-resistant healthcare facilities. Such facilities need to be better equipped to handle increased disease burdens under more extreme weather conditions, ensuring that healthcare systems remain effective despite changing environmental conditions. This holistic approach to health and environment is increasingly relevant as the effects of climate change become more pronounced worldwide. My perspective in World Health Assembly#77 (WHA) was widely appreciated as forward-thinking.



- I was also Invited by Marianne Comparet, Director, The International Society for Neglected Tropical Diseases to deliberate my views on the topic “Harnessing dengue and other arboviruses in a challenging world: a gateway to international cooperation on global health threats”
- The series of meetings and discussions culminated in a visit to Oslo, invited by an influential Member of Parliament of Oslo. This meeting expanded my perspective on the international health landscape, emphasizing the vital role of global cooperation in addressing health crises. We discussed as how India can contribute to solve the shortage of health care staff nurses in Europe.

Reflecting on my participation in the WHA from May 28 to June 1, 2024, I am inspired by the collective resolve and the dynamic exchange of innovative solutions. I am deeply committed to leveraging this experience to influence health policies and ensure that our collaborative efforts resonate globally, advancing health security and equity worldwide.

I am happy to share some photos of these experiences with the audience, hoping they inspire further action and awareness.”

EDPA QUARTERLY MEDICAL

4. LEADCon 2024: Pioneering Diabetes Advancements- May 11, 2024

On May 11, 2024, LHMC hosted the third edition of **LEADCON**, a national conference dedicated to diabetes, organized by Lotus Diabetes India. The conference partners include **Max hospital, LHMC, UCMS, GIMS, ISAR.**

Under the theme "Learning Evidences and Advances in Diabetes" (LEADCON), the conference serves as a crucial platform for unveiling the latest breakthroughs in diabetes care.



The organizing team comprised **Dr Ajay Kumar Gupta** (EDPA Vice president) as the Organizing Chairman, **Dr. Ajay Kumar Sharma** as the Organizing Secretary, and Dr. Nishesh Jain and Dr. Nishant as the Joint Organizing Secretaries, with Dr. Saurabh Srivastava as the Chairman of the Scientific Committee and Dr. Amit Gupta and Dr. Amitesh as the Co-chairmen of the Scientific Committee.

This year, Leadcon 2024 focused on "**Sneaking into the Future of Diabetes,**" bringing together a distinguished lineup of national faculty and speakers, including eminent endocrinologists, cardiologists, and respected physicians. **Dr. Mahesh**, Dean and Vice-Chancellor of Maulana Azad Dental College, graced the event as the esteemed chief guest, highlighting the conference's significance.

The keynote address was delivered by **Dr. Sandeep Budhiraja**, Director of Medicine at Max Group of Hospitals, who shed light on cutting-edge advancements in diabetes management. Additionally, attendees had the privilege of witnessing the Leadcon oration lecture by **Dr. Narsingh Verma**, delving into his original research on the circadian rhythm of the body and its implications for human physiology and diseases. Dr. Verma's lifelong dedication to this field added a profound dimension to the conference, enriching the discourse on diabetes care and research.

Overall, the conference was well organised and was a successful academic event.

5. World Hypertension Day: May 17th, 2024

Hypertension, affects over one billion people globally, posing a significant risk for cardiovascular disease and premature mortality. This burden is especially pronounced in low- and middle-income countries, where about two-thirds of cases are concentrated, driven by escalating risk factors in recent decades. Shockingly, nearly half of individuals with hypertension are unaware of their condition, leaving them susceptible to preventable health complications and premature death.

World Hypertension Day, initiated by the World Hypertension League (WHL), serves to raise awareness about hypertension since its inception on May 14, 2005. Observed annually on May 17th, World Hypertension Day 2024 focus was on the theme **"Measure Your Blood Pressure Accurately, Control It, and Live Longer."**



This year's emphasis aims to combat low awareness rates of hypertension globally, promote accurate blood pressure measurement methods, communicate the importance of hypertension and its serious medical complications, and provide information on prevention, detection, and management strategies.

In response to this pressing global health challenge, the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC) launched the Global Hearts Initiative in 2016. This initiative comprises five technical packages—HEARTS (managing cardiovascular diseases), MPOWER (tobacco control), Active (promoting physical activity), SHAKE (reducing salt consumption), and REPLACE (eliminating trans-fat)—with the aim of enhancing heart health on a global scale. The HEARTS technical package, in particular, provides guidance on improving the detection and treatment of hypertension within primary healthcare settings.

In India, hypertension is a significant public health concern, with only 21% of hypertensive patients having their blood pressure under control as of 2021. Recognizing this escalating burden, India launched the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) in 2010, later expanding it nationwide by March 2016.

However, about 80% of patients with non-communicable diseases (NCDs) who seek care from the private sector are not covered by the program, and less than 8% of hypertensive patients had their blood pressure under control as per 2015-16 data from the National Family Health Survey. Responding to these challenges, the India Hypertension Control Initiative (IHCI) was launched in 2017 as a collaborative effort between the Government of India's Ministry of Health & Family Welfare, Indian Council of Medical Research (ICMR), WHO Country Office for India, and Resolve to Save Lives, aiming to improve access to treatment services and enhance hypertension control rates.

EDPA PANEL DISCUSSION ON HYPERTENSION: 17th May, online mode

On the occasion of World Hypertension Day, EDPA organised an online academic Panel Discussion on Hypertension in the evening of 17th May. The panellists included **EDPA members and experts Dr N P Singh, Dr Neeru P Agarwal, Dr Anand Pandey, Dr Asith Khanna, Dr Setu Gupta.**



The Session was moderated by senior EDPA members - **Dr Vijay Arora & Dr Pankaj Nand Choudhry.**



The session included various clinical aspects of signs/symptoms, diagnosis and managing hypertension and how to create awareness on high BP among general public. The session is available on EDPA YouTube channel.

EDPA recommends an early screening strategy for BP and aggressive/appropriate control of BP to reduce morbidity and mortality due to complications related to hypertension. The screening should start in early childhood/school.



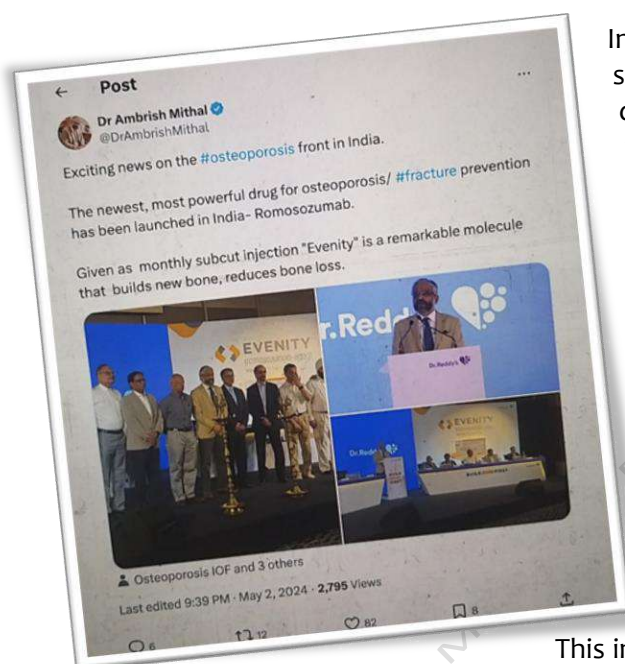
6. Social Media and Ethical Guidelines for A Health Care Professional

The recent social media controversy surrounding Dr. Ambrish Mittal, a prominent endocrinologist, of national and international repute, arose from a picture he innocently posted on his Twitter account on 2nd May 2024 (<https://x.com/DrAmbrishMittal/status/1786065534649274804>).



The image depicted the launch of a new drug in India in a CME event, with Dr. Mittal and other faculty/speakers standing in a group photo, and the name of the drug brand visible in the background poster.

This sparked criticism from some social media enthusiasts, who accused Dr. Mittal of endorsing drugs unethically and colluding with pharmaceutical companies for promotional purposes.



In response to these allegations, Dr. Mittal clarified his stance through a reply on Twitter. He explained that the drug in question, Romosozumab, is an approved medication by the USFDA and other global regulatory agencies, having received approval approximately 5 years ago. As a doctor specializing in treating osteoporosis, Dr. Mittal expressed his keen anticipation for the drug to become easily available in India to benefit his patients.

Dr. Mittal reiterated that his intention in sharing the news on Twitter was to inform the osteoporosis community in India about the availability of this new treatment option. He emphasized his concern for the well-being of his patients and clarified that he was not promoting the drug but rather sharing important clinical information through social media.

This incident sparked a broader discussion about the **ethical promotion of drugs by healthcare professionals**.

It's essential for doctors to maintain transparency and integrity in their interactions with pharmaceutical companies and the promotion of medications. While it's important to inform patients about new treatment options, it's equally important to ensure that such communication is done ethically, as per defined MCI/NMC regulations and in the best interest of patient care.

This medical controversy on a social media platform highlights the importance of adhering to ethical guidelines, particularly concerning the endorsement of drugs or products in the medical profession. The Indian code of ethics in medicine explicitly prohibits medical practitioners from publicly endorsing any drug or product of the industry.

In light of this, it is imperative for practicing doctors to uphold transparency, integrity, and professionalism in their interactions with pharmaceutical companies and the promotion of medications. In consultation with our EDPA's Ethics and medicolegal expert, **Dr Gaurav Agarwal**, here are some practical recommendations for practicing doctors to ensure compliance with ethical standards:

1. Familiarize Yourself with Ethical Guidelines: Doctors should thoroughly familiarize themselves with the Indian code of ethics in medicine and other relevant regulations regarding the endorsement of drugs and products. Understanding these guidelines is crucial for ensuring compliance and ethical conduct.

2. Exercise Caution on Social media platforms: In the age of social media, doctors must be mindful of the content they share online, especially when it comes to discussing medications or medical treatments. Avoid posting images or messages that could be interpreted as endorsing specific drugs or products.



3. Focus on Education and Information: Instead of endorsing specific drugs, doctors should prioritize providing educational and informative content to their patients and the public. Share general information about medical conditions, treatment options, and preventive measures without promoting specific brands or products.

4. Maintain Patient-Centric Communication: When discussing treatment options with patients, prioritize their well-being and individual needs. Provide unbiased information about available treatment options, including potential benefits, risks, and alternatives, allowing patients to make informed decisions that align with their preferences and health goals.

5. Consult Ethical Committees or Professional Bodies: If uncertain about the appropriateness of certain promotional activities or communications, doctors can seek guidance from ethical committees within their institutions or professional bodies. Consulting with peers or ethics experts can help clarify ethical dilemmas and ensure adherence to best practices.

6. Lead by Example: As trusted healthcare professionals, doctors play a vital role in upholding ethical standards and promoting integrity within the medical community. Lead by example by consistently demonstrating ethical conduct in all professional interactions and communications.



EDITOR'S COMMENT:

By following abovementioned recommendations and remaining mindful of local ethical guidelines, EDPA members and other practicing doctors can maintain the trust and confidence of their patients while upholding the highest standards of professionalism in the medical profession.



7. Bribery in Medical profession: RML hospital corruption case- Shocking and a 'wake-up call'

The recent investigative probe by the CBI at Ram Manohar Lohia hospital in May 2024, uncovering a medical devices racket involving doctors, nurses, and hospital employees was shocking and disturbing ([Hindustan times May 8th 2024: CBI busts bribery racket at RML Delhi; 9 including doctors, hospital staff arrested](#)).



Those implicated, including two cardiologists from RML, have been accused of engaging in corrupt practices by soliciting bribes and commissions and colluding with representatives of medical device suppliers (cardiac stents) for purchasing and using their equipment in treatment of patients visiting the cardiology department. The allegations also extend to

the doctors and the hospital staff demanding undue advantages from patients to expedite appointments, admissions, and investigations within the hospital. This is the second such scandal involving medical doctors in a leading government hospital in Delhi. Previously, in March 2023, the CBI had arrested a neurosurgeon from Safdarjung Hospital, along with four accomplices, for allegedly coercing patients into purchasing surgical equipment from a specific establishment at exorbitant prices.

