

Rawalpindi Medical University



Golden Jubilee Celebrations 6th RMU International Scientific Conference

17-24 Dec, 2023

Abstract Book

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RMU HFH Campus



About RMU



Rawalpindi Medical College, now Rawalpindi Medical University (RMU), has a rich history and legacy that justifies its establishment and growth over the years. The following points highlight the significance of RMU.

RMU was initially established in Faisalabad on March 18, 1974, and later shifted to Rawalpindi on November 5, 1974. The visionary founder principal, Prof. Abdul Latif, played a pivotal role in establishing the institution, even in an incomplete building.

Prof. Abdul Latif's efforts went beyond mere establishment. He oversaw the construction of student hostels, staff colonies, and an auditorium, creating a conducive environment for both students and faculty. His leadership extended to acquiring the Holy Family Hospital from a missionary church and the Central Government Hospital, later becoming Rawalpindi General Hospital and subsequently Benazir Bhutto Hospital. The District Headquarters Hospital also became the first teaching hospital affiliated with RMU.

Subsequent principals, such as Prof. Mohammad Nawaz and Prof. Mohammad Iqbal, were instrumental in establishing key components of RMU. They were part of a pioneering team that worked to lay the foundations of a comprehensive medical institution. Prof. Mohammad Iqbal and Prof. Saad Rana actively worked to establish a new teaching block in the Holy Family Hospital, with support from the Islamic Development Bank.

RMU's progress continued with each successive principal. Notable achievements include the establishment of the Department of Medical Education and the Institute of Allied Health Sciences in 2007, thanks to the vision of Prof. Muhammad Musadiq Khan.

Prof. Mohammad Umar, the first Rawalian Principal, focused on restructuring undergraduate training programs, enhancing student facilities, and even dedicating a beautiful park to Rawalians. He also played a vital role in facilitating a consensus on national guidelines for undergraduate medical training, reflecting RMU's commitment to quality education.

RMU expanded its contributions to healthcare by establishing state-of-the-art centers such as the Center for Liver and Digestive Diseases, the Multi-Organ Failure Centre, the Medical ICU, the Department of Infectious Diseases, and the Department of Emergency and Critical Care. Over the years, RMU has consistently excelled in university examinations, and its graduates have made significant contributions to the medical field both nationally and internationally.

RMU's academic programs are accredited by organizations like the CPSP and PMDC. The college has received recognition from international bodies, including the General Medical Council UK and American Specialty Boards. It has also fostered internship programs with various foreign universities and earned recognition from the World Health Organization (WHO). In summary, Rawalpindi Medical University's journey from its establishment in Faisalabad to its current status as a renowned medical institution in Rawalpindi is a testament to the dedication, hard work, and vision of its founding leadership and subsequent principals. RMU's commitment to excellence in education, patient care, and international recognition has contributed significantly to the field of medicine and healthcare.



RMU Organizing Committee



The members of Academic Council and all faculty members of Rawalpindi Medical University have been nominated as the chairs and co- chairs of different committee. These committees have worked very hard in organizing this Conference. We heartily welcome you to the conference & thank you for your participation.



RMU Faculty



International Speakers



Dr. Arshad Rehan
USA



Dr. Babar Rao
USA



Dr. Shahid Rafiq
USA



Dr. Adrian Boyle
President RCEM-UK



Dr. Faisal Masud
USA



Dr. Ayaz Abbasi
UK



Dr. Sohail Aman
USA



Dr. Ashfaq Shuaib
Canada



Dr. Riffat Ali Zaidi
USA



Dr. Amir Akmal
USA



Dr. Irfan Akther
UK



Dr. Avais Masud
USA



Dr. Sara Makhdoom
CANADA



Dr. Noreen Aziz
USA



Dr. Talat Khashgi
USA



Dr. Raiya Sarwar
USA



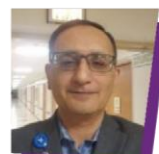
Dr. Sofia Janjua
USA



Dr. Fawad Chaudhary
USA



Dr. Shahid Lateef
UK



Dr. Ahmed Jamal
USA



Dr. Tauqeer Awan
UK



Dr. Anser Hayat
UK



Dr. Asim Ijaz
UK



Dr. Hina Jawed
USA



International Speakers



Dr. Imran Mirza
UAE



Dr. Omer Suhaib
USA



Dr. Nasim Mehmood
UK



Dr. Muhammad Bilal
USA



Dr. Babra Rana
USA



Dr. Arshad Ali
USA



Dr. Muhammad Ilyas
USA



Dr. Irfan Agha
USA



Dr. Salim Afridi
USA



Dr. Zahid Rafiq
Canada



Dr. Sarfaraz Syed
USA



Dr. Muhammad Aslam
UK



Dr. Basheer Gondal
Australia



Dr. Mohsin Zaman
USA



Dr. Mubashir Mahmood
USA



Dr. S. Hasnain Johr
UAE



Dr. Khalid Mirza
South Africa



Dr. Hisham Haq
UK



Dr. Amir Ayub
UK



Dr. Mohammad F. Shahzad
UK



Dr. Waqar Azeem
QATAR



Dr. Shahida Rehmani
USA



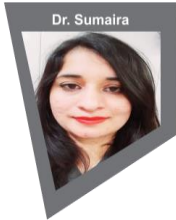
Dr. Asrar Khan
Australia



Dr. Muhammad Ilyas
USA

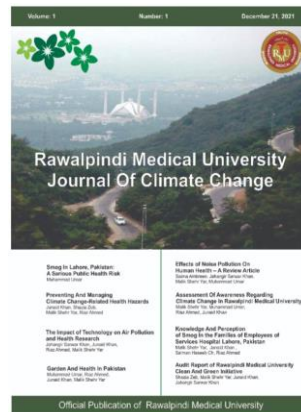
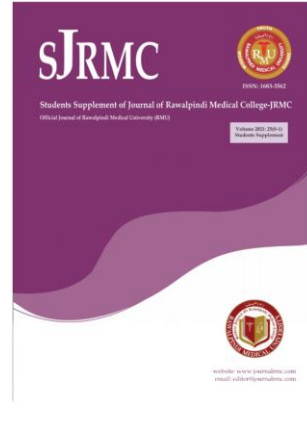
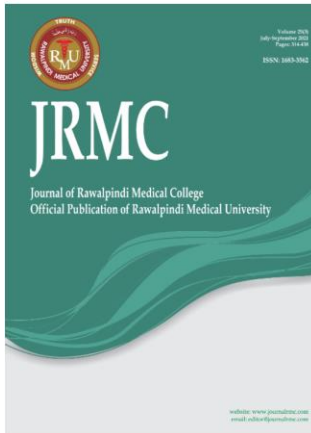


RMU Coordinator





Journals of RMU





RMU Golden Jubilee Highlights



- Pre Conference Workshops
- Core Scientific Program
- Merit Scientific Program
- Special Research Meetings
- Focal Group Meeting
- Exhibition
- RMU Sports and Cricket Match
- International Faculty Dinner
- APPNA Dinner & Social Evening
- Dinner with Retired Support Staff
- Endowment Fund Drive & Dinner
- Student Mentorship Program
- Annual Gala Dinner
- Mushaira
- Golden Jubilee Gala Dinner &
- Social Evening



Organizing Committees

6th RMU INTERNATIONAL SCIENTIFIC CONFERENCE



6TH RMU INTERNATIONAL SCIENTIFIC CONFERENCE

Patron in Chief	Prof. Muhammad Iqbal Prof. Muhammad Umar Prof. Arshad Rehan
Chairman Steering Committee	Prof. Mussadiq Khan
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Dr. Mussarat Ramzan Vice Principal Wah Medical College	

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Organizing Committees

6th RMU INTERNATIONAL SCIENTIFIC CONFERENCE



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Co-Chairperson	Dr Muarraf Mr Khurram Mr Farooq Mr Saleem

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Co-Chairperson	Dr. Sidra Hamid Dr Rizwana Shahid Dr Omaima Asif Dr Ifra Saeed Dr. Aneela Jamil

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Co-Chairperson	Dr. Muhammad Omar

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Co-Chairperson	Prof. Dr. Nousheen Qureshi Dr Ifra Saeed Dr. Aneela Jamil Dr Ayesha Yousaf Dr Sidra Dr Omima Asif

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Co-Chairperson	Dr Munawar Dr. Ashraf Mehmood Dr. Muhammad Mujeeb Khan

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Co-Chairperson	Dr Subhan Sarwar Dr Sadia Chaudhry Dr Irfan Malik Dr Sidra Hamid

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Co-Chairpersons	Dr. Muarraf, Col. Zahid



Core CME Program



- ▶ Planary Sessions
- ▶ State of Art Lectures
- ▶ Panel Discussion

Symposia

- ▶ Critical Care
- ▶ Emergency Medicine
- ▶ Dermatology
- ▶ Rheumatology
- ▶ Cardiology
- ▶ Orthopaedics
- ▶ Endocrine / Diabetes
- ▶ Nephrology
- ▶ Neurology
- ▶ Pathology
- ▶ Hypertension
- ▶ Psychiatry
- ▶ Pakistan Medical Journal / Research
- ▶ Medical Education / Leadership
- ▶ Surgery and Allied
- ▶ Resident Research Forum
- ▶ Student Research Forum
- ▶ Family Medicine Symposium



Ankle and Knee Workshop

Section 2- Preconference Workshops



MCQs in the Digital Age Workshop

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS001	9/30/2023	Community medicine	Rawalpindi Medical University	Communication Skills	Rawalpindi Medical University	Professor Dr. Arshad Sabir, Dr. Khaula Noreen, Dr. Sana Bilal	Dr. Arsalan Manzoor Mughal, Dr Fatima Ali Raza, Dr. Arshad Sabir
WS002	10/11/2023	Obs/Gynae Unit-I	Holy Family Hospital	Health Care Ethics	Deans' Meeting Hall Old Campus RMU	Prof Tallat Farkhanda , Dr Humaira Bilqis	Dr. Khansa Iqbal, Miss Maheen, Dr. Warda Sajjal
WS003	10/12/2023	Emergency Medicine and department of surgery unit 1	Holy family hospital	Training In Trauma	Conference room of Su-1	Dr Usman Qureshi, Jahangir Sarwar Khan, Dr Gohar Rasheed	Dr Salman Khan, Dr Asad Ullah Sahbir, Dr Arsalan Shabir
WS004	10/17/2023	Medical Unit -I	Holy Family Hospital	Bls/Acls Workshop	Medical unit 1 HFH	Dr. Saima Ambreen, Dr. Seemab Abid	Dr. Shahrukh Khalid
WS005	10/17/2023	Medical Unit -I	Holy Family Hospital	Bls Acls	Medical UNIT 1	Dr Saima Ambreen, Dr Arif	Dr. Seemab Abid, Dr Iram, Dr Umer Daraz
WS006	10/27/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Establishing Outreach Child & Adolescent Mental Health Services In Rawalpindi District By Institute Of Psychiatry	Institute of Psychiatry	Prof Dr Asad Tamizuddin Nizami, Dr. Qurratulain Hamdan	Dr. Bahjat Najeeb
WS007	10/27/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Establishing Outreach Child & Adolescent Mental Health Services In Rawalpindi District By Institute Of Psychiatry	Conference Room, Institute of Psychiatry, Benazir Bhutto Hospital	Prof Asad T Nizami, Prof Atif Rehman, Dr Qurrat Ulain Hamdan	Dr Bahjat Najeeb
WS008	11/8/2023	Medical Unit- I	Benazir Bhutto Hospital	Neurodiabetes Nexus: Bridging The Gap In Peripheral Neuropathy	Diabetes Center Benazir Bhutto Hospital Rawalpindi	Dr.Muhammad Shahzad Manzoor, Dr.Lubna Meraj, Dr.Sara Mustafa	Dr.Muhammad Shahbaz Ashraf, Dr.Ayesha Saman, Dr.Muhammad Waseem Abbas Khan
WS009	11/8/2023	Medical Unit- II	Holy Family Hospital	Learn CPR, Save A Life	Insitute of Urology and Transplantation Conference Hall	Prof. Dr. Muhammad Khurram (Hod), Dr. Madiha Nazar	Dr. Madiha Nazar , Dr. Nida Anjum

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS010	11/8/2023	Medical Unit-1	Benazir Bhutto Hospital	Neurodiabetes Nexus: Bridging The Gap In Peripheral Neuropathy	Diabetes Centre Benazir Bhutto Hospital Rawalpindi	Dr. Muhammad Shahzad Manzoor, Dr. Lubna Meraj, Dr. Sara Mustafa	Dr. Waqas Ahmed, Dr. Muhammad Shahzad Manzoor, Dr.Sana Ahmad
WS011	11/10/2023	Pediatrics	Holy Family Hospital	ECG Interpretation And Use Of Defibrillator In Children	Rawalpindi Institute of Cardiology	Prof. Rai Muhammad Asghar , Dr. Abdul Malik Sheikh	Prof. Syed Najam Hyder, Dr. Asma Kanwal
WS012	11/11/2023	Medical Unit-II	Holy Family Hospital	Synopsis Review	Insitute of Urology and Transplantation Conference Hall (IUTR)	Prof. Dr. Muhammad Khurram, Dr. Madeeha Nazar	Prof. Dr. Muhammad Khurram
WS013	11/11/2023	Obs/Gynae Unit-I	Holy Family Hospital	Hands On Workshop On Kangaroo Mother Care	Gynae/Obs Department Class room Benazir Bhutto Hospital Rawalpindi	Professor Tallat Farkhanda, Dr. Sobia Nawaz, Dr Humaira Bilqis	Dr. Zainab, Dr. Maryam
WS014	11/13/2023	Obs/Gynae Unit-I	Holy Family Hospital	Hands On Workshop On Prenatal Diagnosis (CVS)	Class Room, Obs/Gynae Unit. Benazir Bhutto Hospital Rawalpindi	Prof Tallat Farkhanda , Dr. Sobia Nawaz	Dr. Saima Khan
WS015	11/14/2023	ENT	Rawalpindi Teaching Hospital	Healing Minds, Shaping Futures: The Art Of Medical Teaching	Main Campus RMU	Vice Chancellor Prof Dr. Muhammad Umar, Principal Prof Dr Jahangir Sarwar Khan	Dr. Sadia Chaudhry, Dr. Hina Hanif
WS016	11/14/2023	Obs/Gynae Unit II	Holy Family Hospital	MCQS Development	Dean's meeting hall	Dr Tallat Farkhanda, Dr. Khansa Iqbal	Dr. Humera Noreen, Dr. Khansa Iqbal, Dr. Ismat Tanveer
WS017	11/14/2023	Psychiatry	Benazir Bhutto Hospital	Learning Disability: Managing The Unmanageable	Institute of Psychiatry	Asad Tamizuddin Nizami, Muhammad Zeeshan, Qurratulain Hamdan	Dr Bahjat Najeeb
WS018	11/15/2023	Medical Unit-II	Holy Family Hospital	Diabetic Management In Special Circumstances	Main Conference Room, IUTR, Rwp	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum (Ap Mu-li, Hfh)	Dr. Madeeha Nazar

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS019	11/15/2023	Medical Unit-II	Holy Family Hospital	Diabetic Foot Management	Institute of Urology & Transplantation Conference Hall (IUTR)	Prof. Dr. Muhammad Khurram , Dr. Nida Anjum	Dr. Madeeha Nazar
WS020	11/15/2023	Medical Unit II	Holy Family Hospital	Diabetic Foot Management	IUTR Conference Hall	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum	Dr. Madeeha Nazar
WS021	11/15/2023	Pediatrics	Benazir Bhutto Hospital	Mechanical Ventilation In Pediatrics	PAEDS DEPARTMENT BBH	Prof. Dr. Rai Muhammad Asghar, Dr. Asad Shabbir	Dr. Atta Ullah Khan
WS022	11/16/2023	Medical Unit II	Holy Family Hospital	Presentation Skills Development	RIUT	Dr. Saima Ambreen, Dr. M. Arif	Anwar Saleem
WS023	11/16/2023	Obs/Gynae	Benazir Bhutto Hospital	Overview Of The Subfertility And Assisted Conception Workshop	Class Room Department of Gynecology And Obstetrics Benazir Bhutto Hospital Rawalpindi	Dr Sadia Khan, Dr Humaira Masood	Dr. Humaira Masood
WS024	11/16/2023	Obs/Gynae	Benazir Bhutto Hospital	The Recent Friends In The Management Of Subfertility	Library	Dr. Sadia Khan, Dr. Nighat Naheed	Dr. Ismat Batool, Dr. Hina Gul, Dr. Humaira Masood
WS025	11/17/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Addressing Mental Health Within Primary Care Settings: MHGAP	Institute of Psychiatry	Prof Dr Asad Tamizuddin Nizami , Mr. Shahzad Alam Khan	Dr. Bahjat Najeeb
WS026	11/18/2023	Medical Unit- II	Benazir Bhutto Hospital	Updates On Type 2 Diabetes Mellitus	Conference Room, Diabetic center	Dr. Arshad Rabbani, Dr. Rizwan Mahmood	Dr. Rana Ali Murtaza, Dr. Haris Mahmood,
WS027	11/18/2023	Pediatrics	Benazir Bhutto Hospital	Neonatal Resuscitation Program NRP)	Conference Room, Pediatrics Department, BBH	Prof. Dr. Rai Muhammad Asghar, Dr. Asad Shabbir	Dr. Noman Naseer
WS028	11/20/2023	Anesthesia	Benazir Bhutto Hospital	Workshop On Celiac Plexus Block	Department of Anesthesia BBH	Dr.Jawad Zaheer, Dr.Abeera Zareen	Dr. Ayesha Saleem, Dr. Waqas Anjum
WS029	11/20/2023	Obs/Gynae Unit II	Holy Family Hospital	Patient Safety	Dean's meeting hall	Dr. Tallat Farkhanda, Dr. Maliha Sadaf	Dr. Humera Noreen, Dr. Maliha Sadaf, Dr. Ayesha Zulfiqar
WS030	11/20/2023	Medical Unit-II	Holy Family Hospital	Basics Of NCS & EMG	Main Conference Room, IUTR	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum	Dr. Waqas Ahmed

Workshops

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS031	11/21/2023	Community Medicine & URTMC	Rawalpindi Medical University	Research Methodology & Biostatistics	DME Conference Hall, RMU	Prof. Syed Arshad Sabir , Dr. Sana Bilal	Dr. Khaula Noreen, Dr. Afifa Kulsoom, Dr. Abdul Qudoos
WS032	11/21/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Exploring The Interface: Liaison Psychiatry Services At Rawalpindi Medical University	Institute of Psychiatry	Prof Dr. Asad Tamizuddin Nizami, Prof. Dr Tayyeb Tahir, Dr. Sara Afzal	Dr. Bahjat Najeeb
WS033	11/21/2023	Medical unit-II	Holy Family Hospital	Breath Of Fresh Solutions: Revolutionizing COPD Management	Main Conference Room, IUTR, Rwp	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum	Prof. Dr. Rubina Aman
WS034	11/22/2023	ENT	Rawalpindi Teaching Hospital	Inside The Ear's Vault Close-Up Look With CT Imaging	RMU Main Campus	Vc Prof Dr Muhammad Umar, Prof Jahangir Sarwar Khan	Dr. Hina Hanif, ,
WS035	11/22/2023	Obs/Gynae Unit II	Holy Family Hospital	Labour Care Guide	Dean's meeting hall	Dr. Tallat Farkhanda, Dr. Khansa Iqbal	Dr. Humera Noreen, Dr. Khansa Iqbal, Dr. Sabeen Ashraf
WS036	11/22/2023	Obs/Gynae Unit II	Holy Family Hospital	Labour Care Guide	Dean's Meeting Hall OTB RMU	Prof Tallat Farkhnda, Dr. Humaira Noreen	Dr. Sabeen Ashraf, Dr. Anum Tassadaq, Dr. Saba Rauf
WS037	11/23/2023	Pediatrics	Benazir Bhutto Hospital	Insights Into Type 1 Diabetes-Talk To Experts	Conference Room, Paeds Department, BBH	Prof. Dr. Rai Muhammad Asghar, Dr Asad Shabbir, Dr. Aqeela Ayub	Dr. Gulbin Shahid, Dr. Rehmana Waris, Dr. Mudassir Sharif
WS038	11/24/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Community Engagement In Research	Institute of Psychiatry, Benazir Bhutto Hospital	Dr. Asad Tamizuddin Nizami, Dr. Faiza Aslam	Rubab Ayesha
WS039	11/24/2023	Medical Unit -I	Benazir Bhutto Hospital	Heartbeat Unveiled: A Pioneering Workshop On Fundamentals Of ECG	Diabetes Centre, Medicine Department, Benazir Bhutto Hospital Rawalpindi	Dr. M Shahzad Manzoor, Dr. Lubna Meraj, Dr.Sara Mustafa	Dr. Qurban Hussain
WS040	11/25/2023	Medical Unit-II	Holy Family Hospital	Exploring The Mind: Navigating Neurological Disorders Through MRI Insights	Main Conference Room, IUTR, Rawalpindi	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum	Dr. Sana Yaqoob, Dr. Aniqa Saleem

Workshops

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS041	11/25/2023	Medical Unit- II	Holy Family Hospital	Interactive Rheumatology	RIUT	Dr.Saima Ambreen, Dr.M.Arif	Dr. Baber Saleem, Dr. Saba Samreen, Dr. Haris Gul
WS042	11/25/2023	Orthopedic Surgery	Benazir Bhutto Hospital	Plaster Techniques	Department of Orthopedic, BBH	Dr Obaid Ur Rahman, Dr Zubair Javed, Dr Rahman Rasool	Dr Moubashir, Dr Amir Niazi, Dr Muhammad Hassan
WS043	11/25/2023	Pathology	Benazir Bhutto Hospital	Biosafety And Biosecurity: Principles And Practices	DME Hall NTB	Prof. Dr. Wafa Omer, Prof. Dr. Mobina Dhodhy	Dr. Afreenish, Mr. Bilal, Dr. Fozia
WS044	11/27/2023	ENT	Rawalpindi Teaching Hospital	From Blank Slides To Brilliance : A Powerpoint Creation	Main Campus, RMU	VC Pro Dr Muhammad Umar, Principal Prof Jahangir Sarwar Khan	Dr Sadia Chaudhry
WS045	11/27/2023	Medical Unit-II	Holy Family Hospital	Diabetic Foot Management	Main Conference Room, IUTR	Prof. Dr. Muhammad Khurram, Dr. Nida Anjum	Dr. Madeeha Nazar
WS046	11/27/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On Oct	Academic hall, first floor, new teaching block, Rawalpindi Medical University	Prof. DR. Fuad. Ahmad. Khan. Niazi, Dr Wajeeha Rasool	Col. Dr. Shahzad, Dr Hina Khan
WS047	11/27/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On Oct	Academic hall, new teaching block, first floor, RMU	Prof. Dr Fuad Ahmad Khan Niazi , Dr Wajeeha Rasool	Col. Dr Shahzad , Dr Hina Khan
WS048	11/27/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On Oct	Academic hall, NTB, first floor, RMU	Prof. Dr Fuad Ahmad Khan Niazi, Dr Wajeeha Rasool	Col. Dr. Shahzad, Dr Hina Khan
WS049	11/27/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On Oct	Academic hall, first floor, New teaching block, RMU.	Prof. Dr Fuad Ahmad Khan Niazi , Dr Wajeeha Rasool	Col. Dr Shahzad Saeed, Dr. Hina Khan
WS050	11/27/2023	Rawalian Burn and reconstructive Surgery	Holy Family Hospital	Tendon Workshop	ENT Conference Hall	Dr Hussnain, Dr Umar Chishti, Dr Zulfiqar Mehdi	Dr Abdul Rehman
WS051	11/27/2023	Rawalpindi Burn & Reconstructive Surgery	Holy Family Hospital	Tendon Repair Workshop	ENT Conference room Benazir Bhutto Hospital	Dr Hussnain Khan Hod, Dr Umar Chishtti S.R	Dr Ayesha PGT, Dr Fahad PGT, Dr Abdul Rehman PGT
WS052	11/27/2023	Research & URTMC	Rawalpindi Medical University	Synopsis Writing	Deans Hall of RMU	Dr. Uzma Hayat , Dr. Sarah Rafi	Prof. Shagufta Sial, Dr. Rizwana Shahid

Workshops

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS053	11/28/2023	Orthopedic Surgery	Benazir Bhutto Hospital	Workshop On Ponseti Techiques	Orthopedic Department Benazir Bhutto Hospital Rawalpindi	Dr. Obaid Ur Rahman, Dr Muhammad Miubashir , Dr Rana Muhammmad Adnan	Dr. Muhammad Hassan, Dr Adnan Arif, Dr. Haider Akhtar
WS054	11/28/2023	Radiology	Benazir Bhutto Hospital	Mammography Canvas...Paint Your Expertise	Room 35,Main OPD,Radiology department BBH	Prof Dr Muhammad Umer, Prof Dr Jahangir Sarwar Khan	Dr Hina Hanif Mughal, Dr Qurat Ul Ain
WS055	11/28/2023	Rawalian burn and reconstructive surgery	Holy Family Hospital	Plasma Rich Therapy PRP	ENT Conference Hall	Dr Hussnain, Dr Tayeb, Dr Zulfiqar Mehdi	Dr Mariyam
WS056	11/28/2023	Rawalpindi Burn and Reconstructive Surgery	Holy Family Hospital	Plasma Rich Therapy Workshop	Benazir Bhutto Hospital Rawalpindi	Dr Hussnain Khan , Dr Tayeb S.R	Dr Nazia, Dr Mariyam, Dr Javeria
WS057	11/28/2023	Resident Research Forum DME	Rawalpindi Medical University	Work Smarter; Not Harder.	Old Campus , RMU	Prof Naeem Zia, Dr Jawad Zaheer, Dr Uzma Hayat	Dr Afifa Kulsoom
WS058	11/29/2023	ENT	Benazir Bhutto Hospital	Mastoid Mastery: Navigating The Basics Of Surgical Excellence	Department of ENT BBH	Dr Arshad, Dr Nida	Dr Ahmed Hasan
WS059	11/29/2023	Ophthalmology	Holy Family Hospital	Oculoplastic	Syndicate hall OTB	Prof Umar, Brig Amir Yaqoob	Dr Mamanat, Dr Asfand
WS060	11/29/2023	Ophthalmology	Holy Family Hospital	Workshop On Oculoplastic	Syndicate Hall, OTB	Prof Fuad Ahmed Khan Niazi, Dr.Sidra Naseem	Brig Dr Muhammad Amer Yaqub, Prof Dr. Tayyab Afghani
WS061	11/30/2023	Cardiology	Benazir Bhutto Hospital	Mastering ECG Interpretation In Clinical Practice	Library Benazir Bhutto Hospital, Rawalpindi	Dr Muhammad Asad, Dr Muhammad Zafar Iqbal	Dr. Mubashira Kiran
WS062	11/30/2023	Cardiology	Benazir Bhutto Hospital	Mastering Ecg Interpretation In Clinical Practice	LIBRARY, BBH	Dr Muhammad Asad, Dr Zafar Iqbal	Dr Mubashira Kiran
WS063	11/30/2023	Medical Unit	Rawalpindi Teaching Hospital	"Where Dermatology Meets Rheumatology"	Rawalpindi Medical University	Dr Faran Maqbool, Dr Muhammad Shahzad Manzoor	Dr Shamaila Mumtaz, Dr Shawana Sharif

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS064	11/30/2023	Orthopedic Surgery	Benazir Bhutto Hospital	Workshop On Osteoporosis	Benazir Bhutto Hospital	Dr. Obaid Ur Rahman, Dr. Rahman Rasool, Dr. Rana Adnan	Dr. Jameel, Dr. Moubashir, Dr Adnan Arif
WS065	11/30/2023	Rheumatology	Rawalpindi Teaching Hospital	Where Dermatology Meets Rheumatology	Dean's Hall, OTB, Rawalpindi Medical University	Dr Faran Maqbool, Dr Shamaila Mumtaz, Dr Muhammad Shahzad Manzoor	Dr Shamaila Mumtaz, Dr Shawana Sharif
WS066	11/30/2023	Dermatology	Benazir Bhutto Hospital	Where Dermatology Meet Rheumatology	Old campus block RMU	Dr Faran Maqbool, Dr Sehzad Manzoor	Dr Shawana
WS067	11/30/2023	Medical Unit-II	Holy Family Hospital	Reflection Writing	Main Conference Room, IUTR,	Prof. Dr. Muhammad Khurram , Dr. Nida Anjum	Dr. Nida Anjum
WS068	11/30/2023	Medical Unit -I	Holy Family Hospital	Motor Management Of Parkinson's Disease	RIUT	Dr Saima Ambreen, Dr M. Arif	Dr Nabeel Muzafar
WS069	11/30/2023	Obs/Gynae	Rawalpindi Teaching Hospital	Obstetric Emergencies	RTH Gynae classroom	Dr Rubaba Abid, Dr Aqsa Ikram,	Dr Masooda Rasheed, Dr Naila Abbasi
WS070	12/1/2023	ENT	Benazir Bhutto Hospital	Medical Education Essentials	ENT BBH	Dr Ahmed, Dr Arshad	Dr Sadia
WS071	12/1/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Fundamentals Of Systematic Reviews	Conference Room, Institute of Psychiatry	Dr. Asad Tamizuddin Nizami, Dr. Faiza Aslam	Kousar Ishaq, Rubab Ayesha
WS072	12/2/2023	ENT	Benazir Bhutto Hospital	Hands On Audiology Workshop: Bridging Theory To Practice.	RMU, old campus	Dr Ahmed Hasan, Dr Arshad	Prof Azeem Aslam, Dr Munir, Mrs Hina Sultana
WS073	12/2/2023	Ophthalmology	Holy Family Hospital	Instruction Course On Visual Fields And OCT Interpretation In Glaucoma	Syndicate Hall, Main campus RMU, Tipu road	Prof Dr Fuad Ahmed Khan Niazi, Dr Fatima Sidra	Prof Dr Mahmood Ali
WS074	12/2/2023	Ophthalmology	Holy Family Hospital	Workshop On Refractive Surgery	Syndicate Hall	Prof. Dr. Fuad Ahmad Khan Niazi, Dr Sidra Jabeen	Dr Aamir Asrar

Workshops

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS075	12/2/2023	Pathology	Benazir Bhutto Hospital	External Quality Assurance: Why And How!	DME hall NTB	Prof. Dr. Wafa Omer, Dr. Amir Ijaz	Prof. Dr. Amir Ijaz, Dr. Asma Nafisa,
WS076	12/2/2023	Surgical Unit-I	Holy Family Hospital	Hands On Workshop On Advance Surgical Skills & Stapling Devices	Seminar Hall, Surgical Ward, Rawalpindi Teaching Hospital, Rawalpindi	Prof. Dr. Jahangir Sarwar Khan, Asso. Prof. Dr. Gohar Rasheed	Dr. Fayyaz Khan
WS077	12/4/2023	Department of Infectious Diseases	Holy Family Hospital	Antimicrobial Stewardship: Become An Antibiotic Guardian	Medical Unit-2, IUTR.	Dr. M. Mujeeb Khan - Head, Did, Hfh, Prof. Dr. M. Khurram	Dr. Mumtaz Ali Khan
WS078	12/4/2023	Gastroenterology	Holy Family Hospital	High Resolution Manometry	NTB Academic Council hall	Prof. Bushra Khaar, Dr. Tanveer Hussain	Dr. Tayyab
WS079	12/4/2023	Gastroenterology	Holy Family Hospital	Hepatitis B Case Based Workshop	Academic council Hall NTB	Prof. Bushra Khaar , Dr. Tanveer Hussain	Dr. Aqsa Naseer , Dr. Misbah Noureen, Dr. Sadia Ahmed
WS080	12/4/2023	Ophthalmology	Benazir Bhutto Hospital	Mastering Precision In DMEK And DSAEK: Techniques And Challenges (Hands-On Session)	Eye OT and Conference Hall of Institute of Urology and Transplantation (IUTR)	Prof. Dr. Fuad A.K. Niazi, Dr. Ambreen Gull	Dr. Inayat Ullah Khan, Col. Dr. Teyyeb Azeem Janjua,
WS081	12/4/2023	Pediatrics	Benazir Bhutto Hospital	Bridging Gaps In Management Of Renal Diseases	Conference room, Paeds department BBH	Prof. Dr. Rai Muhammad Asghar, Dr. Jawaria Zain	Prof Dr Jai Krishin, Dr Hina Sattar
WS082	12/4/2023	Pathology	Hayatabad Medical Complex	Haematology Workshop	DME hall, New teaching block, RMU	Prof. Dr Mobina Ahsan Dodhy, Prof. Dr. Wafa Omer	Dr Kausar Izhar
WS083	12/4/2023	Pathology	Benazir Bhutto Hospital	Morphology, Hemoglobinopathies And Coagulopathies	DME Hall NTB and Path lab NTB	Prof. Dr. Mobina Ahsan Dhodhy, Prof. Dr. Wafa Omer, Gen Retd Pervez	Maj.Gen (Retd) Dr. Sohaib, Maj.Gen (Retd) Dr. Pervez, Maj.Gen (Retd) Dr. Qmar-Un-Nisa
WS084	12/5/2023	Department of Infectious Diseases	Holy Family Hospital	Infection Prevention And Control: Back To Fundamentals	Medical Unit-2, BBH.	Dr. M. Mujeeb Khan, Prof. Dr. M. Khurram	Dr. M. Mujeeb Khan, Dr. Duaa Mehmood
WS085	12/5/2023	Medical Unit	Rawalpindi Teaching Hospital	Arterial Blood Gases: Interpretation And Management	FMW: Conference room	Dr Faran Maqbool, Prof Shahzad Manzoor	Dr Sajid Rafiq Abbassi, Dr Saima Mir

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS086	12/5/2023	Orthopedic Surgery	Benazir Bhutto Hospital	Workshop On Arthroscopy Techniques	Orthopedic Department BBH, Rawalpindi	Dr. Obaid Ur Rahman, Dr. Muhammad Zunair Javed, Dr. Muhammad Hassan	Dr. Haider Akhtar, Dr Muhammad Moubashir, Dr. Adnan Arif
WS087	12/5/2023	Surgery	Rawalpindi Teaching Hospital	Hands On Workshop On Basic Vascular Surgery Skills	Department of Surgery RTH	Prof Dr Waqas Raza, Dr Irfan Malik	Prof Dr Waqas Raza, Dr Fazl E Haider, Dr Ramla Ghafar
WS088	12/5/2023	MICU	Holy Family hospital	Care Of Critically Ill Patient	Library BBH	Dr Abrar Akbar, Dr Asif Jalil	Dr Maryam Imtiaz
WS089	12/5/2023	Family Medicine	New Teaching Block Holy Family Hospital	Research Methodology	DME, New Teaching Block, Holy Family Hospital	Prof Jehangir Sarwar, Dr Rizwana Shahid	Prof Rukhsana Majeed, Dr Sadia Khan
WS090	12/6/2023	Basic Health Sciences / Anatomy	Rawalpindi Medical University	Multiple Choice Questions In The Digital Age	New Lecture Hall 1, Main Campus	Prof. Dr. Ayesha Yousaf, Dr. Arsalan Manzoor Mughal	Prof. Rehmah Sarfaraz, Dr. Arsalan Manzoor Mughal
WS091	12/6/2023	ENT	Rawalpindi Teaching Hospital	Behind The Nose; Demystifying Fess Procedure	ENT Department RTH RMU	Vc Prof Dr Muhammad Umar, Prof Dr Jahangir Sarwar Khan	Dr. Ahmed Hassan Ashfaq
WS092	12/6/2023	Resident research forum	Benazir Bhutto Hospital	Hands On Surgical Workshop	BBH	Prof Naeem Zia, Dr Uzma Hayat	Prof Asif Zafar
WS093	12/7/2023	Pulmonology/Medicine	Rawalpindi Teaching Hospital	Spirometry	Conference Room female medical ward, RTH	Dr. Faran Maqbool, Dr. Zaid Umar, Dr. Shehzad Manzoor	Dr. Rizwan Athar
WS094	12/7/2023	Medical Unit- I	Holy Family Hospital	Demystifying The ECG	RIUT, Conference Room	Dr Saima Ambreen, Dr M.Arif	Dr Seemab Abid
WS095	12/7/2023	Obs/Gynae	Rawalpindi Teaching Hospital	Patient Safety In Obs And Gynae (A Step Towards Quality Care)	Academic corridor obs and gynae	Dr Rubaba Abid, Dr Aqsa Ikram Ul Haq	Dr Ruqayyah Saleem, Dr Tabinda Khalid
WS096	12/7/2023	Surgical Unit II	Holy Family Hospital	Anastomotic Techniques In Surgery	Skills lab NTB RMU	Professor Dr Naeem Zia, Associate Professor Dr Faryal Azhar	Dr. Atif Khan, Dr Saadat Hashmi, Dr Husnain Khan