The above incidents serve as a stark reminder of the importance of maintaining integrity standards in the medical profession. This unfortunate incident highlights several crucial lessons for doctors to prevent such occurrences and uphold the highest ethical standards (with inputs from **Dr Gaurav Agarwal**, our inhouse Ethical & Medicolegal expert):

1. **Ethical Conduct:** Doctors must adhere to strict ethical guidelines and professional standards in their practice. They should prioritize patient care and safety above all else, ensuring that medical decisions are made based on the best interests of the patient, not personal gain or incentives.

2. **Vigilance Against Corruption:** Medical professionals should remain vigilant against corrupt practices within healthcare institutions. They should report any suspicions of fraudulent activities or unethical behaviour to appropriate authorities promptly.

3. **Quality Assurance:** Physicians have a responsibility to ensure the quality and safety of medical devices and treatments provided to patients. They should actively scrutinize the sourcing and usage of medical devices, ensuring they meet regulatory standards and are of high quality.



4. **Transparency and Accountability:** Transparency in healthcare practices is essential to maintain trust between doctors and patients. Doctors should maintain accurate records, provide clear explanations of treatment options, and ensure patients are fully informed about their care.

5. **Professional Oversight:** Healthcare institutions should establish robust mechanisms for oversight and accountability to prevent and detect misconduct. This includes regular audits, peer review processes, and compliance with regulatory requirements.

6. **Education and Training:** Continuous education and training programs can help doctors stay updated on ethical standards, regulatory requirements, and best practices in patient care. It also fosters a culture of integrity and professionalism within the medical community.

7. **Ethical Leadership:** Hospital administrators and senior medical staff play a crucial role in setting the tone for ethical conduct within healthcare organizations. They should lead by example, promote a culture of integrity, and take swift action against any instances of misconduct.



EDITOR'S COMMENT

EDPA believes that by prioritizing integrity, transparency, and patient-centered care, EDPA members can uphold the trust and confidence of their patients while maintaining the highest standards of professionalism in the medical profession.



8. New combo injectable drug for T2DM: EDPA / Sanofi- Soliqua launch

Recently, the EDPA partnered with Sanofi India and participated in a CME on 26th April 2024 in East Delhi for the launch of **Soliqua**, a new injectable combo-medication for type 2 diabetes. The event took place as an online CME program by Sanofi, featuring national and international speakers who provided valuable information on Soliqua.

SOLIQUA (iGlarLixi; Sanofi) is an injectable (Sub Q) prescription medicine that contains, insulin glargine and a GLP1 receptor agonist, lixisenatide. It is USFDA approved and is now DCGI approved and available in India. It is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise in addition to metformin with or without sodium-glucose co-transporter-2 (SGLT-2) inhibitors.



It is available in 2 strengths as of pre-filled pens of in fixed-ratio combination (10-40 and 30-60) once daily dosing of insulin glargine and lixisenatide.

Soliqua (100 /50) solution for injection in a 3 ml pre-filled pen:

- Each ml contains 100 units of insulin glargine and 50 micrograms lixisenatide.
- Each dose step contains 1 unit of insulin glargine and 0.5 micrograms of lixisenatide.

Soliqua (100 /33) solution for injection in a 3 ml pre-filled pen:

- Each ml contains 100 units of insulin glargine and 33 micrograms lixisenatide.
- Each dose step contains 1 unit of insulin glargine and 0.33 micrograms of lixisenatide.

In the pivotal clinical study of adults whose type 2 diabetes is uncontrolled on oral diabetes pills (LixiLan-O), 74% of patients using Sub Q SOLIQUA100/33 lowered their A1c below 7%, compared with 59% of patients on Lantus (insulin glargine) injection 100 Units/mL and 33% of patients on lixisenatide. At the end of 30 weeks, average A1c levels were reduced from 8.1% to 6.5% in patients taking SOLIQUA 100/33, 8.1% to 6.8% in patients taking Lantus, and 8.1% to 7.3% in patients taking lixisenatide.

Dosage and Administration:

- Soliqua 100 /50 pre-filled pen delivers dose steps from 10-40 units of insulin glargine in combination with 5-20 mcg of lixisenatide (Soliqua (10-40) pen).
- Soliqua 100 /33 pre-filled pen delivers dose steps from 30-60 units of insulin glargine in combination with 10-20 mcg of lixisenatide (Soliqua (30-60) pen).

Administration: Soliqua should be administered subcutaneously once a day within 1 hour prior to any meal. It is preferable that the prandial injection of Soliqua is performed before the same meal every day, when the most convenient meal has been chosen. If a dose is missed, it should be injected within the hour prior to the next meal.

EDPA/ Sanofi Soliqua launch CME program

The online event on 26th April 2024 was attended by members of the EDPA and was held in the evening at the **Wood apple Residency**, Hargovind enclave.

During the CME session, EDPA members had the opportunity to learn about the benefits and clinical usage of Soliqua, gaining insights from Dr Sanja Kalra, Endocrinologist from Karnal, expert national faculty, and international speaker Dr Marc Evans.



Senior EDPA members **Dr Rajiv Bansal**, **Dr Ashok Grover**, **Dr Pankaj** and **Dr Rajiv Gupta** shared their expert comments and **Dr Mukesh Mehra** gave the closing remarks.



EDITOR'S COMMENT:

Such academic partnerships between EDPA and reputable pharma companies underscores EDPA's commitment to advancing health care and providing its members with the latest knowledge and resources to better serve patients.

By hosting educational initiatives like this CME program, the EDPA aims to enhance the understanding and treatment of patients among its members, ultimately contributing to improved patient outcomes in our clinical practice.



9. "Aap Bhagwan nahin, doctor hain": Corporate Physicians: A Shift in Healthcare Dynamics"

Recently an article from MIDDAY on 7th May was shared by **Dr Rajiv Passey, renowned cardiologist and our esteemed EDPA member**. The article was titled "[Aap Bhagwan nahin , doctor hain](#) ", and the author seemed to be highly doubting and distrusting of modern doctors esp. physicians working in corporate hospitals . He suggested giving an example of an odd case of severe pancreatitis in a patient that resolved on its own over a few months, despite the oncologist clinically suspecting it as cancer and recommending a major surgery).



The author, seemingly disgruntled and sceptic for some unknown reason, suggested the readers to not trust the clinical diagnosis given by their doctor and advised people to get a second or even third opinion from other doctors to confirm the diagnosis before following any treatment advice. It suggested to the readers to rather use Google to review the symptoms, and utilize online research and AI tools to 'educate' themselves about their condition / treatment options instead of relying on the diagnosis/advice given by their doctors. The article lamented that physicians working in corporate hospitals have replaced that extinct, warm-hearted tribe known as family doctors for whom healing was a scientific but compassionate calling.



While the article was ostensibly written in a bad taste and incites antidoctor sentiments (esp. with the half-baked understanding of medical facts by the author) it succeeds in provoking certain thoughts and has some elements of bitter reality wrt medical practice in today's world.

In the evolving landscape of modern-day healthcare in the last 3-4 decades, the traditional role of the family doctor, characterized by warmth, compassion, and a personal connection with patients, seems

to be slowly fading into obscurity. Instead, a new breed of medical professionals, often referred to as corporate physicians, has emerged, reshaping the dynamics of medical care.

Unlike their predecessors, who viewed healing as a holistic and compassionate calling, corporate physicians are often perceived as more transactional, driven by corporate structures and profit motives. While they undoubtedly possess the scientific expertise to diagnose and treat ailments, the personal touch and empathetic bedside manner once synonymous with family doctors seem to be diminishing.

The shift towards corporate medicine brings both advantages and challenges. On one hand, advancements in technology and medical research have led to more specialized and efficient healthcare services. Patients now have access to cutting-edge treatments and procedures that were once unimaginable. However, the personalized care and continuity of the patient-doctor relationship that defined family medicine are often sacrificed in this corporate model.

As we navigate this transformation in healthcare, it's crucial to recognize the invaluable role that compassionate family doctors have played and continue to play in our communities. Their unwavering commitment to patient well-being, combined with their deep understanding of individual needs and circumstances, is irreplaceable.



EDPA EDITORIAL COMMENT:

“While corporate medicine undoubtedly offers benefits in terms of efficiency and specialization, it's essential to ensure that the human element of healthcare is not lost amidst the pursuit of profit and corporate interests.

As the title says, "AAP Bhagwan Nahin, Doctor Hain" - doctors are not gods, but they do possess the power to heal and comfort through their expertise, empathy, and compassionate care. As we embrace advancements in medicine, let us not forget the timeless values of empathy, compassion, and human connection that lie at the heart of true healing.”



10. Covid vaccine and its unending controversies around its side effects- what to make of them?

The recent admission by AstraZeneca published in newspapers and aired on news channels on May 8th 2024 regarding the potential rare side effect of their Covid vaccine, Thrombosis with Thrombocytopenia Syndrome (TTS), or Vaccine-Induced Thrombotic Thrombocytopenia (VITT) has garnered significant attention globally.

[\(AstraZeneca admits its COVID vaccine, Covishield, can cause rare side effects.\)](#) .



In recent times, concerns have emerged regarding rare adverse events associated with certain COVID-19 vaccines, notably the occurrence of Vaccine-Induced Thrombotic Thrombocytopenia (VITT). The revelation has come to light now in court documents amid a class action lawsuit where AstraZeneca is being sued over allegations that their vaccines have resulted in deaths and serious injuries in multiple cases.

It is particularly noteworthy that the Covid-19 vaccine Covishield, developed by AstraZeneca in collaboration with Oxford University, was produced by the Serum Institute of India and extensively utilized in India's vaccination drive. This issue of liability for AZ and serum institute was raised by **Dr**

Anupam, our dynamic EDPA Member.

Dr Anupam opined that VITT may have been massively underdiagnosed in India. VITT is a condition characterized by blood clot formation (thrombosis) accompanied by low platelet levels (thrombocytopenia), which can lead to serious complications if not promptly diagnosed and managed.

VITT has been reported primarily following the administration of viral vector COVID-19 vaccines, such as the AstraZeneca and Johnson & Johnson vaccines. While the incidence of VITT is rare, it is crucial for healthcare providers to remain vigilant and promptly recognize potential symptoms, which may include severe headaches, abdominal pain, leg swelling, or shortness of breath, occurring within a few days to weeks after vaccination.

The pathophysiology of VITT involves the development of antibodies against platelet factor 4 (PF4), resulting in platelet activation and subsequent clot formation. Early diagnosis typically involves specialized laboratory tests, such as enzyme-linked immunosorbent assay (ELISA) or functional assays, to detect anti-PF4 antibodies.

Management of VITT often involves a multidisciplinary approach, including hematologists, immunologists, and critical care specialists. Treatment may include anticoagulation therapy with non-heparin agents, such as direct oral anticoagulants (DOACs), and immunoglobulin therapy to inhibit antibody-mediated platelet activation.



EDPA EDITORIAL COMMENT:

EDPA opines that while the risk of VITT must be carefully considered, it is essential to emphasize that the benefits of COVID-19 vaccination outweighed the potential risks, especially considering the significant morbidity and mortality associated with COVID-19 infection itself.

Like for other vaccines, close monitoring and prompt reporting of adverse events following vaccination are crucial to ensuring the ongoing safety and effectiveness of COVID-19 vaccination campaigns. While Covid has become latent, we should remain vigilant and informed as we navigate through these challenging times, prioritizing the health and well-being of our patients.