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS097	12/7/2023	Surgical Unit-I	Holy Family Hospital	Workshop On Team Work And Leadership	Seminar Hall, Rawalpindi Teaching Hospital, Rawalpindi	Prof. Dr. Jahangir Sarwar Khan, Associate Professor, Dr. Gohar Rasheed	Prof. Dr. Sadia
WS098	12/8/2023	Anesthesia	Rawalpindi Medical University	Lumbar Puncture Workshop	Skill Lab New Teaching Block	Dr Jawad Zahir, Dr Ammar Ali Shah	Dr Anum Malik
WS099	12/8/2023	ENT	Rawalpindi Teaching Hospital	Crafting A Scholarly Masterpiece; The Art Of Research Article & Dissertation Writing	ENT BBH RMU	Vc Prof Dr Muhammad Umar, Dr Ahmed Hassan Ashfaq	Dr Sadia Chaudhry
WS100	12/8/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Screening For Severity Of Intellectual Disability In Adults: And CD 11 Framework	Institute of Psychiatry	Prof Dr Asad Tamizuddin, Dr Sadia Yasir	Dr Bahjat Najeed, Dr Kainat Kareem
WS101	12/8/2023	Anesthesia	Holy Family Hospital	Lumbar Puncture Workshop	Skill Lab New Teaching Block	Dr Jawad Zaheer, Dr Ammar Ali Shah	Dr Anum Malik
WS102	12/9/2023	Community Medicine	Rawalpindi Medical University	Appraisal Of Assessment Tools In Medical Education	CHC Community Medicine Dept, RMU	Prof Arshad Sabir, Dr Khola Noreen, Dr Sidra Hamid	Dr Ayesha Basharat, Dr Khola Noreen
WS103	12/9/2023	Orthopedic Surgery	Rawalpindi Teaching Hospital	Workshop On Foot And Ankle	Department of Orthopedic RTH Rawalpindi	Dr Obaid Ur Rahman, Dr Saad Riaz , Dr Yasir Hidayat	Dr. Amir Niazi, Dr Muhammad Hassan
WS104	12/9/2023	Surgery	Rawalpindi Teaching Hospital	Av Access	Rawalpindi Teaching Hospital	Prof. Dr. M. Waqas Raza, Dr. Irfan Malik	Prof. Dr. M. Waqas Raza, Dr. Omer Ehsan
WS105	12/9/2023	Dermatology	Benazir Bhutto Hospital	Exosomes And Thread, In Aesthetic Medicine	Old teaching block RMU.	Dr Shawana Sharif, Dr Abdul Qadus	Dr Neelam Ayub, Maj General Zafar
WS106	12/9/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Culturally Adapted Psychoeducation For Bipolar Disorder In A Low-Resource Setting	Institute of Psychiatry	Dr. Asad Tamizuddin, Mr. Farooq Ahmed	Shamsa Mukhtar
WS107	12/11/2023	Department of Infectious Diseases	Holy Family Hospital	Emerging Infections: Tomorrow's Safety Is Today's Prevention	Medicine Department, DHQ Hospital	Dr. M. Mujeeb Khan, Dr. Faran Maqbool	Dr. Nasim Akhtar

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS108	12/11/2023	Surgical Unit- II	Holy Family Hospital	Basic And Advance Management Of Trauma	Skill Lab New Teaching Block	Dr Naeem Zia, Dr Faryal Azhar	Dr Atif Khan, Dr Qasim Ali, Dr Kiran
WS109	12/11/2023	Anesthesia	Holy Family Hospital	Lumbar Puncture Workshop	Skill Lab New Teaching Block	Dr Jawad Zahir, Dr Ammar Ali Shah	Dr Anum Malik
WS110	12/11/2023	Neurology	Benazir Bhutto Hospital	Beyond The Tremors: Understanding And Engaging With Seizure Patients	Diabetes center Benazir Bhutto Hospital Rawalpindi	Dr, Muhammad Shahzad Manzoor, Dr. Lubna Meraj	Dr. Waqas Ahmed
WS111	12/12/2023	Surgery	Rawalpindi Teaching Hospital	The Critical Analysis Of Original Research Articles	Dean's Hall, Main Campus, RMU	Prof. Dr. M. Waqas Raza, Dr. Irfan Malik	Dr. Arsalan Manzoor, Dr. Fatima Ali
WS112	12/12/2023	Orthopedic Surgery	Benazir Bhutto Hospital	Workshop On Arthroplasty	Department of Orthopedic Surgery BBH	Dr. Obaid Ur Rahman, Dr. Rana Muhammad Adnan, Dr. Rahman Rasool	Dr Jamil, Dr Amir Niazi, Dr Haider Akhtar
WS113	12/12/2023	ENT	Holy Family Hospital	Mastering Audiological Assessment	DME hall	Prof Nausheen Qureshi, Ms Iqra Ishaq	Ms Iqra Ishaq, Ms Bushra Majeed, Dr Haitham Akash
WS114	12/12/2023	MICU	Holy Family Hospital	Basics Of Mechanical Ventilation	Library BBH	Dr Abrar Akbar, Dr Maryam Imtiaz	Dr Asif Jaleel
WS115	12/13/2023	ENT	holy family hospital	Workshop On Literature Review On Pubmed Using Bolian Algorithms	DME hall	Dr Prof Nausheen Qureshi, Dr Hassan Jamal	Dr Hasan Jamal, Dr Tabassum Aziz, Dr Noor Ul Huda
WS116	12/13/2023	Pulmonology/Medicine	Rawalpindi Teaching Hospital	Oxygen Delivery Devices And Non Invasive Ventilation	Rawalpindi teaching hospital	Dr. Faran Maqbool, Dr.Zaid Umar, Dr.Zaid Umar	Dr Zaid Umar, Dr Mudassir Shafiq, Dr Jamal Ahmad
WS117	12/13/2023	Radiology	Benazir Bhutto Hospital	MRI As Problem-Solving Tool In Complex Clinical Scenarios	Old teaching block ,RMU, Tipu road	Dr Muhammad Omar, Dr Jahangir Sarwar Khan	Dr Hina Hafeez, Dr Madiha Maryam

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS118	12/14/2023	Neurosurgery	Rawalpindi Teaching Hospital	Surface Markings, Incisions & Operative Planning In Neurosurgery	Skill lab, Emergency OT Block, Rawalpindi Teaching Hospital	Prof Dr Nadeem Akhtar, Dr Soban Sarwar Gondal	Dr Usman Malik, Dr Ali Tassadaq, Dr Yousaf Khan
WS119	12/15/2023	Ophthalmology	Holy Family Hospital	Assessment In Ophthalmology	Syndicate Hall, Main Campus RMU, Tipu Road	Prof. Fuad Ahmad Khan Niazi, Dr Saira Bano Satti	Prof. Hamid Mahmood Butt, Col(R). Prof. Khawaja Khalid Shoab
WS120	12/15/2023	Institute of Psychiatry	Benazir Bhutto Hospital	Fundamentals Of Qualitative Research	Institute of Psychiatry, Benazir Bhutto Hospital Rawalpindi	Dr Asad Tamizuddin Nizami, Dr Tayyeba Kiran	Rabail Zubair
WS121	12/15/2023	Nephrology	Holy Family Hospital	Ultrasound Guided Renal Biopsy	Institute of Urology and Transplant, Rawalpindi	Dr. Raja Asif Masood, Dr. Muhammad Osama	Dr. Muhammad Osama
WS122	12/15/2023	Neurosurgery	Rawalpindi Teaching Hospital	Transforaminal Epidural Under Fluoroscopy	Skill lab, Emergency OT Block, Rawalpindi Teaching Hospital	Dr Nadeem Akhtar, Dr Soban Sarwar Gondal	Usman Malik, Yousaf Khan, Ali Tassadaq
WS123	12/15/2023	Surgical Unit-I	Holy Family Hospital	Recent Advances In The Management Of Carcinoma Breast From The Eye Of Oncologist	Seminar Hall Surgery Department RTH, RWP	Prof. Jahangir Sarwar Khan, Dr. Gohar Rasheed, Dr. Usman Qureshi	Dr. Johum Javed
WS124	12/16/2023	Nephrology	Holy Family Hospital	Ultrasound-guided Guided Renal Biopsy	IUTR	Dr. Raja Asif Masood, Dr Muhammad Osama	Dr. Muhammad Osama
WS125	12/16/2023	Nephrology	Holy Family Hospital	Permanent Dialysis Catheter Insertion	Institute of Urology and Transplant, Rawalpindi	Dr. Raja Asif Masood, Dr. Muhammad Osama	Dr. Muhammad Osama
WS126	12/17/2023	Nephrology	Holy Family Hospital	Permanent Catheter Insertion	IUTR	Dr Raja Asif Masood, Dr. Muhammad Osama	Dr. Muhammad Osama
WS127	12/18/2023	Ophthalmology	Holy Family Hospital	Workshop On Refractive Surgery	RMU OTB RWP	Prof Dr Fuad Ahmad Khan Niazi, Dr Sidra Jabeen	Dr Amir Asrar
WS128	12/19/2023	Ophthalmology	Holy Family Hospital	Workshop On Glaucoma	RMU OTB	Prof Dr Fuad Ahmad Khan Niazi, Dr Fatima Sidra	Dr Mahmood Ali

S.No	Date of Activity	Unit / Department	Hospital	Title Of Activity	Venue of Activity	Directors	Facilitators
WS129	12/20/2023	Ophthalmology	Benazir Bhutto Hospital	Cataract Wet Lab Workshop	BBH, RWP	Prof Dr Fuad Ahmad Khan Niazi, Dr Maria	Col. Dr. Shahzad, Dr Bilal Humayun Mirza
WS130	12/22/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On OCT (Optical Coherence Tomography)	RMU OTB	Prof. Dr. Fuad Ahmad Khan Niazi, Dr Wajeeha	Dr Hina Khan
WS131	12/22/2023	Department of Emergency Medicine and SU-1	Holy Family Hospital	Blood Matters, A Comprehensive Workshop On Blood Transfusion Practices	RMU Main Campus	Dr Usman Qureshi, Dr Jahagir Sarwar Khan, Dr Gohar Rasheed	Dr Amer Akmal
WS132	12/25/2023	Ophthalmology	Benazir Bhutto Hospital	Workshop On Keratoplasty	RMU OTB	Prof. Dr. Fuad Ahmad Khan Niazi, Dr Ambreen Gul	
WS133	12/25/2023	Ophthalmology	Holy Family Hospital	Workshop On Oculoplastics	RMU OTB	Prof. Dr. Fuad Ahmad Khan Niazi, Dr Sidra Naseem	Brig. Prof. Amjad Akram, Prof. Dr. Tayyab Afghani
WS134	12/30/2023	Ophthalmology	Holy Family Hospital	Assessment In Ophthalmology	RMU OTB	Prof. Dr. Fuad Ahmad Khan Niazi, Dr. Saira Bano	Prof. Dr. Hamid Butt
WS135	12/25/2024	Obs/Gynae	Rawalpindi Teaching Hospital	Novel Therapeutic Approaches For Gynecologic Cancers	Academic Corridor Obs And Gynae Department	Dr Rubaba Abid, Dr Aqsa Ikram Ul Haq	Prof Brig Ambreen Anwar

RAWALPINDI MEDICAL UNIVERSITY
GOLDEN JUBILEE CELEBRATIONS

PRE CONFERENCE WORKSHOP
ESTABLISHING OUTREACH CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN RAWALPINDI DISTRICT BY INSTITUTE OF PSYCHIATRY

Director

Prof Dr Muhammad Umar (S.I, H.I)
Vice Chancellor
Rawalpindi Medical University

Prof Dr Jahangir Sarwar Khan
Principal
Rawalpindi Medical College

Prof Dr Asad Tamizuddin Nizami
Chairman Institute of Psychiatry
Rawalpindi Medical University
Dean Faculty of Psychiatry, CPSP

Director **Co-Director** **Co-Ordinator** **Facilitator**

Prof Dr Atif Rahman
Professor of Child Psychiatry & Global Mental Health,
University of Liverpool, UK

Dr Qurratulain Hamdan
Assistant Professor
Lead Child & Adolescent Psychiatry
Institute of Psychiatry, RMU

Dr Zarnain Umar
Senior Registrar
Child & Adolescent Psychiatry,
Institute of Psychiatry, RMU

Dr Bahjat Najeeb
Resident
Institute of Psychiatry, RMU

FRIDAY **27** OCTOBER
9:00 - 11:30
Institute of Psychiatry
Benazir Bhutto Hospital, Rawalpindi

Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

Workshop:
Learning Disability: Managing the Unmanageable

Date/Time: 14.11.2023, 9am-11am

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Prof Dr Muhammad Umar (S.I, H.I)
Vice Chancellor, RMU

Prof Dr Jahangir Sarwar Khan
Principal, RMU

Prof Dr Asad Tamizuddin Nizami
Chairman
Institute of Psychiatry
RMU

Dr Muhammad Ziauddin
Assistant Professor
Rutgers New Jersey Medical School
Newark, NJ

Dr Qurratulain Hamdan
Assistant Professor, Lead Child & Adolescent Psychiatry,
Institute of Psychiatry

Dr. Zarnain Umar
Senior Registrar
Child & Adolescent Psychiatry,
Institute of Psychiatry

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

International Workshops

Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

Workshop:
Exploring the Interface: Liaison Psychiatry Services at Rawalpindi Medical University

Date/Time: 21.11.2023, 9am-12pm

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director **Director** **Co-Director** **Facilitator**

Prof Dr Muhammad Umar (S.I, H.I)
Vice Chancellor, RMU

Prof Dr Jahangir Sarwar Khan
Principal, RMU

Prof Dr Asad Tamizuddin Nizami
Chairman
Institute of Psychiatry
RMU

Prof Dr Tayyeb Tahir
Consultant Psychiatrist
Department of Liaison Psychiatry,
University Hospital of Wales, Cardiff, UK

Dr. Sara Afzal
Senior Registrar
Institute of Psychiatry
RMU

Dr. Bahjat Najeeb
Resident
Institute of Psychiatry
RMU

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

Master class
Career Counseling in Emergency Medicine & Management of complex clinical scenarios
11-10-2023 (Wednesday)

Organized by: Department of Emergency Medicine and Surgical Unit-I, Holy Family Hospital, Rawalpindi

Prof. Jahangir Sarwar Khan
Head of Department
Principal, RMC

COURSE DIRECTOR
Dr. Salim Qureshi
Lead Supervisor EMPP

CHIEF FACILITATOR
Dr. Salman Khan
Emergency Medicine-UK

CO-FACILITATOR
Dr. Asad Ullah Saeed
Emergency Medicine-UK

Dr. Asad Ullah Saeed
Emergency Medicine-UK

Dr. Arshad Tahir
Lead
Emergency Medicine-UK

Venue: Conference Room, Surgery Unit-I, Holy Family Hospital

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Blood Matters
A Comprehensive Workshop on Transfusion Practices

22nd December 2023 09:00am - 12:00pm

Organized by:
Surgical Unit-1 and Department of Emergency Medicine
Holy Family Hospital Rawalpindi

 Facilitator Dr. Asmit Akmal, MD, USA	 Director Dr. Jahangir Sarwar Khan	 Co-Director Dr. Usman Qureshi	 Co-Director Dr. Gohar Rasheed	 Coordinator Dr. Arman Malik
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Venue: Deans Hall, Main Campus, Rawalpindi Medical University

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Navigating UK Medical Careers: A Comprehensive Exploration
Meet the Experts Session

23rd December 2023 09:00am to 12:00am

Organized by:
Surgical Unit-1 and Department of Emergency Medicine
Holy Family Hospital, Rawalpindi

Panel of Experts

 Dr. Naseem Mahmood UK	 Dr. Irfan Akhtar UK	 Dr. Tauseef Abbas Awan UK	 Dr. Ansar Hayat UK	 Dr. Muhammad Sawal UK
 Course Director Dr. Jahangir Sarwar Khan	 Course Director Dr. Usman Qureshi	 Course Director Dr. Arshad Hossain	 CO Director Dr. Gohar Rasheed	 Coordinator Dr. Arman Malik

Venue: Deans Hall, Main Campus, Rawalpindi Medical University

International Workshops

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Training in Trauma (TINT)
One Day Symposium
A collaboration b/w RMU & Hillingdon Hospitals NHS-FT-UK

12-10-2023 (Thursday)

Organized by Department of Emergency Medicine and Surgical Unit-1, Holy Family Hospital, Rawalpindi


 Prof. Jahangir Sarwar Khan Head of Department Principal, RMU	 COURSE DIRECTOR Dr. Usman Qureshi Local Supervisor EMPP	 CHIEF FACILITATOR Dr. Salman Khan Emergency Medicine-UK	 CO-FACILITATOR Dr. Asad Ullah Sabir Emergency Medicine-UK	 CO FACILITATOR Dr. Arshad Hossain Emergency Medicine-UK
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Venue: Conference Room, Surgery Unit-1, Holy Family Hospital


Workshop

(Mandatory) on SPSS II


All Participants please come with charged Laptops with SPSS installed




Prof Muhammad Umar
Vice chancellor




Prof Dr Rai Muhammad Asghar
Director DME
Chairman Workshop



Prof Jahangir Sarwar Khan
(principal)
DEAN Postgraduate
Department RMU





Dr Ayesha Yousaf
Co-Director






Dr Kashif Rauf
Director Workshop
Assistant Director,
Postgraduate Deptt




Co-Coordinators

Speakers

Phd. Faculty

Date: 2nd November 2023

Time: 9:00 Am to 1:00 Pm

Venue: Deans Hall, Main Campus RMU, Tipu Road, Rawalpindi Cell: 03338361984

Organized by: Post Graduate Department Rawalpindi Medical University Cell: 0333-8361984



2023 6TH INTERNATIONAL SCIENTIFIC CONFERENCE

**'LEARN CPR
SAVE A LIFE'**

08 NOV

09AM- 2PM

COORDINATORS:

Dr. Qurat-ul-Ain - PGT MU-II HFH
(03309359130)

Dr. Shaheryar Bashir - HO MU-II HFH
(03354377900)



PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR

PROF. DR. KHURRAM
HOD & DEAN OF
MEDICINE & ALLIED

DR. MADEEHA NAZAR
SENIOR REGISTRAR

DR. NIDA ANJUM
ASSISTANT PROFESSOR

FACILITATORS

WHAT TO EXPECT

- How to perform CPR (Adults & Peadiatric)
- How to protect airway during an Emergency.
- How to use AED

REGISTRATION FEE
RS. 500/-

VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION CONFERENCE HALL

Post Graduate Dept. RMU – 02 November, 2023

MU-2 - HFH – 08 November, 2023

Golden Jubilee Celebrations 6th RMU International Scientific Conference

17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Hands on workshop on Basic Surgical Skills

Course director:
Dr. Naveed Akhtar Malik

Co-director:
Dr. Huma Sabir Khan

Facilitators
Dr Nazan Hassan, SR
Dr Iffat Noreen, SR
Dr Sarmad Arslan, SR.
Dr Hina Murtaza, SR

Organiser
Dr. Fatima Rauf

Date: 08-11-2023
Time: 10am -1pm

Dr Fatima Rauf
03315020129



Prof Dr Muhammad Umar
Vice Chancellor RMU



Dr Jahangir Sarwar Khan,
Principal RMU



Dr Naveed Akhtar Malik,
HOD, SU2 BBH



Dr Huma Sabir Khan, AP, SU2
BBH

Venue: conference Room SU2 BBH

Golden Jubilee Celebrations 6th RMU International Scientific Conference

17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop on HEALTH CARE ETHICS

Venue: Dean's Meeting Hall, Old Teaching Block Rawalpindi Medical University Rawalpindi

Workshop:
HEALTH CARE ETHICS

Venue: Dean's Meeting Hall, Old Teaching Block Rawalpindi Medical University Rawalpindi

Date: 10-11-2023
Time: 9:30am to 12:00pm
Dr. Fatma Ishaq: 03036757782
Mr. Ashar Hussain: 03315393495

Registration Fee: 500/-

Highlights

- Confidentiality and privacy
- Communication skills
- Justice and Equity
- Negligence, error & conflicting interest in health care



PATRON IN CHIEF
Prof Muhammad Umar
(Vice Chancellor RMU)



CHIEF ORGANIZER
Prof Talat Farikhanda
(Dean OBGYN RMU)



**ORGANIZER/
FACILITATOR**
Dr. Humera Bilqis
(Assistant Professor)



CO ORGANIZER
Dr. Sobia Nawaz
(Associate Professor)



CO ORGANIZER
Dr. Saima Khan
(Assistant Professor)



CO ORGANIZER
Dr. Amara Arooi
(Assistant Professor)



FACILITATOR
Dr. Khansa Iqbal
(Assistant Professor)



FACILITATOR
Miss Maheen
(Clinical psychologist)



MODERATOR
Dr. Warda Sajjad
(Senior Registrar)

SU-2 - BBH - 08 November, 2023

Gynae - BBH - 10 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Hands on workshop
On
KANGAROO MOTHER CARE**

Organized by:
Dr. Sobia Nawaz
(Associate Professor Obs/Gynae)

Date: 11-11-2023
Time: 08:00am to 02:00pm
Contact
Dr. Saman Akhter: 03341940049
Mr. Azhar Hussain: 03315393495
Registration Fee: 500/-

Patron in Chief
Prof. Muhammad Umar
(Vice Chancellor RMU)

Course Director
Prof. Talat Farkhanda
(Dean OBGYN RMU)

Co-Director & Facilitator
Dr. Sobia Nawaz
(Associate Professor)

Co-Director
Dr. Nouman Naseer
(Associate Professor)

Co-Director
Dr. Humaira Bilqis
(Assistant Professor)

Co-Director
Dr. Saima Khan
(Assistant Professor)

Co-Organizer
Dr. Amara Arooj
(Assistant Professor)

Facilitator
Dr. Zainab Maqsood
(Senior Registrar)

Facilitator
Dr. Maryam Mushtaq
(Senior Registrar)

Venue: Academic Corridor GYN/AE/OBS Department Benazir Bhutto Hospital, Rawalpindi

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Hand on workshop
On
PRENATAL DIAGNOSIS
(CHORIONIC VILLUS SAMPLING)**

Date: 13-11-2023
Time: 08:00am to 02:00pm
Dr. Madhika : 03018007349
Mr. Azhar Hussain: 03315393495

Registration Fee: 500/-
CME points will be awarded.

Highlights

- Excellent opportunity to learn
- Invasive prenatal testing, CVS
- NIPT A step ahead of prenatal diagnosis
- Hands on for CVS on real patients

Patron in Chief
Prof. Muhammad Umar
(Vice Chancellor RMU)

Chief Organizer
Prof. Talat Farkhanda
(Dean OBGYN RMU)

Co-Organizer
Dr. Sobia Nawaz
(Associate Professor)

Co-Organizer
Dr. Humaira Bilqis
(Assistant Professor)

Chief Facilitator
Dr. Saima Khan
(Assistant Professor)

Coordinator
Dr. Amara Arooj
(Assistant Professor)

Coordinator
Dr. Sara Ejaz
(Senior Registrar)

Coordinator
Dr. Sadia Bano
(Senior Registrar)

Venue: Academic Corridor GYN/AE/OBS Department Benazir Bhutto Hospital, Rwp

Gynae - BBH - 11 November, 2023

Gynae BBH - 13 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop:
Learning Disability: Managing the Unmanageable**

Date/Time: 14.11.2023, 9am-11am

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director
Prof. Muhammad Umar
(Vice Chancellor RMU)

Director
Prof. Talat Farkhanda
(Dean OBGYN RMU)

Co-Director
Dr. Humaira Bilqis
(Assistant Professor)

Facilitator
Dr. Khansa Iqbal
(Assistant Professor)

Facilitator
Dr. Malika Sadaf
(Assistant Professor)

Coordinator
Dr. Aamira Abbasi
(Senior Registrar)

Coordinator
Dr. Saima Khurshid
(Senior Registrar)

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**workshop
On
MCQ Development**

Patron in Chief
Prof. Muhammad Umar
(Vice Chancellor RMU)

Director
Prof. Talat Farkhanda
(Dean OBGYN RMU)

Director / Facilitator
Dr. Humera Noreen
(Assistant Professor)

Facilitator
Dr. Ismat Batool
(Assistant Professor)

Facilitator
Dr. Khansa Iqbal
(Assistant Professor)

Facilitator
Dr. Malika Sadaf
(Assistant Professor)

Coordinator
Dr. Aamira Abbasi
(Senior Registrar)

Coordinator
Dr. Saima Khurshid
(Senior Registrar)

Contact No.
Dr. Zarmina Tariq
0300-0510906
Mr. Imtiaz Ahmad
0333-5941108

Date: 14-11-2023
Time: 08:00 am
To 02:00 pm
Fee: Rs 500

Venue: Deans Meeting Hall, Old teaching campus Rawalpindi Medical University, Rawalpindi

Psychiatry - BBH - 14 November, 2023

Gynae HFH - 14 November, 2023

21st 2023
PAEDSCON 2023
PROMOTING POSITIVE PARENTING

Pre-Conference Symposium

PROMOTING POSITIVE PARENTING

Introduction to Nurturing Care Framework

Moderator:
Ms. Khadija Khan
CEO Pakistan Alliance for Early Childhood

Dr. M. Zeshan
President Pakistani American Psychiatric Association of North America (PAPANA)

Dr. Tufail Muhammad
Chairman Child Rights Group Pakistan Pediatric Association (CRG-PPA)

Dr. Naeem Zafar
President PAHCHAAN, President PPA Punjab

Participants:

- Pediatricians, Doctors & Nurses
- Healthcare Workers
- Key Decision Makers (legislators, bureaucrats, etc.)
- NGOs (including UN agencies)
- Educationalists
- Social Scientists
- Youth Representatives
- Parents' Representative
- PAFEC Institutional & Individual Members

Timing: (09:00 - 04:00 HRS)
Rawalpindi Medical University

14TH NOVEMBER 2023

Paeds - BBH - 14 November, 2023

Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop: "MECHANICAL VENTILATION IN PAEDIATRICS"

Organized By:
DEPARTMENT OF PEDIATRICS,
BENAZIR BHUTTO HOSPITAL, RAWALPINDI.

DATE: 15/11/23
TIME: 9:00 AM-1:00 PM

Prof. Dr. Muhammad Umar, Prof. Dr. Rizwan Ahmad, Dr. Asad Shabbir, Dr. Atta Ullah Khan, Dr. Muhammad Hussain, Dr. Muneeza Khan

CONFERENCE ROOM, DEPARTMENT OF PAEDIATRICS, BENAZIR BHUTTO HOSPITAL, RAWALPINDI

Paeds - BBH - 15 November, 2023

Women in Midlife & Beyond: Health Verdes Hope
BIENNIAL SAFOMS ANNUAL PMS CONFERENCE 2023
15TH & 15TH NOVEMBER 2023 | MARRIOTT HOTEL, ISLAMABAD

PRE-CONFERENCE WORKSHOP
Abnormal Uterine Bleeding In The Midlife And Its Management Challenges

CHIEF ORGANIZER
Dr. Sadia Khan
Dr. Humera Noreen

FACILITATORS
Prof. Dr. Talat Farkhanda
Dr. Sadia Khan
Dr. Humera Noreen
Dr. Humera Bilqis
Dr. Rubaba Abid
Dr. Hina Hanif Mughal

Workshop Venue
Class Room Ward -5 - Gynae Department Benazir Bhutto Hospital, Rawalpindi.

For Registration Contact
Dr. Maryam Zaheer +92 321 5155846

REGISTRATION FEE: 1000/-

Wednesday 15th November 2023
09:00 AM to 01:30 PM

Patron in Chief
• Prof. Ghazala Mahmud

Chairs Organizing Committee
• Prof. Syeda Batool Mazhar
• Prof. Rubina Hussain

Organizing Secretary
• Dr. Saima Khurshid Zubair

For Information: pakistanmenopausesociety.com/conference | +92 331 512 1207 | +92 300 231 0300

Gynae - BBH - 15 November, 2023

Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

WORKSHOP ON "THE RECENT TRENDS IN THE MANAGEMENT OF SUBFERTILITY"

16th November 2023
OBGYN department Benazir Bhutto Hospital


Workshop Features:
• Stimulated for experience
• Understanding simulation protocols
• Technology

Prof. Dr. Talat Farkhanda, Prof. Dr. Sadia Khan, Dr. Humera Noreen, Dr. Humera Bilqis, Dr. Rubaba Abid, Dr. Hina Hanif Mughal


OBGYN Benazir Bhutto Hospital Ward 5 Classroom, For contact Dr Arshia Kamal 03328551083

Gynae - HFH - 16 November, 2023

Golden Jubilee Celebrations
6th RMU International Scientific Conference
 17-23 Dec, 2023



Pre Conference Educational Activity




“Update on Type 2 Diabetes Mellitus”
 by **Dr. Adnan Zahid**
 Endocrinologist Behria International Hospital



Organized by:
 Medical Unit II, Benazir Bhutto Hospital, Rawalpindi

Date Time 18-11-2023, 9:30 AM
For Registration, Contact Dr. Haris Mehmood 0331-7648119

Patrons in Chief



Organized by:

Dr Adnan Zahid (Endocrinologist)

Venue: Conference Room, Diabetic Center, Medical Unit II, Benazir Bhutto Hospital

MU-2 - BBH - 18 November, 2023

Golden Jubilee Celebrations
6th RMU International Scientific Conference
 17-23 Dec, 2023



PRE CONFERENCE EDUCATIONAL ACTIVITY



Workshop on
“Updates on Type 2 Diabetes Mellitus” by **Dr. Adnan Zahid** Endocrinologist, Bahria International Hospital
 Organized by: Medical Unit II, Benazir Bhutto Hospital, Rawalpindi

Date Time 18-11-2023, 09.30 AM For Registration, Contact Dr. Haris Mehmood 0331-7648119

Organized by




Venue: Conference Room, Diabetic Center, Medical Unit II, Benazir Bhutto Hospital

MU-2 - BBH - 18 November, 2023

Golden Jubilee Celebrations
6th RMU International Scientific Conference
 17-23 Dec, 2023



PRE CONFERENCE EDUCATIONAL ACTIVITY



HANDS-ON TRAINING ON:
“NEONATAL RESUSCITATION PROGRAM(NRP)”

Organized By:
 DEPARTMENT OF PEDIATRICS,
 BENAZIR BHUTTO HOSPITAL, RAWALPINDI.

DATE: 18/11/23
TIME: 08:30 AM-1:30 PM



PROF. DR. MUHAMMAD UMAR PATRON-IN-CHIEF
PROF. DR. RAI MUHAMMAD ASGHAR COURSE DIRECTOR
DR. ASAD SHABBI CO-DIRECTOR
DR. NOMAN NASEER FACILITATOR
DR. JAVERIA ZAIN COORDINATOR



CONFERENCE ROOM, DEPARTMENT OF PAEDIATRICS, BENAZIR BHUTTO HOSPITAL, RAWALPINDI

Paeds - BBH - 18 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-25 Dec, 2023

PRE CONFERENCE Educational Activity

PATIENT SAFETY
Workshop
BY THE STUDENTS; FOR THE STUDENTS

Patron in Chief
Prof Muhammad Umar
(Vice Chancellor RMU)

Director
Prof Taltat Farkhanda
(Dean OBGYN RMU)

Director/Facilitator
Dr. Humera Noreen

Co-Director/Facilitator
Dr Khansa Iqbal
(Assistant Professor)

Co-Director/Facilitator
Dr Malha Sadaf

FACILITATOR
Dr. Mishn Fattima
Final Year

FACILITATOR
Dr. Ayesha Zulfqar
Final Year Student

COORDINATOR
Dr. Siba Yousof
Senior Registrar

COORDINATOR
Dr. Noreen Pervaiz
Senior Registrar

Venue: Deans Meeting Hall
Old Teaching Campus
RMU

Date: 20.11.2023
Time: 08:00 am To 02:00 pm

For Registration:
Dr. Naila Shaukat
03377153530

Gynae - HFH - 20 November, 2023

RAWALPINDI MEDICAL UNIVERSITY

PRECONFERENCE WORKSHOP ON
Celiac Plexus Block

DR. JAWAD ZAHEER
HOD Department of Anesthesia HFH

Patron in Chief
PROFESSOR MUHAMMAD UMER
VICE CHANCELLOR RMU

DR. WAQAS ANJUM SR ANESTHESIA
Organizer

DR. ABEERA ZAREEN
HOD Department of Anesthesia BBH

DR. AYESHA SALEEM SR ANESTHESIA
Organizer

OUTLINES:

Celiac Plexus Anatomy
Brief Presentation on Celiac Plexus Anatomy & Landmarks of the plexus followed by the Practical demonstration on Dummy

Techniques of Celiac Plexus Block
Different modalities & approaches of celiac plexus block, US guidance followed by practical demonstration & hands on sessions.

20th November 2023
MONDAY 9:00 AM - 1:00 PM

Register Now!

anesthesia.bbh.rwp@gmail.com
Contact#00923460749690

Conference Room Anesthesia Department BBH Rawalpindi

DR. RAHEEL AHMED
COORDINATOR

Anesthesia - BBH - 20 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-25 Dec, 2023

PRE CONFERENCE Educational Activity

ORGANIZER: MU-II, HFH
BASICS OF NCS & EMG

ORGANIZERS:

DR. WAQAS AHMED
Assistant Professor Neurology
Rawalpindi Medical University

PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR RMU

PROF. DR. MUHAMMAD KHURRAM
HOD MU-II, HFH & DEAN OF MED&ALLIED RMU

DR. NIDA ANJUM
Assistant Professor
MU-II, HFH

DR. UNAIZA SHAREEF
Senior Registrar
MU-II, HFH

DR. WAGAS AHMED
Assistant Professor Neurology
Rawalpindi Medical University

20 NOV
9:30 AM

COORDINATORS
DR. QURAT UL AIN PGT MU-II, HFH
03309359130
DR. SHAHERYAR H.O. MU-II, HFH
03354377900

**VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION RMU
MAIN CONFERENCE ROOM**

REGISTRATION FEE:
Rs. 500/-

MU-2 - HFH - 20 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-25 Dec, 2023

PRE CONFERENCE Educational Activity

BREATH OF FRESH SOLUTIONS: REVOLUTIONIZING COPD MANAGEMENT

21 NOV
9:30 am

ORGANIZED BY: MU-II, HFH

ORGANIZERS:

DR. NIDA ANJUM
AP MU-II HFH

DR. MADEENA NAZAR
SR MU-II HFH

DR. UNAIZA SHAREEF
SR MU-II HFH

FACILITATOR:
PROF. DR. RUBINA AMAN
CONSULTANT PULMONOLOGIST

PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR RMU

PROF. DR. RUBINA AMAN
CONSULTANT PULMONOLOGIST

PROF. DR. MUHAMMAD KHURRAM
HOD MU-II, HFH & DEAN MED&ALLIED RMU

COORDINATOR:
DR. QURAT UL AIN PGT MU-II
03309359130
DR. SHAHERYAR H.O. MU-II
03354377900

**VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION RMU
MAIN CONFERENCE ROOM**

REGISTRATION FEE:
Rs. 500/-

MU-2 - HFH - 21 November, 2023



2023
6TH INTERNATIONAL SCIENTIFIC CONFERENCE

ORGANIZER: MEDICAL UNIT-II HFH

*** COPD MANAGEMENT : WHAT IS NEW? ***
- PROF. DR. RUBINA AMAN

21 NOV
09:30 AM - 01:00 PM

Faculty Guest Speaker

PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR

PROF. DR. RUBINA AMAN
PULMONOLOGIST / FACILITATOR

PROF. DR. KHURRAM
HOD & DEAN OF MEDICINE & ALLIED

DR. NIDA ANJUM
ASSISTANT PROFESSOR MU-II, HFH

COORDINATORS:
Dr. Qurat ul Ain - PGT MU-II HFH (03309359130)
Dr. Shaheryar Bashir - HO MU-II HFH (03354377900)

WHAT TO EXPECT
Emerging Diagnostic and Therapeutic Strategies for COPD Management

REGISTRATION FEE
Rs. 500/-

VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION CONFERENCE HALL

MU-2 - HFH - 21 November, 2023



Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop:
Exploring the Interface: Liaison Psychiatry Services at Rawalpindi Medical University

Date/Time: 21.11.2023, 9am-12pm

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director	Director	Co-Director	Facilitator
 Prof Dr Muhammad Umar Vice Chancellor, RMU	 Prof Dr Jahangir Sarwar Khan Principal, RMU	 Prof Dr Asad Tameezuddin Nozani Chairman Institute of Psychiatry RMU	 Prof Dr Tayyeb Fakir Consultant Psychiatrist Department of Liaison Psychiatry, University Hospital of Wales, Cardiff, UK
 Dr. Sara Ahsan Senior Registrar Institute of Psychiatry RMU	 Dr. Bahgat Najam Resident Institute of Psychiatry RMU		

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

Psychiatry - BBH - 21 November, 2023



Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop: Research Methodology & Biostatistics

Target Audience: University Residents of RMU

Date: 21st & 22nd November 2023

Time: 8:00 am - 2:00 pm

Organized by: Community Medicine Department & URTMC

 Prof. Muhammad Umar Vice Chancellor RMU Patron in Chief	 Prof. Jahangir Sarwar Dean Public Health Course Director & Resident, RMU	 Prof. Syed Arshad Course Director & Facilitator	 Dr. Khaula Noreen Assoc. Professor Community Med Facilitator	 Dr. Alfia Kuboom Assistant Prof Community Med Facilitator	 Dr. Abdul Qadus Senior Demos Community Med Facilitator	 Dr. Rizwana Shahid Assistant Prof Community Med Coordinator & Organizer
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Venue: CME Conference Room of RMU-NTB, 3rd FLOOR

Community Medicine - RMU – 21-22 November, 2023



Golden Jubilee Celebrations
6th RMU International Scientific Conference
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Hands on workshop
On
Labour care guide

Date: 22.11.2023
Time: 08:00 am to 02:00 pm

 Prof Muhammad Umar (Vice Chancellor RMU)	 Prof Talat Farkhanda (Dean OBGYN RMU)	 Dr. Humaira Noreen (Head of Department)	 Dr. Khansa Iqbal (Assistant Professor)
 Dr. Malika Sadaf (Assistant Professor)	 Dr. Farah Deeba (Assistant Professor)	 Dr. Sabeen Ashraf (Senior Registrar)	 Dr. Anam Tassadaq (Senior Registrar)

Contact No. Dr. Saba Rauf 0333-5597062
Mr. Imtiaz Ahmed 0333-5594108

Fee: Rs 500

Venue: Deans Meeting Hall, Old Teaching Block Rawalpindi Medical University Rawalpindi

Gynae - HFH - 22 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

INSIGHTS INTO TYPE 1 DIABETES
Talk to Experts

Petron in Chief
Prof. Muhammad Umar
Vice Chancellor RMU

Director
Prof. Rai Muhammad Asghar
Dean of Paediatrics

Co-Director
Dr. Aqeela Ayub
Assistant Professor & Organizer

Co-Director
Dr. Hina Sattar
Assistant Professor & Organizer

Guest Speaker
Dr. Gulbin Shahid
Associate Professor Retd.