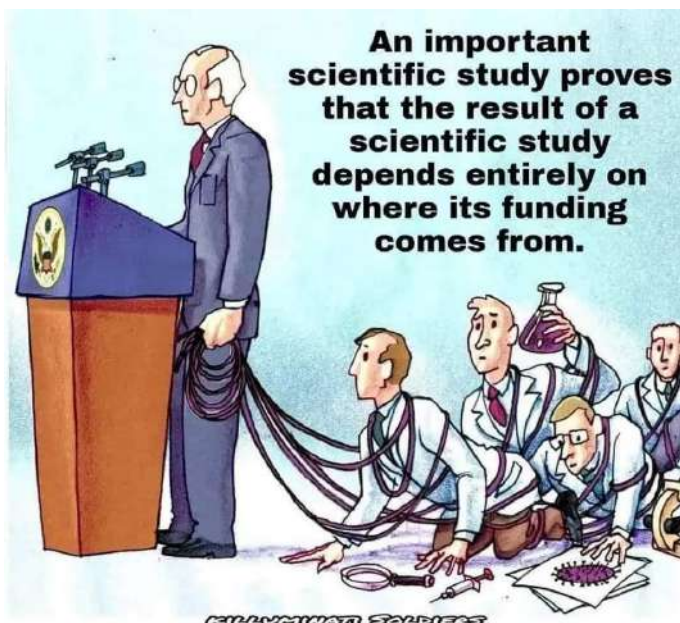
EDPA QUARTERLY MEDICAL

2024 - Silver Jubilee Year

11. Addressing 'Conflicts of Interest' in Medical Literature: what and what not to believe?

Recently **Dr SK Gupta, our senior physician and EDPA member** brought to the notice of EDPA members, a 2018 paper on conflicts of interest by authors of Harrison's book of internal medicine, published in the Journal of the American Medical Association (JAMA). [Piper, B. J. et al (2018). *Undisclosed conflicts of interest among biomedical textbook authors*. *AJOB Empirical Bioethics*, 9(2), 59–68].

The paper sheds light on the concerning issue of undisclosed financial ties between medical professionals and the pharmaceutical industry. The study, analysed the financial disclosures of the authors of Harrison's Principles of Internal Medicine, one of the most widely used and respected textbooks in the field of internal medicine. The findings of the study revealed that between 2009 and 2013, the authors of Harrison's received more than \$11 million from pharmaceutical companies and medical device manufacturers. Shockingly, none of these financial ties were disclosed to readers, raising serious concerns about the potential influence of these conflicts of interest on the content of the textbook.



This study highlights the need for greater transparency and disclosure of financial ties in the medical field. It is essential for medical professionals to disclose any financial relationships they have with pharmaceutical companies or medical device manufacturers, as these relationships can potentially bias their clinical decision-making and recommendations.

The lack of disclosure in this case is particularly concerning as Harrison's Principles of Internal Medicine is considered a trusted and authoritative source of information for medical professionals. The potential influence of undisclosed financial ties on the content of the textbook raises questions about the accuracy and objectivity of the information presented.

The study also serves as a reminder for medical professionals to critically evaluate the information they receive from pharmaceutical companies and to be aware of potential biases. It is important for medical professionals to prioritize the well-being of their patients over any financial incentives they may receive from the pharmaceutical industry.

In conclusion, it highlights the need for greater transparency and disclosure of financial ties in the medical field. Medical professionals must prioritize the well-being of their patients and be aware of potential biases that may arise from financial relationships with pharmaceutical companies. It is crucial for the medical community to address and address this issue to maintain the integrity and trust in the field of medicine. As medical professionals, it is crucial for us to uphold the highest standards of transparency and integrity in our work. Conflicts of interest, especially those involving financial relationships with pharmaceutical companies, can compromise the credibility and objectivity of medical literature. They have the potential to influence clinical decision-making, patient care, and public trust in the healthcare system.



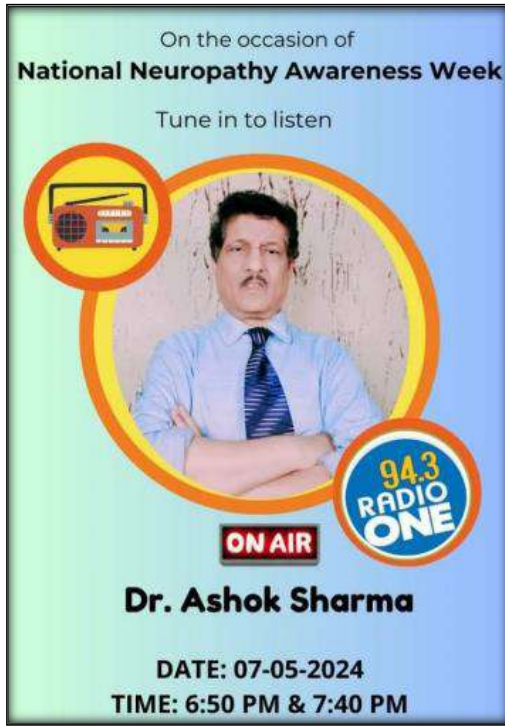
EDITOR'S COMMENT:

EDPA encourages all its members to review and critically assess the financial disclosures of authors in medical literature, textbooks, and research papers. It is essential to remain vigilant and transparent about any potential conflicts of interest to maintain the integrity and credibility of our profession.



EDPA QUARTERLY MEDICAL BULLETIN 2024 - Silver - Bille Year

12. National Neuropathy Awareness Week (May 5-11): Dr Ashok Sharma



EDPA is pleased to highlight the commendable initiative undertaken by our esteemed member, **Dr. Ashok Sharma**, in observance of National **Neuropathy Awareness Week**. Dr. Sharma recently presented a podcast on 94.3 FM radio, dedicated to raising awareness about neuropathy, a debilitating condition affecting countless individuals worldwide.

Neuropathy can lead to a myriad of symptoms, including numbness, tingling, and weakness, significantly impacting an individual's quality of life. Despite its prevalence and profound effects, neuropathy often remains underrecognized and underdiagnosed.

Dr Sharma's radio podcast aimed at educating the public about neuropathy, its symptoms, causes, and available treatment options. By disseminating accurate information through mainstream media channels like radio, Dr. Sharma contributes significantly to increasing awareness and understanding of this often-overlooked condition.



Such endeavors that prioritize public health education and awareness initiatives play a crucial role in fostering a healthier and more informed society. EDPA commends Dr. Ashok Sharma for promoting neuropathy awareness and for his efforts to empower public with knowledge about their health.



13. Observing National Dengue Day 16th May @ EDPA

On May 16th, EDPA team commemorated National Dengue Day in India, a significant occasion dedicated to raising awareness about dengue, a mosquito-borne viral infection. As healthcare

providers, it's pivotal that we leverage this opportunity to educate our local communities about the prevention and management of this potentially serious illness.

Dengue, prevalent in tropical and subtropical regions, poses a considerable health risk. With the onset of monsoon season, there's a



heightened probability of increased mosquito activity, thereby amplifying the transmission of the dengue virus. Therefore, it's imperative to arm ourselves with knowledge and strategies to combat this disease effectively.

With monsoon knocking on the doors of Delhi by the end of June, thanks to **Dr Vijay Arora** for sharing and timely highlighting this important day.



EDPA encourages its members to engage with your patients and community members to disseminate crucial information about dengue prevention. Emphasize the importance of measures such as eliminating mosquito breeding sites, using mosquito repellents, wearing protective clothing, and seeking timely medical care if symptoms manifest. By working together to raise awareness and implement preventive measures, we at EDPA can significantly mitigate the impact of dengue in our local communities. Let's seize this opportunity to empower individuals with the knowledge and resources necessary to protect themselves and their loved ones from this mosquito-borne illness. Thank you for your commitment to promoting public health and contributing to the fight against dengue.



14. Fire in East Delhi New Born Care hospital in Vivek Vihar: Lessons from the Tragic accident

On the night of May 26, a devastating fire broke out at Baby Care New Born Hospital, a private neonatal nursing home in Vivek Vihar, East Delhi, resulting in the tragic deaths of eight newborns. The fire, caused by a short circuit and worsened by flammable oxygen cylinders, highlighted several critical issues. The hospital, situated in a residential area, lacked the necessary clearances and fire safety approvals from authorities. Furthermore, the hospital's



license had expired on March 31. Despite being authorized to admit only five babies, 12 newborns were admitted at the time of the incident. Additionally, the hospital staff lacked basic emergency training, as initial findings indicate that locals, not the staff, alerted the nearest fire station. Moreover, the doctors employed by the hospital were not adequately qualified to treat newborns, holding only BAMS degrees.

This incident has highlighted a concerning nexus between local civic authorities and hospital owners.

Here are some key learnings for EDPA doctors and Nursing home owners from this unfortunate event:

1. **Prioritize Safety Protocols:** Ensure that the healthcare facilities you are associated with strictly adhere to all safety protocols, including fire safety measures. Regularly review and update these protocols.
2. **Conduct Regular Safety Audits:** Advocate for and participate in regular safety audits of the hospital infrastructure. This includes checking electrical wiring, fire alarms, extinguishers, and the proper storage and handling of flammable materials like oxygen cylinders.
3. **Emergency Preparedness:** Ensure that all staff are trained in emergency response procedures. Regular fire drills and emergency response training can save lives in case of a real emergency.
4. **Due Diligence on Clearances:** Verify that the hospital has all the necessary legal clearances, including building permits, fire safety approvals, and other regulatory compliances. This is crucial for ensuring the safety and legality of the healthcare facility.
5. **Advocate for Accountability:** Promote a culture of accountability within the healthcare facility. Report any discrepancies or safety concerns to the appropriate authorities and ensure that corrective actions are taken promptly.
6. **Collaborate with Authorities:** Foster good relationships with local civic authorities to ensure compliance and prompt action on safety measures. Transparency and cooperation can help prevent future incidents.
7. **Patient and Staff Education:** Educate patients and staff about safety measures and the importance of reporting potential hazards. An informed and vigilant community can significantly reduce risks.
8. **Ethical Responsibility:** Understand and embrace the ethical responsibility of ensuring patient safety. This includes advocating for safe and compliant hospital environments, even if it involves challenging hospital administration or local authorities.

9. **Learn from Incidents:** Analyze and learn from past incidents to implement better safety practices. Continuous improvement in safety standards is essential to prevent such tragedies.
10. **Advocate for Policy Changes:** Use your position to advocate for stronger regulatory frameworks and enforcement mechanisms that ensure all healthcare facilities comply with safety and legal standards.

By incorporating these learnings into daily practice, nursing home owners can play a crucial role in preventing such tragic incidents and ensuring the safety and well-being of their patients and colleagues.



EDPA comment:

The question also arises “are the existing hospital regulations too strict for Nursing Home owners to comply with?” As per data by the Delhi Fire Services, only 196 out of 1,225 hospitals, including private and government ones and nursing homes, in Delhi have a valid fire safety clearance. (FSC). Why should this situation arise in the first place? Why are 90% of hospitals not able to comply with the rules? Are the existing rules too strict and impractical for most small nursing home owners to adhere to? The IMA and Nursing home owners’ associations should represent their case with the concerned health authorities to discuss, and negotiate to arrive at a middle path to ensure that standards and regulations to be applied to smaller hospitals and nursing homes are reasonable, realistic and viable. The requirements and laws should be practical and should not make running a nursing home financially unviable or unrealistic.



15. EDPA monthly CMEs – Interesting clinical cases

CASE 1.

Title: Enigma of cavitating pneumonia

Presented by: Dr Sharad Joshi, Pulmonologist, Pushpanjali Hospital



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Cavitating pneumonia is a complicated pulmonary disease, and it has a vast differential. In country like India, Tuberculosis would always remain the first differential and would be the cause in majority of cases. However, there are numerous other diseases leading to cavitating shadows in lungs, including anaerobic pneumonia/ aspiration, Carcinoma lung, pulmonary infarct, Lung abscess, Vasculitis disorders etc.

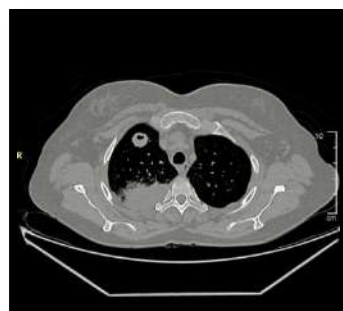
Dr Sharad presented a case of a middle-aged diabetic female who had non-specific symptoms, cavitating pneumonia; was given ATT, however final diagnosis was far-fetched.