Guest Speaker
Dr. Rehmana Waris
Associate Professor PIMS

Facilitator
Dr. Amal Hashaam
Senior Registrar

Co-Organizer
Dr. Mudassar Sharif
Associate Professor

**ORGANIZER: DR. AQEELA AYUB
(ASSISTANT PROFESSOR)**
Dr. Aqeela Ayub, Assistant Professor, Institute of Psychiatry, RMU

23 November 2023 08:30 Am - 01:00 Pm
Lecture Theatre, Old Campus, Tipu Road, RMU

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop:
Community Engagement in Research**

Date/Time: 24.11.2023, 9am-12pm
Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director
Prof. Dr. Muhammad Umar
Vice Chancellor, RMU

Director
Prof. Dr. Rai Muhammad Asghar
Dean, Institute of Psychiatry, RMU

Co-Director
Dr. Hina Sattar
Assistant Professor, Institute of Psychiatry, RMU

Facilitator
Dr. Gulbin Shahid
Associate Professor Retd.

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

Paeds - BBH – 23 November, 2023

Psychiatry - BBH - 24 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**EXPLORING THE MIND: NAVIGATING NEUROLOGICAL
DISORDERS THROUGH MRI INSIGHTS** 25 NOV

ORGANIZED BY: MU-II, HFH
In collaboration with
RADIOLOGY DEPT. HFH

9:30 am - 01:00 pm
ORGANIZERS:
DR NIDA ANJUM
AP MU-II/HFH
DR UNAIZA SHARIF
SR MU-II/HFH

FACILITATORS:
DR. SANA YAGOOB
DR. ANIQA SALEEM

PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR
RMU

PROF. DR. M. KHURRAM
HOD MU-II, HFH &
DEAN MED&ALLIED
RMU

DR. SANA YAGOOB
CONSULTANT
RADIOLOGIST
HFH

DR. ANIQA SALEEM
SENIOR REGISTRAR
RADIOLOGY
HFH

COORDINATOR:
DR. QURAT UL AIN PGT MU-II
03309359130

DR. SHAHERYAR H.O. MU-II
03354377900

**VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION RWP
MAIN CONFERENCE ROOM**

**REGISTRATION FEE:
Rs. 500/-**

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop
"Biosafety and Biosecurity: Principles and Practices"**

Date: 25th November, 2023. Time: 8:30am to 2:00pm
Organized by: Pathology Department BBH & Pakistan Biological Safety Association

Prof. Dr. Muhammad Umar
Vice Chancellor RMU

Prof. Dr. Rai Muhammad Asghar
Director

Dr. Nida Anjum
Facilitator

Dr. Hina Sattar
Facilitator

Dr. Gulbin Shahid
Facilitator

Dr. Farah Khan
Facilitator

Dr. Sana Yaqoob
Facilitator

Dr. Anaiqa Saleem
Facilitator

Dr. Talwar Jabeen
Coordinator

Venue: DME Hall, New Teaching Block, RAWALPINDI MEDICAL UNIVERSITY, Rawalpindi.

Registration Fee: Medical Students / PGs / PhD = 500/-
Faculty / Staff = 1000/-

MU-2 - HFH – 25 November, 2023

Pathology - BBH - 25 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Pre Conference Educational Activity

Plaster Technique
Department of Orthopaedic Surgery
Benazir Bhutto Hospital
25-11-2023

Prof. Dr. Muhammad Umar
Prof. Dr. Jahangir Sarwar Khan
Dr. Usaid Ur-Rasheed
Prof. Dr. Muhammad Zubair Javed
Dr. Salman Ali Khan

PLEASE CONTACT FOR REGISTRATION
MR. YASIR SOHAIL 0321585414

Ortho - BBH – 25 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Pre Conference Educational Activity

Workshop: Research Methodology (ZOOM)
Organized by: Department Of Family Medicine

Date and Time: 25th November 2023 (11:00 am To 02:00 pm)
Registration: Online Registration fee: 500

Patron in Chief:
Prof. Muhammad Umar
Vice Chancellor
Rawalpindi Medical University

Facilitator:
Prof. Rukhsana Majeed
Dean, Trainer and Examiner at CPSP
HOD Quetta Institute of Medical Science

Chief Guest:
Prof. Jahangir Sarwar Khan
Principal
Rawalpindi Medical University

Director:
Dr. Sadia Azan Khan
HOD Family Medicine
Rawalpindi Medical University

For Registration: Muhammad Faizan
Contact No: 0349-9676512

Family Medicine - RMU - 25 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Pre Conference Educational Activity

WORKSHOP
On
"INTERACTIVE RHEUMATOLOGY"

Organized by:
Medicine Unit 1 Holy Family
Hospital RWP

Date: Nov 25, 2023
Time: 11.45 am to 2pm
Contact:
Dr Seemab: 0335 8438595

VICE CHANCELLOR
PROF. DR. MUHAMMAD UMER

COURSE DIRECTOR
DR. SAIMA AMBREEN

CO-DIRECTOR
DR. M. ARIF

COORDINATORS:
DR. IRUM SHAD
DR. MADHA
DR. UMER DARAZ
CO-FACILITATORS:
DR. SABA SAMREEN
DR. SHAHIDA PERVEEN
DR. HARIIS GUL

COURSE FACILITATOR
DR. BABR SALEEM

VENUE: RAWALPINDI INSTITUTE OF UROLOGY & TRANSPLANTATION

MU-1 - HFH – 25 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

Pre Conference Educational Activity

**ORGANIZER: MU-II, HFH
DIABETIC FOOT
MANAGEMENT**

-DR. MADEEHA NAZAR
Consultant Medical Specialist & Diabetologist
Incharge diabetes and diabetic foot clinic

27 NOV
9:30 AM

ORGANIZERS:
PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR RMU

PROF. DR. MUHAMMAD KHURRAM
HOD MU-II, HFH & DEAN OF MED&ALLIED RMU

DR. NIDA ANJUM
Assistant Professor
MU-II, HFH

DR. MADEEHA NAZAR
Consultant Medical Specialist
Diabetologist
Incharge Diabetes & diabetes foot clinic HFH, Rwp

COORDINATORS
DR. QURAT UL AIN PGT MU-II, HFH
03309359130
DR. SHAHERYAR H.O. MU-II, HFH
03354377900

VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION RWP
MAIN CONFERENCE ROOM

REGISTRATION FEE:
Rs. 1000/-

MU-2 - HFH - 27 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

WORKSHOP ON OCT

Date: November 27, 2023 Time: 9 AM – 11 AM
For Registration, Contact: Dr. Rizwan #0319 8553037
Organized by: Ophthalmology Department, RMU

Coordinators: Dr. Laila
Dr. Rizwan ullah



VICE CHANCELLOR Prof. Dr. M. Umar	PRINCIPAL Prof. Jahangir Sarwar Khan	DIRECTOR Prof. Dr. Faisal A. N. Raad	FACILITATOR Col. Dr. Shaukat Iqbal	FACILITATOR Dr. Naveed Khan	CO DIRECTOR Dr. Naveed Iqbal
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Venue: Academic Hall, New Teaching Block, First Floor, Rawalpindi Medical University (RMU).

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop: Synopsis Writing

4 CME Credit Hours for participants

Target Audience: University Residents of RMU

Date: 27th & 28th November 2023 Time: 8:00 am – 2:00 pm

Organized by: Research and Development Department & URTMC



Prof. Muhammad Umar Vice Chancellor RMU Patron in Chief	Prof. Jahangir Sarwar Principal RMC Dean of Postgraduate Studies, RMU	Prof. Shagufta Sial Professor of Research, RMU Facilitator	Dr. Rizwana Shahid Asst. Community Med Co-facilitator & Co-ordinator	Dr. Uzma Hayat Director Research, RMU Organizer
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Venue: DME Conference Room of RMU / NTB, 3rd Floor

EYE - BBH – 27 November, 2023

DME - RMU – 27-28 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Recent Advances in Management
Of Diabetes**

27 November 2023. (10:00 am)

Venue: Conference Room FMW RTH Rawalpindi



Patron-in-Chief Prof. Muhammad Umar Vice Chancellor RMU	Patron-in-Chief Prof. Jahangir Sarwar Khan Principal RMU	Director Dr. Fathima Meebood HOD Medicine RTH	Speaker Dr. Ahsan Zaidi Consultant Endocrinological Diabetologist
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Co-ordinator: Dr. Anwar Aulakh
RTH Medicine

Organized by: Department of Medicine, Rawalpindi Teaching Hospital For registrator: 03367837238

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

BEYOND THE TREMORS: UNDERSTANDING AND ENGAGING WITH SEIZURE PATIENTS

Date: 11-12-2023 Time: 10:00 AM



PATRON IN CHIEF DR. M UMAR VC RMU	CHIEF GUEST DR. JAHANGIR SARWAR PRINCIPAL RMC	DIRECTOR DR. M SHAHZAD MANZOOR HOD MU-01 BBH	FACILITATOR DR. WAQAS AHMED ASSITANT PROF NEUROLOGY	CO-DIRECTOR DR. LUBNA MERRAJ ASSOC. PROF MEDICINE RMU
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Organized by: NEUROLOGY UNIT, DEPARTMENT OF MEDICINE UNIT 01, BBH

MODERATOR DR. SARA MUSTAFA ASSIST. PROF MU-01 BBH	COORDINATORS DR. SADAF ZAMAN (SR) DR. SANA AHMED (SR) DR. SHAHEER AHSAN (SR) DR. M SHAHBAZ ASHRAF (SR)	ORGANISERS DR. WAQAR PGT DR. WASEEM PGT DR. ADEEL PGT
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Venue: CONFERENCE ROOM DIABETIC CENTRE BENAZIR BHUTTO HOSPITAL RAWALPINDI

FOR REGISTRATION AND MORE INFO: 03157489514

MU - RTH – 27 November, 2023

Neurology – MU-1 - BBH – 11 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

**Targeted lesion sampling on ultrasound
Masterclass**

Date 28 Nov 2023 (Tuesday) Time 1pm-3pm
Fee 1000/- (CME Points will be given)

Contact # Dr Naeem 0302-5065917 Dr Munazzah 0335-4146846
Venue : Room 35 Main OPD ,Benazir Bhutto Hospital Rawalpindi

COURSE DIRECTOR CO DIRECTOR FACILITATOR ORGANIZER ORGANIZER ORGANIZER

Organized by: Radiology Department BBH

Radiology - BBH – 28 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

**Mastoid Mastery: Navigating the Basics of
Surgical excellence**
BUILDING FOUNDATIONS, ENHANCING SKILLS

Date: 29/11/23 Department of ENT, BBH Rawalpindi

Register Now, Limited Seats Available

Patron in chief Prof Muhammad Umar
Principal RMC Prof Jahangir Sarwar
Course Facilitator Dr Ahmad Naeem
Course Co-Director Dr M.Ashraf
Course Co-Director Dr Nida Noor

COORDINATORS
Dr Anique - 03455686733
Dr Zuneera - 0340 3005603
Dr Jawaria - 0300 9564033

Venue: Conference Room ENT, BBH Registration fee: Rs 1000

ENT - BBH - 29 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

**LEARN TO UNLOCK OPPORTUNITIES;
GRANT MANAGEMENT FOR RESEARCH & INNOVATION**

Date: 13TH DECEMBER 2023 Time 10:00 AM – 01:00PM

JOINTLY ORGANIZED BY: OFFICE OF RESEARCH INNOVATION & COMMERCIALIZATION & INSTITUTE OF PSYCHIATRY BENAZIR BHUTTO HOSPITAL, RAWALPINDI

CO DIRECTORS
COURSE DIRECTOR
Coordinator
Finance Manager, RGMU RMU & Finance manager Institute of Psychiatry

Venue: DEANS MEETING HALL, RAWALPINDI MEDICAL UNIVERSITY, TIPU ROAD, RAWALPINDI

REGISTRATION FEE: RS.500/= REGISTRATION LAST DATE: 11th December 2023

ORIC-RMU : IOP-BBH – 13 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE Educational Activity

**Workshop:
Culturally Adapted Psychoeducation for Bipolar Disorder in a
low-resource setting**

Date/Time: 09.12.2023, 9am-12pm

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director Co-Director Coordinator Facilitator

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

Psychiatry - BBH - 09 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

ROLE OF ARTIFICIAL INTELLIGENCE IN TEACHING & ASSESSMENT

Target Audience: Faculty & Consultants

Date: 29th November 2023
Time: 10:00 am - 12:30 pm

Prof. Muhammad Umar
Vice Chancellor RMU

Prof. Jahangir Sarwar Khan
Principal RMC

Professor Rehan Ahmed Khan
Facilitator

Prof. Naveed Akhtar Malik
HOD, SU-8BBH
Course Director

Dr. Huma Sabir Khan
AP, SU-8, BBH
Co-Director

Venue: Conference Room; Surgical unit 2, Benazir Bhutto Hospital.

Organizer: Dr. Mohammad Shoaib Ali (SU-II, BBH)
Contact: 03345831419

Registration Fee: Rs.1000

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

WORKSHOP
On
"MOTOR MANAGEMENT OF PARKINSON DISEASE"

Organized by:
Medicine Unit 1 Holy Family Hospital RWP

Date: Nov 30, 2023
Time: 11.45 am to 2pm
Contact:
Dr Seemab: 0335 8438595

VICE CHANCELLOR
PROF. DR. MUHAMMAD UMER

COURSE DIRECTOR
DR. SAIMA AMBREEN

CO-DIRECTOR
DR. M. ARIF

COORDINATORS:
DR. IQRA ASHRAF
DR. MADHA
DR. SEEMAB

COURSE FACILITATOR
DR. NABEEL MUZZAFAR SYED

VENUE: RAWALPINDI INSTITUTE OF UROLOGY & TRANSPLANTATION

SU-2 - BBH – 29 November, 2023

MU-1 - HFH - 30 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

REFLECTION WRITING 30 NOV
9:30 am

FACILITATOR:
DR. NIDA ANJUM
AP MU-II, HFH

ORGANIZED BY: MU-II, HFH

ORGANIZERS:
DR. NIDA ANJUM
AP MU-II HFH
DR. MADEEHA NAZAR
SR MU-II HFH
DR. UNAIZA SHAREEF
SR MU-II HFH

PROF. DR. MUHAMMAD UMER
VICE CHANCELLOR
RMU

PROF. DR. MUHAMMAD KHURRAM
HOD MU-II, HFH &
DEAN MED&ALLIED RMU

DR. NIDA ANJUM
ASSISTANT PROFESSOR
MU-II HFH

COORDINATOR:
DR. QURAT UL AIN PGT MU-II
03309359130

DR. SHAHERYAR H.O. MU-II
03354377900

VENUE: INSTITUTE OF UROLOGY & TRANSPLANTATION RWP
MAIN CONFERENCE ROOM

REGISTRATION FEE:
Rs. 500/-

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop:
"Where Dermatology meets Rheumatology"
30th November, 2023. (10am till 1pm)

Venue: Dean's Hall, Old Teaching Block, Rawalpindi Medical University

PROF. DR. MUHAMMAD UMER
Vice Chancellor
RMU

PROF. DR. JAHANGIR SARWAR KHAN
Principal
RMU

DR. FARAN MASHOOL
HOD Medicine
RTH

DR. MUHAMMAD SHAHZAD
Manager
HOD Medicine
BBH

DR. SHAHEENA SHAFIQ
Consultant
Dermatologist
BBH

DR. SHUMAILA MUMTAZ
Consultant
Rheumatologist
RTH

DR. HUMAYOON YOUSAF
Officer
RTH

Organized by: Department of Medicine, Rawalpindi Teaching Hospital

For registration: 0331-5541866

MU-2 - HFH – 30 November, 2023

Medicine – RTH – Derma - BBH - 30 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop on
A PRACTICAL APPROACH TOWARDS
OBSTETRICAL EMERGENCIES**
Organized by: Dr. Aqsa Ikram ul Haq, Assistant Professor

Date: 30-11-2023
Time: 9:00 AM TO 2:00 PM
For Registration: Dr. Sadia Jabeen (0332-1627082)
Registration Fee: 500

Prof. Dr. Talat Farhanda
Dean Obst/Gyn
Patron in charge

Professor Dr. Umar
Vice Chancellor RMU
Patron in chief

Dr. Rubaba Abid HOD
Course Director

Dr. Shama Bashir
Assistant Professor
Co-Director

Dr. Masooda Rasheed (SR)
Facilitator

Dr. Nallo Abbasi (SR)
Facilitator

Dr. Aqsa Ikram ul haq
Assistant Professor
Co-Director & Facilitator

Venue: Academic Corridor Gynae / Obs Department Rawalpindi Teaching Hospital Rawalpindi

Gynae - RTH – 30 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Mastering ECG Interpretation in Clinical Practice
Organized by: Cardiology Department
RMU & Allied Hospitals

Date: 30 November 2023 (Thursday) Timing: 09.00am till 12.30pm

Prof. Muhammad Umar
Vice Chancellor RMU
Patron in Chief

Dr. Muhammad Asad
Director

Dr. M. Zafar Iqbal
Co Director

Dr. Talha Bin Nazir
Guest Speaker

Dr. Qurban Hussain
Guest speaker

Dr. Tanzeel ur rehman
Coordinator

Dr. Ibrah Tahir
Coordinator

Venue: Liberty Benazir Bhutto Hospital, Rawalpindi

Registration Free
Contact # Dr. Mubashira Kiran: 0322-8549908 Dr. Mehreen Hassan Mir: 0333-3335767

Cardiology - BBH - 30 November, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Medical Education Essentials
Simple Paths to Medical Mastery.**

Date: 01/12/23
Timings 09:00 am Department of ENT, BBH Rawalpindi

Register Now,
Limited Seats Available

Patron in chief
Prof. Muhammad Umar

HOD ENT RMU
Prof. Nasrullah

Course Director
Dr. Ahmad Hassan

Principal RMC
Prof. Jahangir Sarwar

Course Facilitator
Dr. Saadia

Course Co-Director
Dr. M. Arshad

Course Co-Director
Dr. Nisaa Rizvi

*Please bring your laptops along
* Get your articles/dissertation reviewed

CORDINATORS
Dr Sana - 0341 7308520
Dr Salman - 0306 9701315
Dr Maimoona - 03335156012

Venue: Conference Room ENT, BBH Registration fee: Rs 1000

ENT - BBH – 01 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**MINIMALLY INVASIVE SURGICAL MANAGEMENT OF PERIANAL
AND PERIRECTAL DISORDERS**

Target Audience: Faculty , Consultants & Residents

Date: 1st December 2023
Time: 08:00 am -02:00 pm

Prof. Muhammad umar
Vice chancellor
RMU

Prof. Jahangir
Sarwar
Principle of RMU

Maj Gen . Syed
Mukarram
Hussain
Facilitator

Prof. Naveed
Akhtar Malik
HOD, SU-II BBH
Course Director
& Facilitator

Dr. Huma Sabir
Khan
AP, SU-II, BBH
Co-Director &
Facilitator

Venue: Conference Room; Surgical unit 2, Benazir Bhutto Hospital.

Organizer: Dr. Muhammad Shoaib Ali (SU-II, BBH)
Contact: 03345831419

Registration Fee: Rs.1000

SU-2 - BBH - 01 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Use of Artificial Intelligence in Literature Search
Organized By: Physiology Department

01 CME Credit
for participants

Prof. Muhammad Umar
Patron in Chief
Vice Chancellor RMU

Prof. Dr. Samia Sarwar
Chairperson Physiology Department
Director of Workshop

Dr. Zia Ur Rehman Farooqi
Assoc. Professor Research Khyber Medical
University, Research Facilitator

Dr. Sidra Hamid
Assistant Professor Physiology
Assistant Director DME
Medical Educationist Facilitator

Organized by: Physiology Department RMU
Venue: Heritage Hall Main Campus RMU

Date: 02-12-2023
Time: 9:30 AM To 12:30PM
For Registration: Dr. Aneela Yasmin
(0301- 8511377)
Demonstrators Registration Fee : Rs 300/-
Others Registration fees : Rs 1000/-

Physiology - RMU – 02 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop: "Realms of Sanity and Insanity"
Essentials of Mental Health in Family Medicine (Zoom)**

Date and Time: 16th December 2023 (11:00 am to 01:00 pm)
Registration: Online Registration fee: 1000

Patron in Chief: Prof. Muhammad Umar
Vice Chancellor
Rawalpindi Medical
University

Chief Guest: Prof. Jahangir Sarwar
Principal
Rawalpindi Medical
University

Director: Dr. Sadia Khan
HOD of Family Medicine
Rawalpindi Medical
University

Director: Prof. Asad Nizami
HOD Institute of Psychiatry
Rawalpindi Medical
University

Organized By: Department Of Family Medicine

Facilitator: Dr. Sadia Yasir
Assistant Professor
Institute of Psychiatry
Rawalpindi Medical
University

Facilitator: Dr. Sadia Khan
HOD of Family Medicine
Rawalpindi Medical
University

Co-Directors: Dr. Kashif Rauf
Dr. Sidra Hamid
Dr. Ashar Alamgir

Coordinators: Dr. Amna
Dr. Abid
Dr. Nazir

For Registration: Muhammad Faizan
Contact No: 0349-9676512

Family Medicine - RMU - 16 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop:
Vascular Access Surgery
for Hemodialysis**

Date: 12-12-2023 Time: 10:00am

Organized by: Department of Surgery, Rawalpindi Teaching Hospital

Dr. Zahid Waheed
Senior Registrar
Department of Surgery
Rawalpindi Teaching Hospital

Dr. Moinuddin Ahmed
Registrar (General) (Surg Gen) (Surg Gen)
Rawalpindi Teaching Hospital (Surg Gen)

Dr. Ramish Ghazwan
Registrar (General) (Surg Gen)
Rawalpindi Teaching Hospital

Dr. Zehid Rasheed
MS, FRCS
Senior Registrar
Rawalpindi Teaching Hospital

Venue: Department of Surgery,
Rawalpindi Teaching Hospital

Surgery - RTH – 12 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop:
Screening for Severity of Intellectual Disability in Adults: and
ICD 11 Framework**

Date/Time: 08.12.2023, 9am-12pm

Organized by: Institute of Psychiatry, Rawalpindi Medical University

Director **Co-Director** **Coordinator** **Facilitator** **Facilitator**

Prof Dr Muhammad Umar **Prof Dr Jahangir Sarwar Khan** **Prof Dr Asad Nizami** **Dr Sadia Yasir** **Dr Zoha Tahir** **Dr. Bahjat Najeeb** **Dr. Kaniz Kareem**
(D. T) **Principal RMU** **Chairman** **Assistant Professor** **Senior Registrar** **President** **President**
Vice Chancellor, RMU **Institute of Psychiatry** **Institute of Psychiatry** **Institute of Psychiatry** **Institute of Psychiatry** **Institute of Psychiatry** **Institute of Psychiatry** **Institute of Psychiatry**

Venue: Institute of Psychiatry, Benazir Bhutto Hospital

Psychiatry - BBH - 08 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Ponseti Technique
Department of Orthopaedic Surgery
Benazir Bhutto Hospital
02-12-2023



PLEASE CONTACT FOR REGISTRATION
MR. YASIR SOHAIL 03215854114

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop
"External Quality Assurance: Why and How?"

Date: 02nd December, 2023. Time: 8:30am to 2:00pm

Organized by: Pathology Department BBH & Pakistan Society of Chemical Pathologists



Venue: DME Hall, New Teaching Block, Rawalpindi Medical University, Rawalpindi.

Note: Registration fees: 1. Medical Students / PG11 - 500/- 2. Consultant - 1000/-
Contact: 0320-5473048 (Dr. Shahryar Haider)

Ortho - BBH – 02 December, 2023

Pathology - RMU - 02 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**From Blank Slides to Brilliance;
A PowerPoint Creation**

Date 04/12/2023. Timings 09:00 am to 12:00pm

Venue: Class Room ENT RTH, Rawalpindi




Registration Fee: 500,
For Registration Contact;
D. Asif 03336849366

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Hepatitis B
Case-Based Work Shop

4th December 2023
09:00 – 11:00 am



Course Facilitators:
Dr. Sadia, Dr. Aqsa,
Dr. Misbah N.

Venue: Academic Council Hall, New Teaching Block
Rawalpindi Medical University

For Registration: 03348741558, 03208855722

ENT - RTH – 04 December, 2023

Gastro - HFH - 04 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

4th December 2023
11:00am – 12:15 pm

**High-Resolution Manometry
From Basic to Clinical Application**

Prof. M. Umer
Patron in Chief

Prof. Jahangir Sarwar
Principal RMU

Prof. Bushra Khaar
Course Director

Maj Gen (R) Dr. Tassawar
Course Director

Brig (R) Dr. Amjad Salamat
Course Director

Dr. Tanveer Hussain
Course Co-Director

Dr. Tayyab Saeed
Course Facilitator

Dr. Anum Abbas
Course Co-Ordinator

Venue: Academic Council Hall, New Teaching Block
Rawalpindi Medical University

For Registration: 03455057646, 03445220322

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

4th December 2023
12:30 – 02:00 pm

**Case-Based Video Forum
Meet the Experts**

Prof. M. Umer
Patron in Chief

Prof. Jahangir Sarwar
Principal RMU

Prof. Bushra Khaar
Course Director

Maj Gen (R) Dr. Tassawar
Course Director

Brig (R) Dr. Amjad Salamat
Course Director

Course Co-Director:
Dr. Tanveer Hussain

Course Facilitators:
Dr. Javeria, Dr. Misbah Sattar,
Dr. Anum Shakeel

Venue: Academic Council Hall, New Teaching Block
Rawalpindi Medical University

For Registration: 03348741558, 03208855722

Gastro - HFH – 04 December, 2023

Gastro - HFH - 04 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

"BRIDGING GAPS IN MANAGEMENT OF RENAL DISEASES"

Organized By:
DEPARTMENT OF PEDIATRICS,
BENAZIR BHUTTO HOSPITAL, RAWALPINDI.

DATE: 04th Dec 2023
TIME: 8:30 AM-1:30 PM

PROF. DR. MUHAMMAD UMAR
PATRON-IN-CHIEF

PROF. DR. RAI MUHAMMAD ASGHAR
COURSE DIRECTOR

PROF. DR. JAI KRISHIN
GUEST SPEAKER

DR. JAWARIA ZAIN
CO-DIRECTOR

DR. MARIA SHAMSHEER
CO-DIRECTOR

DR. ASAD SHABIB
ORGANIZER

DR. HINA SATTAR
FACILITATOR

Venue: DMEH Hall, New Teaching Block, Rawalpindi Medical University, Rawalpindi.

CONFERENCE ROOM, DEPARTMENT OF PAEDIATRICS, BENAZIR BHUTTO HOSPITAL, RAWALPINDI

Paeds - BBH – 04 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**HAEMATOLOGY WORKSHOP
(Morphology, Haemoglobinopathies and Coagulation)**

Date: 04th December, 2023. Time: 8:30am to 2:30pm

Organized by: Pathology Department BBH & Pakistan Thalassemia Welfare Society

Prof. Dr. Muhammad Umar
VICE CHANCELLOR (RMU)
PATRON-IN-CHIEF

Maj Gen (R) Prof. Dr. Pervez Ahmed
Chief Guest / Sponsor

Maj Gen (R) Prof. Dr. Pervez Ahmed
Chief Guest / Sponsor

Maj Gen Prof. Dr. Qamar Anwar
Chief Guest / Sponsor

Prof. Dr. Waqar
Director

Dr. Tahira Zafar
Sponsor

Dr. Johana Zafar
Sponsor

Dr. Maria Shamsheer
Sponsor

Dr. Hina Sattar
Sponsor

Dr. Asad Shabbir
Sponsor

Dr. Jai Krishin
Sponsor

Dr. Javeria
Sponsor

Dr. Misbah Sattar
Sponsor

Dr. Anum Shakeel
Sponsor

Venue: DMEH Hall, New Teaching Block, Rawalpindi Medical University, Rawalpindi.

Note: Registration fees Rs. 1500/Candidate, Total Slots=20 (First come first serve basis)
Contact: Dr. Quratul Ain 0308-6718149, Account Number 01640210122587 Askari Commercial Bank

Pathology - BBH - 04 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Mastering Precision In DMEK and DSAEK:
Techniques & Challenges**

Date: 4th December 2023
Organized by: Department of Ophthalmology, RMU Time: 9:00 am to 1:00 pm

 Vice Chancellor Prof. Dr. Muhammad Umar	 Principal Prof. Dr. Jahangir Sarwar Khan Dean Surgery and HOD SU-1, HFH	 Director Prof. Dr. Fuad A.K. Niazi HOD Ophthalmology, Dean Of Eye and ENT, RMU and Allied Hospitals	 Facilitator Dr. Inayat Ullah Khan Associate Professor Of Ophthalmology PIMS, Islamabad Cornea Consultant	 Facilitator Col. Dr. Teyyeb Azeem Assistant Professor CMH Quetta Cornea Consultant
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Coordinators:
Dr. Omairah Qamar
Dr. Arslan Sajjad

Co-Director
Dr. Ambreen Gull
Assistant Professor
Ophthalmology, RMU

**For Registrations and Queries
Contact: Dr. Arslan
#0322-5567544**

Venue: Institute of Urology and Transplantation Rawalpindi (IUTR)







Eye - HFH – 04 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**MANAGEMENT OF PLEOMORPHIC ADENOMA IN
TERTIARY CARE HOSPITAL**

Date: 9th DECEMBER, 2023

 Principal RMC & Course Director	 Speaker	 Co-Director & Facilitator	 Co-Director & Facilitator	 SR SU-1 Facilitator	 SR SU-1 Facilitator
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Venue: Seminar Hall; FSW, Rawalpindi Teaching Hospital.

Organized By: Surgical Unit- 1, Holy Family Hospital

SU-1 - HFH – 09 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**MANDATORY WORKSHOP ON
Hands on Training on
Thesis Writing**

DATE
12th December
2023

TIME
9am to 1pm
Tuesday

 Prof. Muhammad Umar (SI) Patron In-Chief Vice Chancellor, RMU	 Prof. Rai Muhammad Asghar Controller of Examination Director DME, RMU
 Prof. Jhangir Sarwar Khan Principal Rawalpindi Medical College	 Workshop Director Dr. Kashif Rauf Makhdoom RMU, Rawalpindi
 Speaker Dr. Iftikhar Ahmad Malhi MBBS (Pak), FCPS (Pak)MRCGP (UK), MRC S (UK)CCT (UK)PG Certification in Diabetes(UK)MCFPC (Canada)	 Prof. Dr. Ayesha Yousaf Dean Basic Health Sciences RMU
 Speaker Dr. Syed Ali Imran Bokhari PhD (NIBGE, QAU), IRSIP (University of Glasgow,UK) Research Director IIUI Islamabad	 Workshop Co-Director Dr. Maf Sultan Rawalpindi Medical University
 Dr. Aneela Jamil HoD Biochemistry Department RMU, Rawalpindi	 Workshop Co-Chairman Prof. Dr. Akram Randhawa RMU, Rawalpindi
 Dr. Sadia Azam Khan HoD Family Medicine RMU, Rawalpindi	

Venue: Deans Hall, Main Campus, RMU, Rawalpindi

**Organized By: Postgraduate Department,
Rawalpindi Medical University, Rawalpindi**

Post graduate dept - RMU - 12 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Infection Prevention and Control: Back to Fundamentals
WORKSHOP

Tuesday, December 5th 2023 9:00 AM to 3:00 PM

Organized by: Department of Infectious Diseases, Holy Family Hospital, Rawalpindi

PATRON IN CHIEF: Prof. Dr. Muhammad Umar, Vice Chancellor RMU
CO DIRECTOR: Prof. Dr. M. Khuram, Dean Medicine
COORDINATOR: Dr. Arshad Rabbani, HOD MU-II, BBH
CO FACILITATOR: Dr. Duqa Mehmood, DID, HFH
DIRECTOR & FACILITATOR: Dr. M. Mujeeb Khan, HOD DID, HFH

Venue: Conference Room, Medical Unit II, Benazir Bhutto Hospital, Rawalpindi

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop: Research Methodology (ZOOM)
Organized by: Department Of Family Medicine

Date and Time: 05th December 2023 (10:00 am To 02:00 pm)
Registration: Online Registration fee: 1000

Patron in Chief: Prof. Muhammad Umar, Vice Chancellor, Rawalpindi Medical University
Facilitator: Prof. Rukhsana Majeed, Dean, Trainer and Examiner at CPSP, HOD Quetta Institute of Medical Science
Chief Guest: Prof. Jahangir Sarwar Khan, Principal, Rawalpindi Medical University
Director: Dr. Sadia Azan Khan, HOD Family Medicine, Rawalpindi Medical University

For Registration: Muhammad Faizan
Contact No: 0349-9676512

Dept of Inf Diseases - HFH – 05 December, 2023 Family Medicine - RMU - 05 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
on 17-23 Dec 2023
Pre Conference Workshop
Completing Clinical Audit Cycle

Prof. M. Umar, Vice Chancellor
Prof Dr. Rai M. Asghar, Director DMC, Chairman Workshop
Prof. Dr. Ayesha Yousaf, Dean Basic Sciences, Co-Chairperson
Dr Kashif Rauf, Co-Director Workshop
Dr. Anila Jamil, Head of Department, Director Workshop
Dr Isma Riaz, Focal Person for registration, Senior Demonstrator, Bio Chemistry Deptt. Cell: 0301-5555622

Speaker

Dr. Iftikhar Ahmad Malhi, MBBS (Pak), FCPS (Pak), MRCP (UK), MRCS (UK), CCT (UK), PG Certification in Diabetes (UK), MCFPC (Canada)

Date: 5th Dec. Tue. 2023
Time: 9:00 Am to 1:00 Pm
Venue: Deans Hall, Main Campus RMU, Tipu Road, Rawalpindi Cell: 03336361984

Organized by: Bio Chemistry Department Rawalpindi Medical University

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

CARE OF A CRITICALLY ILL PATIENT
WORKSHOP

Tuesday December 5th 2023 – 9:00 AM to 12:00 PM

Organized by: Medical ICU, Holy Family Hospital, Rawalpindi

PATRON IN CHIEF: Prof. Dr. Muhammad Umar, Vice Chancellor RMU
Dr. Jahangir Sarwar, Principal RMC
COURSE DIRECTOR: Dr. Abrar Akbar
CO DIRECTOR: Dr. Asif Jaleel
FACILITATOR: Dr. Maryam Imtiaz
COORDINATOR: Dr. Shabana Shoukat

Venue: Library, Benazir Bhutto Hospital, Rawalpindi

Biochemistry - RMU – 05 December, 2023 MICU - HFH - 05 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY



**The Art and Science of Inquiry: A Workshop on Research Methodology
Meet the Expert Session
Organized by
Cardiology Department, RMU & Allied Hospitals**

Date: 05 December 2023 (Tuesday) Timing: 09.30am till 01.00pm



Prof. Muhammad Umar
Vice Chancellor RMU
Patron in Chief



Prof. Jahangir Sarwar Khan
Principal, RMU



Dr. Muhammad Asad
Director



Dr. Mashal Sabat
Asst. Prof./Asst. Director ME IIMC
Assistant Director RIA,
Riphah International University

Highlights:

- Understanding Research Basics
- Research Design and Methodology
- Data Analysis and Interpretation

Venue: Conference Room Benazir Bhutto Hospital, Rawalpindi

Registration Free

Contact # **Dr. Mubashira Kiran: 0322-8549908 Dr. Mehreen Hassan Mir: 0333-3335767**

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY



Workshop:

“ECGs Interpretation and Management”

5th December, 2023. (11:00am)

Venue: Department of Medicine, Rawalpindi Teaching Hospital



Prof. Muhammad Umar
Vice Chancellor
RMU



Prof. Jahangir Sarwar Khan
Principal, RMU



Dr. Faran Maqbool
HOD
Medicine
RTH



Dr. Muhammad Shahzad Manzoor
HOD Medicine
BBH



Dr. Saima Mir
Consultant
Nephrologist
RTH



Dr. M Sajid Rafiq
Abbas
Associate Professor
of Nephrology
PIMS




Dr. Nauman Shaukat
PCT Medicine
RTH

For registration: Dr Nauman Shaukat (Co-ordinator) 03024131088

Cardiology - BBH – 05 December, 2023 MU - RTH - 05 December, 2023


**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY




**HANDS-ON WORKSHOP
ON
DIAGNOSTIC LAPROSCOPY**


Date: 06-12-2023 ORGANIZERS Time: 9:00AM - 2:00PM




Patron-in chief
Prof. Dr. Muhammad Umar
VC RMU




Chief Organizer
Prof. Dr. Talib Farhanda
Dean of Obs & Gynae RMU




Organizer/Facilitator
Associate Professor Dr. Zehra Ahmed
Head of Department, BBH




Facilitator
Dr. Nighat Fatima
Associate Professor
Obs & Gynae RTH




Facilitator
Dr. Umair Bano
Assistant Professor Obs & Gynae RMU



Facilitator
Dr. Hira Gul
Senior Registrar Obs & Gynae BBH



Facilitator
Dr. Mehreen Hassan Mir
Senior Registrar Obs & Gynae BBH



Venue: OBGYN Class Room, ward#05, Benazir Bhutto Hospital, Rawalpindi

For Registration contact: Dr Zeshan Ahmed (03333972323) Registration Fee: PKR 1000/-

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY



BEHIND THE NOSE; DEMYSTIFYING FESS PROCEDURE

Date 06/12/2023 , Timings: 09:00 am to 12:00 pm

Venue: ENT Department RTH, Rawalpindi.



VICE CHANCELLOR
PROF. DR MUHAMMAD
UMAR



PRINCIPAL PROF.
Dr. JAHANGIR
SARWAR KHAN.



DIRECTOR
Dr. SADIA
CHAUDHRY



FACILITATOR
Dr. AHMED
HASSAN ASHFAQ



COORDINATOR
DR. SUNAIS
MASOOD

Registration fee: 500
For Registration Contact ;
Dr Asif 03336849366

Gynae - BBH – 06 December, 2023 ENT - RTH - 06 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**WORKSHOP ON
PATIENT SAFETY IN OBS & GYNAE
A STEP TOWARDS QUALITY CARE**

Professor Dr. Umar
Vice Chancellor RMU
Patron in chief

Dr. Rubaba Abid HOD
Director, Facilitator

Prof. Dr. Talat Fakhanda
Dean Obst/Gyn
Patron in charge

Dr. Shama Bashir
Assistant Professor
Co- Director

Dr. Ruqayya Saleem
Senior Registrar, Facilitator

Dr. Tabinda Khalid
Senior Registrar, Facilitator

Date: 07-12-2023,
Time: 8:00 AM TO 2:30 PM
For Registration: Dr. Sania Aabteen
0332-1627082
Registration Fee: 500

Venue: Academic Corridor Gynae Obs Department Rawalpindi Teaching Hospital Rawalpindi

Gynae - RTH – 07 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

Spirometry
07 December 2023. (12 am To 2 pm)

Venue: Conference Room FMW RTH Rawalpindi

Patron-in-Chief
Prof. Muhammad Umar
Vice Chancellor
RMU

Patron-in-Chief
Prof. Jangir Saniar Khan
RTH

Director
Dr. Farhan Mughsoob
RTH

**Co-Director & Keynote
Speaker**
Dr. Muhammad Shafiq Memon
RTH

Speaker
Dr. Rizwan Athar
Consultant Pulmonologist

Dr. Zaid Umar
RTH

Co-Director
Dr. Anwar Aulakh
RTH

Organizer
Dr. Ehsanul Haq
PGI Medicine

Organized by: Department of Medicine, Rawalpindi Teaching Hospital

For registration: 03367837238

MU - RTH - 07 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**MRI as problem solving tool in complex clinical scenarios
One day workshop**

Organized by: Radiology Department BBH

Date 13 Dec. 2023 (Wednesday) Time 8am-2pm
Fee : 500/- (CME points will be given)
Contact # Dr Naeem 0302-5065917 Dr Munazzah 0335-4146846

COURSE DIRECTOR
Prof. Muhammad Umar
(S.I.) H.U. Vice Chancellor RMU

CO DIRECTOR
Prof. Jangir Saniar Khan
Principal RMU

FACILITATOR
Aza-Gnandji Marilyne, PhD
Bioscience | Genomics | Entrepreneurship | Mitogenomics
BIOSEF-DASTI
Center for Innovation in Global Health Technologies
Senegal

ORGANIZER
Dr. Anam Nisar, PhD
Asst. Director
ORIC RMU

ORGANIZER
Dr. Aamir Usman Khayun PhD
Manager R&D
ORIC RMU

ORGANIZER
Dr. Saif Karim
Assistant Professor
Department of Pathology, RMU

Venue : RMU Old Teaching Block ,Tipu road,Rawalpindi

Radiology - BBH – 13 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference**
17-23 Dec, 2023

PRE CONFERENCE EDUCATIONAL ACTIVITY

**ROLE OF BIOINFORMATICS IN HEALTH CARE SETTINGS
A ROAD MAP TO LEAP BEHIND RESEARCH TO INNOVATION**

Date: 14TH DECEMBER 2023 **Time 10:00 AM – 01:00PM**

JOINTLY ORGANIZED BY: ORIC RMU & COMSATS ISLAMABAD

COURSE DIRECTOR
Dr. Waseem Haider, PhD (UIC USA)
Associate Professor (Bioinformatics)
COMSATS University Islamabad
Pakistan

CO DIRECTORS
Dr. Anam Nisar, PhD
Asst. Director
ORIC RMU

**Dr. Aamir Usman Khayun PhD
Manager R&D
ORIC RMU**

**Dr. Saif Karim
Assistant Professor
Department of Pathology, RMU**

Venue: DEANS MEETING HALL, RAWALPINDI MEDICAL UNIVERSITY, TIPU ROAD, RAWALPINDI

REGISTRATION FEE: RS.500/= **REGISTRATION LAST DATE: 13TH December 2023**

ORIC-RMU : Comsats Islamabad - 14 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

WORKSHOP ON ANASTOMOTIC TECHNIQUES
Workshop secretariat: Surgical Unit 2 HFH

Date & Time: 07/12/23, 9 am to 12 pm
Registration: On Spot Registration Fee: 1000Rs. Target Audience: Surgical Trainees Senior Registrars

Outline:

- End to end and side to side intestinal anastomosis
- Gastro-jejunostomy
- Pancreatojejunostomy
- Hepatico-jejunostomy
- Tendon Repair
- Bladder Repair

Organizers:
Dr. Kiran Butt (SR)
Dr. Asif Hayat (SR)
Dr. Abdul Qadir (SR)

For Reg. Contact
Dr. Shabir Hussain
PROFESSOR
0333-4023156

Prof. Dr Umer Patron In Chief
Prof. Dr Jehangir Chairman
Prof. Dr Naeem Zia Course Director
Dr Faryal Azhar Co-Director

Dr Sadat Hashmi Facilitator
Dr Atif Khan Facilitator
Dr Qasim Ali Facilitator
Dr Husnain Khan Facilitator

SU-2 - HFH – 07 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop on Foot And Ankle
Department of Orthopaedic Surgery
Rawalpindi Teaching Hospital
08-12-2023

PLEASE CONTACT FOR REGISTRATION
Dr. Younis 03122554007

Prof. Dr Muhammad Umar Patron In Chief
Prof. Dr. Jahangir Sarwar Khan Chairman
Dr. Usaid Us Saifan Director
Prof. Dr. Motah Qayum Director
Dr. Saad Zaid Director

Dr. Shabir Hussain Professor
Dr. Usaid Us Saifan Director
Dr. Naeem Zia Course Director

Ortho - RTH - 08 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Inside the Ear's Vault;
Close-up Look with CT Imaging**

Date: 08/12/2023, Timings: 09:00 am to 12:00 pm

Venue: Main Campus, RMU

**Registration Fee: 500,
For Registration Contact;
D. Asif 03336849366**

Prof. Dr. Muhammad Umar Vice Chancellor RMU
Prof. Dr. Jahangir Sarwar Khan Principal
Dr. Hina Hanif Facilitator
Dr. Sadiya Chaudhry Director
Dr. Sundas Masood Coordinator

ENT - RTH – 08 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Exosomes and Threads in Aesthetic Medicine
Organized by: Department of Dermatology RMU and Allied Hospitals

Date : 9 December 2023 Time : 9:30 am till 2 pm

Prof. Muhammad Umar Vice Chancellor RMU Patron in Chief
Dr Abdul Quddus Butt Organizer
Dr Shawana Sharif Director
Maj Gen. Zafar Iqbal Shaikh Facilitator
Dr Naeem Ayub Facilitator
Dr Nausheen Coordinator
Dr Zainab Coordinator

Venue: Old Teaching Block, Rawalpindi Medical university, Tipu Road
Registration Fee 1000 Rs
For Reg Contact
Dr Zainab 03354233001
Dr Nausheen 03009541718

Derma - BBH - 09 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop: Appraisal of Assessment Tools used in Medical Education

Target Audience: Basic & Clinical Sciences Faculty

Date: 09 December, 2023 Time: 09:00 am – 12:00 pm

01 CME Credit Hour for participants



Dr. Ayesha Basharat
Assoc. Professor OBGYN & Medical Educationist Facilitator & Expert Speaker



Dr. Khaula Noreen
Assoc. Professor Community Med & Medical Educationist Facilitator & Expert Speaker



Dr. Sidra Hamid
Assistant Professor Physiology Assistant Director DME Medical Educationist Facilitator & Expert Speaker

Venue: Heritage Hall Main Campus RMU

For Registrations Contact
Dr. Saira Aljaz
0334-2727881
Registration Fee Faculty: 5000/-
Student: 10000/-

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop on
PERMACATH PLACEMENT**

Date: 09th December 2023 Day: Saturday Time: 9 am to 12 pm

Organized by: DEPARTMENT OF UROLOGY AND RENAL TRANSPLANT, RMU



Prof. Muhammad Umar
VC RMU
Patron in chief



Prof. Jahangir Sarwar
Principal, RMU



Prof. Zein-el-Amir
COURSE DIRECTOR



Dr. Mudassir Cheema
COURSE FACILITATOR

Venue: UROLOGY DEPARTMENT, BENAZIR BHUTTO HOSPITAL

REGISTRATION ON SPOT AND FREE
Dr. Zain Sattar: 0321-6808713
Dr. Hassan Rathore: 0336-4049031

Physiology - RMU – 09 December, 2023 **Urology - BBH - 09 December, 2023**

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**PRE-CONFERENCE WORKSHOP
ON MEDICAL NEGLIGENCE
09th December 2023 (08:30am to 01:00pm)**

Venue: Conference Room Surgical Unit-I, Ward 09, BBH, Rawalpindi



Prof. Muhammad Umar
Vice Chancellor
RMU, Rawalpindi



Prof. Jahangir Sarwar Khan
Professor of Surgery
Principal, RMU



Prof. Nadir Mehmood
Professor of Surgery
Head of SU-I, BBH



Dr Ghulam Shabbir
Consultant Pediatrician
MBBS, MCPS, FCPS, MRCP,
FRCP, DCPS-HPE, LLM
(Med Laws & Ethics)

ORGANIZERS

- Dr. Sidra Mehmood Dar
Senior Registrar
- Dr. Sunyah Qamar
Consultant Surgeon
- Dr. Tooba Iqbal
Senior Registrar



Dr. Syed Rahat Hassan
Assistant Professor Surgery
Coordinator



Dr. Asifa Dayan Khan
Senior Registrar Surgery
Coordinator

Contact: Dr. Kanza Batool 0313-5487637, Dr. Talal Zafar: 0300-9808429

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**PRE-CONFERENCE
WORKSHOP**

**Research Grant &
Research Proposal
Writing**

Deans Hall Main
Campus Rawalpindi
Medical University
09th December 2023
9 am - 12pm

DIRECTOR
Prof. Dr. Wafa Umer

CO. DIRECTOR
Doctor Kashif Rauf Makhdoom

FOR MORE INFO

- 03338361984
- 03006097484
- 03225174472
- kashif.rauf@rmu.edu.pk

ORGANIZED BY: POSTGRADUATE DEPARTMENT MAIN CAMPUS RMU, RAWALPINDI



Prof. Dr. Muhammad Umar
Patron in Chief
Vice-Chancellor RMU



Dr. Kashif Rauf Makhdoom
Assistant Director and Coordinator
Postgraduate Program RMU



Prof. Dr. Rafi Muhammad Aghar
Director DME



Dr. Bahif Ahmed Qazi
Post Doctorate (University of Cambridge, UK)
PhD Microbiology (University of Waterloo, Canada)



Prof. Dr. Jhangeer Sarwar Khan
Dean Postgraduate Department
Rawalpindi Medical University



Dr. Arslan Mughal
Manager Research and
Operations at ORIC, RMU



Professor Dr. Samia Sarwar
Dean Postgraduate Department
Rawalpindi Medical University



Dr. Saida Fatima Sughna
Coordinator Postgraduate Program
Rawalpindi Medical University



Doctor Wafa Umer
Director Workshop



Dr. Saba Bashir
Facilitator

SU-1 - BBH – 09 December, 2023 **Post Graduate Dept - RMU - 09 December, 2023**

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

WORKSHOP: ON BASIC AND ADVANCE MANAGEMENT OF TRAUMA
Organized by Surgical unit 2 HFH in Collaboration with Anesthesia department HFH/BBH

Date and Time: 11th Dec 2023, (9am – 12pm)
On spot REGISTRATION Registration fee: 1000

TOPICS:

- Initial assessment of trauma patients
- Shock and Blood Transfusion
- TRIAGE/Disaster Management
- Damage control surgery

HANDS ON:

- Airway maintenance, cricothyroidotomy, ETT insertion
- N access & Catheter insertion, Central venous line Percutaneous
- Tracheostomy, Needle thoracostomy, Chest intubation
- Secondary Survey
- Assess GCS, Cervical collar.
- Pelvic binder, Fracture immobilization

Patron in chief **Chairman** **Chairman** **Chairman**

Professor Dr Umer
Vice chancellor RMU

Prof Dr Naveem Zia
HOD SU-2 HFH

Dr Jhanghir Sawar Khan
Principal RMU

Dr Jasad Zaher
HOD Anesthesia
HFH

Facilitators

Dr Atif Khan, Dr Abeera, Dr Faryal Azhar, Dr Qasim Ali

Organizer
Dr Anna Nazir (SR)
Dr Asad Amir (SR)
Dr Maria Naseer (PGT)

Audience: Post Graduate Trainees

For Reg. Dr Asad Amir Senior Registrar 0346-5833704

Venue: SSB Lab New Teaching Block

SU-2 - HFH – 11 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**ENT DEPT. HFH
IN COLLABORATION WITH
ANAESTHESIA, BBH**

OUR WORTHY SPEAKERS

PROF. DR. M. UMER
VICE CHANCELLOR
RMU

PROF. DR. JAHANGIR SARWAR KHAN
HOD ANAESTHESIA
DEPARTMENT BBH

PROF. DR. NAUSHEEN QURESHI
HOD, ALLIED HOSPITALS

DR. ABEEERA ZAREEN
HOD ANAESTHESIA
DEPARTMENT BBH

DR. TABASSUM AZIZ
SR ENT DEPARTMENT
HFH

DR. HATHAM AKASH
SR ENT DEPARTMENT
HFH

CO-ORDINATORS

- DR. HATHAM AKASH
- DR. AQIB MAJEED
- DR. ASHRAF ALAMGIR
- DR. NOOR-UL-HUDA
- DR. ANJUM MALIK
- DR. KADHAF SALEEM
- DR. HUMA HAFEEZ
- DR. HASSAN ZAKIA

TARGET AUDIENCE: ENT & ANAESTHESIA CONSULTANTS

2ND PEDIATRIC AIRWAY MANAGEMENT SYMPOSIUM & WORKSHOP

SKILL LAB, NEW TEACHING BLOCK, RMU

DATE & TIME: 11 DEC 2023 (08:00 am to 12:00 pm)

FOR REGISTRATION CONTACT: DR. HUMA HAFEEZ 0306-874632

ENT-HFH/Anesthesia-BBH - 11 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

BASICS OF MECHANICAL VENTILATION

WORKSHOP

Tuesday December 12th 2023 – 9:00 AM to 12:00 PM

Organized by: Medical ICU, Holy Family Hospital, Rawalpindi

PATRON IN CHIEF **COURSE DIRECTOR** **CO DIRECTOR** **FACILITATOR** **COORDINATOR**

Prof. Dr. M. Umer
Vice Chancellor, RMU

Dr. Jahangir Sarwar
Principal RMU

Dr. Abrar Akbar

Dr. Maryam Imtiaz

Dr. Asif Jaleel

Dr. Shabana Shoukat

Venue: Library, Benazir Bhutto Hospital, Rawalpindi

MICU - HFH – 12 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

DEPARTMENT OF OTORHINOLARYNGOLOGY & HEAD & NECK SURGERY, HFH

OUR WORTHY SPEAKERS

PROF. DR. M. UMER
VICE CHANCELLOR
RMU

PROF. DR. JAHANGIR SARWAR KHAN
PRINCIPAL, HFH

PROF. DR. NAUSHEEN QURESHI
HOD ENT DEPARTMENT
EMU & ALLIED HOSPITALS

DR. ASHRAF ALAMGIR
JR ENT DEPARTMENT
HFH

DR. HATHAM AKASH
JR ENT DEPARTMENT
HFH

BUSHRA MAJEED
SR ENT DEPARTMENT
HFH

IQRA ISHAQ
AUDIOLOGIST ENT
DEPARTMENT, HFH

WORKSHOP ON MASTERING IN AUDIOLOGICAL ASSESSMENT

FROM CLASSROOM TO CLINIC

CO-ORDINATORS

- DR. TABASSUM AZIZ
- DR. SADEEM CHOHAN
- MR. ABDUL MOJIB
- MR. KADHAF ALI SHAH
- DR. HUMA HAFEEZ
- DR. AQIB MAJEED
- DR. NOOR-UL-HUDA
- DR. KADHAF SALEEM

TARGET AUDIENCE: ENT & Audiology Trainees

WORKSHOP SLIDES AVAILABLE, LAST DATE TO REGISTER: 09 DEC 2023

DME CONFERENCE HALL, NEW TEACHING BLOCK, RMU

DATE & TIME: 12 DEC 2023 (08:00 am to 12:00 pm)

FOR REGISTRATION CONTACT: DR. AQIB MAJEED 0336-6627902

ENT - HFH- 12 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Oxygen Delivery Devices &
Non Invasive Ventilation
13 December 2023. (9am till 1pm)**

Venue: Conference Room FMW RTH Rawalpindi











Organized by: Department of Medicine, Rawalpindi Teaching Hospital For registration: 03367837238

MU - RTH – 13 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**DEPARTMENT OF
OTORHINOLARYNGOLOGY
& HEAD & NECK SURGERY,
HFH**

OUR WORTHY SPEAKERS









**WORKSHOP ON
LITERATURE REVIEW
ON PUBMED USING
BOOLEAN ALGORITHM**

TARGET AUDIENCE: RESEARCH ASSISTANTS, MEDICAL STUDENTS, HOUSE OFFICERS, PGYs.

CO-ORDINATORS: DR. HUMA HAFEZ, DR. AYESHA MAJEED, DR. NOOR-UL-HUDA, DR. KASHAF SALEEM.

NOTE: ALL PARTICIPANTS SHOULD BRING A LAPTOP WITH GOOD INTERNET CONNECTION.

DME CONFERENCE HALL, NEW TEACHING BLOCK, RMU DATE & TIME: 13 DEC 2023 (09:00 am to 12:00 pm) FOR REGISTRATION CONTACT: DR. HAMZA ABBASI 0311-9521272

ENT - HFH - 13 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
December, 2023**

**SYMPOSIUM
RUNS™ on 13th Dec, Wed 2023
at 09:30am to 01:00pm**

**RESEARCH & UPDATES IN
NEUROSCIENCES**

Participating Units

- Pakistan Institute of Medical Sciences
- Shifa International Hospital Islamabad
- Combined Military Hospital Rawalpindi
- Quaid-e-Azam International Hospital
- Foundation Medical University
- Rawal Institute of Health Sciences

Patron in Chief
Prof. Muhammad Umar (Sibtara-e-Imtiaz)
MBSB, MCPS, FCPS, FACS, FRCP (Sons), FRCP (Diagn), AGAF
Vice Chancellor RMU & Allied Hospitals

Chief Guest
Prof. Muhammad Arif Malik
MBSB, FCPS
Ex-HOD Department of Neurosurgery
DHO, Rawalpindi

Organizing Panel

PROGRAM DIRECTOR
Prof. Nadeem Akhtar
M.B.B.S., F.C.P.S.
Certified Neurosurgeon Germany
Certified Spinal Masters Dubai
Dean Ortho, Neuro & Trauma
Head of Neurosurgery Deptt.,
Rawalpindi Medical University

CO-DIRECTOR
Dr. Soban S. Gondal
M.B.B.S., F.C.P.S., CHPE
M.Sc Pain Medicine
AO Spinal Fellowship Germany
Assistant Prof. Neurosurgery
Rawalpindi Medical University

Dr. Usman Malik
0322-5374324

Dr. Ali Tasaddaq

Dr. Rana Mohsin

Dr. Muhammad Yousef

Venue: Syndicate Hall - Rawalpindi Medical College Old Campus, Tipu Road, Rawalpindi

Neuro - RTH – 13 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Surface Markings, Incisions & Operative
Planning in Neurosurgery**

14th December 2023 ; 8:30 AM to 1:00 PM

Department of Neurosurgery, Rawalpindi Teaching Hospital

PATRON-IN-CHIEF
Prof. Muhammad Umar(S)
Vice Chancellor RMU

CHAIRMAN
Prof. Jahangir Sarwar Khan, Principal RMU

DIRECTOR
Prof. Nadeem Akhtar
Dean Neuros, Ortho & Trauma
Medical Director DHO
Hospital

CO-DIRECTOR
Dr. Soban Sarwar Gondal
Assistant Professor
Neurosurgery

FACILITATORS
Dr. Usman Malik
Dr. Ali Tassadduq
Dr. Rana Mohsin
Dr. Yousuf Khan

CO-ORDINATOR: Dr. M. Moinin
03315404901

Venue: Skill lab, Emergency OT Block, Rawalpindi Teaching Hospital

Neuro - RTH - 14 December, 2023


**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop on
PYELOPLASTY IN CHILDREN**

Date : 14th December 2023 Day : Tuesday Time : 9 am to 12 pm

Organized by : DEPARTMENT OF UROLOGY AND RENAL TRANSPLANT , RMU



Prof. Muhammad Umar
VC RMU
Patron in chief

Prof. Jahangir Sarwar
Principal, RMU

Prof. Zein-el-Amir
COURSE DIRECTOR

Dr. Ijaz Hussain
COURSE FACILITATOR

Venue: UROLOGY DEPARTMENT, BENAZIR BHUTTO HOSPITAL

REGISTRATION ON SPOT AND FREE Dr. Zain Sattar : 0321-6808713 Dr. Hassan Rathore: 0336-4049031

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Transforaminal Epidural Under
Fluoroscopy**

15th December 2023 ; 8:30 AM to 1:00 PM

Department of Neurosurgery , Rawalpindi Teaching Hospital



PATRON-IN-CHIEF
Prof. Muhammad Umar (S)
Vice Chancellor RMU

CHAIRMAN
Prof. Jahangir Sarwar
Khan - Principal RMU

DIRECTOR
Prof. Nadeem Akhtar
Dean Neuro, Ortho & Trauma
Medical Director DHQ
Hospital

CO-DIRECTOR
Dr. Sohan Sarwar Gondal
Assistant Professor
Neurosurgery

CO-ORDINATOR : Dr. M Moini
03315404901

Venue: Skill lab, Emergency OT Block, Rawalpindi Teaching Hospital

Urology - RTH – 14 December, 2023

Neuro - RTH - 15 December, 2023

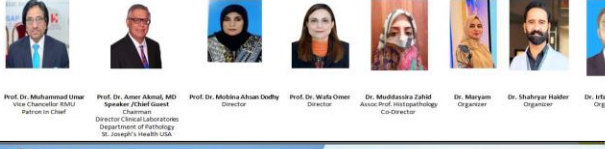
**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**HISTOPATHOLOGY WORKSHOP ON
"50 CASES – NEUROPATHOLOGY"
Microscope slide session and discussion**

Date: 20th December, 2023. Time: 8:30am to 2:00pm

Organized by: Pathology Department BBH



Prof. Dr. Muhammad Umar
Vice Chancellor RMU
Patron in Chief

Prof. Dr. Asim Akmal, MD
Speaker /Chief Guest
Chairman
Director Clinical Laboratories
Department of Pathology,
St. Joseph's Health USA

Prof. Dr. Mobina Ahsan Dohry
Director

Prof. Dr. Wahe Omer
Director

Dr. Modfussika Zahid
Assoc Prof. histopathology
Co-Director

Dr. Maryam
Organizer

Dr. Shahryar Haider
Organizer

Dr. Ifraz Haider
Organizer

Venue: DME Hall, New Teaching Block, RAWALPINDI MEDICAL UNIVERSITY, Rawalpindi.

Registration fee 1. Medical Students / PGTs =1000/- 2. Consultants = 2000/- Note: (Limited slots available)
Contact: 03205473048 (Dr. Shahryar Haider)

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**HISTOPATHOLOGY WORKSHOP ON
"50 CASES – SOFT TISSUE PATHOLOGY"
Microscope slide session and discussion**

Date: 21st December, 2023. Time: 8:30am to 2:00pm

Organized by: Pathology Department BBH



Prof. Dr. Muhammad Umar
Vice Chancellor RMU
Patron in Chief

Prof. Dr. Asim Akmal, MD
Speaker /Chief Guest
Chairman
Director Clinical Laboratories
Department of Pathology,
St. Joseph's Health USA

Prof. Dr. Mobina Ahsan Dohry
Director

Prof. Dr. Wahe Omer
Director

Dr. Modfussika Zahid
Assoc Prof. histopathology
Co-Director

Dr. Maryam
Organizer

Dr. Shahryar Haider
Organizer

Dr. Ifraz Haider
Organizer

Venue: DME Hall, New Teaching Block, RAWALPINDI MEDICAL UNIVERSITY, Rawalpindi.

Registration fee 1. Medical Students / PGTs =1000/- 2. Consultants = 2000/- Note: (Limited slots available)
Contact: 03205473048 (Dr. Shahryar Haider)

Pathology - RMU – 20 December, 2023

Pathology - RMU - 21 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

Workshop- Invert. Engage. Excel: The Flipped Classroom Experience

Time: 09:00 am to 01:00 pm Date 13th December 2023

Organized by: Department of Medical Education New Teaching Block, RMU, Rawalpindi

Registration Fee: 500/- Per Person, Contact Dr. Omaima Asif 0342-1503203



Prof. Dr. Muhammad Umar
Vice Chancellor, RMU

Prof. Jahangir Sarwar Khan
Principal, RMU

Dr. Asma Khan
Course Director, RMU

Dr. Noshaba Sadiq
Associate Prof HPE
Facilitator, NUMS

Dr. Syeda Hanasa
Assistant Prof HPE
Facilitator, NUMS

Dr. Omaima Asif
Co-director, RMU

Dr. Zunara Hakim
Co-facilitator, RMU

Dr. Afa Munir
Co-facilitator RMU

Venue: CHC Hall, 1st Floor, New Teaching Block, RMU

RAWALPINDI MEDICAL UNIVERSITY

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop on
LAPAROSCOPIC NEPHRECTOMY, RIRS,
TRANSPERINEAL PROSTATIC BIOPSY**

Date : 23rd December 2023 Day : Saturday Time : 9 am to 2 pm

Organized by : DEPARTMENT OF UROLOGY AND RENAL TRANSPLANT, RMU



Prof. Muhammad Umar
VC RMU
Patron in chief

Prof. Jahangir Sarwar
Principal, RMU

Prof. Zein-el-Amir
COURSE DIRECTOR

Dr. Assem Masood
Chaudry
COURSE FACILITATOR

Dr. Ijaz Hussain
COURSE FACILITATOR

Venue: UROLOGY DEPARTMENT, BENAZIR BHUTTO HOSPITAL

REGISTRATION ON SPOT AND FREE Dr. Zain Sattar : 0321-6808713 Dr. Hassan Rathore: 0336-4049031

DME - RMU- 13 December, 2023

Urology - BBH - 23 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Recent Advances in Management
Of Diabetes**

27 December 2023 (10:00 am)

Venue: Conference Room FMW RTH Rawalpindi



Patron-in-Chief
Prof. Muhammad Umar
Vice Chancellor
RMU

Patron-in-Chief
Prof. Jahangir Sarwar Khan
Principal
RMU

Director
Dr. Farhan Maqbool
HOD Medicine
RTH

Speaker
Dr. Ahsan Zaid
Consultant
Endocrinologist, Diabetologist

Co-Organizer
Dr. Anwar Auliakh
RTH

Organized by: Department of Medicine, Rawalpindi Teaching Hospital For registration: 03367837238

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**

PRE CONFERENCE EDUCATIONAL ACTIVITY

**Workshop on
NOVEL THERAPEUTIC APPROACHES FOR
GYNECOLOGIC CANCERS**



Professor Dr. Umar
Vice Chancellor RMU
Patron in chief

Prof Brig® Dr. Ambreen Anwar
Facilitator

Prof. Dr. Talat Farikhanda
Dean Obs/Gyn
Patron in charge

Dr. Rubaba Abid HOD
Course Director

Dr. Shama Bashir
Assistant Professor
Co-Director & Organizer

Dr. Aqsa Iqbal ul haq
Assistant Professor, Co-Director

Dr. Shehla Manzoor
Senior Registrar, Organizer




Date: 25-01-2024
Time: 9:00 AM TO 2:00 PM
For Registration: Dr. Sedra Jabbeen
0332-1627082
Registration Fee: 500

Venue: Academic Corridor Gynaecology Department Rawalpindi Teaching Hospital Rawalpindi

MU - RTH - 27 December, 2023

Gynae - RTH - 25 January, 2024

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**
















Navigating UK Medical Careers: A Comprehensive Exploration
Meet the Experts Session

23rd December 2023 09:00am to 12:00am

Organized by:
Surgical Unit-1 and Department of Emergency Medicine
Holy Family Hospital, Rawalpindi

Panel of Experts

 Dr. Naseem Mahmood UK	 Dr. Irfan Akhtar UK	 Dr. Tauqeer Abbas Awan UK	 Dr. Ansar Hayat UK	 Dr. Muhammad Sawal UK
 Course Director Dr. Jahangir Sarwar Khan	 Course Director Dr. Usman Qureshi	 Course Director Dr. Ahmad Hassan	 CO Director Dr. Gohar Rasheed	 Coordinator Dr. Armon Malik



Venue: Deans Hall, Main Campus, Rawalpindi Medical University

SU-1-Dept of Emer Med HFH – 23 December, 2023

**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**



PRE CONFERENCE EDUCATIONAL ACTIVITY



Workshop on
Reflective Writing (Mandatory Workshop for all Basic Sciences as per PMDC requirement)
Organized by: Medical Education Department RMU

Date: 13-12-2023
Time: 12:00 PM To 02:00PM
For Registrations: Dr. Saira Aljaz (0334-2727881)
Demonstrators Registration: Rs 300/-
Faculty & Guest Registration: Rs 1000/-

0.5 CME Credit Hour for participants



 Prof. Muhammad Umar Patron in Chief Vice Chancellor RMU	 Prof. Dr. Samia Sarwar Chairperson Physiology Department Director of Workshop	 Prof. Dr. Ayesha Yousaf Professor of Anatomy Dean Basic Sciences	 Prof. Dr. Ifra Saeed Professor of Anatomy Additional Director Medical Education
 Dr. Nida Anjum Assistant Professor Holy Family Hospital Rawalpindi	 Dr. Sidra Hamid Assistant Professor Physiology Assistant Director DME Medical Educationist Facilitator & Expert Speaker		



Organized by: Physiology Department & Medical Education Department RMU
Venue: Heritage Hall Main Campus RMU

DME-RMU - 13 December, 2023






**Golden Jubilee Celebrations
6th RMU International
Scientific Conference
17-23 Dec, 2023**





Blood Matters
A Comprehensive Workshop on Transfusion Practices

22nd December 2023 09:00am - 12:00pm

Organized by:
Surgical Unit-1 and Department of Emergency Medicine
Holy Family Hospital Rawalpindi

 Facilitator Dr. Aamir Akmal, MD, USA	 Director Dr. Jahangir Sarwar Khan	 Co-Director Dr. Usman Qureshi	 Co-Director Dr. Gohar Rasheed	 Coordinator Dr. Armon Malik
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Venue: Deans Hall, Main Campus, Rawalpindi Medical University

SU-1-Dept of Emer Med – 22 December, 2023



RMU Research Conference

Section 3- Abstracts



RMU 5th International Conference



APPNA
Association of Physicians of
Pakistani Descent of North America



RMCAANA
Rawalpindi Medical College
Alumni Association of North America



RMC OF
Rawalpindi Medical College
Overseas Foundation

Rawalian Alumni



Alumni UK
Rawalpindi Medical College



APPNE
ONE VOICE, ONE COMMUNITY
RECOGNITION, REPRESENTATION, COLLABORATION



ANZAPP
Australia & New Zealand
Association of Physicians of Pakistan Descents



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RA-04 Optimal Vasopressor Management in Sepsis - Timing and Indications

RA-05 Interactive Session on Medical Leadership

RA-06 How to do Quality Initiatives in Critical Care

RA-07 Portal Hypertension Management and Updates

RA-08 SLE - A multifaceted disease

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RA-11 Cancer Survivorship Research - Examples and Evolution

RA-12 The Importance of Kidney Medullary Tissue for the Accurate Diagnosis of BK Virus Allograft Nephropathy



RA-01: Contraception practices in relation to sociodemographic variables and women empowerment

Nabila Amin
Department of Gynae & Obs, Pak emirates Military Hospital
drnabilaamc@yahoo.com

Introduction: To determine the autonomy of young Pakistani women in house hold decision making and the use of modern contraception; and to find association between couples' joint participation in decision-making and use of modern contraception.

Methodology: The cross-sectional study took place at Gynae & Obstetrics department Pak Emirates Military Hospital, Rawalpindi. Cross-sectional study design was adopted.

Results: Out of 360 women, 179 (49.7%) had 3-5 children while only 17 (4.7%) had more than 6 children. According to 261 (72.5%) women both husband and wife wanted same number of children while in only 2 (0.6%) cases husband wanted fewer children. Socioeconomic status showed a statistically strong association ($p=0.035$) with using modern contraceptives. Education status showed a statistically strong association with desire for more children ($p=0.004$), usage of modern contraceptives ($p=0.004$) and respondents role in household decision making ($p=0.041$).

Conclusion: It was found that in substantial number of couples decision for usage of modern contraceptives was mutual. A very alarming finding was that most of the women have not had an encounter with family planning worker in last six months despite the fact that most of the women in the study did not have desire to have more children.

Keywords: contraception, women empowerment.

RA-02: Frequency of Hysterectomy in Morbidly Adherent Placenta in Post Cesarean Section Patients: A Cross Sectional Study

Nabila Amin
Department of Gynae & Obs, Pak emirates Military Hospital
drnabilaamc@yahoo.com

Introduction: To determine the frequency of hysterectomy in the morbidly adherent placenta in post-cesarean section patients.

Methodology: A Hospital based study was carried out at the Obstetrics and Gynecology department of Pak

Emirates Military Hospital, Rawalpindi. A total of 210 participants were selected for the study. The sample size was calculated by using WHO calculator by taking 95% confidence interval, the anticipated proportion taken 7%, and the required absolute proportion was taken.

Results: The Frequency of Hysterectomy in morbidly adherent placenta in post Cesarean section women was reported 166(79.04%), out of the remaining 44(20.96%) patients the Triple-P was reported in 21(10%) patients and B-Lynch done in 15(7.14%) patients and 8(3.8%) were reported with Balloon Tamponade.

Conclusion: The frequency of hysterectomy in MAP is high. Advance antenatal diagnosis of MAP by ultrasound, planned hysterectomy and Multidisciplinary approach maximizes patient's safety and less ICU stay. This study is about adherent placenta post cesarean and its possible relationship to hysterectomy. Attention is required to be given to conservative methods to protect fertility.

Keywords: Cesarean section, Hysterectomy, Morbidly adherent placenta

RA-03 Compassion in Healthcare - An Evidence-based Practice

Faisal Masud MD

Summary: Compassion is the Medicine we all need; it is not a substitute for quality care. It is an "AND" not an "OR". This comprehensive session we will present scientific evidence to engage your mind on the importance of compassion in everything that you do, whether it's your professional or personal life. You'll learn the difference between empathy and compassion. As well as explore the "Why". We will also discuss how to implement a compassion based approach. We will also dispel some myths using scientific research and present you with actionable steps that you can start using today. Compassion is a key driver in achieving excellence in patient care and healthcare delivery in general.

Look at things in a new light.