Case:

A 46-year female with uncontrolled T2diabetes, developed cough fever and breathlessness. She went to her family physician and was given routine antibiotics which was changed to anti-tuberculosis regimen after the symptoms persisted and x-ray showed pneumonia in RUL. She was further referred to pulmonologist. Due to lack of sputum sample, she underwent a bronchoscopy. Although her bronchial lavage -GeneXpert- MTB was negative, she was continued on ATT.

3 days later she developed facial deviation (facial palsy) and tense swelling over left leg. This time she was brought to emergency at Max Hospital Vaishali, as breathlessness also increased. Venous doppler of left leg showed DVT, hence CT pulmonary-angiography was done. Pulmonary embolism with a infarct was demonstrated and she was offered therapeutic doses of anti-coagulants as per protocols. Patient also complained of hearing impairment which was confirmed with an audiogram study. In a multi system constellation of symptoms “vasculitis” was suspected and evaluated for; ANCA-antibodies were positive thus supporting diagnosis of “**Granulomatous Polyangiitis** presenting with DVT, pulmonary embolism, Bells’s palsy and hearing Impairment.

She was treated with pulse Steroids and Rituximab infusion (off label), and showed gradual response in a week; she was discharged to home with OPD follow-up schedule.



Key Learnings:

The constellation of symptoms prompted the consideration of vasculitis in this case. The development of seemingly unrelated signs & symptoms e.g. facial palsy, leg swelling, hearing loss and increased breathlessness in a case where symptoms initially suggested a simple pneumonia, emphasizes the importance of considering a broad differential diagnosis.

The presentation and work up underscores the need to consider systemic conditions /autoimmune diseases when multiple, seemingly unrelated symptoms appear. This demonstrates the importance of a comprehensive, multisystem evaluation in complex cases.

CASE 2.

Title: Cavitory lung lesion: Tissue is always an Issue

Presented by: Dr Arjun Khanna, Pulmonologist, Amrita Hospital, Faridabad



Abstract: Burkholderia cepacia is typically a pathogenic microorganism that tends to infect immunocompromised or hospitalized patients. It is also linked with infections in patients with cystic fibrosis and underlying structural lung diseases. Here, we report a rare case of Burkholderia cepacia infection in a chronic obstructive pulmonary disease (COPD) patient with a malignant cavitory lesion. To the best of our knowledge, this is the first case report of such a presentation.

Introduction: Burkholderia cepacia (B. cepacia) is an aerobic gram-negative bacillus commonly found in different aquatic environments. It typically exhibits low virulence and often colonizes various fluids utilized within healthcare settings, such as irrigation solutions and intravenous fluids. In healthy individuals, it rarely leads to infections. However, Burkholderia cepacia can colonize or infect the respiratory tracts of patients with conditions like cystic fibrosis or bronchiectasis. In some rare instances, it has been associated with cases of lung consolidation and the development of cavitory lesions in immunocompetent populations.

A 64-year-old gentleman, a former smoker with a smoking history of 45 pack-years, presented to us with symptoms of intermittent fever (up to 101°F), dry cough, progressive increasing breathlessness, loss of appetite, significant weight loss for 15 days, and persistent right side dull aching chest pain for 7 days. The patient had a ten-year history of diabetes mellitus (DM) and had been diagnosed with chronic obstructive pulmonary disease (COPD) six years ago but was not compliant with prescribed treatment. Biochemical tests revealed normal hemogram and kidney and liver function tests but indicated uncontrolled blood sugar levels with an elevated HbA1C of 11.5%.



Figure 1: 1A, Chest X-ray showing a thick-walled cavity in the right upper zone. 1B and 1C, CT Chest showing a thick wall cavity (1.4 cm) measuring 5.8 x 4.5 cm in the right upper lobe with associated pleural thickening.

On examination, the patient had a respiratory rate of 24/min with SpO₂ of 90-92% on room air, a pulse rate of 104 min and a blood pressure of 110/76 mmHg. Upon chest auscultation, bilateral polyphonic wheezing was observed. A chest X-ray revealed the presence of a thick-walled cavity in the right upper zone. Subsequently, a CT scan of the chest was performed, which identified a cavitory lesion in the right upper lobe (figure 1). Both infective and malignant etiology were kept differential based on clinical-radiological features. After managing acute exacerbation of COPD and stabilizing the patient, Fiberoptic bronchoscopy (FOB) was performed for evaluation of cavitory lesion. FOB did not reveal any abnormalities within the airways, So Radial EBUS (endobronchial ultrasound) was performed to sample from the cavity wall, but it couldn't localize any lesion. A bronchoalveolar lavage (BAL) sample was obtained. Initial microbiological staining for bacteria, fungus and mycobacteria were negative. The cytopathological examination was negative for malignant or atypical cells. On the 5th day, the BAL culture report showed confluent growth of opaque colonies with light-yellow pigmentation on blood agar, which were oxidase positive, catalase producing, and non-lactose-fermenting colonies on Mac Conkey agar, suggestive of *B. cepacia*.

The antibiotic sensitivity report indicated resistance to cephalosporins, fluoroquinolones, and colistin, with sensitivity limited to meropenem. The patient was started on intravenous meropenem, resulting in a favorable clinical response characterized by the resolution of fever and an improvement in appetite and general well-being. Although we found an infective etiology to address lung conditions, a thick-walled cavitory lesion also raised the possibility of a malignant etiology. PET CT was done, which showed a right upper lobe cavitory lesion with features suggestive of possible malignant etiology. (figure 2)

A CT-guided biopsy was taken from the cavity wall, yielding a diagnosis of squamous cell carcinoma. Following a multidisciplinary consultation at a separate medical centre, the patient underwent surgical resection followed by adjuvant chemotherapy. Bacterial culture of the surgical specimen also grown *B. cepacia* colony.

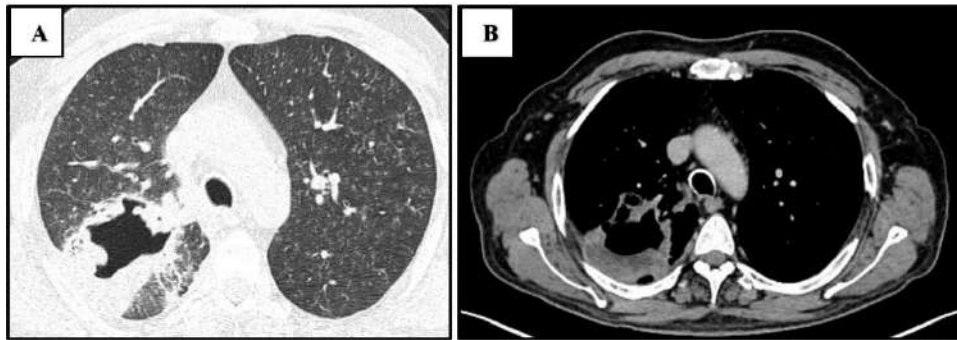


Figure 2. (A – Lung Window, B – Mediastinal Window): FDG avid (SUVmax- 4.7) irregularly margined thick-walled (1.6 cm) cavitary lesion in the right lung upper lobe, measuring approximately 6.2 x 4.4 cm in size.

Discussion:

B. cepacia is commonly recognized as a bacterium linked to the lungs of individuals with cystic fibrosis. It can lead to potentially fatal pneumonia in immunosuppressed patients, especially cystic fibrosis or chronic granulomatous diseases.⁵ Cystic fibrosis patients with the presence of *B. cepacia* in respiratory secretions often correspond with more severe lung disease and diminished pulmonary function.⁷ Because *B. cepacia* often colonizes various fluids utilized within healthcare settings, it can lead to epidemics of nosocomial infection through a contaminated medical device.⁶ In immunocompromised individuals and patients with breached local defence like bronchiectasis, burn patients, and those with indwelling catheters or medical devices, *Burkholderia cepacia* can lead to severe infections and can present like pneumonia, meningitis, bacteremia, peritonitis, and postoperative wound infections. *Burkholderia cepacia* has now been recognized as causing fatal disease in healthy individuals.¹⁻⁴

Our patient presented to us with a cavitary lesion in an emphysematous lung along with a high risk for malignancy, given a heavy smoking history. Our initial differentials included tuberculosis, malignancy, and fungal infection. Considering the cavity wall's thickness exceeding 15 mm and the soft tissue density of the cavity wall, malignancy was still a possibility. Indeed, it's worth emphasizing that *Burkholderia cepacia* infections are commonly linked to damaged or compromised lungs rather than entirely healthy ones. These factors led us to undertake additional investigations to examine coexisting alternative pathology. As a result, an image-guided biopsy of the cavitary lesion was done, which subsequently revealed bronchogenic carcinoma as the primary cause of the lung cavity. A case of community-acquired bacteremic pneumonia due to *Burkholderia cepacia* in a treated lung cancer patient without any active lesion/mass has been reported. Still, in that case, there was not any definite residual lesion. To the best of our knowledge, this is the first case report of concomitant active lung cancer and *Burkholderia cepacia* infection. This report underscores the likelihood of encountering *Burkholderia cepacia* as a community-acquired infection in a structurally damaged lung.

Key learnings from the case:

It's tempting for Physicians to consider TB as a Differential in most cavitary lesion esp in diabetics but it is advised to not start ATT without confirmation of TB; there is no role of empirical ATT in today's era of confirmatory diagnostics and interventional techniques available for tissue sampling.

- Physicians should also consider upfront tissue sampling in high-risk patients

-Consider a possible dual pathology in case signs symptoms and imaging findings do not match.

-Consider the utility of PET scan early to rule out the possibility of carcinoma in case patient is not responding radiologically

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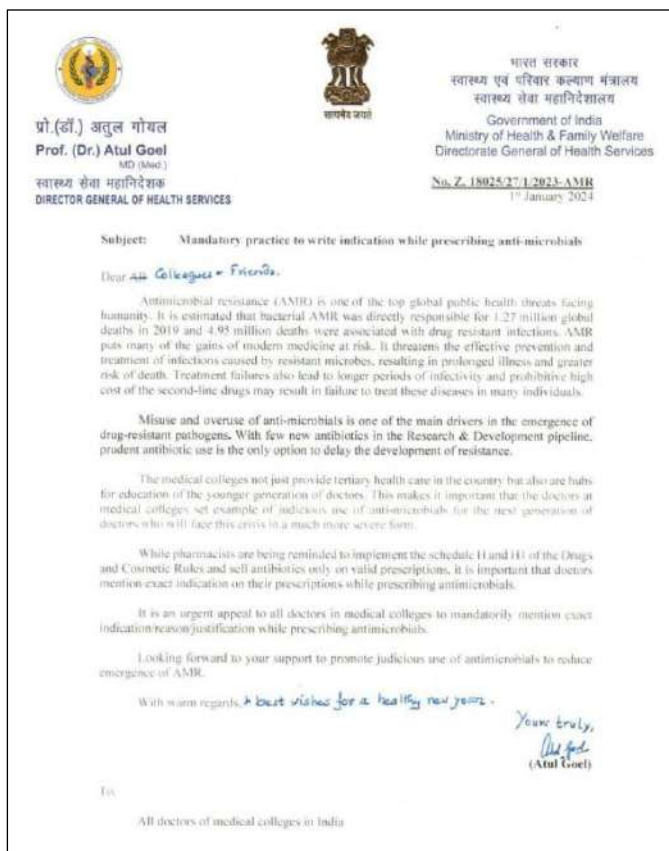
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16. New Directive (June 2024) from the health Ministry on Antibiotic prescriptions

Dr RPS Makkar

In January 2024, the Union Health Ministry took a crucial step in combating antimicrobial resistance (AMR) in India.

The [letter](#), issued by Dr Atul Goel, Directorate General of Health Services, Govt of India was sent to all doctors of medical colleges in India. The letter mandated that doctors **explicitly state the reason and indication before**



prescribing antibiotics.

This directive applies to all medical colleges, urging physicians to provide precise indications, reasons, and justifications when prescribing these medications.

Additionally, in June 2024, the National Medical Commission (NMC) released its comprehensive “**National Action Plan on Antimicrobial Resistance (NAP-AMR) Module for Prescribers.**”

This 156-page guideline document targets both educators and senior residents in medical institutions.

Key points from the guidelines include:

1. **Evidence-Based Approach:** Antibiotics should not be administered without

diagnostic tests confirming their necessity. The guidelines advocate a “syndromic approach” for patient classification. For instance:

- **Acute Febrile Illness and Rash:** Consider viral infections (e.g., dengue, malaria), bacterial infections (like scarlet fever), Lyme disease, drug reactions, and autoimmune diseases.

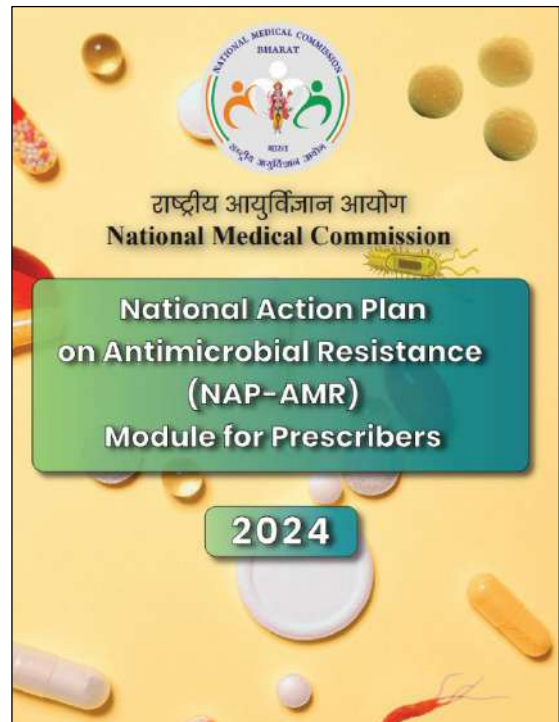
- **Acute Febrile Illness with Jaundice:** Address viral infections (hepatitis), bacterial infections (typhoid), and biliary tract infections.
- **Acute Febrile Illness with Neurological Involvement:** Includes cases like meningitis.
- **Acute Febrile Illness with Respiratory Syndrome:** Covers flu and pneumonia.
- **Respiratory Illnesses:** Most are self-limiting and don't require antimicrobials. However, if signs of pneumonia or septicaemia are present, empirical antibiotics may be initiated after sputum sample collection.
- **Urinary Tract Infections:** Empirical antimicrobials may be considered in specific situations (e.g., pregnancy, diabetes) and adjusted based on available reports.

2. **Prescription Steps:**

It recommends that prescription of antimicrobials should be based on the following steps:

- **Step 1:** Begin with a clinical diagnosis, relying on accurate history-taking and thorough examination. Collect samples before starting antimicrobials.
- **Step 2:** Limit empiric antibiotic therapy to seriously ill patients, guided by local antibiograms.
- **Step 3:** Select the appropriate antibiotic based on clinical evaluation and the likely pathogen, considering antibiogram data.

These guidelines aim to promote judicious antibiotic use and combat AMR effectively.



EDPA comment:

As responsible physicians, the EDPA community holds a vital responsibility in this national fight against antimicrobial resistance. Antibiotics are powerful medicines against treating infections, but their overuse/misuse contributes to AMR. To safeguard our patients and preserve the effectiveness of these medications for future, we must prescribe them judiciously.

EDPA CALL TO ACTION TO ITS MEMBERS:

- 1- **Indication Matters:** Only prescribe antibiotics when clinically indicated. Avoid unnecessary use.
- 2- **Educate Patients:** Explain the rationale behind antibiotic prescriptions.
- 3- **Stay Informed:** Keep abreast of local antibiograms and evolving guidelines.

Together, we can curb AMR and protect future generations.



17. Combating Antimicrobial Resistance: Strategies, Innovations, and Global Efforts

Dr SK Gupta



Pandemic of AMR

The menace of antimicrobial resistance (AMR) has the potential to snowball into a global crisis with pandemic-like effects. AMR does not spread like infectious diseases caused by a single pathogen, such as COVID-19; rather, it is a broad issue affecting the effectiveness of antibiotics against a wide range of bacteria. Here's why the global threat of AMR can be considered as severe as a pandemic:

Widespread Impact

AMR can lead to infections that are resistant to current treatment options, rendering common infections, such as pneumonia, urinary tract infections, and sepsis, difficult or even impossible to treat. These resistant infections can affect anyone, of any age, in any country.

Increased Mortality and Morbidity

As bacteria evolve to resist the effects of antibiotics, we face the possibility of returning to a time when even minor infections could cause severe complications or death. This would increase both mortality and morbidity, straining global healthcare systems.

Economic Burden

The economic impact of AMR is substantial. It leads to longer hospital stays, higher medical costs, and greater healthcare resource utilization. The productivity loss due to increased sickness and mortality also contributes to economic strain.

Spread and Transmission

Resistant bacteria can spread between individuals and across borders with ease, particularly in our highly interconnected world. They can also move between humans, animals, and the environment, complicating efforts to control their spread.

Global Health Security Threat

AMR undermines advances in modern medicine, including the ability to perform complex surgeries and cancer chemotherapy, which depend on effective antibiotics to manage infections. The erosion of these capabilities poses a severe threat to global health security.

Strategies to Manage AMR

Efforts to manage AMR include promoting antimicrobial stewardship to prevent overuse and misuse of antibiotics, enhancing surveillance to monitor AMR patterns, and increasing awareness through public health campaigns. Research and development also play a crucial role, focusing on new drugs and improving diagnostic tools to ensure effective treatment decisions.

1. Research into antimicrobial resistance (AMR)

It encompasses a broad range of disciplines, from molecular biology and epidemiology to public health and policy studies. Here are some notable examples of recent research efforts addressing different aspects of AMR:

Development of New Antibiotics and Treatments

- *Teixobactin*: Discovered as part of a novel method for growing previously unculturable bacteria, teixobactin is an antibiotic that has been shown to be effective against a range of pathogenic bacteria without developing resistance.

1a. Phage Therapy

Phage therapy involves using bacteriophages—viruses that infect and kill bacteria—to treat bacterial infections, especially those resistant to antibiotics.

- *Intralix and Pherecydes Pharma*: These companies have been pioneers in clinical applications of phage therapy. They have developed phage preparations for use against multi-drug-resistant bacterial infections, such as those caused by *Staphylococcus aureus* and *Pseudomonas aeruginosa*.
- *Cystic Fibrosis Treatment*: A notable case study involved a teenage patient with cystic fibrosis who was treated with a cocktail of bacteriophages in 2019. The phages were specifically chosen to combat a resistant *Mycobacterium abscessus* lung infection. This treatment was personalized and demonstrated significant improvement in the patient's health.

1b. Antibiotic Adjuvants

Adjuvants are compounds that enhance the efficacy of antibiotics, helping to overcome resistance mechanisms.

- *Efflux Pump Inhibitors*: One strategy to combat resistance is to use inhibitors of efflux pumps, which many resistant bacteria use to pump antibiotics out of their cells. Compounds like verapamil have been studied for their ability to enhance the effectiveness of antibiotics against resistant strains by inhibiting these pumps.
- *Beta-lactamase Inhibitors*: Clavulanic acid, sulbactam, and tazobactam are used in combination with beta-lactam antibiotics to inhibit the beta-lactamase enzyme, which many bacteria produce to degrade beta-lactam antibiotics. These combinations are well-established in clinical use, with Augmentin (amoxicillin/clavulanate) being a prominent example.

1c. Drug Combinations

Combining drugs can target different pathways in bacteria or prevent the activation of resistance mechanisms.

- *Polymyxin B and Rifampicin*: This combination has been used to treat infections caused by carbapenem-resistant *Acinetobacter baumannii*. The combination exploits synergistic effects that can enhance bacterial killing and reduce the likelihood of resistance development.
- *Piperacillin/Tazobactam*: This combination is used to treat a wide range of infections, including those caused by *Pseudomonas aeruginosa*. Tazobactam inhibits beta-lactamase, enhancing the efficacy of piperacillin against resistant strains.

Implementation in Clinical Settings

While these therapies offer promising alternatives or complements to traditional antibiotics, their implementation in clinical settings often requires careful consideration of specific bacterial strains, resistance profiles, and individual patient conditions. Moreover, regulatory approval processes can be complex due to the specificity and novelty of these treatments.

2. Rapid Diagnostics Development

Point-of-Care Testing Tools: Rapid diagnostic tools that can quickly determine the bacterial strain and its susceptibility to antibiotics can significantly improve the use of appropriate therapies and reduce the misuse of antibiotics. Recent advancements include CRISPR-based diagnostics that offer high specificity and speed.

3. Surveillance and Epidemiological Studies

- **Global Surveillance Networks:** Projects like the Global Antimicrobial Resistance Surveillance System (GLASS), initiated by WHO, focus on standardizing the collection, analysis, and sharing of data related to AMR worldwide.

- **Environmental Surveillance:** Research into the environmental spread of AMR, such as studies tracking the presence of resistant bacteria in wastewater, helps in understanding and mitigating the environmental transmission routes of AMR.

4. Socioeconomic and Policy Research

- **Cost-Effectiveness Analyses:** Economic studies assess the cost-effectiveness of interventions like stewardship programs and stricter regulations. These analyses help in understanding the economic burden of AMR and the benefits of various control strategies.
- **Policy and Implementation Studies:** Research on the impact of national action plans and policies on AMR trends helps in shaping effective legislation and health interventions globally.

5. Vaccine Development

- **Preventive Vaccines:** Developing vaccines against bacteria known to cause serious infections can reduce the incidence of these infections and consequently lower the use of antibiotics, indirectly combating AMR. Research in this area includes vaccines for organisms like *Staphylococcus aureus* and *Streptococcus pneumoniae*.

Countries Most Affected by AMR

Though Antimicrobial resistance (AMR) is a global issue affecting both high-income and low- and middle-income countries (LMICs). However, the impact and responses vary significantly across regions.

Low- and Middle-Income Countries (LMICs):

These nations often bear the brunt of AMR due to several factors:

- **High burden of infectious diseases:** Higher prevalence of infections increases the use of antimicrobials, which can lead to resistance.
- **Lack of regulation and oversight:** In many LMICs, antimicrobials can be purchased without prescription, leading to misuse.
- **Limited healthcare infrastructure:** Insufficient healthcare facilities and lack of proper sanitation can lead to the spread of resistant infections.

Countries like India, some parts of Africa (such as South Africa and Nigeria), and Southeast Asian nations (like Thailand and Vietnam) are particularly highlighted in global AMR discussions due to their high rates of drug-resistant infections.

Countries Effectively Working to Prevent AMR

- *Sweden and the Netherlands*: These countries are often cited as models in AMR stewardship. They have comprehensive national action plans that include:
 - Strict regulations: on antibiotic prescription.
 - Robust surveillance systems to monitor AMR trends.
 - Public awareness campaigns to educate about the prudent use of antibiotics.
- *United Kingdom*: The UK has been a leader in raising global awareness about AMR. It has implemented stringent antimicrobial stewardship programs and invested in research and development.
- *Australia and Canada*: These nations have also taken significant steps in establishing strong surveillance systems and regulatory frameworks to control the use and distribution of antibiotics.

Global Initiatives

At the international level, the World Health Organization (WHO), in collaboration with the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE), promotes a One Health approach to address AMR across human, animal, and environmental health sectors globally. This approach helps in forming policies that are effective across all borders and sectors.

Key initiatives by WHO includes:

- Global Action Plan on AMR: Launched in 2015, this plan aims to ensure the prevention and treatment of infectious diseases with safe and effective medicines.