This session will be helpful to you whether you are in a hospital, a clinic, an academic institution or other healthcare setting. You will see how the issues and solutions offered in this session can be applied to help you and your teams address reducing burnout and enhancing resiliency, on your journey to provide world class clinical care. You will be able to recognize the benefits of incorporating these strategies as needed to be successful in achieving your goals while building relationships with patients, customers and employees.



RA-04 Optimal Vasopressor Management in Sepsis - Timing and Indications

Faisal Masud MD

We all know that Sepsis is a major threat to patients Worldwide there are 47-50 million cases per year. 1 in 5 deaths worldwide are associated with Sepsis. In a country like Pakistan Sepsis has a devastating impact It is imperative to improve the quality of care for sepsis patients so that we improve outcomes, reduce mortality, and save lives.

In this session we will discuss the pathophysiology of sepsis, the role of fluids and vasopressors. When to start Vasopressors, how to evaluate the patient on an ongoing basis.

Patient safety and quality healthcare are at the center of this discussion. Learn more about what you can do to tackle sepsis in this in this highly informative session.

RA-05 Interactive Session on Medical Leadership

Faisal Masud MD

Summary: There are many ways to look at what leadership is or what it means to an organization, team or individual. In the medical context one way to emphasize its importance and necessity is to describe leadership as a solid, gel, or solvent.

In this session we will discuss how to be successful as a leader in a medical setting using the terms solvent, gel, and solid not as materials or states of matter, but as a metaphor for how a leader should perform in each of these states. For example, in chemistry a solvent dissolves a solute that results in a solution. Applied to leadership, it brings people together and encourages collaboration to achieve common goals. A gel provides a stable framework or structure for the team or organization, while a solid embodies the determination and resiliency needed by the leader to move everyone forward.

At the conclusion of this session you will understand how this metaphor can help to highlight different aspects of leadership's importance in organizations. Leadership is a solvent by bringing people together, a gel by providing structure and stability, and a solid by offering a strong foundation. A combination of these qualities will contribute to the overall health and success of an organization or team.

RA-06 How to do Quality Initiatives in Critical Care

Faisal Masud MD

Summary: What is Patient Safety and Quality to you? Have you set expectations not only for the quality of care a patient can expect from their hospital and care giver, but also what you as a healthcare leader, expect from your faculty and staff? The first step is to make it easy to do the right thing because quality and safety has an effect on everything in a hospital.

Patient safety was defined by the Institute of Medicine (IOM) as “the prevention of harm to patients.”¹ Emphasis is placed on the system of care delivery that ⁽¹⁾ prevents errors; ⁽²⁾ learns from the errors that do occur; and ⁽³⁾ is built on a culture of safety that involves health care professionals, organizations, and patients, and considers patient safety “indistinguishable from the delivery of quality health care.”

This presentation will cover old and new paradigms for what those expectations are as well as what they could or should be. We will also share how to develop a plan to align institution, ward, and unit leadership to enable teams and change. You will see how a focus on quality and safety has a significant impact on key healthcare indicators such as patient mortality.

We will also take time to discuss how this is doable in Pakistan and explore some of the efforts past and present that have taken steps to move in the right direction and make it difficult to do the wrong thing.

RA-07 Portal Hypertension Management and Updates

Raiya Sarwar MD

Summary: Recent AASLD Guidelines regarding Portal Hypertension

1. Carvedilol is recommended as the preferred NSBB for the treatment of PH in patients with cirrhosis.
2. HVPG measurement is the gold-standard method to assess portal pressure in patients with cirrhosis.
3. CSPH is defined as HVPG \geq 10 mm Hg.
4. Use of NSBBs in patients with cirrhosis without CSPH is not recommended for prevention of decompensation.
5. Screening endoscopy is not necessary in patients who are compensated or decompensated and on NSBB therapy.



6. TIPS should not be used for the prevention of decompensation of cirrhosis or as primary prophylaxis for variceal hemorrhage.
7. All patients with known or suspected cirrhosis presenting with acute gastrointestinal bleeding should be initiated on vasoactive therapy (e.g., somatostatin, octreotide or terlipressin) and intravenous antibacterial therapy as soon as possible.
8. Packed red blood cell transfusions should target a hemoglobin ~ 7 g/dL unless higher targets required related to comorbid conditions.
9. Fresh frozen plasma and platelet transfusions should not be administered based on international normalized ratio or platelet count targets, respectively, because there is no evidence of benefit of such transfusions in AVH, and in the case of fresh frozen plasma, there is evidence of potential harm.
10. Upper endoscopy should be performed within 12 hours of presentation with AVH.
11. If esophageal variceal bleeding is confirmed, EVL should be performed.
12. In patients with CTP class B score > 7 and active bleeding on endoscopy or CTP class C score 10–13, preemptive TIPS creation (within 72 hours and ideally within 24 hours of initial upper endoscopy) should be recommended in absence of absolute contraindications to TIPS.
13. In patients who cannot undergo TIPS, NSBB should be initiated at discontinuation of vasoactive therapy.

RA-08 SLE - A multifaceted disease

Talat Kheshgi MD

Summary: Systemic lupus erythematosus or SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs.

It is a great mimicker as it can affect multiple organ systems one at a time or multiple organ systems at the same time including the joints, skin, brain, heart, lungs, kidneys, and blood vessels.

Lupus is a chronic medical condition and like other chronic medical conditions, there is no cure. This is particularly tragic as lupus usually affects young adults between 20-50 years of age. However, with proper management, patients can live normal healthy lives .

This talk is focused on early diagnosis and management of the disease especially by primary

care physicians, as timely recognition and referral to rheumatologist is associated with better outcomes. We will talk about the various clinical manifestations of lupus, the diagnostic criteria and treatment of this condition.

Target audience is medical students, general practitioners as well as various other sub specialists interested in autoimmune disorders.

RA-09 Mood Disorders

Babra Rana MD

Summary: The presentation will provide the details on significant advances in the treatment of mood disorders and updates on the diagnosis and management as well as new research into pharmacological and psychological treatments. These advances will be translated into clear and easy to use recommendations .Mood disorders, esp; bipolar disorder can be a challenge for clinician given its complexity and the rapidly changing treatment landscape with the growing range of treatment options .The presentation will help clinician navigate the complexity involved in the assessment and management of mood disorders. Treatments across the life span will be discussed as Mood disorders are chronic and recurring illnesses.

RA-10 Cancer Survivorship: Enhancing Length and Quality of Survival

Professor Dr Noreen Aziz MD PhD MPH

Due in large part to advances in strategies to detect cancer early and treat it effectively, the number of individuals living years beyond a cancer diagnosis are expected to continue to increase. Over the past decades, a large and growing community of cancer survivors is amongst the major achievements of cancer research!

Although beneficial and possibly lifesaving, most therapeutic modalities for cancer are associated with a spectrum of Longterm or Late complications that are serious and need lifelong management!

These outcomes are associated both with substantial morbidity & premature mortality!

This presentation will discuss the following aspects of cancer survivorship care and research:

- 1) definitional issues
- 2) prevalence data
- 3) Longterm and Late adverse health outcomes and complications

4) cancer related follow up care needs

5) An evolving medical care and research paradigm

In this critical scientific discipline, both survival and quality of life / quality of survival are important endpoints.

To manage the adverse sequelae of cancer and its treatment, we need evidence based care and Interventions.

These care strategies and interventions may carry the potential to treat or ameliorate adverse outcomes among survivors and must be developed, examined, and disseminated if found effective.

RA-11 Cancer Survivorship Research - Examples and Evolution

Professor Dr Noreen Aziz MD PhD MPH

Summary: Although beneficial and often lifesaving against the diagnosed malignancy, most therapeutic modalities for cancer are associated with a spectrum of long term and late complications!

Investigators who are conducting research among cancer survivors, especially those who are long term (5 years beyond the initial diagnosis), are reporting that serious adverse outcomes of cancer and /or its treatment are more prevalent and persistent than expected among survivors of both pediatric and adult cancer.

However, the long-term and late effects of cancer and its treatment continue to remain poorly documented and understood, especially among cancer survivors who are diagnosed as adults.

These results and data, emanating from cancer survivorship research studies, underscore the need for continued research addressing this ever-growing portion of the cancer survivorship spectrum.

RA-12 The Importance of Kidney Medullary Tissue for the Accurate Diagnosis of BK Virus Allograft Nephropathy

Brian J. Nankivell, Jasveen Renthawa, Meena Shingde and Asrar Khan

Introduction: The published tissue adequacy requirement of kidney medulla for BK virus allograft nephropathy diagnosis lacks systematic verification and competes against potential increased procedural risks from deeper sampling. Design, setting, participants, & measurements We evaluated whether the presence of kidney medulla improved the diagnostic rate of BK nephropathy in 2244 consecutive biopsy samples from 856 kidney

transplants with detailed histologic and virologic results.

Results: Medulla was present in 821 samples (37%) and correlated with maximal core length ($r=0.35$; $P<0.001$). BK virus allograft nephropathy occurred in 74 (3% overall) but increased to 5% (42 of 821) with medulla compared with 2% (32 of 1423) for cortical samples ($P<0.001$). Biopsy medulla was associated with infection after comprehensive multivariable adjustment of confounders, including core length, glomerular number, and number of cores (adjusted odds ratio, 1.81; 95% confidence interval, 1.02 to 3.21; $P=0.04$). In viremic cases ($n=275$), medulla was associated with BK virus nephropathy diagnosis (39% versus 19% for cortex; $P<0.001$) and tissue polyomavirus load (Banffy polyomavirus score 0.64 ± 0.96 versus 0.33 ± 1.00 ; $P=0.006$). Biopsy medulla was associated with BK virus allograft nephropathy using generalized estimating equation (odds ratio, 2.04; 95% confidence interval, 1.05 to 3.96; $n=275$) and propensity matched score comparison (odds ratio, 2.24; 95% confidence interval, 1.11 to 4.54; $P=0.03$ for 156 balanced pairs). Morphometric evaluation of Simian virus 40 large T immunohistochemistry found maximal infected tubules within the inner cortex and medullary regions ($P<0.001$ versus outer cortex).

Conclusions: Active BK virus replication concentrated around the corticomedullary junction can explain the higher detection rates for BK virus allograft nephropathy with deep sampling. The current adequacy requirement specifying targeting medulla can be justified to minimize a missed diagnosis from under sampling.

Keywords: BK Virus, Kidney transplantation, Polyomavirus, immunohistochemistry, Polyomavirus Infections, Kidney disease, Transplantation, Biopsy, Virus Replication, Banffy schema.



Faculty Research Forum





Message from the Vice Chancellor

The realization of the Faculty Research Forum, a longstanding vision of mine, fills me with immense pride and joy. Witnessing my students and juniors strive for excellence, and competing on a global scale, brings great satisfaction as a mentor. At Rawalpindi Medical University, our dedicated commitment is to cultivate our residents to meet the highest international standards, producing top-tier professionals. Recognizing research as a crucial component of a robust healthcare system, we believe it is essential for our country to actively encourage and support this endeavor. The field of medicine and healthcare is rapidly evolving, demanding that today's doctors receive training and education that aligns with these changes. Introducing a new system and fostering a culture of innovative thinking and directives can be challenging in the beginning. However, discovering like-minded individuals who contributed to the inception of the forum has been a source of relief and comfort for me. Together, I believe Rawalpindi Medical University is on the verge of setting a new standard in the current medical landscape. With the guidance of God Almighty and a vision grounded in noble and necessary aspirations, I envision all our faculty members participating in the forum, working collaboratively towards its goals and resolutions.

Office Bearers



Dr. Muhammad Waqas Raza
Patron FRF



Dr. Ahmad Hassan
President FRF



Dr. Sadia Khan
Vice President FRF



Dr. Arsalan Manzoor Mughal
Vice President FRF



Dr Malik Irfan
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FRF-01 Barriers to insulin therapy in type 2 diabetes; discipline in diabetes

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Introduction: Pakistan has been ranked 3rd in diabetes prevalence. We face challenges regarding insulin therapy. Current research aims to study these barriers to insulin therapy in our type 2 diabetics. This research is unique as there is limited regional data in this domain.

Methodology: This cross-sectional study was conducted at Medicine Outdoor Clinic RIHS Islamabad after ethical approval. 206 Type 2 diabetics were included from (Jan.2021-Jan.2022). Type 1 diabetics, gestational diabetes, critically ill, contraindication to insulin were excluded. Demographic details, diabetes duration, glycaemic control, dietary compliance, medications, alternative therapy, physical/visual morbidity, facilities at home i.e., glucometer, electricity, fridge were documented. 14-point Barriers to Insulin Therapy (BIT) Questionnaire was administered. Data analysed by SPSS V-21. Chi-square test applied to study BIT-questionnaire responses with respect to gender; significant $p < 0.05$.

Results: Among 206 cases, 104(50.5%) males and 102(49.5%) females. Mean age 54.49+11.67(27-85) years, diabetes duration 7.25+5.64(1-25) years, family income 43,200/PKR; 196(95%) were married, 63(32%) illiterate, 56(27.2%) employed. 30(14.6%) physically dependent, 63(30.6%) visual morbidity. 144(69.9%) good dietary compliance, satisfactory glycaemic control in 93(45%), alternative therapy adapted by 32(15.5%). 114(55.3%) had co-morbid. All had domestic electricity, 198(96.1%) fridge, 179(86.9%) personal/accessible glucometer. The BIT questionnaire responses are provided in table 1. Females had significant fear of needle prick, hypoglycaemia, dietary restrictions and to organize the day to cope with insulin. While significantly more men commented that insulin prevents complications, has better results than pills, though time management will be difficult with insulin.

Conclusion: There exists significant fears and concerns amongst type 2 diabetics about insulin injections, life style changes, feeling of dependence

and hypoglycaemia. Most patients had insulin storage and SMBG facilities. There is need to educate diabetics regardless of gender or age to overcome fears and concerns of insulin therapy by providing individualized options and gaining patients confidence.

Keywords: BIT questionnaire. Glucometer. HbA1c. Hypoglycaemia. Type 2 Diabetes.

FRF-02 Renocardiac syndrome in diabetes mellites type 2

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Introduction: There is rising world-wide burden of diabetes with CKD having high cardio-vascular related mortality. This research aims to study echocardiography based cardiac function with respect to CKD stages in type 2 diabetics.

Methodology: Total 100 adult Type 2 diabetic CKD cases were included by consecutive sampling. Acute kidney injury and diagnosed/treated cardiac disease cases were excluded. BMI and estimated glomerular filtration rate (eGFR) were calculated. CKD staging was done by KDOQI-classification. Cardiac impairment was categorized by ECG and Echocardiography. Data was analysed by SPSS V-22 with Chi-square test.

Results: Amongst 100 diabetic CKD cases, there were 53% males and 47% females. Mean age was 60+13.27 years, mean BMI was 24+4.2. Hypertension seen in 92%. Mean creatinine was 5.83mg/dl and mean GFR 18.84 mL/min/1.73m². 17.2% patients were on haemodialysis. Mean cardiac EF was 47.18%. EF was normal in 30%, mildly reduced in 31%, moderately reduced in 22% and severely reduced in 17%, diastolic dysfunction seen in 5.2%. There was significant association between eGFR and cardiac EF in type 2 diabetics with CKD ($p < 0.0001$).

Conclusion: Decline in cardiac function is associated with advanced CKD stages in Type 2 diabetes cases. Cardiac evaluation is suggested at initial presentation of diabetics with CKD, hence diagnosing compensated cardiac failure. High clinical suspicion and early intervention may lead to better outcome.



Study finds high burden of diabetes, hypertension, anaemia and IHD in CKD cases.

Keywords: Type 2 Diabetes. Reno-cardiac Syndrome. Chronic kidney disease. Cardiac failure.

FRF-03 Acquired Radial Club Hand: An Algorithm to Manage Radial Deficiency

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Introduction: Introduction

Loss of radius either due to trauma or infection results in a deformity resembling a congenital radial club hand. This deformity results in difficulty to perform hand functions and cosmetic appearance and is called acquired radial club hand. There are a few case reports for the treatment of this severe deformity, but there are no proper guidelines for the management of this disease. From our experience, we decided to provide treatment guidelines for acquired radial club hand.

Methodology: It is a case series study of 11 patients with acquired radial club hand. It was conducted at a tertiary care hospital in Pakistan, from year 2016 to 2022. Basic principles of management of infection and trauma were followed. For the treatment of radial deformity, different options were opted according to the type of deformity, following the principles of treatment of congenital radial club hand. The outcome was graded on functional activity, pain, and bony union.

Results: Out of 11 patients, 36.36% showed excellent results, 27.27% showed good results, 27.27% showed fair results, and 9.09% showed poor results. Results were excellent in all patients with avascularized bone graft and distraction lengthening, with or without the Darrach procedure. Of the patients in whom distraction lengthening was performed, one patient showed excellent results while the other patient achieved similar results after the Darrach procedure of ulnar shortening. In the case of one bone formation by radioulnar synostosis, the results were variable. Two of the patients showed good outcomes while the other two had fair outcomes. Results in the case of ulnar centralization were mixed with good, fair, and poor results in one patient each. After three months

of follow-up, 87% of the patients showed fair to excellent results.

Conclusion: With our experience, we recommend an algorithm for the treatment of acquired radial club hand

Keywords: Aqc

FRF-04 Prevalence and morphometric analysis of fossa navicularis magna in dry human skulls

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Introduction: Basiocciptut is the part of occipital bone present on the inferior aspect of skull. Fossa Navicularis Magna-an osseous defect is a variation in normal anatomy of basiocciptut. Lately few case reports presented this fossa as a cause of spread of infection from nasopharynx to brain resulting in meningitis and osteomyelitis. This study aims to find the incidence and morphometry of this fossa in Pakistani populace to avoid any misdiagnosis or misinterpretations.

Methodology: This study was conducted on dry human skulls at King Edward Medical University Lahore. Fossa was measured in its transverse and vertical diameters and to locate the fossa its distance from various anatomical land marks such as foramen ovale, foramen Lacerum, carotid canal, occipital condyles, pharyngeal tubercle and posterior border of vomer was noted.

Results: The incidence of this fossa was found to be 5.3% in Pakistani population. Predominantly oval shaped, fossa measured 5.5 and 3.06 mm in vertical and transverse diameters respectively. It was 12.2 mm posterior to vomer and 5.9 mm anterior to pharyngeal tubercle

Conclusion: This study is useful for radiologists and clinicians in avoiding any misinterpretations on radiographs and unnecessary investigations.

Keywords: Basiocciptut, Fossa Navicularis Magna, meningitis

FRF-05 Morphometric study of vertebral artery groove in dry human cervical vertebrae in Pakistani population

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Introduction: • The morphometric study of the vertebral artery groove involves the measurement and analysis of the anatomical features of the groove through which the vertebral artery passes.

- Understanding the normal variations can be important for surgical procedures, diagnostic imaging, and clinical assessments.
- Most of the literature about the morphology of vertebral artery groove has been studied radiologically. Present study focused on its anatomical study on dry human atlas vertebrae in the local Pakistani population as very little data is available in our country

Methodology: • It is a non-experimental observational study. Total sixty dry human atlas vertebrae of unknown age and sex were studied. All vertebrae with intact posterior arch and lateral mass were included while vertebrae with a damaged or defective posterior arch or any gross abnormality were excluded from this study

Ø Following parameters were measured with the help of a digital vernier caliper

Ø L1: Distance from the midline to the medial edge of vertebral artery groove. (fig.1)

Ø L2: Distance from the midline to the lateral edge of vertebral artery groove. (fig.1)

Ø L3: Distance from the midline to the medial edge of foramen transversarium (fig.1)

Results: • Mean distance of the medial edge of vertebral artery groove from midline was found to be 13.32 ± 3.25 and 13.72 ± 2.82 mm on right and left sides respectively while the mean distance of the lateral edge of vertebral artery groove from midline was 22.31 ± 3.47 on the right side and 22.29 ± 2.98 on the left side. The mean of total thickness found was 3.84 ± 0.66 mm on right and 3.57 ± 1.14 mm on left.

- Morphology showed that 3.33% of the Pakistani population has complete arcuate foramina, 40% have partial bridging, and 56.67% have absent bridging.

Conclusion: The present study provides data related to underestimated arcuate foramen in the Pakistani

population that can help clinicians and neurosurgeons to diagnose and treat patients with unknown vertebral-basilar insufficiency, vertigo, headache, and neck-shoulder pain. Narrowing of vertebral artery groove can be the cause of such symptoms.

Keywords: vertebral artery foramen, morphometric study, cervical vertebrae, arch of atlas

FRF-06 Quinovic acid purified from medicinal plant *Fagonia indica* mediates anticancer effects via death receptor

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Introduction: Plants are major source for disca overy and development of anticancer drugs. Several plant-based anticancer drugs are currently in clinical use. *Fagonia indica* is a plant of medicinal value in the South Asian countries and we isolated a Novel Anticancer agent Quinovic Acid(QA) from it.

Methodology: Mass spectrometry and NMR were used for QA isolation, using invitro cell culture techniques we studied the molecular mechanism of action of QA in Breast and lung cancer cells of Death Receptor 5 at protein, mRNA and gene promoter level, along with synergistic effect of QA in combination with standard drugs Apo2L/TRAIL.

Results: We found that QA strongly suppressed the growth and viability of human breast and lung cancer cells. QA did not inhibit growth and viability of non-tumorigenic breast cells. QA mediated its anticancer effects by inducing cell death. QA-induced cell death was associated with biochemical features of apoptosis such as activation of caspases 3 and 8 as well as PARP cleavage. QA also upregulated mRNA and protein levels of death receptor 5 (DR5). Further investigation revealed that QA did not alter DR5 gene promoter activity, but enhanced DR5 mRNA and protein stabilities. DR5 is one of the major components of the extrinsic pathway of apoptosis. Accordingly, Apo2L/TRAIL, the DR5 ligand, potentiated the anticancer effects of QA. Our results indicate that QA mediates its anticancer effects, at least in part, by engaging a DR5-dependent pathway to induce apoptosis.

Conclusion: The molecular mechanism of action of QA was elucidated as modulating its effect via Death receptor 5 and based on our results, we propose that QA in combination with Apo2L/TRAIL can be further investigated as a novel therapeutic approach for breast and lung cancers.

Keywords: Natural product · Breast cancer · Lung cancer · Quinovic acid · DR5 · Apo2L/TRAIL

FRF-07 Defecation Syncope; Digging Deep: A Case Report

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Introduction: Defecation syncope explains the exaggerated vasovagal response while defecating, which may result in unconsciousness and rarely cardiac arrest. It is underreported, mainly because of the patient's hesitation and inability to correlate the two, unless specifically probed by meticulous history taking; the importance of which cannot be over-emphasized

Methodology: A 28-year old fieldworker with two episodes of syncope, the last of which culminated in a cardiac arrest requiring resuscitation by a bystander. Upon further questioning, it was revealed that both times, the patient had the urge to defecate followed by dizziness and warmth preceding the loss of consciousness.

Results: A head-up tilt table test was planned as a means to reenact the symptoms. Upon confirmation of diagnosis, the patient was counselled for lifestyle changes only.

Conclusion: Defecation syncope leading to cardiac arrest is a rare entity but with high mortality ratio. Since vagal tone increases during straining effort, reducing physiological response may be helpful to avoid lethal results. Hydration, avoidance of constipation, and squatting position are among the important key risk-reducing factors

Keywords: Defecation, vagal nerve, tone, constipation

FRF-08 In-Hospital Outcomes of Patients Presenting with Acute Anterior STEMI with Right Bundle Branch Block

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Introduction: ST Elevation Myocardial Infarction (STEMI), is considered one of the most common causes of death throughout the world. Conduction defects in the form of Left Bundle Branch Block or Right Bundle Branch Block have been reported in the literature and the frequency varies from 8 to 23% in different studies. RBBB was related with greater mortality rates prior to the development of thrombolytics. In recent years, however, with the introduction of reperfusion methods like thrombolysis and percutaneous intervention, investigations have revealed a range of inconsistent results. We aimed to assess the in-hospital outcomes in Anterior wall STEMI patients associated with RBBB with different reperfusion strategies.

Methodology: Patients with myocardial infarction who presented to the emergency department of the hospital were included in the study. Further evaluation was performed on individuals with ST elevation in anterior chest leads and new-onset or presumably new Right bundle branch block on electrocardiogram. Anterior wall myocardial infarction was diagnosed based on 4th universal definition of Myocardial infarction. Patients excluded were those with non-anterior ST-elevation myocardial infarction, prior coronary artery bypass grafting, previous percutaneous coronary intervention, or Left bundle branch block. The treatment plan was chosen by the interventional cardiologist. Various parameters were used to measure the outcomes of different therapies.

Results: 93 patients were included with 72 (77.4%) males and 21 females (22.5%). Mean age was 59.91 ± 11.93 years. Premorbid seen was 41.9% diabetes, 32.3% hypertension, 18.3% smoking. Transient RBBB was seen in 64.5% of the study population and persistence RBBB was 35.5%. Mortality was associated with higher Killip class ($p < 0.001$), AV block ($p = 0.078$), increased no of coronary vessels involved ($p = 0.014$), increased amplitude of ST elevation ($p = 0.083$) and with lower

EF values ($p=0.032$). Worst outcomes were common in patients on medical treatment.

Conclusion: Poor outcomes in Anterior Wall Myocardial Infarction with Right Bundle Branch Block are linked to length of stay, co morbidities, Killip class, amplitude of ST elevation, coronary artery disease complexity and those managed on medical treatment

Keywords: Anterior wall MI, Outcomes, RBBB

FRF-09 Reasons for Non-compliance with medication and Disease severity among heart failure patients at Benazir Bhutto Hospital Rawalpindi

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Introduction: Heart failure is a silent epidemic that is growing exponentially among both genders. To determine the reasons for non-compliance with medication and severity of illness among heart failure patients.

Methodology: A cross-sectional descriptive study was done among 277 heart failure patients who visited Cardiology department of Benazir Bhutto Hospital during 2020 and enrolled in study through consecutive non-probability sampling. Data was gathered pertinent to demographics, hospital stay, comorbidities, drug compliance, physical activity and reasons for expiry. Severity of disease was categorized by using NYHA classification. Variations in mean age of the both genders and length of hospital stay between recovering and expiring patients were statistically determined by independent sample t-test. P-value ≤ 0.05 was taken significant. 95% CI were also computed.

Results: Of the 277 patients, 56% and 44% were males and females respectively with mean age 56.5 ± 15.9 years. Most (65.7%) were illiterate. There was significant difference (P 0.003) (95% CI (1.85 – 9.35)) in mean age of both genders. About 71.8% and 25.6% patients belonged to low and middle social class respectively and 68% of them were non-compliant with medication. 59.3% were non-compliant due to unawareness while 23.4% and 15.9% had non-compliance due to non-affordability and adversity of medicines respectively.

Out of 15 expiring cases, 13 succumbed to cardiac arrest. Mean length of hospital stay was 5.92 ± 3.7 days. About 122 and 112 cases were in NYHA heart failure class III and IV respectively.

Conclusion: Incognizance about the medication was the prime reasons for non-compliance.

Keywords: Heart failure, Non-compliance, Medication, NYHA classification

FRF-10 Reasons for Non-compliance with medication and Disease severity among heart failure patients at Benazir Bhutto Hospital Rawalpindi

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Introduction: Heart failure is a silent epidemic that is growing exponentially among both genders, so objectives of the study are to determine the reasons for non-compliance with medication and severity of illness among heart failure patients.

Methodology: A cross-sectional descriptive study was done among 277 heart failure patients who visited Cardiology department of Benazir Bhutto Hospital during 2020 and enrolled in study through consecutive non-probability sampling. Data was gathered pertinent to demographics, hospital stay, comorbidities, drug compliance, physical activity and reasons for expiry. Severity of disease was categorized by using NYHA classification. Variations in mean age of the both genders and length of hospital stay between recovering and expiring patients were statistically determined by independent sample t-test. P-value ≤ 0.05 was taken significant. 95% CI were also computed.

Results: Of the 277 patients, 56% and 44% were males and females respectively with mean age 56.5 ± 15.9 years. Most (65.7%) were illiterate. There was significant difference (P 0.003) (95% CI (1.85 – 9.35)) in mean age of both genders. About 71.8% and 25.6% patients belonged to low and middle social class respectively and 68% of them were non-compliant with medication. 59.3% were non-compliant due to unawareness while 23.4% and 15.9% had non-compliance due to non-affordability and adversity of medicines respectively. Out of 15 expiring cases, 13 succumbed to cardiac arrest. Mean



length of hospital stay was 5.92 ± 3.7 days. About 122 and 112 cases were in NYHA heart failure class III and IV respectively.

Conclusion: Incognizance about the medication was the prime reasons for non-compliance.

Keywords: Heart failure, Non-compliance, Medication, NYHA classification

FRF-11 Knowledge about First Aid among Medical, Nursing and Allied Health Sciences Students of Rawalpindi Medical University, Pakistan

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Introduction: First aid is an important life-saving skill that can make a profound impact in emergency situations. It involves giving rapid medical care at the site of the accident. Medical and nursing students often get training inside controlled hospital environments. However, the scope of first aid education entails effectively responding in many emergency situations outside the hospital.

Methodology: The objective of this study is to assess the knowledge of undergraduate students in the fields of MBBS, Nursing, and Allied Health Sciences (AHS) with regards to first aid. *Materials and Method: A cross-sectional questionnaire-based study was conducted from April 2023 to August 2023 at Rawalpindi Medical University. A validated, self-structured 16 items questionnaire regarding first aid was used to assess the knowledge of the students. Data analysis was done using Microsoft Excel and SPSS version 26.

Results: The study included a total of 309 individuals enrolled in the MBBS, AHS, and Nursing programs. The mean knowledge score among all students was 8.72 ± 1.878 . Only 10 (3.23%) students had High knowledge, 216 (69.9%) students had Moderate knowledge, and 83 (26.8%) students had Low knowledge of first aid. Significant differences were observed in knowledge scores among degree programs, with MBBS students ($M = 9.02$, $SD = 1.61$) scoring significantly higher than AHS ($M = 8.0$, $SD = 2.33$) and Nursing students ($M = 8.06$, $SD = 2.11$). However, no significant difference was found between AHS and Nursing students. A positive

correlation was identified between academic year and knowledge scores, indicating increasing proficiency with each academic year.

Conclusion: This study sheds light on the current state of first aid knowledge among undergraduate healthcare students and underscores the need for tailored educational strategies to equip them with the essential knowledge for effective emergency response.

Keywords: first aid awareness, First aid skills, life saving skills

FRF-12 Development and Validation of a Tool for Assessment of Professionalism In Undergraduate Medical Students of Public Sector Medical University of Pakistan

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Introduction: This study aims to develop and validate a tool for assessment of professionalism in undergraduate medical students. Objective of the study was to assess the validity and reliability of Professionalism Assessment Tool (PAT) when used for assessment of professionalism among undergraduate medical students.

Methodology: The study was carried out after establishing feasibility and obtaining ethical approval from Aga Khan University (AKU) and Rawalpindi Medical University (RMU). This Validation study was conducted at RMU over a 6 months period from 01 February, 2021 to 01 August, 2021. The ratio of 7 subjects per item was used, preliminary tool has 48 items so $48 \times 7 = 336$ was the required number of participants required for scale validation. Data was collected from the 3rd & 4th year MBBS students during their Community Medicine rotation, so purposive sampling was employed to collect data.

Results: The preliminary 48-item tool was developed through extensive literature search and built with consensus by the Delphi technique. Study was conducted in two phases, in phase 1, 48-item Tool was administered 345 fourth year MBBS students. Phase 1 include development of the tool, calculating descriptive statistics, reliability analysis using Cronbach's alpha of scale and subscales, principal component analysis to check the multi-



dimensionality of the scale and for scale reduction. The Cronbach's alpha of the 48-item Pilot Tool was 0.92. Principal Confirmatory Analysis (PCA) was used to check the dimensionality of 48-item scale. PCA was conducted on the results obtained on the 48-item Pilot Tool. Bartlett's test value was 0.000, suggestive of applicability of this test. The Kaiser Meyer Olkin (KMO test) value was 0.597, indicating adequacy of the test. The data obtained on the 48-item pilot study was analysed and the scale was reduced on the basis of the results of PCA loadings and inter-item correlations. Sixteen Factors were obtained with eigenvalues more than 1. The 48 item Preliminary tool was reduced on basis of the findings of identical factor loadings and inter-item correlations. The reduced scale then consisted of 16 items with five proposed subscales (P-SS), and was called the Professional Assessment Tool (PAT). The 16 items were retained with five proposed-sub-scales (P-SS) namely P-SS1 Effective Communication and Doctor Patient Relationship, P-SS2 Ethics, P-SS3 Personal Characteristics and Self-Directed Learning, P-SS4 Supports Community Needs and Others, P-SS5 Collegiality: Respects and Supports Others. In Phase 2, 16-item tool consisting of five proposed sub-scales (P-SS) was administered to 391 third year MBBS students, phase 2 include descriptive statistics, reliability analysis of the total scale & subscales, principal component analysis, composition of each factor (item-loadings) and its relationship to proposed subscales. Exploratory Principal Component Analysis on the results of the 16-item PAT yielded 4 components (Factors) with eigenvalues of more than 1. Factor 1 had an eigenvalue of 5.348, Factor 2 had an eigenvalue of 3.161, Factor 3 had an eigenvalue of 1.417, and Factor 4 had an eigenvalue of 1.072. Four factors were obtained on exploratory PCA. Nine items loaded on Factor 1 and merged the items on the proposed P-SS2 and P-SS3 subscales of "Ethics and personal characteristics" into one (SS1). SS2 was validated as all three items loaded on this subscale were related to "Effective communication and doctor-patient relationship." SS3 and SS4 separated out the four items included in the P-SS4 of 'Supports Community Needs and Others' into SS3 of "Respects and Supports Others" and into SS4 with items related to "collegiality: Responsive to Community Needs and Other Health Professionals." The 16-item PAT had an overall reliability (Cronbach's alpha) of 0.856. Deleting any of the item would lead to slight decrease in reliability of the score.

Conclusion: The final tool developed for assessment of professionalism had 16 items on a 7 point Likert like scale, across 4 Subscales. To the best of our knowledge, this is the first tool developed for assessment of professionalism in the local context. Results show PAT can be used for assessment of professionalism in undergraduate medical students to generate reliable results for valid decision-making.

Keywords: Validity, reliability, assessment, professionalism, undergraduate, medical students

FRF-13 Trend of snakebite cases and their management at Holy Family Hospital Rawalpindi during 2022

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Introduction: Snakebite is a neglected public health problem of tropical and subtropical regions globally. Millions of cases are reported annually worldwide and about half of them are bitten by poisonous snakes. The present study is therefore intended to determine the trend of snakebite cases and their management at Holy Family Hospital during 2022

Methodology: A retrospective hospital-record based study was done to identify the trend of snakebite cases reported at Holy Family Hospital Rawalpindi during 2022. The data was gathered with informed consent of hospital administrators pertaining to age, gender, residential address, types of snakebite and treatment given. Data was analyzed by SPSS software version 25.0 and MS Excel 2016. Descriptive statistics were computed. Independent sample t-test was applied to find out statistically significant gender-based difference in mean age of the snake bite victims. $P < 0.05$ was considered significant.

Results: Of the 90 snakebite cases managed, 64.1% were males. Mean age of the victims was 34.7 ± 14.8 years. Difference in mean age of male and female victims was statistically insignificant ($P > 0.67$). Majority (33%) was resident of Rawalpindi, followed by 22% and 12.3% from Attock and Azad Jammu & Kashmir respectively. Peak of cases was during July and August. As most (91.1%) of the cases were bitten by vasculotoxic snakes, so out of 1,117 anti-snake venom ampules about 93.1% were administered to



these cases. None of the cases succumbed to snakebite.

Conclusion: Snakebite has frequently been reported among residents of Rawalpindi and its neighbouring areas during summer season. The victims were promptly treated for their survival.

Keywords: snakebite, vasculotoxic, anti-snake venom ampules, survived.

FRF-14 A Model; Road Map to Achieve Sustainable Development Goals 2030 Realizing Your Potential a Proposed Guidelines for National Health Policy for Integrated Health Care Delivery

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Introduction: The goals that are set for 2030 regarding sustainable Development are a wake-up call to action that reforms should be made to end poverty, protect the planet and ensure health for all and everywhere. The need to review and reprioritize the use of existing resources in the health sector along with significant addition and allocation of resources for health should be focusing more on primary health care. Pakistan must also adopt a holistic integrated approach that views health, education, and other social sector development as intrinsically interrelated and interwoven.

Methodology: Most of the patients in Pakistan visit two to three general practitioner/family physicians to rule out and to know the exact diagnosis of their ailment. This increases the frequency of visits to the other physicians and decreases follow-up and compliance concerning the treatment provided. Another Important concern is record maintenance as most of the time patient record is not secured. The basic purpose is the provision of health services with a timely referral if required, this will decrease patient load to Private as well as public sector health units and will decrease the unnecessary movement of patients. The Unique Model by Using the latest Technology has evolved by putting the Communication, Coordination in a synchronization pattern and by keeping the health care provider and client in a centralized position.

Results: This will integrate all levels of family Physicians; centralize the patient registration

Mechanism in Pakistan. This will regulate Screenings & Surveillance of Communicable and Non-communicable Diseases thus supporting the District Health Administration to keep an eagle eye to monitor disease prevalence and incidence.