Challenges in Response

The global response to AMR is hampered by several factors, including inadequate surveillance, slow development of new antibiotics, and insufficient global coordination. Unlike a typical infectious disease pandemic, which might be addressed with a vaccine or focused public health interventions, combating AMR requires sustained, multifaceted strategies involving healthcare, agriculture, and environmental policies.

Impact and Future Directions

AMR has profound implications for global health security, economic stability, and healthcare practices. Countries heavily burdened by AMR, particularly in low- and middle-income regions, face significant challenges due to inadequate healthcare infrastructure and lack of regulatory frameworks. Conversely, nations with comprehensive AMR strategies showcase the potential of targeted action and innovation in mitigating this crisis.

Conclusion

In summary, while AMR does not spread in the traditional sense of a pandemic, its widespread impact, ability to affect global health security, and the challenges it presents in management and containment mean that its potential threat is comparable to that of a pandemic. While some countries have made significant progress, AMR remains a significant challenge that necessitates continued global attention and action.

The battle against AMR is complex and ongoing, necessitating continued innovation, collaboration, and vigilance. The integration of new treatment modalities such as phage therapy and drug combinations with robust policy frameworks and international cooperation holds the key to sustaining the efficacy of antimicrobial drugs and securing global health.

These research efforts are crucial in combating AMR, and they involve an international network of universities, research institutes, healthcare facilities, and governments, each contributing towards a global strategy to manage and mitigate this threat.

Efforts to combat AMR require both national and international collaboration, focusing on regulation, education, and innovation.

EDPA QUARTERLY MEDICAL BULLETIN 2024 – Silver Jubilee Year

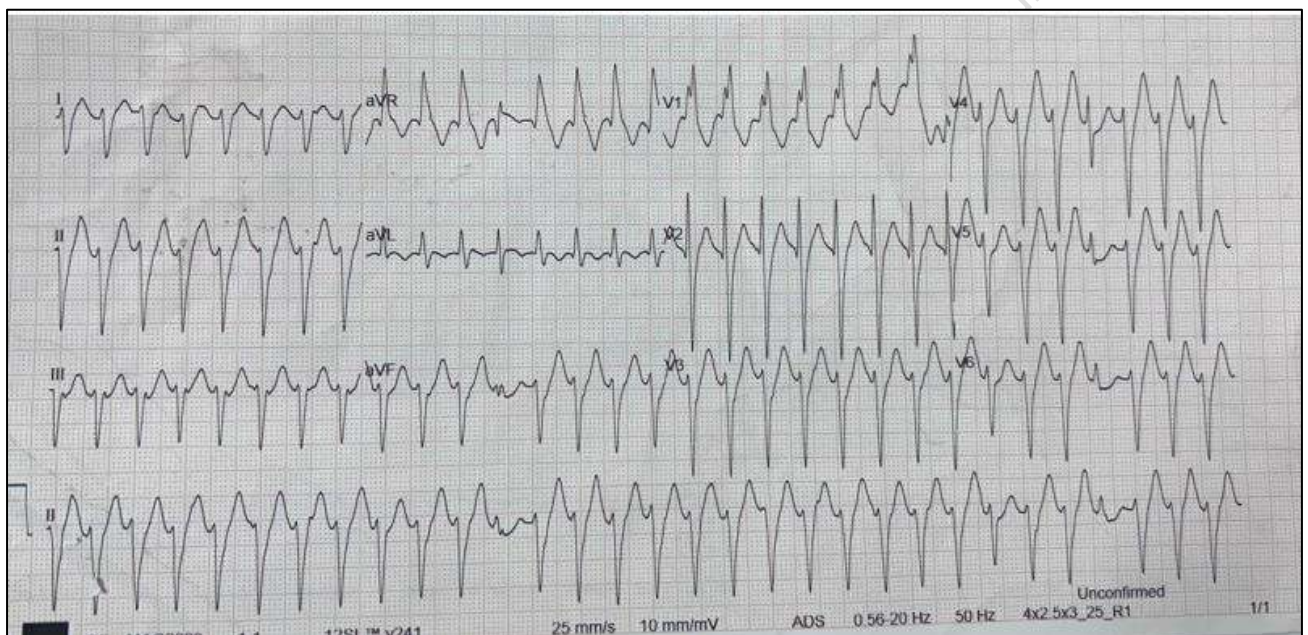
18. Is it SVT or VT?

Dr Samir Kubba - Director and Unit Head, Cardiology, Dr Raghav Aggarwal- Associate Consultant, Cardiology, Dharamshila Narayana Superspeciality Hospital, Delhi*.

Case snippet:

A 40-year-old male presented with complaints of sudden onset palpitations. He had a blood pressure of 120/80 mmHg and a pulse rate of 190 per minute. His systemic examination was unremarkable.

His ECG done, revealed a Wide Complex Tachycardia with Right Bundle Branch morphology and 2D Echo were normal.



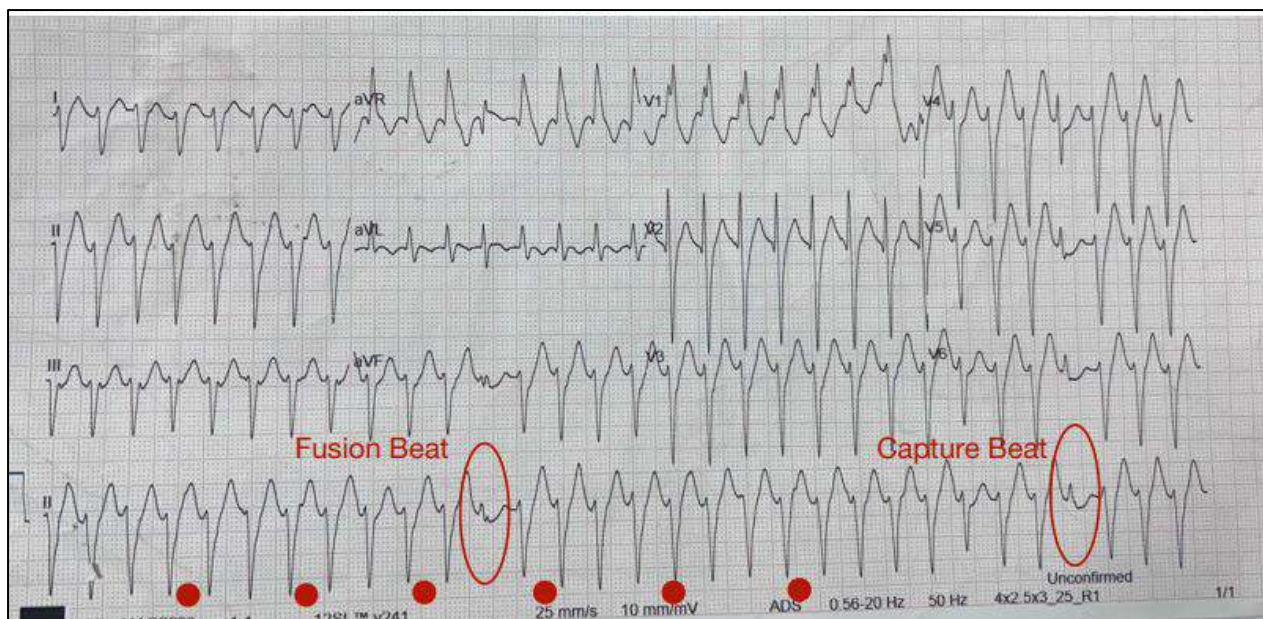
Wide Complex Tachycardia is a term used for tachycardia along with QRS duration > 120 msec. The possible causes include Ventricular Tachycardia, Supraventricular Tachycardia with Aberrant Conduction and Pre-excited Tachycardia.

Differentiating between VT and SVT with Aberrancy can be difficult and the following points can be used to differentiate between them.

Favours Supraventricular Tachycardia	Favours Ventricular Tachycardia
Initiation with Premature P Wave	Initiation with Premature QRS Complex
Tachycardia Complexes identical to those in resting rhythm	Tachycardia Beats identical to PVCs during sinus rhythm
“Long-Short” sequence preceding initiation	“Short-Long” sequence preceding initiation
Changes in P-P interval preceding changes in R-R interval	Changes in R-R interval preceding changes in P-P interval
QRS contours consistent with aberrant conduction (V1, V6)	QRS contours inconsistent with aberrant conduction (V1, V6)
Slowing or termination with Vagal maneuvers	AV Dissociation or other non 1:1 AV relationship
Onset of the QRS to its peak (positive or negative) <50 msec	Onset of the QRS to its peak (positive or negative) ≥50 msec
	Fusion beats, Capture beats
QRS duration <0.14 sec	QRS duration >0.14 sec
Normal QRS axis (0-+90 degrees)	Left-axis deviation (especially -90 -180 degrees)
	Concordant R Wave progression pattern
	Contralateral bundle branch block pattern from the resting rhythm
	Initial R, q, or r > 40 msec or notched Q in aVR
	Absence of an rS complex in any precordial lead

Applying these pointers if analyse the ECG of our patient, we can see that:

- QRS < 0.14 sec - Favours SVT
- Presence of Fusion and Capture beats - Favours VT
- Onset of QRS to its peak <50 msec - Favours SVT
- North West/Extreme Left Axis Deviation between -90 & -180 degrees - Favours VT
- Initial q in aVR - Favours VT
- AV Dissociation - Favours VT



Since more points favour VT, the patient needs to be managed as hemodynamically stable VT. But the two points favouring SVT are both related to the duration of QRS complex, which are suggestive of Fascicular VT.

Left Fascicular VT:

- Left Bundle Branch Fascicle forms a part of the Reentry circuit - leads to a narrower QRS complex (in contrast to other forms of VT)
- More common in young males
- Tachycardia is sustained, often exercise induced, and hemodynamically tolerated
- The most common form involves the LV posterior fascicle giving rise to an RBBB – like tachycardia with a superior left axis
- They respond well to Verapamil

Thus, our patient was diagnosed as Left Fascicular VT and managed with Injection Verapamil.

So, to conclude, understanding the differences between the ECG findings of SVT and VT in a hemodynamically stable patient can help in the proper management of the patient and can also help in evaluating the etiology and origin of the arrhythmia. But, if still there is a doubt, the patient should be managed as VT and if he/she is hemodynamically unstable, then they should be managed with DC Cardioversion irrespective of the etiology.

19. MEDICAL IMAGES AND ECGs

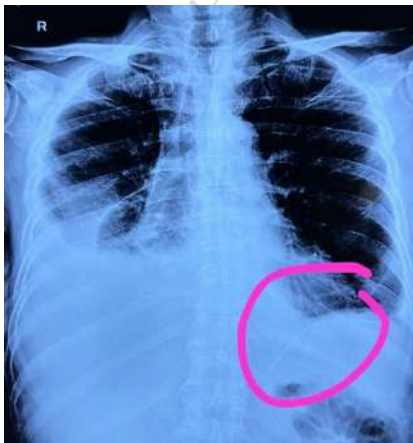
Picture 1: What are the white deposits seen on VATS in a case of Ca esophagus? What are the black areas?



Picture 2: What are the white deposits seen on VATS?



Picture 3: What is the finding in the circled area in the Xray?



Picture 4: What are the Xray findings?



Picture 5: What are the Xray findings?



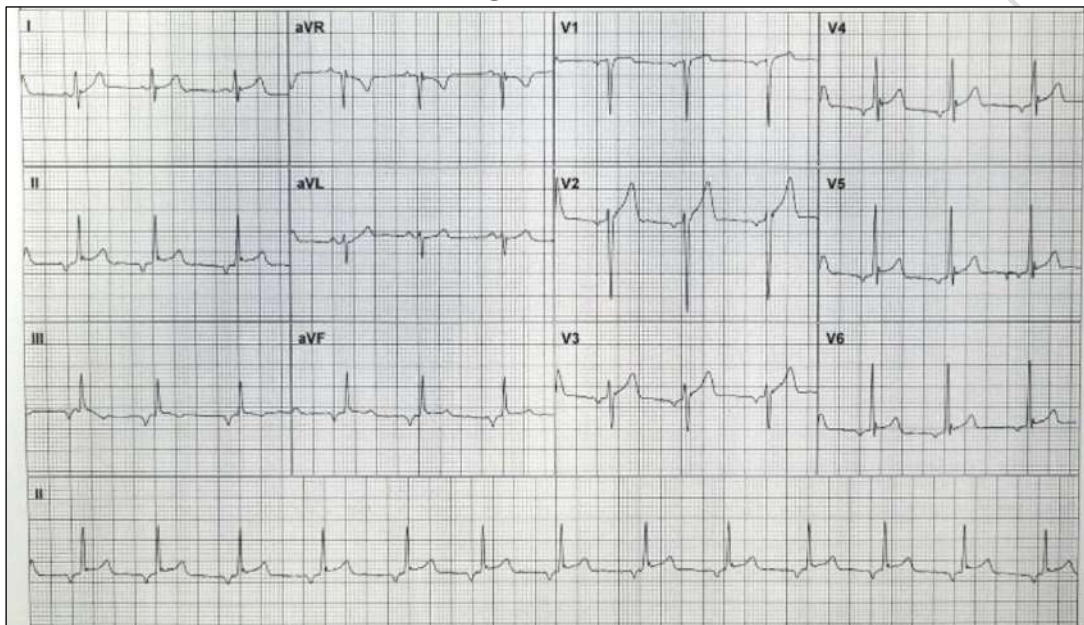
Picture 6: Identify the skin lesions?



Picture 7: What are the Xray findings?



Picture 8: What are the ECG findings?



Answers will be shared in the next Bulletin

20. Health Pearls From Our Ancient Past:

We are excited to introduce a new section in this bulletin: "Health Pearl from Our Ancient Past." This section aims to explore and celebrate the wisdom of traditional health practices and remedies that have been passed down through generations.

We invite all members to contribute their knowledge, experiences, and insights to this section. Whether it's an ancient remedy, a traditional wellness practice, or a historical perspective on health, your contributions will help enrich our collective understanding and appreciation of our ancient heritage. Share your pearls of wisdom and join us in honoring the timeless traditions that continue to inform and inspire modern medical practices.

This month's **Health Pearl from Our Ancient Past** was shared by our EDPA member **Dr Sameer Kubba**, eminent cardiologist in East Delhi.



Verse 17, Chapter 6 from Bhagwat Gita says.

युक्ताहारविहारस्य युक्तचेष्टस्य कर्मसु | (yuktāhāra-vihārasya yukta-
cheṣṭasya karmasu)

युक्तस्वप्नावबोधस्य योगो भवति दुःखहा || 17 || (yukta-svapnāvabodhasya yogo bhavati duḥkha-hā)

yukta—moderate; *āhāra*—eating; *viḥārasya*—recreation; *yukta cheṣṭasya karmasu*—balanced in work; *yukta*—regulated; *svapna-avabodhasya*—sleep and wakefulness; *yogaḥ*—Yog; *bhavati*—becomes; *duḥkha-hā*—the slayer of sorrows

Translation

BG 6.17: But those who are temperate in eating and recreation, balanced in work, and regulated in sleep, can mitigate all sorrows by practicing Yog.

Diet, lifestyle modifications and following life's essential 8 - eating right, sleeping well, becoming physically active, quitting tobacco & alcohol, maintaining a healthy blood pressure, sugar, cholesterol and weight goes a long way in preventing and managing heart disease. Taking care of mental health too is very important.

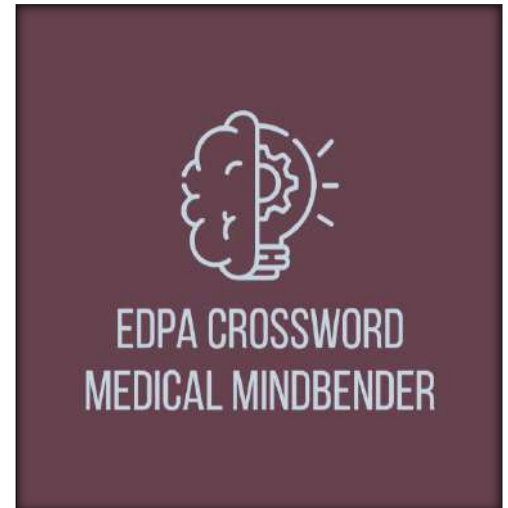
21. EDPA Crossword- MINDBENDER

🔍 Are you ready to test your knowledge of infections and infectious diseases? 🧠🦠

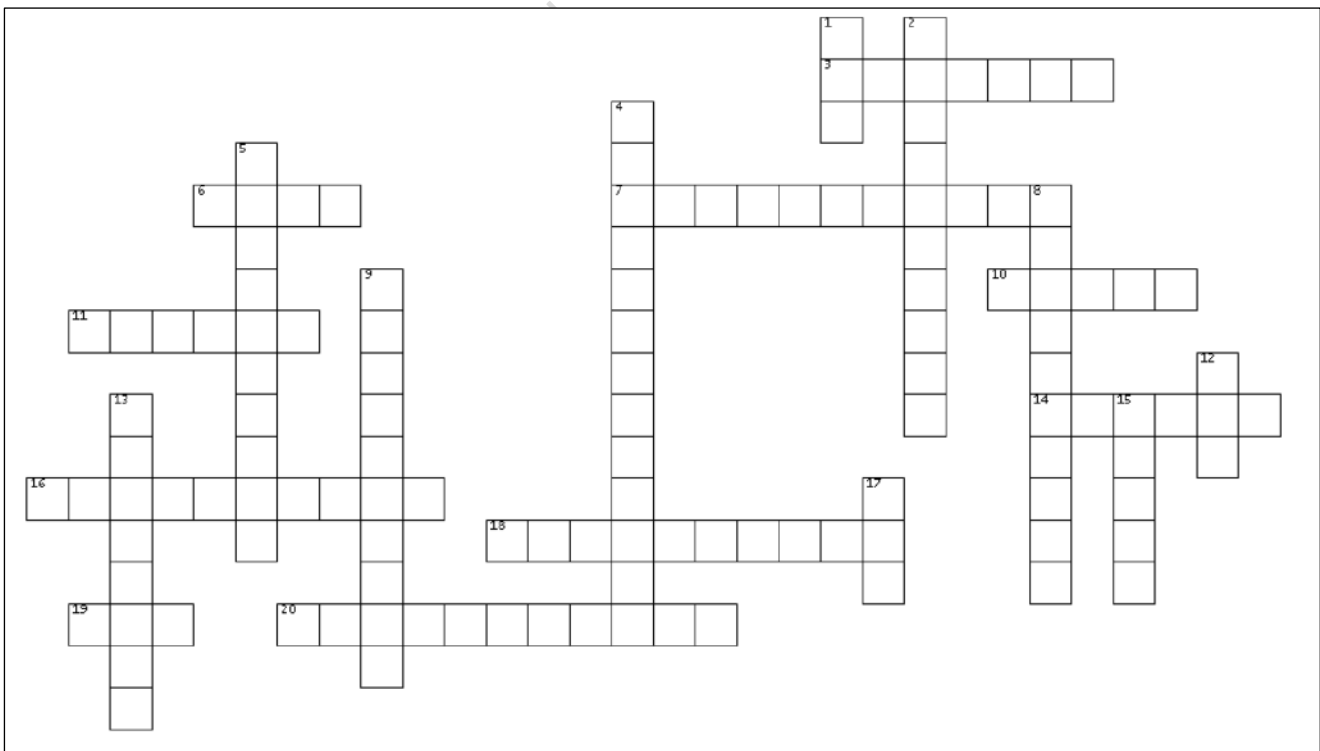
Here's the **EDPA's Mind-Bender Crossword_#June2024** for the month.

How to Participate:

- Solve the Crossword below:** This exciting crossword puzzle is related to infections and diseases. Put your thinking caps on, and fill in the blanks!
- Don't use Google or AI (EDPA AI Bot is watching you! 🤖)**
- Submit Your Answers:** Take a pic of the completed crossword -> what's app to EDPA Life Members' official group /or to 9811409429, or email your completed crossword with your full name, Affiliation, and a Photo to ravinder.makkar@gmail.com by 7th July 2024
- "Fastest Solver" Recognition:** The person who completes the crossword puzzle with the fastest time will be featured as the **EDPA'S FASTEST MIND-BENDER SOLVER** on 10th July on 'EDPA Life Members' what's app official group, and will also feature in our next edition of the medical bulletin. 🏆😊



EDPA's Mind-Bender Crossword_#June2024



Let's have some brain-teasing "contagious" fun! 😊🧩

Use the clues to fill in the words above. Words can go across or down.

CLUES:

ACROSS

3. Painless genital ulcer most commonly formed during the primary stage of syphilis
6. Primarily spread by mosquitoes and can cause serious birth defects in pregnant women
7. Lung disease spread by feathers from parrots
10. first known case of this infection was identified in Wuhan, China,
11. infection causing painful blisters or ulcers.
14. this fly is a vector for a parasite, that causes sleeping sickness in humans
16. intestinal infection marked by stomach cramps, bloating, nausea and bouts of watery diarrhoea
18. parasitic eukaryote, causes malaria
19. Transmits through skin-to-skin contact; not transmitted through bodily fluids such as semen or saliva
20. Infection caused by a gram negative obligatory aerobic non-spore forming bacillus; usually causes abscesses in lung, liver, spleen, skeletal muscle and parotids especially in patients with diabetes, chronic renal failure and thalassemia.

DOWN

1. Disease caused by parasitic infection of the CNS caused by the larval cysts in pigs
 2. Gram negative intracellular bacteria that generally show preference for RBCs, macrophages, and endothelial cells
 4. *Fumigatus*, *terreus*, *flavus*, and *niger* are names of this green germ
 5. Multiplies in the gut epithelium of the body louse and explodes into the GI tract, eventually killing the body louse in the process; causes Brill Zinser disease
 8. Infection caused by a saprophytic dimorphic fungus named after medical student Benjamin Schenck
 9. Gram-negative, non-motile, encapsulated, lactose-fermenting, facultative anaerobic, rod-shaped bacterium causing nosocomial infections
 12. Severe infection classically associated with high absorbency tampon use in menstruating women
 13. It was one of the most devastating diseases known to humanity and caused millions of deaths before it was eradicated
 15. This virus was discovered in 1976 in the Democratic Republic of the Congo and are found primarily in sub-Saharan Africa.
 17. Double-stranded DNA virus and is a member of the herpesviruses; can cause eye disease
-

22. EDPA Announcements

MIDCON 2024

The prestigious EDPA MIDCON is back, promising a comprehensive exploration of the latest advancements in nephrology. Hosted by EDPA, MIDCON 2024 is set to be held at Hotel Radisson Blu, Kaushambi, Ghaziabad.

MIDCON 2024 promises to be a platform for in-depth talks by expert nephrologists, senior clinicians and national faculty, with comprehensive discussions, insightful workshops, and networking opportunities for members and non-members interested in nephrology.

Key Details:

- **Date:** Sunday, 28th July 2024 (2-8 PM)
- **Venue:** Radisson Blu, Kaushambi, Ghaziabad
- **Theme:** Nephrology Update



We believe that your participation will greatly contribute to the success of this event and will foster a collaborative learning environment.

We look forward to welcoming you at the MIDCON 2024.