Conclusion: Efficient and effective working between Primary & secondary and specialized healthcare is the prime purpose of this model. This will achieve healthy outcomes and will Decrease Chronicity, Resistance, and Poor Compliance.

Keywords: Keywords: Health Care Delivery Services, Family physicians, Referral system, Disease Screening and Surveillance, Level of the specialty of Family physicians.

FRF-15 A Model; Road Map to Achieve Sustainable Development Goals 2030 Realizing Your Potential a Proposed Guidelines for National Health Policy for Integrated Health Care Delivery

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Introduction: The goals that are set for 2030 regarding sustainable Development are a wake-up call to action that reforms should be made to end poverty, protect the planet and ensure health for all and everywhere. The need to review and reprioritize the use of existing resources in the health sector along with significant addition and allocation of resources for health should be focusing more on primary health care. Pakistan must also adopt a holistic integrated approach that views health, education, and other social sector development as intrinsically interrelated and interwoven, Most of the patients in Pakistan visit two to three general practitioner/family physicians to rule out and to know the exact diagnosis of their ailment. This increases the frequency of visits to the other physicians and decreases follow-up and compliance concerning the treatment provided. Another Important concern is record maintenance as most of the time patient record is not secured.

Methodology: The basic purpose is the provision of health services with a timely referral if required, this will decrease patient load to Private as well as public sector health units and will decrease the unnecessary movement of patients. The Unique Model by Using

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Results: This will integrate all levels of family Physicians; centralize the patient registration Mechanism in Pakistan. This will regulate Screenings & Surveillance of Communicable and Non-communicable Diseases thus supporting the District Health Administration to keep an eagle eye to monitor disease prevalence and incidence

Conclusion: Efficient and effective working between Primary & secondary and specialized healthcare is the prime purpose of this model. This will achieve healthy outcomes and will Decrease Chronicity, Resistance, and Poor Compliance.

Keywords: Keywords: Health Care Delivery Services, Family physicians, Referral system, Disease Screening and Surveillance, Level of the specialty of Family physicians

FRF-16 Occupational factors associated with depression in nurses working in a federal government tertiary care hospital in Islamabad.

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Introduction: Depression is more prevalent in women than in men. Among women's population sub-groups, there is paucity of research regarding occupational factors associated with depression in Pakistani nurses.

Methodology: This cross-sectional study was conducted on 250 female nurses working in a Federal Government tertiary care hospital in Islamabad. Pretested modified form of Agha Khan University Anxiety and Depression Scale was used to collect primary data. The questionnaires collected data on depressive symptoms, work experience, working hours, working environment, harassment by patients or attendants, job satisfaction and job stress. SPSS version 20 was used for data analysis. Chi-square test

was used to see the association between different variables and depression

Results: This study indicated high level of depression in nurses who were having work experience of 5–7 years ($p=0.000$), who were working on rotating shifts ($p=0.012$), whose work hours were not flexible ($p=0.032$), who had experienced verbal abuse or harassment by patient or attendant ($p=0.001$), who thought that they had more responsibilities and less authorities at work ($p=0.018$), who suffered from injury at work ($p=0.010$), who thought that they had to work fast at job ($p=0.004$), who thought that they had to do extra physical work at job ($p=0.003$), who believed that they had insufficient time for patient care ($p=0.006$), who were not allowed to take decisions according to patient's requirements ($p=0.005$), who were neither appreciated nor received any feedback from their seniors ($p=0.002$), who did not enjoy their work ($p=0.001$), who did not enjoy relations with their colleagues ($p=0.001$), who were harassed by their administration ($p=0.000$), who were not satisfied from their job ($p=0.012$) and who believed that their job is stressful ($p=0.000$).

Conclusion: This study concluded that occupational factors play a very important role in determining depression in Pakistani nurses

Keywords: Depression; Working Environment; Job Satisfaction; Job Stress

FRF-17 Topical Application of 0.5% Timolol Maleate Hydrogel for the Treatment of Superficial Infantile Hemangiomas

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Introduction: Oral propranolol is considered the first line therapy in the treatment of infantile hemangiomas (IHs). However, there are considerable side effects due to its ability to penetrate the blood brain barrier. Alternatively, topical timolol, a non-selective beta blocker, has resulted in fewer side effects and is 4–10 times more potent in comparison to oral propranolol. This study evaluates the efficacy of 0.5% timolol maleate hydrogel for the treatment of IH.

Methodology: This study was conducted via a quasi-experimental design from October 30, 2020 – April

29, 2021, at the Department of Dermatology Benazir Bhutto Hospital, Rawalpindi. 145 infants between 1–12 months in age diagnosed with superficial cutaneous hemangiomas were included in the study with a male to female ratio of 2.4:1. A thin layer of timolol maleate 0.5% hydrogel was applied to the entire surface of the patient's IH three times daily. Digital photographs and measurements of the hemangiomas were taken at one-month intervals for a maximum of 6 months

Results: The age range in this study was from 1–12 months with a mean age of 6.10 ± 2.52 months. The majority of the patients 89 (61.4%) were between 1–6 months of age. Of the 145 patients, 89 (61.4%) showed an excellent response, 44 (30.3%) showed a good response, and 12 (8.3%) showed no response to the topical 0.5% timolol maleate hydrogel treatment.

Conclusion: The use of topical 0.5% timolol maleate hydrogel is a promising therapeutic option for the treatment of superficial IHs

Keywords: Infantile hemangioma, timolol maleate,

FRF-18 A Randomized Control Trial Comparing the Efficacy of Platelet-Rich Plasma and 5% Topical Minoxidil for the Treatment of Androgenetic Alopecia

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Introduction: Androgenetic alopecia (AGA) is the most common cause of hair loss in men and has limited treatment options. Minoxidil is a common therapeutic option for AGA patients because of its availability. Platelet-rich plasma (PRP) therapy is a newer option in AGA management with promising results that may be suitable for some patients. Despite a great prevalence of AGA outside the United States and Europe, there remains limited studies on the efficacy of PRP for AGA treatment. Our study's objective was to compare the efficacy of PRP and minoxidil therapy for the treatment of AGA in a Pakistani population.

Methodology: 72 patients were included in this randomized control trial and were either treated with PRP or topical minoxidil. After 12 weeks of treatment, the hair pull test was performed and extracted hair was counted.

Results: We report a 91.7% negative hair pull rate in the PRP treatment group which was significantly greater than the 69.4% negative hair pull rate in the minoxidil-treated group. Our study suggests that PRP therapy demonstrates a higher efficacy compared to minoxidil for treating AGA, especially in our patient demographic.

Conclusion: . These results have the opportunity to improve patient compliance and overall satisfaction while offering an improved option in patients unsatisfied with topical minoxidil.

Keywords: Androgenetic Alopecia, minoxidil, PRP

FRF-19 Establishing Normal Range Of Fetal Renal Artery Resistivity And Pulsatility Index Values In Singleton Pregnancies During 18-38 Weeks Of Gestation

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Introduction: The latter half of the second trimester and third trimester is considered the most crucial phase of renal development. The use of regular ultrasound during antenatal follow-ups not only assesses structural aspects of the fetal body but can also evaluate the functional integrity of fetal organs. The kidney is a vulnerable organ and gets affected by fetal growth restriction and hypoxia. Modern studies have used sonographically derived fetal Doppler waveforms for evaluating fetal circulation. Our study aims at establishing a normal reference range for fetal renal artery indices in a healthy Pakistani pregnant population for which very limited local data is available.

Methodology: This is a nonprobability convenient study investigating 130 healthy pregnant women during 18-38 weeks of gestation. Resistivity and pulsatility indices (RI and PI) of the fetal renal arteries were evaluated by dividing the patients into four groups as per their gestational age. Normal reference ranges of RI and PI values were established. P values for RI and PI were also calculated.

Results: Mean values of the RI and PI of the fetal renal arteries were calculated. The p-value for RI is



0.05 and PI is 0.69. Hence the values remain unaltered with advancing gestational age

Conclusion: These reference ranges demonstrate the minimal change of fetal renal hemodynamics during healthy pregnancies pertinent to our reference population. These may be applicable in antenatal practice to identify deviations from these reference ranges and will be beneficial in further studies related to the prediction of fetal renal function

Keywords: Fetal renal artery; antenatal pulse wave doppler; pulsatility; resistivity; normal range

FRF-20 Relationship between serum vit D levels with allergic rhinitis incidence and total nasal symptom score in allergic rhinitis patients

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Introduction: Allergic rhinitis is a non contagious inflammatory condition of nasal mucosa triggered by exposure of atopic individuals to inhaled allergens leading to activation of IgE mediated immune responses. there are symptoms of rhinorrhea ,nasal obstruction ,nasal pruritis and sneezing. Incidence of AR has exhibited notable rise over time. Vit D insufficiency has been associated with allergic diseases, according to recent studies. Development of AR may be slowed by vitamin D's ability to regulate immune cells in the body. This study in Pakistan is essential due to high prevalence of allergic rhinitis in the region.

Methodology: It was a cross sectional design study conducted at dept of ENT, Abbas institute of Medical Sciences, Muzaffarabad. sample size was 75.

Results: About 17.33% had intermittent symptoms, while 82.67% had persistent symptoms. In terms of TNSS,44% had mild ,while 56% had moderate to severe symptoms .Among those with mild symptoms ,26.67% had low vit D levels while 13.33% had normal levels and 2.67% had high levels .Patients with milder cases of AR showed greater vit D levels than those with moderate to severe cases .

Conclusion: Vitamin D insufficiency appears to be associated with AR suggesting the need for additional

research using bigger samples to draw firmer conclusions.

Keywords: Allergic Rhinitis . Total nasal symptom score (TNSS)

FRF-21 Trans nasal endoscopic surgical repair of CSF rhinorrhea by inferior turbinate grafts

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Introduction: The study aims to evaluate the outcomes of trans nasal endoscopic surgical repair of CSF rhinorrhea.

Methodology: After approval from the institutional ethical committee and patient consent, a descriptive study of 27 patients with CSF rhinorrhea was conducted at al Aziz Fatima trust hospital Faisalabad from august 2018 to Feb 2021.trans nasal endoscopic surgical repair of CSF leak was performed by using multilayer technique using a graft from inferior turbinate .the data was analysed using spss 20

Results: The most common site of CSF leak was left side of cribriform plate (n=19,70%). The most common etiology was spontaneous (n=16,59%). At the same time traumatic CSF leak (n=16,59%) was the second common etiological factor. The surgical study used in the procedure reported a 93% (n=25) success rate. The success rate was 97.5% in revision surgeries.

Conclusion: Transnasal endoscopic repair of CSF leak is one of the most effective and safe surgical interventions. Multilayer technique is not only safe but also has lesser complications. Moreover ,this minimizes the risk for the development of secondary wounds as compared to other surgical processes .

Keywords: Cerebrospinal fluid, rhinorrhea, trans nasal endoscopic repair, inferior turbinate.

FRF-22 Trans nasal endoscopic surgical repair of CSF rhinorrhea by inferior turbinate grafts

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Conclusion: Transnasal endoscopic repair of CSF leak is one of the most effective and safe surgical interventions. Multilayer technique is not only safe but also has lesser complications. Moreover ,this minimizes the risk for the development of secondary wounds as compared to other surgical processes.

Keywords: Cerebrospinal fluid, rhinorrhea, trans nasal endoscopic repair, inferior turbinate.

FRF-23 Frequency of anosmia and ageusia in covid 19 patients

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Introduction: With little research about disease progression and its variants from asymptomatic individuals to patients suffering from type 2 respiratory failure, it has been a challenge to diagnose the affected individuals and control its spread. Different initial researches indicated the presence of sudden anosmia and dysgeusia in asymptomatic or mild symptomatic carriers. hence, the purpose of my research was to find out the frequency of these symptoms in COVID 19 positive patients.

Methodology: Retrospective study conducted in 157 patients who tested positive with COVID 19 between March and September 2020.

Results: Data was analysed using spss version 23. of all the patients who suffered from covid 59.2% presented with sudden onset anosmia and 55.3% presented with sudden hypogeusia without any previous history of such symptoms.

Conclusion: The purpose of my research was to conclude the frequency of symptoms of sudden onset anosmia and dysgeusia ik COVID 19 patients in pakistan.This will facilitate timely screening and thus isolation of affected individuals thus decreasing the spread and lowering the curve.

Keywords: Anosmia, Ageusia, Dysgeusia

FRF-24 Case report of Nasopharyngeal angiofibroma in teenager female, a rare finding

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Summary: Angiofibroma is a rare histologically benign tumour that is unencapsulated and highly vascular. It shows very aggressive behaviour due to local invasiveness and is associated with various symptoms. Angiofibroma is almost always seen in young adolescent males. It is considered to be associated with male sex hormones mainly testosterone and estradiol. In a study conducted from 1995 to 2012 all patients were male. Major symptoms include nasal obstruction, and epistaxis and surgical removal of the tumour as a whole is considered the treatment of choice .There have been very few individual Case reports of angiofibroma in females which were confirmed with radiological testing and histopathology report of the sample taken. We present a rare case of Angiofibroma in a young female confirmed by CT scan findings and histopathology reports of the sample by well qualified pathologists. The case was reported to increase awareness among medical professionals and encouraging further Workup on the patho genesis of angiofibroma.

Keywords: Angiofibroma, epistaxis.



FRF-25 Histopathological pattern of thyroid diseases in patients undergoing thyroidectomies-A cross sectional study

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Introduction: The objectives of the study were to observe how many biopsies presenting after thyroidectomy were malignant, what was the pattern of disease, gender distribution, stages of malignancy and types of malignancies.

Methodology: Retrospective study. Data was reviewed from dept of ENT and histopathology of HFH rwp from Nov 2021 to March 2023.

Results: Out of 180 samples,162(90%) were females ,and 18(10%)were males.155(86.1%) were nonmalignant, 25(13.9%) were malignant.150(84.2%) were adenomatous colloid goiter.13(7.2%) were papillary follicular variant .5(2.7%) papillary encapsulated follicular .1(0.55%) was papillary follicular infiltrative.3(1.66%) were papillary microcarcinoma.1(0.55%) was papillary oncocyctic variant .2(1.11%) were hurthle cell CA .2(1.11%) were Hashimoto thyroiditis,2(1.11%) were lymphocytic thyroiditis and 1(0.55%) was Hurthle cell adenoma.

Conclusion: Prevalence of nodular goiter is high in our region. Incidence of malignancy in thyroid nodule is high and it's needed to diagnose these malignancies as early as possible to lessen the morbidity and mortality .

Keywords: Thyroidectomy, thyroid lesions, papillary follicular, microcarcinoma, hurthle cell, Hashimoto.

FRF-26 Histopathological pattern of thyroid diseases in patients undergoing thyroidectomies-A cross-sectional study

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Keywords: Thyroidectomy, thyroid lesions, papillary, follicular, microcarcinoma, hurthle cell, Hashimoto.

FRF-27 Visualization level of middle ear structures with endoscope vs microscope

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Introduction: In field of ENT, CSOM has been a big challenge for surgeons. Microscope has been helping us to eradicate this disease yet it has limitations. It cannot access hidden areas of middle ear which are responsible not only for the birth of cholesteatoma but also for recurrent and residual disease. With endoscope, not only we get higher magnification but we can also access these hidden areas like transverse process of facial nerve, cochleariform process, incudostapedial joint, sinus Tympano and posterior crus of stapes.

Methodology: Prospective cohort study done in ENT dept for duration of 3 years

Results: There was statistical difference in the identification of facial nerve($p=0.0012$), process cochleariformis($p=0.00001$), posterior crus of stapes($p=0.00437$) and sinus Tympani($p=0.00001$) with endoscope than microscope .

Conclusion: Comparing the endoscope method to the microscopic method for teaching the anatomy of middle ear ,the endoscopic method is connected with statistically larger benefits regarding the acquisition of anatomical Knowledge .

Keywords: Cholesteatoma, sinus Tympani, processus cochleariformis

FRF-28 Thyroidectomy with Drain and Without drain; A Clinical Comparative Study

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Introduction: Thyroidectomy is one of the most difficult surgical procedures. The study aims to compare the thyroidectomy procedure with drain placement and without drain concerning the hospital stay, postoperative complications and pain assessment using a visual analog scale.

Methodology: A prospective comparative study was done in the Department of Otorhinolaryngology & Head Neck Surgery at Aziz Fatimah Hospital from March 17th, 2021 to August 20, 2022. A total of 117 patients were enrolled in the study from which 9 were excluded due to loss of follow-up. The patients were divided into two groups by using computer-generated randomized numbers containing sealed envelopes. Both groups contained 54 patients. In group A patients drain was placed while in group B no drain was placed. The patients with drain had a longer hospital stay and reported increased pain as compared to the patients without drain.

Results: The mean age and standard deviation calculated for the patients enrolled in both groups after randomization was 13.28 ± 42.5 in group A and 12.18 ± 43.9 in groups B respectively. The mean ages were statistically insignificant. Postoperative variables such as length of hospital stay and post-operative pain by visual analog scale were assessed. The hospital stay of the patients with a drain placed was found statistically

significant with a p -value < 0.05 , postoperative pain assessed by visual analog scale was also significant having a p -value < 0.05 for patients having stayed for 2 to 4 days.

Conclusion: Placement of drain after thyroidectomy saves the patient from life-threatening complications but at the same time increases the post-operative pain on day one and increases the length of hospital stay of the patient. The routine practice of drain placement should be avoided unless there must be a risk of the development of hematoma or seroma.

Keywords: Thyroidectomy, thyroidectomy with drain, thyroidectomy without drain

FRF-29 Sofosbuvir and daclatasvir effect on lipid profile in chronic hepatitis c (non-cirrhotic) patients

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Introduction: HCV is an important infection in the world that has significant morbidity and mortality. Direct acting antiviral drugs are only treatment option, with significant improvement in cure and clearance of infection in HCV infected patients. These DAAs have effect on metabolic profile of HCV infected patients. The rationale of this study is to observe the effects of DAAs (SOF & DCV) on metabolic derangement of HCV infected patients.

Methodology: This study was conducted in Gastroenterology, OPD of Holy Family Hospital from Nov. 2020 to July, 2021. It was a cross sectional study. A total of 100 patients were enrolled using Non-probability consecutive sampling and were treated with the combination of sofosbuvir and daclatasvir. At baseline the LDL levels and total Cholesterol levels were recorded. The patients were followed and LDL and total cholesterol were recorded. Data were recorded using a proforma, and entered and analysed using SPSS v 23.0.

Results: A total of 100 patients participated in this study which included 47 (47%) males. The mean age of the patients was 45.42 ± 13.5 years There was a significant increase in the LDL and cholesterol levels at the end of treatment among the patients

respectively (103.51±19.81 vs 122.74±24.01, p<0.001), (141.15±33.07 vs 163.88±34.25, p<0.001).

Conclusion: DAAs (SOF & DCV) were significantly associated with increase in LDL and cholesterol in HCV infected patients

Keywords: Sofosbuvir, Daclatasvir, Hepatitis C, Cholesterol, LDL

FRF-30 A Prospective Observational Study Combination of Proton Pump Inhibitors with Prokinetics in GERD

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Introduction: Gastroesophageal reflux disease (GERD), a fairly common ailment that has a negative influence on quality of life. 30- 40% of patients with GERD have an insufficient response to standard PPIs therapy. For subjects resistant to this PPI therapy, double the PPI dosage or switch to different PPIs, which may not be ideal. So, combination therapy with prokinetic agent will significantly improve GERD symptoms.

Methodology: It was a prospective observational study conducted in the Department of Medicine, Faisalabad Medical University, Faisalabad from May 2022 to July 2022. 130 patients with suggestive symptoms of GERD were included to evaluate overlap between GERD and delayed gastric emptying and to forecast the necessity for therapy in combination with prokinetic drugs using the Frequency Scale for the Symptoms of GERD (FSSG) score.

Results: 17.20 ± 8.40 was the mean total score of FSSG. Out of the 130 subjects, 106 (81.54%) patients have GERD symptoms with an overall FSSG score >8. 7.43 ± 4.08 was the mean reflux score, and 9.40 ± 5.30 was the mean dysmotility score. In this analysis, patients with GERD symptoms had high score of FSSG, the symptoms of dysmotility appeared to be the main symptom than acid reflux

Conclusion: Based on this analysis results, combination therapy with prokinetic and PPIs in the subgroups of subjects with high scores of FSSG improved GERD symptoms

Keywords: Dysmotility score, delayed gastric emptying, GERD and Reflux score.

FRF-31 Correlation of neutrophil lymphocyte count ratio with the severity of acute pancreatitis

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Introduction: Acute pancreatitis is a pancreatic inflammatory condition, with the involvement of underlying tissues and remote organ systems. Early diagnosis of severe acute pancreatitis is crucial to detect complications. The purpose of this study was to correlate the NLR values with the severity of acute pancreatitis.

Methodology: This study was conducted at Department of Gastroenterology, Holy Family Hospital from 30 October 2020 to 30 April 2021. It was a cross-sectional study. 95 patients with diagnosis of acute pancreatitis were included. Ranson's score was calculated. Severity of acute pancreatitis was confirmed on completing Ranson's score. The NLR values were calculated on first day of admission and repeated after 72 hours of admission. Data were entered and analyzed using SPSS v25.0. Independent t-test was used to determine if mean score was significantly different between two categories of severe pancreatitis as per Ranson's scale.

Results: : The mean age of the patients in our study was 64.66±5.84 year. Out of 95 patients, 40(42.1%) were males and 55(57.9%) were females. The frequency of severe acute pancreatitis was 22.1%. In patients with mild and moderate acute pancreatitis with Ranson's score <3, the mean NLR at day-1 was 5.45±2.50. In severe AP with Ranson's score >3, the mean NLR was 14.90 ± 4.70. The results of NLR at admission and at 72 hours of admission were significantly different in patients regarding severity of acute pancreatitis.

Conclusion: : NLR significantly correlated with severity of acute pancreatitis. NLR can be used as a prognostic biomarker in patients admitted to the emergency department with acute pancreatitis.

Keywords: Acute Pancreatitis, Ranson's score, Neutrophil-Lymphocyte Ratio.

FRF-32 Efficacy and safety of low dose tofacitinib as induction therapy in moderate to severe ulcerative colitis: a pilot study

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Introduction: Ulcerative colitis is a chronic disease of the intestines with relapsing and remitting course, requiring life long treatment. Previously only injectable medications were available for moderate to severe disease that are expensive and require hospital setting for administration. Moreover they elicit immune response by formation of anti drug antibodies. All these factors lead to decrease compliance and response over time. Tofacitinib is a new drug which inhibits JAK STAT pathway of inflammation in ulcerative colitis. Its advantages are that it is less expensive, has oral formulation and is non-immunogenic, hence there is no loss of response over time and better patient's compliance. We studied efficacy of low dose of tofacitinib in causing induction of remission in moderate to severe cases of ulcerative colitis.

Methodology: The current study was conducted at the Center for Liver and Digestive Diseases, Holy Family Hospital, Rawalpindi. 9 Patients between the age of 18-64 years, with a confirmed diagnosis of Ulcerative Colitis (on endoscopy and histopathology) were selected. All had moderate to severe ulcerative colitis based on MAYO score. These patients were previously untreated, have failed or intolerant to corticosteroids or azathioprine. Tofacitinib in the dose of 5mg per day was prescribed and remission was observed till the 8th week from the start of the treatment. SPSS 24.0 and Microsoft Excel 2019 were used for data analysis.

Following responses were monitored for assessment of drug efficacy.

- Onset of symptom improvement in days.
- Partial mayo score.
- Decrease in total stool frequency.
- Decrease in blood containing stools frequency.
- Side effects.

Results: 9 patients who were endoscopically and histopathologically confirmed cases of Ulcerative colitis, were included in the study.

The mean of the partial Mayo score improved from 6.4 to 3.6

The mean stool frequency improved significantly from 15 to 4.6

The mean frequency of blood containing stools decreased from 9.2 to 0.2

05(56%) developed side effects prominently flatulence, abdominal discomfort, and generalized edema. Loss of coordination was observed in one male of age 46 years. No other severe side effects were observed.

Conclusion: Even with a very limited number of patients, the study results have clearly shown that tofacitinib is highly efficacious drug for treating ulcerative colitis especially in terms of rapidity of symptom improvement, decrease in frequency of blood containing stools as well as overall decrease in defecation frequency.

Keywords: Tofacitinib, Ulcerative colitis.

FRF-33 Association of ambient temperature with hypertensive disorders in RTH Rawalpindi 2023

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Introduction: Hypertension in pregnancy is one of the commonest cause of maternal and fetal morbidity and mortality all over the world. As we belong to the part of the globe where ambient temperature fluctuates markedly, along with the occurrence of heat and cold waves.

Methodology: Total patient included were 300. Data collected on google form. It was a cross sectional study and data was assessed by using SPSS 21. We saw the ambient temperature during the pre-conception as well as in each month of pregnancy and then correlated the timing of exposure to that temperature to the occurrence of hypertension in pregnancy.

Results: It was seen that the exposure to a rise in temperature in the preconception period decreases the risk of pregnancy induced hypertension and pre-eclampsia which is opposite to that in the first half of pregnancy. Exposure to cold temperature leads to a decrease in the odds whereas high temperature increases the odds.

Conclusion: Thus, we concluded that a significant association exists between environmental temperature and pregnancy induced hypertension, pre-eclampsia and eclampsia.

Keywords: ambient temperature, hypertensive disorders of pregnancy

FRF-34 Frequency Of Pregnancy-Induced Hypertension and Its Association With Elevated Serum Beta Human Chorionic Gonadotropin Levels During Mid-Trimester Of Pregnancy

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Introduction: Pregnancy-induced hypertension (PIH) is the most significant and intriguing unsolved problem in obstetrical practice, especially in low- and middle income countries like India and Pakistan. The global prevalence of hypertension in pregnancy is between 5 to 11% constituting among the greatest causes of maternal morbidity and mortality. Its prevalence in Pakistan has been reported about 6.5%. PIH is associated with major complications of pregnancy such as preterm delivery, IUGR, placental abruption, low birth weight fetus, and intra-uterine death, etc. Aim was to determine the frequency of PIH amongst elevated beta -hCG levels and non-elevated beta -hCG in the mid-trimester of pregnancy.

Methodology: It was Descriptive case series conducted for six months (02-12-2019 to 02-06-2020) in OPD of Gynae Unit-II, Holy Family Hospital, Rawalpindi. A total of one hundred and twenty-two (n=122) normotensive pregnant females at 13-20 weeks gestational age and 18-35 years of maternal age were selected in this study after informed consent from every patient. The frequency of PIH in patients with elevated serum beta -hCG was measured. Data were analyzed using SPSS version 20. Effect modifiers were controlled by stratification. A p-value of ≤ 0.05 was considered significant.

Results: Mean beta-hCG levels in the total study population were found to be 7305.09 ± 3900.64 IU/mL. Median b -hCG levels in our study population were noted as 6936.15 IU/mL. Pregnancy-induced hypertension was found positive in 16

(13.1%) patients. Raised beta -hCG levels were present in 10 (8.2%) patients. The frequency of PIH in raised beta -HCG levels was found in 7/10 (70%) of patients. We found a statistically significant (p-value ≤ 0.05) difference in the frequency of PIH among patients with elevated and not-elevated beta -hCG levels.

Conclusion: It is evident from my study that patients with raised levels of serum β -hCG during mid-trimester pregnancy are at increased risk to develop hypertensive disorders of pregnancy. We further elaborated that there is a statistically significant difference in various effect modifiers such as maternal age, gestational age, residential status, and BMI for developing PIH among patients with elevated and non-elevated beta-hCG levels.

Keywords: mid-trimester, pregnancy-induced hypertension, gestational age, beta human chorionic gonadotrophin

FRF-35 Asymptomatic late term presentation of Abdominal pregnancy; An Intra-operative Challenge.

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Introduction: The incidence of abdominal pregnancy differs in various publications and ranges between 1:10,000 and 1:30,000 pregnancies. It was first reported in 1708 as an autopsy finding and a number of cases have been reported worldwide with varying presentations. Abdominal pregnancy is a rare form of ectopic pregnancy with very high maternal and fetal morbidity and mortality. A high index of suspicion is crucial for prompt diagnosis and management especially in low-resource countries. Abdominal pregnancy has a maternal mortality rate between 0.5 and 18% and a perinatal mortality rate between 40 and 95%. We present a rare case of an abdominal pregnancy which reached term with delivery of a live healthy newborn. Both mother and baby were discharged in a good condition.

Methodology: Case Report

Results: A 23-year-old young lady, MR no.40622 was presented in gynae emergency with lower abdominal pain for last 6 hrs. She was G3P1+1

previous 1 scar at gestational age of 39+6 weeks. She was a regularly booked case with 1st antenatal visit at 12 weeks. She had 3 obstetric scans at 12 weeks, 21 weeks and at 35 weeks, at 21 weeks anomaly scan was done by radiology department. On arrival she was vitally stable with a pulse of 90/min, B. P=120/80mmHg, R/R=18/min and Temp =98.6F. On abdominal examination FH=40cm, Lie longitudinal, breech presentation, liquor clinically adequate, EFW=3.1-3.2 kg, FHR=140/min, scar tenderness =nil, mild palpable uterine contractions in 10 min. Her vaginal examination revealed bishop score of 3. Her ultrasound abdomen confirmed a breech presentation with anterolateral type 2 to 3 previa, liquor adequate and normal fetal movements. Her emergency LSCS was planned and done after arrangements. On reaching the peritoneal cavity, the baby was seen in a thin bag of membranes and placenta was found in front of it with great vascularity. Baby was moving in the amniotic sac, so incision was given at slightly avascular area and an alive male baby was delivered as breech with good Apgar score of 3 kg weight. The baby was later assessed for anomalies and found normal. After delivery of the baby when we looked for the anatomy, we found an intact uterus along with intact scar and healthy tubes and ovaries bilaterally. The bag of membranes was adherent with posterior aspect of right sided broad ligament, so the diagnosis of abdominal pregnancy was made. The patient was lucky that the placenta was confined, and we got a cleavage plane between the placenta membrane and the broad ligament. Clamps were applied and placenta along the membranes removed, and we were able to save her from morbidity. The hemostasis was secured, and abdomen closed. The patient remained stable postoperatively and was discharged after 72 hours with a healthy baby.

Conclusion: Abdominal pregnancy with a normal live fetus at such an advanced gestational age is rare. This case reminds clinicians that abdominal pregnancy can be an accidental finding intraoperatively. What makes our case unique is not only the rare cases of live births after term abdominal pregnancies but also the presence of an intact uterus with healthy ovaries and tubes which negates the idea of secondary abdominal pregnancy. As in our case, the patient was missed in ultrasound scans and was not diagnosed preoperatively so such cases requires a high index of suspicion. A thorough

examination of the newborn is also important to rule out congenital anomalies.

Keywords: Abdominal pregnancy, Ectopic, Congenital Anomalies, Morbidity

FRF-36 Outcome of indoor diabetics with covid in tertiary care hospital

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Introduction: Covid-19 is a global challenge. Diabetes, hypertension and ischemic heart disease are frequently seen co-morbidities in covid cases. IDF reports 17.1% prevalence of diabetes in Pakistan. In diabetics; HTN, IHD, obesity, altered ACE2 expression, dysregulated immune response & endothelial dysfunction impose greater risk in terms of disease severity as well as outcome. The relationship between COVID-19 and diabetes mellitus is complicated and bidirectional; either may worsen the other. To determine outcome of covid cases with diabetes as compared to non-diabetics.

Methodology: This observational was conducted over six months duration (June–December 2020) after ethical approval at RIHS Islamabad and DHQ Rawalpindi. The adult indoor confirmed Covid cases (PCR positive) of both the genders were included after informed consent by consecutive sampling. Patients < 18 years age, pregnant women, gestational diabetes cases, drug induced diabetes, Cushing's syndrome and patients that left against medical advice were excluded. 75 Covid cases with diabetes (group A) and 75 covid cases without diabetes (group B) were selected. Demographic data and detailed clinical evaluation performed. Diabetes was labelled on the basis of previous record, HbA1c and blood sugars. Patients received therapy according to guidelines and recommendations and were followed till discharge or expiry. Details documented on a specially designed proforma. Data analyzed by SPSS V-22 with significant $p < 0.05$. Chi-square test applied to study association of diabetes in covid cases with expiry, duration of hospital admission, disease severity and need for mechanical ventilation.

Results: Among 150 cases of Covid; there were 54(36%) females and 96(64%) males. Mean age was 58+13 years (range 27-92 years). The mean age of

those cases who expired was 60.77+12.78 years Vs. 56.73+13.40 years in those who were discharged ($p=0.807$). Other than diabetes, common co-morbid conditions seen were obesity 41(27.3%), hypertension (35.3%), IHD 26(17.3%), asthma 11(7.3%), COPD 07(4.7%). CKD 07(4.7%), hypothyroidism 05(3.3%) (fig.1). All of these had no association with mortality ($p>0.05$) except obesity that was much higher in diabetics 27(36%) as compared to non-diabetics 14(18.7%) ($p=0.017$) 09(6%) had mild covid, 97(64.7%) moderate and 44(29.3%) severe covid. Death was observed in 0% of mild disease, 14(14.4%) moderate and 34(77.3%) severe covid ($p<0.0001$). frequency of mild covid was comparable in diabetics 04(5.3%) and non-diabetics 05(6.7%); however higher frequency of moderate 41(54.7%) and severe 29(65.9%) covid was found in diabetics ($p=0.010$ & 0.012). The need for invasive ventilation was comparable between two groups ($p=0.716$). Mean duration of hospital stay was 13+7.7 days (1-45 days). Duration of admission had no association with mortality ($p=0.337$). The mean duration of stay before expiry was 11.6+8.42 days Vs. 14.02+7.30 days till discharge. Also, the duration of hospital stay was comparable between two groups ($p=0.062$). Among all, 48(32%) cases expired and 102(68%) were discharged on recovery. Among the expired cases with covid, 30(40%) were diabetics Vs. 18(24%) were non-diabetic ($p=0.036$, fig 2).

Conclusion: Diabetes is a frequently observed co-morbid in covid cases and has significant association with disease severity and mortality. Covid cases with diabetes need to be closely monitored and managed. The geriatric age group, male gender, obesity are additional risk factors for severe disease and mortality in diabetics with covid.

Keywords: COVID-19. Type 2 DIABETES MELLITUS. COVID SEVERITY. Glycated Hemoglobin.

FRF-37 Awareness about Diabetes and its Complications among Patients with Diabetes Mellitus

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Introduction: Awareness of diabetes and its potential complications is crucial for effective management and prevention of long-term health risks. The aim of

this study was to assess the level of awareness and understanding of diabetes and its complications among patients diagnosed with type 2 diabetes mellitus.

Methodology: A cross-sectional study included 200 patients with type 2 diabetes mellitus as per American Diabetes Association (ADA) criteria. Type 1 diabetics and gestational diabetes patients were excluded from the study. The duration of study was 8 months. Patient's awareness regarding diabetes and its complications was assessed as per prefixed questionnaire. Analysis of the data was carried out with SPSS version 28. The Chi square test was used to investigate the association of awareness of diabetes mellitus with various independent variables like age and duration of diabetes. The level of statistical significance was $p < 0.05$.

Results: Among the participants, 80 (40%) were male and 120 (60%) were female. A significant portion of patients 73 (36.5%) were never informed about diabetes or its complications. 69 (34%) of patients were never educated about the symptoms of hypoglycemia. 142 (71%) of the patients had a glucometer and 88 (44%) participants had poor follow-up and they never checked HbA1C. Moreover, Patients with longer diabetes duration were more likely to visit ophthalmologists at regular intervals (P value 0.023). 111 (56%) never checked their urine for proteinuria and 172 (86%) were aware that diabetes can affect their kidneys. Foot care and awareness of diabetic foot complications were lacking among patients. 48 (24%) examined their feet daily, 66 (33%) never examined their feet, and 73 (36%) were never told about foot care by their doctors. Statistically significant impact of age on patients' knowledge regarding blood sugar levels ($P=0.009$) and foot care ($P=0.013$).

Conclusion: There is a significant lack of awareness among individuals with diabetes, highlighting the urgent need for educational initiatives. Both the public and private healthcare sectors should take the responsibility of providing awareness programs.

Keywords: Type 2 diabetes mellitus, awareness, complications



FRF-38 Generalized Anxiety Disorders in patients with diabetes as assessed by Hamilton Anxiety Rating Score.

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Introduction: Generalized anxiety disorder is one of the most common mental disorders and there is a strong association between generalized anxiety disorder and other medical illness especially diabetes mellitus. Identification of this association has important implications in management of patients with diabetes.

OBJECTIVE: To determine the frequency of Generalized Anxiety Disorders in patients with diabetes as assessed by Hamilton Anxiety Rating Score.

Methodology: Cross- Sectional Study was conducted in all outpatient clinics in Pakistan Institute of Medical Sciences (PIMS) Islamabad, including General Medicine and its subspecialties, from 7th of February 2019 to 7th of August 2019. Study was conducted in all adults of more than 18 years age, from both genders having diabetes of at least 5 years duration After getting approval from Hospital Ethical Committee, 114 patients of both genders, more than 18 years of age, fulfilling the inclusion criteria were selected for the study from all outdoors including General Medicine and its Subspecialties. After taking informed consent from patients they answered a questionnaire based on Hamilton Anxiety Rating Score and graded as 0,1,2,3,4 depending on severity of their symptoms as none, mild, moderate, severe and very severe respectively. Total anxiety score was determined and patients labeled to have generalized anxiety disorder.