MIDCON 2024 Organizing Committee:

- Organizing Chairperson: Dr. Neeru Agarwal
- Organizing Co-Chairperson: Dr. Varun Verma
- Organizing Secretary: Dr. Tushar Gupta
- Chairman Scientific Committee: Dr. Vijay Arora

Register at <https://event-register.edpadelhi.com/>

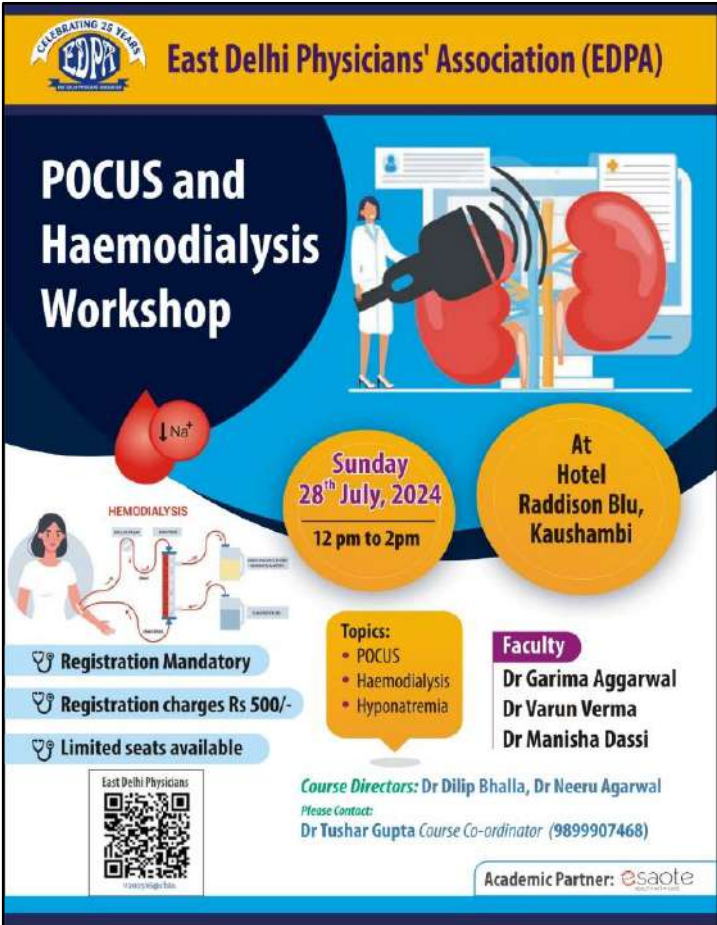
MIDCON WORKSHOPS:

This event will also feature two key clinical workshops from 12- 2 PM. The 2 workshops will be focused on:

- 1) Renal Replacement Therapy and
- 2) Point-of-Care Ultrasound (POCUS).

These workshops are designed to provide a comprehensive understanding of these critical areas in medical practice. They will be led by experts in the field, offering a unique opportunity to learn, interact, and enhance your clinical skills.

**Mark your calendars
and join us for an
enriching experience at
these EDPA workshops!**



CELEBRATING 25 YEARS
EDPA
East Delhi Physicians' Association (EDPA)

POCUS and Haemodialysis Workshop

Sunday 28th July, 2024
12 pm to 2pm

At Hotel Raddison Blu, Kaushambi

Topics:

- POCUS
- Haemodialysis
- Hyponatremia

Faculty

Dr Garima Aggarwal
Dr Varun Verma
Dr Manisha Dassi

Course Directors: Dr Dilip Bhalla, Dr Neeru Agarwal
Please Contact: Dr Tushar Gupta, Course Co-ordinator (9899907468)

Registration Mandatory
Registration charges Rs 500/-
Limited seats available

HEMODIALYSIS

East Delhi Physicians' Association

Academic Partner: esaote

Registration is open on EDPA Website.
More /detailed information will be shared closer to the date.
Stay Tuned!!



MIDCON2024

Empowering Excellence in Renal Health....

**SAVE
THE DATE**



**28th
July, 2024**

Radisson Blu, Kaushambi,
Ghaziabad, Uttar Pradesh

ORGANISING CHAIRPERSON

Dr Neeru P Agarwal

ORGANISING CO-CHAIRMAN

Dr Varun Verma

ORGANISING SECRETARY

Dr Tushar Gupta

CHAIRMAN SCIENTIFIC COMMITTEE

Dr Vijay Arora

PRESIDENT - EDPA

Dr Pankaj Nanad Choudhry

SECRETARY - EDPA

Dr Swathi Jami

www.edpadelhi.com




Pushpanjali Medicon 2024

Fortune Park, Vivek Vihar, Opp. East End Club, Delhi

BLS-ACLS Course (Abridged)

21st July 2024, 09:00AM to 05:00PM

BLS (Basic Life Support)

- Basic Life Support (BLS) for adult victims
- Automated external defibrillator (AED)
- Hands-on session-1 : BLS & AED

ACLS (Advance cardiac life support)

- Overview of Systematic Approach
- Arrest situations
- Hands-on session-2 : Demonstration of Team Work for arrest situations involving a few participants
- Peri-arrest situations
- Hands-on session-3 : Demonstration of team work for peri-arrest situations involving a few other participants



Course Coordinator
Dr. Rakesh Kumar
Vice-President, Life Savers Association (LSA)
Prof. Dr. DSA Medical College and Hospital



Course will be conducted by
Team Life Support of
Life Savers Association (LSA)
(International Training Center of AHA)





BLS / ACLS Workshop Registration Charges **Rs. 1000/-**

Link For BLS / ACLS Workshop Registration
<https://rzp.io/L/HGZQgW5Mc>

Link For BLS / ACLS Workshop Venue Location
<https://maps.app.goo.gl/CSyvCDFJNPrd9Ph7>

Link For Conference Registration
<https://forms.gle/9HwLvPuLIEKc4PJR6>

Visit Website For More Details
www.pushpanjalimedicon.com

Pushpanjali Medicon 2024


Jashn, Fortune Park, East Delhi - Member ITC's hotel group

ECG Workshop
Experts in Electrophysiology, Intervention and Clinical Cardiology

28th July 2024
09:00AM to 02:00PM

Every Session
will be
followed by Quiz

Course Coordinator
Dr. Anand Kumar Pandey
MBBS, MD, DM (Cardiology), FESC, FACC
FCSI, FSCAI, FICC
Senior Director - Interventional Cardiology



Speaker	Topic
Dr. Ashwani Mehta Director - Heart Failure Program & Research Sir Ganga Ram Hospital, New Delhi	Normal ECG, Intervals and Variants
Dr. Viveka Kumar Principal Director & Chief of Cath Lab - Poo Nam, MD, DM, FESC, FACC, FSCAI, FAPSO, FICP, BLS	Conduction system disturbance esp. bundle branch blocks
Dr. Amit Malik Director and Coordinator, Interventional Cardiology (Max Vasthali) - Electrophysiology	Bradycardias & chronotropic incompetence
Dr. Vivek Chaturvedi Head, Cardiology - Ananta Hospital	Tachyarrhythmias
Dr. Santosh Aggarwal Senior Interventional Cardiologist at Kallash Hospital and Heart Institute in Mohli	ECG in ACS, ST & Non ST Elevation
Dr. Amitabh Yaduvanshi Coordinator and Head of Cardiology at Holy Family Hospital, New Delhi	ECG in critical care
Dr. Anand Kumar Pandey	ECGs miscellaneous clinical conditions

ECG Workshop Registration Charges **Rs. 500/-**

Link For BLS / ACLS Workshop Registration
<https://rzp.io/L/HGZQgW5Mc>

Link For BLS / ACLS Workshop Venue Location
<https://maps.app.goo.gl/CSyvCDFJNPrd9Ph7>

Link For Conference Registration
<https://forms.gle/9HwLvPuLIEKc4PJR6>

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WORLD NEUROSCIENCES
SUMMIT 2024



MEDANTA INSTITUTE OF
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WORLD NEUROSCIENCES SUMMIT - IV

THEME: CHANGING PARADIGMS – UNLEASHING POSSIBILITIES

📅 22-25 August 2024 📍 Hotel J W Marriott, Aerocity, New Delhi



Pre-conference workshop: 22-August 2024

Main Conference: 23-25 August 2024



Abstract Submission

Grand Round Submission

Early Bird Registration

Last Date Extended till June 30th, 2024

For More details, visit

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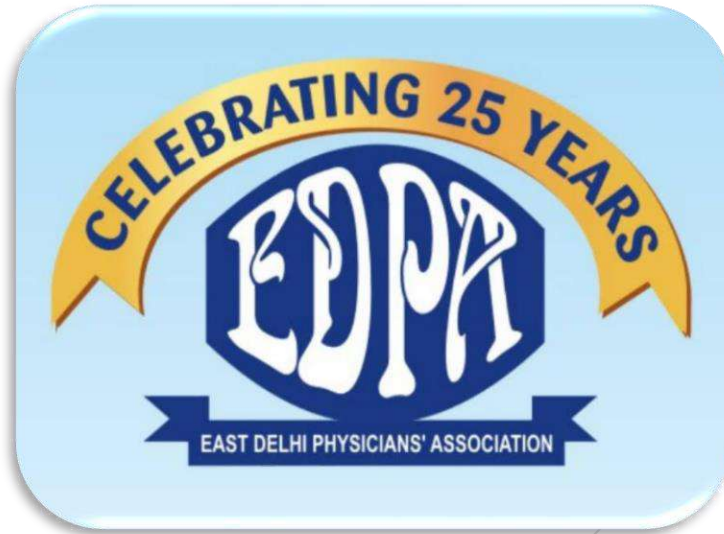
PROGRAM
DATE

30th
June '24

Auditorium, 5th Floor Academic
Block, LHMC, Shahid Bhagat
Singh Marg, New Delhi

Program Highlights

Timing	Topic	Speaker	Chairpersons
9:00-9:30 am	Registration		
9:30-9:47 am	Managing HBV infection	Ujjwal Sonika, GB Pant Hospital	Parimita Baruah, V K Goyal, Sujata Mathews
9:53-10:10 am	Approach to a patient of acute paraparesis	Charu Gauba, Apollo Hospital	Ajay Aggarwal, A K Gadpayle, Rati Singh
10:15-10:32 am	Hepatorenal syndrome - therapeutic strategies	Piyush Ranjan, Ganga Ram Hospital	Aparna Agrawal, Ravi Bansal, R S Ahlawat
10:38-10:55 am	Managing early onset parkinson's disease	Achal K Srivastava, AIIMS Delhi	R K Singal, B K Singh, R P S Makkar
11:00-11:10 am	Audience Quiz on preceding sessions	Pooja Anand, Paras Hospital, Gurugram	
11:10-11:40 am	Inauguration followed by High Tea		
11:40- 11:57 am	Advances in management of Multiple myeloma	Sameer Khatri, MAX, Patparganj	L H Ghotekar, Amul Kapoor, Megha Verma
12:03-12:20 pm	Pulmonary mycoses - Diagnostic & Management dilemmas	Bornali Datta, Medanta	Satish K Agarwal, A P Misra, Neelima Jain
12:25-12:35 pm	Audience Quiz on preceding sessions	Shubha Laxmi Margekar, LHMC	
1:00-1:50 pm	LUNCH		
2:00-2:17 pm	Antibody testing in Rheumatology	Atul Kakkar, Sir Ganga Ram Hospital	Pulin Gupta, G S Ranga, Sanjay Pandit
2:23-2:40 pm	Managing anemia in chronic kidney disease	Vinant Bhargava, Ganga Ram Hospital	Gaurav Nijhara, Rajeev Dewan, Sourabh Sharma
2:45-3:02 pm	Endocrine Disrupting chemicals	Anshita Aggarwal, ABVIMS & RML	Y C Porwal, Rakesh Pandit, Ashok Kumar
3:08-3:25 pm	New realms of Amylin agonists in Diabetes	Deep Dutta, Cedar SS Centre	Saurabh Srivastava, Anuj Singhal, Mahesh Lal
3:30-3:40 pm	Audience Quiz on preceding sessions	Anchal Arora, LHMC	
4:00 pm onwards	Valedictory ceremony & Tea		



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East Delhi Physicians Association

E-mail: eastdelhiphysiciansassociation@gmail.com

Website: www.edpadelhi.com

Address: 35X, IMA EDB Bhavan, 1st Floor, Institutional area opp. Kendriya Vidyalaya (AGCR Enclave) Delhi-92