Results: During the study a total of 114 consecutive patients having duration of diabetes for at least 5 years were studied. Out of 114 patients there were 46 (40%) males and 68 (60%) females. Mean age was 51.86 +-10.789 years. Out of them 98 (86%) were married, and rest of 14 % were unmarried, separated or widowed. Most of them had a qualification of matric or intermediate. Their duration of illness was 12.3 \pm 7.584 years. The score for generalized anxiety disorder was 15.06 \pm 9.762, the minimum score being 1 and maximum 42. The generalized

anxiety disorder was found to be present in 53 (46.5%) of patients and the rest of 61 (53.5%) were found to have no generalized anxiety disorder. Finally, severity of generalized anxiety disorder was determined and it was found that most of these patients found to have generalized anxiety disorder had their total score in the range of moderate to severe group. The next dominant group was found to be in the range of mild to moderate and the last group with mild generalized anxiety disorder being only 10.5 % of the total study population.

Conclusion: This study demonstrated that generalized anxiety disorder (GAD) was found to be present in almost half of the population with diabetes irrespective of associated risk factors. The cause and effect relationship need to be determined as GAD may be contributing to the disease itself or may be the result of diabetes.

Keywords: Generalized anxiety disorder, Diabetes.

FRF-39 Correlation between serum uric acid and insulin with blood glucose in type 2 diabetes mellitus

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Introduction: Type 2 diabetes mellitus is one of the most common and disabling metabolic diseases; Patients with hyperuricemia are at a significantly higher risk of progressing to type 2 diabetes. The hyperinsulinemia is associated with hyperuricemia and hypouricosuria. This study aims to determine correlation of serum uric acid with blood glucose and insulin levels in type 2 diabetes mellitus.

Methodology: This cross-sectional study conducted in Department of General Medicine, FFH Rawalpindi (Jan-Jul 2020). Total 160 diagnosed adult cases of Diabetes Mellitus type 2 were included. Patient's blood reports were analyzed for serum uric acid, HbA1c levels and insulin levels. All patients will be given due respect and their comfort were taken care for during examination. The exclusion criteria were strictly followed to control confounders and bias. Data was analyzed by SPSS V 23

Results: Amongst 160 patients, mean age was 50.52+13.35 years; there were 59 (36.9%) male and

101(63.1 %) females. There was a positive correlation between serum uric acid and blood glucose ($r=0.196$, p -value 0.013), and also serum uric acid and insulin ($r=0.094$, p -value 0.273) in type 2 diabetes mellitus

Conclusion: The study concluded the positive correlation relationship between serum uric acid, blood glucose and insulin levels in type 2 diabetes mellitus. Further studies at multiple setups must be conducted in future to explore the correlation between uric acid and blood glucose, and uric acid and insulin in newly diagnosed type 2 diabetes. So that it can be used as a predictor of the disease.

Keywords: Diabetes Mellitus type 2. HbA1c. Serum uric acid. Insulin.

FRF-40 Clinical profile of patients with systemic lupus erythematosus – what makes Pakistani lupus patients different

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Introduction: Systemic Lupus Erythematosus (SLE) is a chronic, relapsing and remitting, multi-system autoimmune disease having substantial effects on the psychological and physical health of patients. The present study was conducted to better understand and characterize the clinical presentation, results of serological and immunological tests and sociodemographic factors in Pakistani Lupus population.

Methodology: This prospective, cross-sectional study was undertaken at Clinic for Arthritis and Rheumatic Diseases, Rawalpindi Teaching Hospital, Rawalpindi, Pakistan between January 2022 and December 2022, involving adult patients with SLE (classified on the basis of 1997 revised ACR criteria). Demographic data, clinical and laboratory features, auto-antibody profile, disease duration, treatment history and organ damage (calculated by SLICC/ACR-DI) were recorded for all patients. Descriptive statistics and logistic regression analysis were performed for statistical assessment.

Results: A total of 98 patients (94.9% females and 5.1% males) were included in the study with mean

patient age of 30.93 ± 11.09 years and mean disease duration of 3.27 ± 3.01 years. Most commonly observed clinical manifestations were neuropsychiatric systemic lupus erythematosus in 84% patients and muco-cutaneous involvement (photosensitivity, oral ulcers, malar rash, alopecia and discoid rash in 63.92%, 56.70%, 48.45%, 37.11% and 13.40% patients respectively). They were followed by serositis, arthralgias and renal involvement in 60.42%, 33.67% and 25% patients respectively. Anti-nuclear antibody by indirect immunofluorescence was positive in all while anti-dsDNA was positive in 50% patients.

Conclusion: Fatigue was the most commonly recorded symptom while Neuropsychiatric SLE was the most commonly observed systemic manifestation in Pakistani population followed by muco-cutaneous involvement, serositis, arthralgias and renal involvement. Reasons of serious manifestations at initial presentation include deficiency of healthcare professionals trained in the field of Rheumatology and lack of awareness among patients.

Keywords: Clinical profile, Systemic Lupus Erythematosus, Neuropsychiatric Systemic Lupus Erythematosus, Clinical and laboratory features, Organ damage, Pakistan

FRF-41 Correlation of serological markers and thrombocytopenia in dengue infection – a cross-sectional study from 2019 epidemic in Rawalpindi, Pakistan

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Introduction: Dengue is an arthropod-borne infection brought about by dengue virus. Annually, it influences up a great many individuals worldwide. An early and exact conclusion of dengue in the intense period of ailment is significant for distinguishing a scourge and for commencement of Therapy. Detection of the emitted NS1 protein is another methodology that guide in the early finding This investigation was done to identify dengue parameters and to associate them with the platelet count during dengue pestilence 2019 in Rawalpindi city.

Methodology: This was a cross-sectional study conducted at Department of Medicine, District Head Quarter Hospital, Rawalpindi, Pakistan from August to November 2019 in which patients who were labelled and managed as dengue fever on the basis of clinical presentation, positive serology and thrombocytopenia. Serum was assessed for NS1 antigen, IgM and IgG utilizing the ELSIA technique. The quantity of platelet was likewise recorded in all samples. Data was analyzed by SPSS v23.0.

Results: 226 patients with dengue fever were enrolled in the study samples. Among 226 examples 63(27.9%) were certain for just NS1 antigen and 10 (4.4) were positive for IgM only. Out of 134 positive primary infection cases, 108 had thrombocytopenia while out of 92 secondary infection cases, 74 had platelet count less than 100,000/mm³. Overall, thrombocytopenia was recorded in 182(80.5%) out of 226 dengue positive cases.

Conclusion: In the current investigation, the relationship of thrombocytopenia in dengue-parameters positive cases was seen as exceptionally critical. Aside from dengue-specific parameters, platelet count is the only laboratory test available in the less developed areas that can support the diagnosis of dengue infection.

Keywords: NS1 antigen, platelet count, dengue serological marker, Thrombocytopenia

FRF-42 Diagnostic efficacy of SOFA score in predicting outcome and mortality: an ICU experience from Pakistan

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Introduction: To determine the cut off value of Sequential Organ Failure Assessment score at the time of admission in Intensive Care Unit to predict mortality and outcome in critically ill patients.

Methodology: This cross-sectional study was conducted at a hospital in Rawalpindi, Pakistan from August to November 2019. Demographic profile, clinical features with duration of illness, laboratory investigations (serological markers and ultrasonic

findings) of DHF patients were recorded on a self-structured performa and data was analyzed using SPSS v23.0.

Results: 295 patients with DHF were enrolled in the study, with 2012 males and 83 females (2.5:1). Mean age of participants was 32.83 years. 50.5% were primary infection cases, 38.3% were secondary infection and 11.2% were triple negative infection. Plasma leakage occurred on the 4th to 7th day of illness in 81.1% of cases. Amongst these, platelet count was <40,000 cells/mm³ in 13.6% cases, between 40,000 cells/mm³ - 80,000 cells/mm³ in 50.8% cases and >80,000 cells/mm³ in 35.5% cases. Amongst the 17.8% of cases where plasma leakage occurred between day 8-10, 56.6% had platelet count >80,000 cells/mm³, 22.6% has platelet count between 40,000 cells/mm³- 80,000 cells/mm³ and 20.8% had platelet count of <40,000 cells/mm³.

Conclusion: Most people had plasma leakage at day 4-7 of illness. Plasma leakage was observed more commonly in primary infection and mostly at the day of leakage, platelet count was between 40,000 cells/mm³- 80,000 cells/mm³. Strict monitoring is required at day 4-7 of illness to detect early signs of leakage to decrease the mortality and complications by dengue infection.

Keywords: Plasma leakage, thrombocytopenia, Dengue hemorrhagic fever.

FRF-43 Association Of Pattern Of Thrombocytopenia And Serology With Timings Of Plasma Leakage In Patients Of Dengue Hemorrhagic Fever During Dengue Epidemic 2019 – An Experience From Rawalpindi Medical University: A Cross Sectional Study

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Introduction: Dengue is an endemic arbovirus infection in the tropical around the world, causing dengue fever, dengue hemorrhagic fever (DHF) and dengue shock syndrome.

Methodology: This cross-sectional study was conducted at a hospital in Rawalpindi, Pakistan from August to November 2019. Demographic profile,

clinical features with duration of illness, laboratory investigations (serological markers and ultrasonic findings) of DHF patients were recorded on a self-structured performa and data was analyzed using SPSS v23.0.

Results: 295 patients with DHF were enrolled in the study, with 2012 males and 83 females (2.5:1). Mean age of participants was 32.83 years. 50.5% were primary infection cases, 38.3% were secondary infection and 11.2% were triple negative infection. Plasma leakage occurred on the 4th to 7th day of illness in 81.1% of cases. Amongst these, platelet count was $<40,000$ cells/mm³ in 13.6% cases, between 40,000 cells/mm³ - 80,000 cells/mm³ in 50.8% cases and $>80,000$ cells/mm³ in 35.5% cases. Amongst the 17.8% of cases where plasma leakage occurred between day 8-10, 56.6% had platelet count $>80,000$ cells/mm³, 22.6% has platelet count between 40,000 cells/mm³- 80,000 cells/mm³ and 20.8% had platelet count of $<40,000$ cells/mm³.

Conclusion: Most people had plasma leakage at day 4-7 of illness. Plasma leakage was observed more commonly in primary infection and mostly at the day of leakage, platelet count was between 40,000 cells/mm³- 80,000 cells/mm³. Strict monitoring is required at day 4-7 of illness to detect early signs of leakage to decrease the mortality and complications by dengue infection.

Keywords: Plasma leakage, thrombocytopenia, Dengue hemorrhagic fever.

FRF-44 Post-Chikungunya rheumatic disorder – a single center study from Pakistan

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Introduction: Chikungunya is an arthropod borne viral infection transmitted by female Aedes mosquito. Acute CHIKV infection is heralded by an abrupt onset fever and rash, along with self-limiting arthralgia, myalgia, and arthritis. This study was designed to collect evidence about post-chikungunya rheumatic disorder in Pakistani population, during epidemic 2017 in Rawalpindi city, that is defined as

arthralgias or arthritis lasting more than 3 months after initial infection.

Methodology: This prospective, cross-sectional study was undertaken at Clinic for Arthritis and Rheumatic Diseases (CARD), DHQ Hospital, Rawalpindi Medical University, Pakistan. Adult patients of both genders, who presented with Chikungunya infection suspected on the basis of fever and arthralgias and confirmed by positive polymerase chain reaction and/or specific positive IgM antibody test between January and December 2017 were included in the study. Information was collected for all patients regarding demographic profile (age, gender), clinical features (duration and intensity of fever, rash, arthralgia/arthritis, and myalgia) at initial presentation and follow up visits scheduled at 3, 6 and 12 months. Chi-square test was used to assess statistical significance between categorical variables. A p-value of ≤ 0.05 was considered statistically significant.

Results: 27 patients (51.8% males and 48.1% females) were included in the study. At initial presentation, all patients had fever (mean duration of 5.5days) and 7.5% (4/27) had rash. Leucopenia (less than 4000) was seen in 40% (11/27) and thrombocytopenia (less than 150,000/mm³) in 70% (19/27) patients. Rheumatic manifestations at initial presentation included polyarthralgia in 100% (27/27), polyarthritis in 22.2% (6/27), backache in 22.2% (6/27) and myalgias in 70% (19/27). At 3 months 40% (11/27) patients had mild polyarthralgia and myalgias while 18.5% (5/27) had polyarthritis. 11.11% (3/27) patients had polyarthritis that persisted at 6 months and 1 year. The difference between male and female patients regarding persistence of polyarthralgia at 3 months was statistically significant ($p = 0.009$). There was no significant difference in the occurrence of leukopenia and thrombocytopenia between patients with and without persistent symptoms at 3 months ($p > 0.05$).

Conclusion: Chikungunya infection should be suspected in patients presenting with acute febrile illness with polyarthralgia and cytopenia. Post chikungunya rheumatic disorder was seen in 60% patients with polyarthritis persisting in 11.11% patients at 1 year. Further studies are warranted to explore long term rheumatic sequelae of chikungunya infection in Pakistani population.



Keywords: Chikungunya, arthritis, rheumatic disorder, epidemic, Pakistan.

FRF-45 Bilateral Choroidal Osteoma with Secondary Choroidal Neovascularization in A Teenage Girl

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Introduction: Choroidal osteoma is a rare benign osseous tumor in which mature cancellous bone replaces choroid. They are usually unilateral in 80% of cases seen in young women but may be bilateral. They are slow growing and can undergo spontaneous decalcification and resolution. Choroidal osteomas can be associated with choroidal neovascular membrane, hemorrhage and serous retinal detachment. Purpose of this case report is to document the significance of careful examination and role of multimodal imaging assessments in choroidal steoma cases in young patients to confirm the diagnosis. This case also highlights the successful treatment of secondary Choroidal neovascular membrane with off-label use of intravitreal bevacizumab

Methodology: We report a case of 17-year-old girl presented with complaints of bilateral gradual painless decrease in vision for 6 months. Her BCVA was 6/60 in right eye and 6/36 in left eye. Fundus showed yellowish to orange-reddish lesion in macular area with less well-defined geographic margins and vascular networks on surface. There were elevated greyish-greenish areas with subretinal hemorrhage and fibrosis in both eyes. FFA showed early patchy hyperfluorescence with late staining and leakage due to CNVM in both eyes. A-scan showed high intensity echo spike. B-scan showed bilateral highly reflective choroidal mass with acoustic shadowing. OCT confirmed CNVM with subretinal fluid

Results: She was given three intravitreal bevacizumab injections in both eyes (1.25mg/0.05ml). Her BCVA improved to 6/12 in right eye and 6/9 in left eye resulting in resolution of subretinal fluid. Secondary Choroidal neovascularization was successfully treated in our patient with intravitreal bevacizumab injections.

Conclusion: Choroidal osteomas can result in potential blindness due to associated complications of choroidal neovascularization. Hence early detection, treatment of complications and continuous monitoring of tumor growth and decalcification is important to prevent permanent blindness

Keywords: Choroidal Osteoma, Choroidal Neovascularization, Bevacizumab, Decalcification

FRF-46 Clinical Efficacy and Safety of Suprachoroidal Triamcinolone Acetonide in Resistant Diabetic Macular Edema

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Introduction: 9.3% of people worldwide have diabetes mellitus. Patients with diabetic retinopathy experience decreased central vision due to diabetic macular edema which is multifactorial. Treatment options include laser photocoagulation, anti-VEGF medications, and corticosteroids. Main stay of treatment is intravitreal anti-VEGF agents. Compliance, cost, need for repeated injections along with poor response in some cases, limits their effectiveness. Steroids are second line agents due to side effects of cataract, raised IOP. Steroids have anti-inflammatory, anti-angiostatic and anti-permeable properties. Suprachoroidal space is a novel investigational route of drug administration between the sclera and choroid, targeting sites of therapeutic drug action within the choroid and adjacent retina

Methodology: A prospective interventional clinical trial involving 40 Phakic eyes of type 1 and type 2 diabetics aged 25-80 years with resistant diabetic macular edema with CST of $>300\mu\text{m}$ and BCVA of $\leq 6/9$ (0.20 Log MAR) after 3 or more injections of intravitreal anti-VEGF agents. Suprachoroidal triamcinolone acetonide was given 3.5 mm away from limbus in dosage of 4mg in 0.1ml in suprachoroidal space using 1cc 30G disposable ready to go syringe to all patients. Post injection antibiotic drops were given four times a day for 1 week for infection and inflammation prophylaxis. Patients were followed at 1st week, 1st month and 3rd month for IOP, cataract grading, BCVA and CST on OCT.

Results: Mean age of patients was 60.67 ± 9.25 SD years (34-78 years). Mean duration of diabetes was 14.56 ± 2.37 SD years (10-20 years). There were 66.7% males and 33.3% females. There were 90% type II diabetics and 10% type I diabetics. Mean pre-injection BCVA was 0.837 ± 0.17 SD by Log MAR Chart. Mean post-injection BCVA at 1st month was 0.697 ± 0.14 SD and at third month was 0.493 ± 0.12 SD. Changes in BCVA were statistically significant with a p-value of 0.00. Improvement in BCVA was seen in 38 patients (93.3%). Mean pre-injection CST was $940 \mu\text{m} \pm 5.76$ SD by OCT. Mean post-injection CST at third month was $305 \mu\text{m} \pm 3.27$ SD. Changes in CST were statistically significant with a p-value of 0.0001. Improvement in CST was seen in all 40 patients (100%). Eye pain was seen in 37 patients (90%), Subconjunctival hemorrhage was seen in 4 (13.33%) patients. Inflammation and IOP spike were seen in 1 patient each.

Conclusion: Suprachoroidal triamcinolone acetonide leads to anatomical and functional improvement in cases of resistant diabetic macular edema. A single injection is safe and effective in improving OCT macular thickness with no recurrence up to 3 months.

Keywords: Diabetic macular edema, Triamcinolone acetonide, Suprachoroidal injection, Efficacy, Safety

FRF-47 Comparison of Efficacy of Epinephrine to Salbutamol and Ipratropium Bromide Combined in Acute Bronchiolitis

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Introduction: Epinephrine, an alpha receptor agonist, has been suggested to be a supreme bronchodilator. A biologically active drug name Ipratropium bromide is helpful for the treatment of bronchiolitis among infants and improves on the signs and symptoms of bronchiolitis.

Methodology: After approval from ethical committee this randomized control trial of 6-month duration is carried out by Randomization of patients in 2 groups. Group A received salbutamol (0.15mg/kg) combined with ipratropium bromide (250 micrograms per dose) with isotonic sodium chloride solution 0.9% (2 mL) and Group B received a dose of epinephrine

(0.5mg/kg in concentration of 1:1000(max 5 mg), distributed by nebulizer with the help of a face mask with continuous oxygen flow at 6L/min. Prior to each drug administration and at 30 mints, the researcher evaluated the condition of infant's and records the respiratory rate, RDAI score 9, heart rate and SaO₂.

Results: Comparison of effectiveness of combined nebulized salbutamol with nebulized adrenaline and ipratropium bromide in bronchiolitis affected children in terms of mean improvement in RDAI score shows that at baseline in Group-A, it was 10.73 ± 1.59 and 10.98 ± 1.42 , p value was 0.27, it was reduced after 30 minutes of treatment in Group-A 3.23 ± 0.52 and 2.67 ± 0.47 in Group-B, p-value was 0.001.

Conclusion: We concluded that Epinephrine is better than salbutamol and ipratropium combined in terms of mean improvement in RDAI-score.

Keywords: Bronchiolitis, children, salbutamol and ipratropium Bromide, Epinephrine.

FRF-48 Measles in infants under 9 months: A need for earlier Vaccination?

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Introduction: WHO has recommended measles vaccination at 9 months of age in high risk-countries. Based on the observations that lower concentration of maternal antibodies are present in infants whose mother have vaccine induced immunity against measles. It has been suggested by some researchers that the age of first measles vaccination should be at a time earlier than 9 months of age.

The aim of our study is to bring into focus the fact that a significant number of infants below 9 months of age are contracting measles. So based on the frequency and clinical spectrum of measles in less than 9 months of age in our research, we want the recommendation of giving 1st dose of measles vaccine at an earlier age.

Methodology: A total of 230, pediatric age group patients of both genders under 12 years with clinical diagnosis of measles as per operational definition (WHO clinical criteria of measles) reporting in the outdoor or admitted during the study period were

included in the study. A Proforma designed to get all the relevant information was used for data collection.

Results: The frequency of measles under 9 months was 35.2% in comparison to 35.8% and 30% in 9 months to 2.5 year and 2.6 to 12 years respectively. The clinical presentation of Measles as per IMCI was more severe in infants less than 9 months (21.3%) as compared to 2.6-12 year (11.3%). Among the reasons for hospitalization 63% patients were admitted with respiratory distress. It was found to be 27.6% in infants less than 9 months, 22.4% in 9 months to 2.5 year and 13% in 2.6-12 year. The presentation of clinical symptoms was Typical in 81.7% patients. Time to present in hospital, within 24 hours after onset of rash was 47.8%. Most common complication among hospitalized patients was Pneumonia (76%). Duration of hospital stay was more than 3 days in 29.2% and 9.9% in less than 9 months and 2.6-12 year respectively (P-value 0.003). Among hospitalized patients 24.5% developed severe complications (P-value 0.31).

Conclusion: The frequency of measles in infants less than 9 months was similar to other age groups. However clinical presentation was more severe in terms of IMCI classification and reasons of hospitalization. The duration of hospital stay was also more in less than 9 months infants in comparison to 2.6-12 year.

Keywords: Measles, Vaccination, infants, Acute lower respiratory tract infection, IMCI

FRF-49 Chromatin Remodeler Fun30 Favors Relocation of Persistent DNA Double-Strand Breaks to the Nuclear Periphery

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Introduction: The repair of DNA double-strand breaks (DSBs) is crucial for maintaining genome stability. DSB repair needs to take place within the complex organization of the chromatin and this requires changes in the chromatin structure adjacent to DSB sites. These changes occur through covalent histone modifications that alter histone-DNA contacts as well as by the actions of ATP-dependent chromatin remodelers. Many chromatin remodelers, including Fun30, are involved in DSB repair. DNA

end resection at DSB sites is enhanced in the presence of Fun30 to favor the homologous recombination repair pathway.

Methodology: Yeast strains used in this study were made by one-step PCR-mediated gene deletion or tagging. Chromatin immunoprecipitation (ChIP) was used to check Protein-DNA interaction.

Results: In this study, we observed a reduced level of Mps3 and Nup84 at a single irreparable DSB in *fun30Δ* mutant suggesting that Fun30 helps to translocate persistent DSBs towards the nuclear periphery. In addition, we observed that Fun30 supports the enrichment of histone H2A variant Htz1 at DSB.

Conclusion: Fun30 favors the relocation of DSB by controlling the levels of histone variant Htz1 and by favoring DNA end resection at the DSB site.

Keywords: DNA damage, DNA repair, Chromatin remodeling, resection, Nuclear envelope, Fun30

FRF-50 Chromatin Remodeler, Fun30, Favors Relocation of Persistent DNA Double-Strand Breaks to the Nuclear Periphery.

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Introduction: The repair of DNA double-strand breaks (DSBs) is crucial for maintaining genome stability. DSB repair needs to take place within the complex organization of the chromatin and this requires changes in the chromatin structure adjacent to DSB sites. These changes occur through covalent histone modifications that alter histone-DNA contacts as well as by the actions of ATP-dependent chromatin remodelers. Many chromatin remodelers, including Fun30, are involved in DSB repair. DNA end resection at DSB sites is enhanced in the presence of Fun30 to favor the homologous recombination repair pathway. Apart from its role in DNA repair, Fun30 promotes gene silencing at the heterochromatic loci such as telomeres, rDNA regions, and the mating-type locus *HMLα* and *HMRα*, which are known to be clustered at the nuclear periphery.

Methodology: Yeast strains used in this study were made by one-step PCR-mediated gene deletion or

tagging. Chromatin Immunoprecipitation (ChIP) was used to check Protein-DNA interaction.

Results: In this study, we observed a reduced level of Mps3 and Nup84 at a single irreparable DSB in fun30 Δ mutant suggesting that Fun30 helps to translocate persistent DSBs towards the nuclear periphery. In addition, we observed that Fun30 supports the enrichment of histone H2A variant Htz1 at DSB.

Conclusion: Chromatin remodeler, Fun30, favors the relocation of DSB by controlling the levels of histone variant Htz1 and by favoring DNA end resection at the DSB site.

Keywords: DNA Double strand Break, DNA repair, Chromatin remodeling, DNA end resection.

FRF-51 Akram's Life-Style, an Innovation for Treatment of Gastroesophageal Reflux Disease

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Introduction: Prevalence of Gastro-Esophageal Reflux Disease (GERD) is increasing. Recurrence rate is high with present medical treatments. Surgical interventions end-up with dysphagia. Irregular dietary habits, junk and fast foods, are major causative factors. A meal when food is already present in stomach causes further release of acidic gastric juice and dilates upper stomach, which generate Transient Lower Esophageal Sphincter Relaxations (TLESRs) and trigger acid reflux. Repeated refluxes produce inflammation and ulcerations in lower esophagus, which can complicate to dysphagia, hyperplasia and cancer. Proton Pump Inhibitors (PPIs) are commonly prescribed but their prolonged use causes achlorhydria, infections, anemia and cardiac irregularities. Therefore, alternate remedies are mandatory.

Methodology: We suggest a regular diet, two meals a day (morning and evening) with only liquids during intervening period (Akram's life-style), for management of GERD. Because liquids quickly leave stomach (in 15-30 minutes), whereas solids remain longer (4-5 hours) and meal at top of food in stomach triggers reflux.

Results: Earlier, a cases report (n=4) and pilot study (n=20) have shown beneficial effects of practice of Akram's life-style. Symptoms for GERD relieved in 80% patients within two weeks without medication. One patient having Los-Angeles grade-c GERD with a short Barrot, practiced Akram's life-style long-term. Endoscopy done after GERD free 7 years revealed competent lower esophagus with no inflammation, ulcers, or Barrot. Recently, a clinical study (n=60) conducted at Gastroenterology Unit of RMU showed marked improvement in GERD symptoms (P=0.000) when evaluated after two weeks of Akram's life-style adaptation.

Conclusion: Akram's life-style prevents TLESRs, favors generation of fasting migrating motor complexes (which clear stomach) and is proposed as useful alternate to risky drug treatment for GERD.

Keywords: Akram's life-style, two meals a day, only liquids in between, treatment of GERD.

FRF-52 Effect of Nigella sativa supplementation with allopathic medicines in control of hypertension

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Introduction: Nigella sativa (Black seed, BS), has shown beneficial effects in control of high BP, when given along with allopathic medicines in animal models and patients. However, some clinical studies reported controversial results, perhaps due to low doses or evaporation of active principles from BS-powder capsules during preparation. In present study, BS-powder was immediately mixed with honey, with hope to prevent loss of active compounds.

Methodology: Five cases of moderate hypertension, 3 males and 2 females, aged 37-85 years, on usual doses of standard medicines (Angiotensin receptor-blocker, calcium channel-blocker &/or beta-blocker) were included. Their BP was recorded once daily for 10 days before and after addition of one teaspoon twice daily of NS, grounded and mixed with equal amount (weight by weight) of honey, which contained around 3 grams of BS. Results were analyzed using SPSS (version 20), to determine mean values and comparison of pre and post intervention results by student-t test.

Results: Addition of BS significantly reduced BP in all 5 cases (Table 1). Cumulative mean of systolic BP significantly reduced from 151.4 to 129.8 and diastolic from 92.8 to 80 mmHg. Patients with relatively higher BP benefitted more. Mixing of BS powder with honey prevented loss of volatile active compounds and improved efficacy. Formulation can be easily prepared at home; is tasty, cheaper and cost-effective.

Conclusion: BS supplementation with allopathic medicines significantly improved control of hypertension. Further studies are needed to find benefits of its long-term use in larger sample

Keywords: Hypertension, Allopathic medicine, Nigella Sativa Supplementation.

FRF-53 Establishing Normal Range Of Fetal Renal Artery Resistivity And Pulsatility Index Values In Singleton Pregnancies During 18-38 Weeks Of Gestation

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Introduction: The latter half of the second trimester and third trimester is considered the most crucial phase of renal development. The use of regular ultrasound during antenatal follow-ups not only assesses structural aspects of the fetal body but can also evaluate the functional integrity of fetal organs. In cases of fetal hypoxia and growth restriction fetal circulation is altered causing undetectable damage to renal circulation which needs to be investigated upon. Modern studies have used sono-graphically derived fetal Doppler waveforms for evaluating fetal circulation. Our study aims at establishing a normal reference range for fetal renal artery indices in a healthy Pakistani pregnant population for which limited local data is available.

Methodology: This is a non-probability convenient study investigating 130 healthy pregnant women during 18-38 weeks of gestation. Resistivity and pulsatility indices (RI and PI) of the fetal renal arteries were evaluated by dividing the patients into four groups as per their gestational age. Normal reference ranges of RI and PI values were established. P values for RI and PI were also calculated.

Results: Mean values of the RI and PI of the fetal renal arteries were calculated. The p-value for RI is 0.05 and PI is 0.69. Hence the values remain unaltered with advancing gestational age.

Conclusion: These reference ranges demonstrate the minimal change of fetal renal hemodynamics during healthy pregnancies pertinent to our reference population. These may be applicable in antenatal practice to identify deviations from these reference ranges and will be beneficial in further studies related to the prediction of fetal renal function.

Keywords: Fetal renal artery; antenatal pulse wave doppler; pulsatility; resistivity; normal range

FRF-54 Diagnostic accuracy of ct pns in diagnosing fungal sinusitis and its corelation with histopathological findings

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Introduction: Fungal rhinosinusitis encompasses a wide variety of fungal infections that range from merely irritating to rapidly fatal. Fungal sinusitis can be divided into two groups, invasive and non invasive depending on the presence of fungal hyphae within or beyond the mucosa In invasive form hyphae are seen invading mucosa and depending upon severity and duration it is further classified into acute invasive fungal sinusitis ,chronic invasive fungal sinusitis and granulomatous invasive fungal sinusitis. In non-invasive form hyphae do not invade the mucosa and it includes allergic fungal sinusitis and sinus fungal mycetoma. The causative organism of invasive variety is mucormycosis while both invasive and non invasive forms are found in aspergillus.

Imaging is critical for timely diagnosis and surgical planning of Fungal sinusitis. It is primarily diagnosed by computed tomography (CT) and magnetic resonance imaging (MR). Osseous changes are best evaluated by CT however, soft tissue changes are better identified on MR. These bone changes may be seen in sinus walls, turbinates or the hard palate giving a mottled appearance. The pattern of sinus involvement generally involves the maxillary and ethmoid sinuses initially, followed by the sphenoid sinus. The majority of these patients have unilateral involvement of multiple sinuses. The involvement of Posterior ethmoid air cells or sphenoid sinus raise the



possibility of intracranial extension CT characteristics of fungal sinusitis include unilateral/Bilateral sinus opacification, soft-tissue thickening of the sinuses and lateral nasal wall mucosa, with bone erosion followed by intracranial and intraorbital extension as seen in invasive form. Periantral fat stranding or soft tissue thickening is another early sign of early sinusitis. Presence of soft tissue within the pterygopalatine fossa is an important imaging sign to indicate extrasinus invasion. There are various anatomical structures in head and neck region through which the disease involving sinonasal region can spread to vital structures. Anteriorly, the inferior orbital fissure communicates with the orbit. Medially, the sphenopalatine foramen leads to the nasal cavity. Laterally, the pterygomaxillary fissure is gateway to the infratemporal fossa. Inferiorly, it is connected to the oral cavity via the greater palatine canal. The foramen rotundum and pterygoid canal connects the Pterygopalatine fossa to the middle cranial fossa. thus the fungal infection involving the sinonasal region may end up with intraorbital and intracranial involvement.

Methodology: Cross-Sectional, Retrospective

Results: Out of 154 patients 88 were males and 66 were females. In 90 patients disease was unilateral whereas in 64 it was bilateral. In 128 cases sinus expansion was found and in 26 cases there was no sinus expansion. 122 patients showed positive findings on CT PNS (79.2%) for fungal sinusitis. All of the patients included in study were further referred for endoscopy followed by histopathology. Out of these 122 patients 114 (74%) showed fungal infection on endoscopy, and the tissue cultures of 110 (71.4%) patients confirmed fungal infection on histopathology.

Conclusion: CT scan is not only helpful in reaching the diagnosis but also detects possible complications and skeletal and soft tissue involvement in addition to providing a roadmap for management and surgical intervention.

Keywords: computed tomography, histopathology

FRF-55 The effect of COVID 19 on menstrual cycle of women of child bearing age

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Introduction: The aim of this study was to develop effective strategies to counsel the patients who presents with menstrual irregularities after COVID, their concerns can be handled with evidence of this study that this viral infection is likely cause of their menstrual irregularities.

Objective: To determine the effect of COVID-19 on menstrual cycle of women of child-bearing age.

Methodology: An analytical cross-sectional study was done on the females of reproductive age i.e., 15 to 49 years of age that belong to the twin city of Rawalpindi and Islamabad from January 2022 to June 2022 for an estimated period of 6 months.

After obtaining informed consent, a structured questionnaire was filled from each participant and the data obtained was analyzed by SPSS version 26. The p-value of 0.05 was considered significant. The outcome variables were the frequency of the menstrual cycle changes (i.e., increased menstrual cycle length, shortened menstrual cycle length, dysmenorrhea, decreased menstrual volume, menorrhagia and intermittent bleeding) and its association with the relevant demographics i.e., age, location, occupation, marital status and the number of children. The p-value of 0.05 was considered significant.

Results: 127(42.8%) out of total 297 women reported menstrual cycle changes. 59 reported an increase in cycle length while 41 reported hypomenorrhea and only 9 observed inter-menstrual bleeding. The associations of changes in menstrual cycle were found to be significant with age, occupation, marital status and number of children (p-value<0.05).

Conclusion: The study concludes that COVID-19 infection does have an effect on women's menstrual cycle which can affect female reproductive health in various ways. This warrants the need to consider the reproductive-health aspect of coronavirus infection as the virus keeps on evolving and after one wave passes, a new wave of COVID-19 infection comes.

Keywords: Covid 19, menstrual cycle , reproductive age

FRF-56 Comparison of Serum Magnesium Levels After Prophylactic Dose of MgSO₄ in Pre-eclamptic Women Having Normal vs High BMI

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Introduction: Magnesium sulphate is the most effective drug in preventing and controlling eclamptic seizures in hypertensive pregnant females. The therapeutic range of MgSO₄ that is 4.8-8.4mg/dl is considered safe, above this the levels may be fatal and may lead to toxicity and sub therapeutic levels may fail to achieve treatment. Loading dose of MgSO₄ is 4g followed by 1g per hour.
Objectives: To determine the frequency of therapeutic levels of Mg among severe preeclamptic patients and to compare the frequency of therapeutic levels among severe preeclamptic patients with normal BMI and high BMI.

Methodology: Study design: Descriptive, cross-sectional study.

Study duration: Department of Obstetrics & Gynecology, Holy Family Hospital Rawalpindi.

Settings: November 2022 to May 2023.

Materials & Methods: A total of 59 patients diagnosed with severe preeclampsia, 25 to 45 years of age were included. Patients who developed fits during therapeutic dosage of MgSO₄ were excluded. Patients were weighed and grouping was done according to the BMI, normal BMI were included in group A whereas high BMI were included in group B. In both the groups MgSO₄ was administered as 4g I/V followed by maintenance of 1g/hour. Three samples were collected, before magnesium sulphate therapy, after 1 hour and 4 hour. Blood was drawn by venipuncture from median cubital vein in 5cc syringe by research team member for Mg levels

Results: Frequency of therapeutic levels of MgSO₄ among severe preeclamptic patients was found in 43 (72.88%) patients. Comparison of the frequency of therapeutic levels among severe preeclamptic patients with normal BMI and high BMI was found to be 81.40% and 50.0% respectively.

Conclusion: In this study it was found that patients with higher BMI have higher risk of having

subtherapeutic serum magnesium levels with the standard dose of MgSO₄.

Keywords: MgSO₄, BMI, Serum magnesium level

FRF-57 Exploring the Timing of IUCD Insertion. Trans-Cesarean vs. Post-Placental – Which Prevails in Reducing Expulsion Rates?

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Introduction: The intrauterine contraceptive device (IUCD) and the contraceptive implants are safe and very effective methods of contraception. The intrauterine contraceptive device (IUCD) is effective in preventing unplanned pregnancy and birth spacing because of its convenience to administer at the time of delivery (abdominal/vaginal). This study will help to determine whether trans-cesarean IUCD insertion has a better outcome when compared to the immediate post-partum vaginal insertion.

Methodology: After informed consent, total of 218 women who delivered through cesarean section (Group A) or delivered vaginally (Group B) were included. The women with Hb < 8g/dl, rupture of membranes for more than 18 hours, uncontrolled PPH, pelvic inflammatory disease, uterine anomalies, multiple fibroids, allergy to copper, or any co-morbid like coagulation disorders or medical disorders were excluded. The outcomes i.e. expulsion rate were calculated and compared via chi-square test. P-value ≤ 0.05 was considered as statistically significant.

Results: In group A, the average age was 28.8 ± 6.37 years while in group B, it was 29.5 ± 6.32 years. The mean gestational age in group A was 39.8 ± 6.37 weeks, whereas in group B, it was 38.5 ± 6.32 weeks. Twenty-five women in group A (22.9%) and ten women in group B (9.2%) experienced IUCD expulsion with a p-value of 0.006, indicating a highly statistically significant difference.

Conclusion: Trans-cesarean IUCD insertion exhibits a lower expulsion rate as compared to the vaginal route

Keywords: Vaginal IUCD, Intra-cesarean IUCD, Expulsion, Infection.

FRF-58 Role of low dose Aspirin in Preventing Preterm Birth in Patients with Previous History of Preterm Delivery

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Introduction: Preterm birth (PTB), occurring between 24-36+6 weeks of pregnancy, is a global concern. In underdeveloped countries, the incidence is 25%, while 5-10% in developed countries. Incidence is quite high in Pakistan (15%). PTB contributes to 70% of neonatal deaths and 40% of long-term neurological issues, posing a significant healthcare financial burden. Previous preterm birth is a major risk factor. Treatments like salbutamol, progesterone, and calcium channel blockers have been used in the past. Spontaneous preterm birth is often linked to infection, inflammation, and uterine distension. Low-dose aspirin, with anti-inflammatory properties and the potential to enhance placental blood flow, is gaining interest

Methodology: The study included 172 patients with singleton pregnancy and a history of preterm birth, excluding those with cervical incompetence, aspirin allergies, or intolerable gastrointestinal issues. They were randomly split into two groups: Group A received 75mg of low-dose aspirin starting in the 6th week of pregnancy, and Group B served as the control. The patient is regularly followed every 8 weeks until delivery to monitor patient compliance and assess the effectiveness of the drug in terms of fetal birth weight.

Results: The mean age of patients in group A was 33.85 ± 5.210 years and in group B was 32.86 ± 4.139 years. In Group A, 10(11.6%) had preterm birth and 31(36.0%) in the control group with a p-value of 0.001, which is statistically significant. The risk of having preterm birth with low-dose aspirin was 1.801 times less than controls.

Conclusion: Low-dose aspirin before 14 weeks of pregnancy reduces the risk of spontaneous preterm birth in women with a prior history of it.

Keywords: preterm birth, low dose aspirin.

FRF-59 Comparison of Oral vs Rectal progesterone in the management of threatened miscarriage.

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Introduction: Threatened miscarriage is characterized by vaginal bleeding occurring before 24 weeks of gestation in the presence of a viable fetus and no cervical dilatation. This condition affects about 20-25% of pregnancies, with chromosomal abnormalities being a significant cause. Progesterone insufficiency can contribute to miscarriages, but it can be addressed through supplementation. This underscores the significance of selecting the right progesterone administration route, which offers convenience, better absorption, and fewer systemic side effects.

Methodology: A total of 62 women of reproductive age with threatened miscarriages before 24 weeks of gestation enrolled, excluding those with recurrent miscarriages, prior HCG or progesterone treatment, and certain medical conditions. They were divided into two groups: Group O (oral progesterone) 10 mg bd and Group R (Rectal progesterone) 400 mg PR once daily. Both groups were monitored until the 24th week of pregnancy, and we evaluated their effectiveness based on the cessation of bleeding and the presence of a viable fetus.

Results: The average age in Group O was 29.8 years ± 5.86 and in Group R, it was 30.6 years ± 4.82 . The study show that oral progesterone is effective in 18 (56%), while rectal progesterone in 26 (83.9%). This discrepancy was statistically significant, with a p-value of 0.025

Conclusion: Rectal progesterone is better in prevention of threatened miscarriage as compared to oral progesterone. The rectal route permits targeted drug delivery, maximizing the desired effects while minimizing the adverse systemic effects.

Keywords: Threatened miscarriage, oral progesterone, rectal progesterone.

FRF-60 Navigating the Maze: Challenges in Revamping Tertiary Care Hospital for a Healthier Future

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Introduction: Revamping means to change or arrange something again, in order to improve it. Revamping public sector hospitals is a complex process, and various challenges may arise during this endeavor. These challenges include stakeholder management, patient safety concerns, human resource challenges, displacement to sister hospitals and space limitations, operational disruptions, timeline pressures, regulatory compliance etc. Successful hospital revamping requires careful planning, effective communication, and the ability to adapt to unforeseen challenges. Addressing these challenges systematically can contribute to a smoother and more successful transformation.

Objectives

1. To find out the need of revamping by stakeholders
2. What are challenges faced by stakeholders and how they mitigate with challenges?
3. What are future prospects of revamping?

Methodology: It was a quantitative survey comprising of close ended questions and few open ended options encompassing the construct of “revamping of public sector hospital and its challenges”.

Stakeholders were divided into “host and guest”. Under each category the following were included faculty, trainees, paramedical staff, administration, patients. The questionnaire was designed and pre tested to check its understanding and circulated and filled via google form. The questionnaire for patients were filled by attending doctor after translating and checking their understanding. Data was analyzed

Results: Understanding the need of revamping was explored from perspective of different stakeholders. The construct of “revamping and challenges faced” was searched in the literature and following themes were identified, for example stakeholders management, patient safety concerns, human resource challenges, displacement to sister hospitals, space limitations, operational disruptions, timeline pressures, regulatory compliance and administrative issues. “Future prospects” comprised of safety of

building, fear of privatization and integration of new technologies.

Conclusion: Revamping of a public sector hospital is a bit more complex. However, with the right preparation, and timely addressing the challenges make it a successful endeavor.

Keywords: revamping, public sector hospital. patients, doctors

FRF-61 Incidence of Acute Kidney Injury after Stroke and Its Association with 30-day Mortality of Stroke Patients

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Introduction: Globally, stroke is the second most common cause of death. It is also a major cause of neurological disability with great human and economic costs.¹ Epidemiological studies show that the incidence of stroke varies greatly between different populations and regions and has been on the decline in recent decades in high income countries due to advances in prevention, early recognition and management of risk factors. Thus, currently low-and middle- income countries share the greatest burden of the disease.² In Pakistan, the estimated annual incidence of stroke is 250/100,000.³ Complications associated with stroke include post stroke depression (PSD), anxiety disorders, post-stroke fatigue, new onset dementia, falls and subsequent injuries and chronic pain among others.⁴ One of the complications, which is sometimes under-recognized is Acute Kidney Injury (AKI).⁵ Acute kidney injury (AKI), defined as a measurable increase in the serum creatinine (Cr) concentration (usually relative increase of 50% or absolute increase by 44–88 $\mu\text{mol/L}$ [0.5–1.0 mg/dL]).⁶ Many studies have shown that AKI is a common complication after stroke.^{5,7-11} Diabetes, ischemic heart disease, history of heart failure and greater age have all been associated with a higher risk of developing AKI after stroke.⁹ Studies have also found association of AKI after stroke with increased mortality.^{8,12} AKI after stroke may develop due to physiological changes e.g., hormone levels, blood pressure and physical disability, and may also be due to the treatments provided to stroke patients. Activation of sympathetic nervous system, HPA axis and RAAS induced by stroke may alter hormone and neurotransmitter release, which in turn

may mediate kidney dysfunction.¹⁴ In resource limited countries like Pakistan, patients with AKI after stroke have a very poor prognosis. Knowledge about this complication and early detection can be helpful in preventing poorer outcomes and can also help in formulating preventative and management protocols. Local data in this regard is scarce; therefore we decided to conduct this study. The objective of this study is to determine the incidence of acute kidney injury after stroke and to find the association of AKI after stroke with 30day mortality of the patients.

Methodology: This descriptive study was conducted in Medical Unit-I, Holy Family Hospital from June 2020 to January 2021. 130 patients with CT-confirmed stroke (both ischemic and hemorrhagic) with symptoms ranging from 1-24 hours were included in the study using consecutive (non-probability) sampling, after informed consent from the attendants. Patients with a history of recurrent stroke, renal dysfunction before stroke (urea > 52mg/dl and creatinine > 1.2mg/dl, eGFR < 90 ml/min, proteinuria, or patients on dialysis as per medical record), uncontrolled hypertension (BP \geq 180/110 mmHg), alcohol use, intravenous drug abuse and diabetes (BSR > 200 mg/dl) were excluded from the study. Patients' baseline serum creatinine levels were recorded and were noted again after 72 hours. A > 0.3 mg/dl increase from the baseline was defined as acute kidney injury. Mortality was recorded in patients who died within 30 days of stroke.

Results: The mean age of the patients was 55.48 ± 10.85 years. 81 patients (62.3%) were male and 49 (37.7%) were female. 25 (19.2%) patients had acute kidney injury. 25 (19.2%) patients (amongst both with and without acute kidney injury) died within 30 days. There was a significant association between acute kidney injury and 30-day mortality of the stroke patients (p-value<0.001). This association was significant in all age groups, both genders, regardless of present or absent history of smoking and regardless of duration of symptoms prior to arrival (p value <0.001).

Results: The mean age of the patients was 55.48 ± 10.85 years, with the minimum being 35 years and maximum being 82 years. Out of 130, 81(62.3%) of the patients were male and 49 (37.7%) were female. 37 (28.5%) had a history of smoking and 93 (71.5%) had none. The mean duration of symptoms prior to hospital arrival was 13.51 ± 5.04 hours. The minimum duration of symptoms was 1 hour, and

maximum was 24 hours. The mean creatinine level at baseline was 0.55 ± 0.26 mg/dL and after 72 hours it was 0.92 ± 0.71 mg/dL. A total of 25 (19.2%) patients out of 130 had acute kidney injury. A total of 25 (19.2%) patients with stroke died within 30 days. Among them 16 were male and 9 were female. There was a significant association between acute kidney injury in stroke patients and 30-day mortality (p-value <0.001) (Table-1). This significant association was reflected in all age groups i.e., 35-50 years, 51-65 years and more than 65 years (p-values: <0.001, <0.001 and <0.001) (Table-2). In addition, the significant association between acute kidney injury after stroke and mortality was present among both males and females (p-values: <0.001 and <0.001). In 16 males with 30-day mortality, 15 (93.75%) had acute kidney injury. In 9 females with 30-day mortality, all had acute kidney injury. Mortality could have been caused by other factors such as degree of disability, aspiration pneumonia, urinary tract infections or seizures but we did not inquire about these variables. The association between acute kidney injury and mortality was significant regardless of presence or absence of history of smoking i.e., it was significant in both groups (table 3) (p-value<0.001). A total of 64 patients presented with symptom duration of 1-12 hours and 66 patients presented with symptom duration of 13-24 hours. 7 patients had 30-day mortality in the 1-12 hours group, out of which 6 (85.7%) had acute kidney injury. In the 13-24 hours group, 18 patients had 30day mortality, and all had acute kidney injury. In both the groups there was significant association between acute kidney injury and mortality (p value <0.001)

Conclusion: Acute kidney injury affects a proportion of patients of stroke. There is a significant association between AKI and 30-day mortality after stroke, suggesting there might be a link between them.

Keywords: stroke, mortality, acute kidney injury



FRF-62 Do Hematocrit levels differentiate between complicated and uncomplicated Dengue Fever

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Introduction: Dengue Fever is major public health concern and effects more than 100 countries worldwide. Annually, 390 million infections and around 20,000 deaths around the globe high light the gigantic challenge posed by dengue virus. Hematocrit monitoring is vital part of DF. Increasing hematocrit in DF usually indicates plasma leakage, whereas decreasing can be due to bleeding. Data specifically looking at hematocrit levels on presentation as marker of severity is scarce, especially in Pakistani medical literature. Hematocrit, a cheap and widely available option, can be very useful. Therefore, this study was proposed to compare the mean hematocrit levels at presentation of DF patients with DHF and DSS patients and evaluate the importance of hemtocrit in differentiating classical DF from DHF and DSS patients.

Methodology: The prospective longitudinal study was con- ducted at the Department of Infectious Diseases, Holy Family Hospital, Rawalpindi Pakistan, from October 2019 to September 2020, after approval from Rawalpindi Medical University Research and Ethical Committee (R-61/RMU dated 12 Oct 2019). Around 240 dengue patients were enrolled. Hematocrit level at presentation was measured using an automated haematology analyzer. The patients were then followed for the development of complications (Dengue hemorrhagic fever and Dengue shock syndrome).

Results: Of 240 patients, 183(76.2%) were male, and 57(23.8%) were female. Dengue Fever was present in 96(40%) patients, whereas 144(60%) patients developed complications (Dengue Hemorrhagic Fever and Dengue Shock Syndrome). The mean hematocrit level at presentation significantly differed among the groups ($p=0.012$). Following the ROC curve analysis, for the cut-off value of 42.6% of hematocrit Group II had a sensitivity of 56.25% and a specificity of 62.5% at an Area under the curve of 0.589.

Conclusion: The mean hematocrit levels were significantly higher in patients with complicated versus uncomplicated Dengue Fever. Hematocrit could not be projected as a predictor of Dengue Fever severity.

Keywords: Dengue fever, Dengue Shock Syndrome, Dengue Hemorrhagic Fever, Hematocrit.

FRF-63 Incidence of Acute Kidney Injury after Stroke and Its Association with 30-day Mortality of Stroke Patients

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Introduction: Globally, stroke is the second most common cause of death. It is also a major cause of neurological disability with great human and economic costs.¹ Epidemiological studies show that the incidence of stroke varies greatly between different populations and regions and has been on the decline in recent decades in high income countries due to advances in prevention, early recognition and management of risk factors. Thus, currently low-and middle- income countries share the greatest burden of the disease.² In Pakistan, the estimated annual incidence of stroke is 250/100,000.³ Complications associated with stroke include post stroke depression (PSD), anxiety disorders, post-stroke fatigue, new onset dementia, falls and subsequent injuries and 4 chronic pain among others. One of the complications, which is sometimes under-recognized is Acute Kidney 5 Injury (AKI). Acute kidney injury (AKI), defined as a measurable increase in the serum creatinine (Cr) concentration (usually relative increase of 50% or absolute 6 increase by 44–88 $\mu\text{mol/L}$ [0.5–1.0 mg/dL]). Many studies have shown that AKI is a common complication 5,7-11 after stroke. Diabetes, ischemic heart disease, history of heart failure and greater age have all been associated 9 with a higher risk of developing AKI after stroke. Studies have also found association of AKI after stroke with 8,12 increased mortality. AKI after stroke may develop due to physiological changes e.g., hormone levels, blood pressure and physical disability, and may also be due to the treatments 13 provided to stroke patients. Activation of sympathetic nervous system, HP Aaxis and RAAS induced by stroke may alter hormone and neurotransmitter

release, which in turn may mediate kidney dysfunction. In resource limited countries like Pakistan, patients with AKI after stroke have a very poor prognosis. Knowledge about this complication and early detection can be helpful in preventing poorer outcomes and can also help in formulating preventative and management protocols. Local data in this regard is scarce; therefore we decided to conduct this study. The objective of this study is to determine the incidence of acute kidney injury after stroke and to find the association of AKI after stroke with 30-day mortality of the patients.

Methodology: This descriptive study was conducted in Medical Unit-I, Holy Family Hospital from June 2020 to January 2021. 130 patients with CT-confirmed stroke (both ischemic and hemorrhagic) with symptoms ranging from 1-24 hours were included in the study using consecutive (non-probability) sampling, after informed consent from the attendants. Patients with a history of recurrent stroke, renal dysfunction before stroke (urea > 52mg/dl and creatinine > 1.2mg/dl, eGFR < 90 ml/min, proteinuria, or patients on dialysis as per medical record), uncontrolled hypertension (BP \geq 180/110 mmHg), alcohol use, intravenous drug abuse and diabetes (BSR > 200 mg/dl) were excluded from the study. Patients' baseline serum creatinine levels were recorded and were noted again after 72 hours. A > 0.3 mg/dl increase from the baseline was defined as acute kidney injury. Mortality was recorded in patients who died within 30 days of stroke.

Results: The mean age of the patients was 55.48 ± 10.85 years. 81 patients (62.3%) were male and 49(37.7%) were female. 25 (19.2%) patients had acute kidney injury. 25 (19.2%) patients (amongst both with and without acute kidney injury) died within 30 days. There was a significant association between acute kidney injury and 30-day mortality of the stroke patients (p-value<0.001). This association was significant in all age groups, both genders, regardless of present or absent history of smoking and regardless of duration of symptoms prior to arrival (p value <0.001).

Conclusion: Acute kidney injury affects a proportion of patients of stroke. There is a significant association between AKI and 30-day mortality after stroke, suggesting there might be a link between them.

Keywords: stroke, mortality, acute kidney injury.

FRF-64 Add-On Therapy of Dapagliflozin to Metformin in Patients with Diabetes Mellitus Type-2; Efficacy and Renal Safety

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Introduction: Diabetes mellitus type-2 is a multifactorial chronic metabolic disease and a great threat to public health. Its morbidity is increasing with time and according to an estimate its prevalence will be about 552 million by 2030. It is difficult to achieve good glycemic control among patients with type-2 diabetes. Mostly patients taking anti-glycemic monotherapy are unable to achieve blood glycemic control. In such cases combination therapy of anti-diabetics has been suggested, which not only acquires glycemic control but also has a good impact on cardiovascular and renal profile and reduces hypoglycemic events as well. ¹ Prevalence of diabetes mellitus type-2 in Pakistan is 11.77%, prevalence is 11.2% in males and 9.19% in females. It is more common in urban areas than rural areas. ² This disease is also common in western countries. Prevalence of diabetes mellitus in Italy has been increased from 3.4% to 5.5% in last 20 years and out of them 91% have type 2 diabetes. ³ Main goal of treatment of diabetes is to reduce blood glucose level. ⁴ In diabetes systemic metabolic dysregulation occurs and it is associated with increased BMI and obesity. Dapagliflozin is a selective inhibitor of SGLT2 (sodium-glucose cotransporter-2) that decreases blood glucose level by decreasing renal absorption of glucose and increasing its excretion. ⁵ In phase-III trials dapagliflozin was well tolerated in diabetes mellitus type-2 in early and late stages and no issue in its safety reported. ^{6,7} Studies have confirmed that Dapagliflozin has reduced serum HbA1c level and body weight as well when used alone as add-on therapy with other glucose lowering drugs. ⁸ Dapagliflozin in combination with Metformin does not affect renal function and has no renal toxicity among patients having normal or mildly impaired renal function. It causes glycosuria and lowers blood glucose level irrespective of insulin sensitivity or secretion by β cells. It also lowers blood pressure and body weight. It has been reported safe among diabetic patients with chronic kidney disease stage

3A, due to its beneficial renal effects.⁹ Dapagliflozin with Metformin after 24 weeks treatment has been reported to have good metabolic effects such as increasing HDL level, decreasing triglyceride concentration and also lowers body weight among women with recent gestational diabetes mellitus.¹⁰ This study was conducted to evaluate efficacy of Dapagliflozin in lowering serum glucose level and its renal safety in patients with type-2 diabetes in Pakistan.

Methodology: Patients taking Dapagliflozin in combination with Metformin (MET+DAPA) (n=45) were compared to those taking other glucose lowering agent in combination with Metformin (MET+ other drug) (n=45) for the control of diabetes mellitus type-II. Efficacy of treatment was assessed by the level of glycosylated hemoglobin HbA1c, and renal safety assessed by serum creatinine level done at 6 and 12 months of treatment.

Results: Total 90 cases were studied including 60% male and 40% female cases with mean age 50.8 ± 7.4 years. Patients taking Dapagliflozin + Metformin (n=45), and others taking Metformin+ other glucose lowering drug (n=45) were having mean values of BMI 32.8 ± 5.9 kg/m² & 33.4 ± 7.2 kg/m², HbA1c $8.4 \pm 1.2\%$ & $9.1 \pm 1.6\%$ and blood urea nitrogen 6.7 ± 1.4 & 6.5 ± 1.8 mmol/L respectively. After 12 months treatment mean HbA1c level was reduced from $8.7 \pm 1.4\%$ to $6.6 \pm 0.3\%$, BMI reduced significantly and no detrimental effects reported on renal function.

Conclusion: Patients with type-II diabetes mellitus taking Dapagliflozin in combination with Metformin showed good glycemic control and renal safety

Keywords: Dapagliflozin, Diabetes mellitus type-2, Glycosylated Hemoglobin, Metformin.

FRF-65 Leukocyte Count: A Reliable Marker for Severity of Organophosphorus Intoxication

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Introduction: To determine reliability of leukocyte count on admission for prediction of mortality among patients with organophosphorus intoxication. Early prediction can help in preventing the poor outcome

and improved management. This is cost and time effective method and better management and preventive protocols can be developed.

Methodology: The design of this study was a Cross sectional study design. The duration of this study was six months from 31-03-2020 to 30-09-2020 and this study was conducted in the Department of Medicine (unit II), HFH, Rawalpindi. A total of one hundred and sixty (n= 160) patients of either gender between age between 16-85 years who were confirmed cases of organophosphorus poisoning were enrolled. Leukocyte count levels were noted at the time of admission and patients were monitored for 7 days in the hospital for mortality.

Results: The results showed that sensitivity, specificity, positive predictive value, negative predictive value and accuracy of raised leukocytes counts ($> 12000/uL$) at admission as 60.4%, 77.8%, 50.0%, 84.3% and 73.1% respectively. ROC curve showed best cutoff value of raised leukocytes counts ($> 12000/uL$) at admission as 10253/uL, where sensitivity of 72.1% and specificity of 58.1% was achieved. Area under the curve (AUC) was calculated as 0.707.

Practical Implication: To determine the diagnostic accuracy of leukocyte count in prediction of mortality in patients with organophosphorus intoxication keeping actual mortality as gold standard.

Conclusion: Raised leukocytes counts ($>12000/uL$) at admission allowed prediction of mortality in patients with organophosphorus poisoning with reasonable accuracy. Our study results showed sensitivity, specificity, PPV, NPV and accuracy of 60.4%, 77.8%, 50.0%, 84.3% and 73.1% respectively.

Keywords: Leukocyte Counts, Organophosphorus, Poisoning, Mortality, Intoxication, Predictive Value, Morbidity

FRF-66 Preoperative scoring system in predicting difficulty in laparoscopic cholecystectomy

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Introduction: For a long time now, laparoscopic cholecystectomy (LC) has been the gold standard treatment for gallstone disease.¹

Having said that, approximately 2–15% of attempted LCs have to be converted to an open procedure due to various difficulties faced while performing the procedure.² Age >60 years, male gender, pre-operative upper abdominal tenderness, upper abdominal scar of previous surgery, thick gallbladder wall on abdominal ultrasound, and preoperative acute cholecystitis had significant risk of conversion on multivariate analysis. This study has been structured and planned taking into account the various difficult situations a laparoscopic surgeon faces during laparoscopic cholecystectomy and assigns an objective outlook to the difficulty in the form of a difficulty score. A better understanding of the risk factors that herald a difficult cholecystectomy has been the aim of every surgeon even before laparoscopy was invented but now the need has increased because although laparoscopic cholecystectomy has many advantages for the patients, the surgeons trained in open procedures still find it difficult to master. With the help of accurate prediction, high risk patients would be informed beforehand, scheduled for longer hospitalization and more intensive post-operative care. Surgeon would also be prepared beforehand and proper consultant cover would be there to manage any per-operative complication. Hospital administration would plan and predict admissions and bed vacancy. The objectives of this study are to predict difficult laparoscopic cholecystectomy preoperatively using a scoring system, to determine the association of various risk factors with degree of difficulty encountered during the procedure and to correlate the pre-operative scores with actual level of difficulty during the procedure.

Methodology: Patients with symptomatic gallstone disease that were admitted in SU-1 of Holy family hospital during the above period were included in the study. For collection of data, a pre-tested questionnaire was used after taking informed oral consent. On admission, one day before the surgery, preoperative points were allotted on basis of patient's history, examination, hematological (CBC), biochemical (LFTs) and ultrasound results. Preoperative scores up to 5 was summed up as easy, scores 6 – 10 as difficult, 11 – 16 as very difficult. Calculated sample size was 229. SPSS version 22 and WHO Anthro calculator version 3.2.2 were used for data entry and analysis.

Results: Among 230 patients that were included in the study, 188 were female and 42 were male. Various risk factors were found to have significant positive correlation with intraoperative difficulty during cholecystectomy. These are: Previous episodes of cholecystitis and pancreatitis ($p=0.00$), ERCP ($p=0.00$), tenderness in right hypochondrium ($p=0.002$), hepatitis serology ($p=0.02$), and Total Leukocyte Count ($p=0.006$). Whereas the following factors had insignificant relation with intraoperative difficult cholecystectomy: ALT and ALP ($p>0.05$, $p=0.06$ and 0.26 respectively) and hepatitis serology ($p=0.406$). A significant correlation was found between preoperative and intraoperative scores of the patients ($p=0.003$) indicating that preoperative assessment of various risk factors can predict the level of difficulty of cholecystectomy and its conversion to open cholecystectomy.

Conclusion: We may conclude that the scoring system evaluated in our study is a sturdy, reliable and useful benchmark to predict difficult cases. Preoperative prediction of the risk factors of conversion or difficulty of operation is an important point for operative planning and the high-risk patients may be informed accordingly.

Keywords: Gall Bladder, Laparoscopic Cholecystectomy, Total Lymphocyte Count, Ultrasound Abdomen.

FRF-67 Pattern of Breast Cancer Presentation

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Introduction: To study the various types of breast cancer presenting in local hospital to ensure better facilities, early diagnosis and better treatment options

Methodology: In this descriptive study all breast cancer patients, over a period of two years were included. Triple assessment of patients done for diagnosis and treatment given all were included in data.

Results: Total number of patients who presented were 1982. Benign breast disease patients were 1746 (88.0%). Breast cancer were 236(11.90%). Five hundred and two mammographies were done, 197 were BIRAD 5. Preferably confirmation was done

through trucut biopsy (35), FNAC was done in 74 and where needed incisional biopsy in fungating tumors (n=15) and excisional biopsy where in spite of all modalities diagnosis was not confirmed (n=11). Age varied from 24 to 75 years. Majority (126) were in stage 3. Forty-two patients received neoadjuvant chemotherapy. Modified radical mastectomy (n=114), Breast conservation (n=13) and simple mastectomy (n=17) were performed. Receptor status was determined.

Conclusion: The most common stage of presentation is stage 3. Such patients need down staging and then surgery. They required proper counseling and support for their treatment. Females usually present late due to domestic issues. Early diagnosis, treatment and full support is required to treat breast cancer. This study will help to provide better facilities for early diagnosis and treatment.

Keywords: Breast Cancer, Triple Assessment, Modified Radical Mastectomy

FRF-68 Classical prone percutaneous nephrolithotomy in a solitary functioning kidney with severe kyphoscoliosis

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Introduction: Percutaneous nephrolithotomy (PCNL) is one of the important options in the management of large (>2 cms) and complex renal calculi. Traditionally the prone position has been used to access the pelvicalyceal system. It has its advantages and disadvantages as well. Several modifications to this position have been suggested and reported by several urologists.

Methodology: We report a case of a 40-year-old female presenting to us with solitary functioning right kidney with a large renal calculus. As she was a case of severe kyphoscoliosis, we had to use classical prone position to access the pelvicalyceal system.

Results: In February 2019, a 40-year-old married woman presented to our outpatient urology clinic and complained of paroxysmal dull pain in the right lower back for the last twelve days. The pain had been aggravated with exertion and fluid intake. Medical history revealed that she was suffering from

potts disease for which she had taken anti-tuberculous medications. Surgical history was unremarkable. Physical examination revealed the abnormal curve of the spine on two planes: side to side (coronal plane) and back to front (sagittal plane). The patient was neither hypertensive and nor diabetic. All the hematological investigations were within normal limits. Plain CT revealed multiple right renal calculi (HU+1283) measuring (2.0 × 2.4 × 2.0 cm) in the right renal pelvis. Left kidney was congenitally shrunken, relatively small in size with cortical thinning and irregular outline. Magnetic resonance imaging (MRI) of spine reveals degenerative and generalized osteopenia was noted in the entire spine with significantly reduced intervertebral spaces of the lower thoracic and lumbar vertebrae. We reviewed treatment options in multidisciplinary team meetings (MDTM), most notably PCNL or extended pyelolithotomy. Neurosurgical reviews were obtained during MDTM. Open surgical approach was not possible as iliac crest and ribs were almost in close approximation. Given the solitary functioning kidney and severe kyphoscoliosis with her young age, we recommend PCNL in classical prone position. PCNL was planned under general anesthesia. An initial right retrograde ureteropyelogram was done to delineate the pelvicalyceal system with the patient positioned in a lithotomy position. With proper care, the patient was put in prone position. The patient's head, thorax, and abdomen were positioned on the upper end of the operating table. In this position, the C-arm could be freely moved over the back. PCNL was performed using a bull's eye technique to puncture the pelvicalyceal system and track dilated using a combination of Teflon and metal dilators. The stone was fragmented using a pneumatic lithoclast. The stone was fragmented and extracted totally. An antegrade DJ stent was passed through guide wire for 2 weeks. Postoperative period was uneventful. The patient was discharged on the 3rd postoperative day with no complications.

Conclusion: In February 2019, a 40-year-old married woman presented to our outpatient urology clinic and complained of paroxysmal dull pain in the right lower back for the last twelve days. The pain had been aggravated with exertion and fluid intake. Medical history revealed that she was suffering from potts disease for which she had taken anti-tuberculous medications. Surgical history was unremarkable. Physical examination revealed the

abnormal curve of the spine on two planes: side to side (coronal plane) and back to front (sagittal plane). The patient was neither hypertensive and nor diabetic. All the hematological investigations were within normal limits. Plain CT revealed multiple right renal calculi (HU+1283) measuring (2.0 × 2.4 × 2.0 cm) in the right renal pelvis. Left kidney was congenitally shrunken, relatively small in size with cortical thinning and irregular outline. Magnetic resonance imaging (MRI) of spine reveals degenerative and generalized steopenia was noted in the entire spine with significantly reduced intervertebral spaces of the lower thoracic and lumbar vertebrae. We reviewed treatment options in multidisciplinary team meetings (MDTM), most notably PCNL or extended pyelolithotomy. Neurosurgical reviews were obtained during MDTM. Open surgical approach was not possible as iliac crest and ribs were almost in close approximation. Given the solitary functioning kidney and severe kyphoscoliosis with her young age, we recommend PCNL in classical prone position. PCNL was planned under general anesthesia. An initial right retrograde ureteropyelogram was done to delineate the pelvicaliceal system with the patient positioned in a lithotomy position. With proper care, the patient was put in prone position. The patient's head, thorax, and abdomen were positioned on the upper end of the operating table. In this position, the C-arm could be freely moved over the back. PCNL was performed using a bull's eye technique to puncture the pelvicaliceal system and track dilated using a combination of Teflon and metal dilators. The stone was fragmented using a pneumatic lithoclast. The stone was fragmented and extracted totally. An antegrade DJ stent was passed through guide wire for 2 weeks. Postoperative period was uneventful. The patient was discharged on the 3rd postoperative day with no complications.

Keywords: pcnl, kyphoscoliosis

FRF-69 Rotationplasty for Spindle Cell Tumor of Tibia

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Introduction: Rotationplasty has gained popularity for lower limb salvage in oncological resection in

place of amputation. It provides more reliable and functional results, with overwhelming cosmetic concerns. We discuss the use of this functional and oncologically reliable technique for an 18-year-old male patient who presented with malignant spindle cell carcinoma. With a multidisciplinary team (MDT) approach and involvement of occupational therapy and rehabilitation, we achieved satisfactory results with no discernible impact on the social and emotional functioning of our patient.

Methodology: young male, 18 years of age presented to us with a malignant spindle cell tumor of the right tibia involving the knee joint in February 2021. He had a history of swelling around the right knee joint for the last six months. Previous work up and MRI was consistent with biopsy-proven spindle cell tumor of the tibia. It had involved the proximal head of the tibia and was 3 mm away from the knee joint cavity. Different therapeutic options were given to the patient, including mega-prosthesis, resection of joint and knee arthrodesis, Van ness rotationplasty, and above-the-knee amputation. The patient was made aware of all the available treatment modalities with detailed informed consent. Pre-operative marking of the right knee for tumor resection and knee rotationplasty, the amount of femur to be taken out should correspond to the amount of tibia that is preserved. The patient decided to opt for rotationplasty after discussing the financial restraints and functional outcome of each of the procedures. The patient was shown videos and pictures of different individuals who had gone through the same procedure. Preoperative workup was done with the planning of the oncological resection and involvement of sciatic nerve was excluded. Multidisciplinary team (MDT) was involved throughout the case. Rotationplasty (Van ness procedure) was performed in February 2021 and en bloc resection of the distal femur and proximal tibia with knee joint was done, along with intra-medullary nail fixation by the orthopedic team. The drain was placed which was removed on the third day, and recovery was uneventful. After excising the tumor, the neurovascular bundle was preserved and his foot was revered. The ankle joint replaced the knee joint Per-operative picture. Above: After excision of giant cell tumor while maintaining the neurovascular bundle to keep the foot viable Below: After knee rotationplasty, foot has now been reversed and ankle joint now plays the role of pseudo knee joint Post op result after skeletal fixation and skin closure.

Soft tissue healing occurred within one month. The range of motion improved with physiotherapy within two months. The patient's activity was partial weight-bearing after two months and full weight-bearing with prosthesis after four months. At last follow up, five months after the surgery the patient has had three cycles of chemotherapy with three cycles remaining. His radiograph shows adequate healing of femoro-tibial bony union. His prosthesis was planned for next month, and the patient was satisfied with his functional outcome. He has come to terms with the cosmetic appearance of the limb. He can walk 50 m with crutches without pain, and he can climb stairs with crutches, and he has started partial weight bearing on his affected limb.

Results: Rotationplasty was first described by Borggreve for limb shortening and knee joint ankylosis secondary to tuberculosis in 1930 and then later on Van Ness popularized this procedure for proximal femoral focal deficient [1-2]. In 1982, Kotz and Salzer described promising outcomes in patients of osteosarcoma in the distal femur who underwent tumor resection and rotationplasty [3]. It also played a role in the treatment of congenital femoral deficiency [4]. Today, rotationplasty can be recommended in patients diagnosed with extensive soft tissue tumors, failed limb-salvage procedure, or as an alternative to endoprosthesis [5-6]. In skeletally immature patients with a malignant tumor around the knee, rotationplasty offers a reliable choice for tumor resection [7]. The current recommendation for tumor cases is favored towards rotationplasty, offering a wide surgical margin resection with a functional remaining limb [8]. Rotationplasty is a limb-sparing procedure that preserves the foot and consists of en bloc resection of the knee joint, distal femur, and proximal tibia while retaining the femoral artery and sciatic nerve and rotation of the distal segment 180 degrees so that the reversed ankle functions like a knee joint and the foot functions as the tibia that can be fitted with a below-knee type prosthesis [9-11]. This new knee has active flexion of nearly 90 degrees and has a short rehabilitation period with a prosthesis [6]. Winkelmann and colleagues classified rotationplasty into five groups and noted that the procedure can be used not only in children with a sarcoma of the distal femur but also to treat tumors in the proximal femur and proximal tibia [12]. Patients with rotationplasty limbs have exceptional psychological and functional outcomes, including physical and mental functioning, vitality, somatic pain, emotional, and social health [8, 13-16]. Rotationplasty is a good alternative for above-

the-knee amputation [17]. It avoids the complications associated with amputation stumps, for instance, phantom pain or neuroma. The reconstructed limb has satisfactory weight-bearing capacity when the prosthesis is worn [17]. The functional advantage of rotationplasty is a more efficient gait with the ability to run, climb stairs, etc., and lower oxygen consumption than above-the-knee amputation or knee arthrodesis [18-19]. The main problems with rotationplasty are cosmetic appearance and potential psychologic issues [6, 8]. However, compared to amputations these patients do not consider themselves as an amputee, and with good functional outcomes, they fare better than the patients who have had an amputation [8].

Rotationplasty is a valid, efficacious, and substitute procedure to above-the-knee amputation or endoprotheses, especially for young patients, and allows patients to recuperate near-normal functional performance and patient satisfaction.

Conclusion: Our aim in this patient was to find the best treatment option for him so that he can regain near-normal function after resection of the tumor around his knee joint. In rotationplasty, the ankle adopts the role of a functioning knee joint as it is rotated 180 degrees, enabling the patient to start the rehabilitation protocol. One of the benefits of Van Ness rotationplasty is the lack of phantom pain because of sciatic nerve preservation. Moreover, compared to above-the-knee amputation there is less incidence of infection, less restriction on daily life activities, better gait, and better proprioception in rotationplasty. Although it is a complex procedure, its advantages make it a desirable treatment option. We have concluded from our experience that rotationplasty is a valid, efficacious, and a substitute procedure to above-the-knee amputation or endoprotheses, especially for young patients, and allows patients to recuperate near-normal functional performance and patient satisfaction.

Keywords: Rotationplasty



FRF-70 The role of MRCP in the Diagnosis of Pancreatobiliary disorders. Three years study at a tertiary care hospital

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Introduction: MRCP (Magnetic Resonance Cholangio Pancreatography) is used in the evaluation of the biliary and pancreatic ducts. It helps in the assessment of causes of biliary abnormalities and can be useful in the evaluation of the pancreatic duct without the invasiveness of an endoscopic procedure.

Methodology: It was retrospective study data were collected from 659 patients who underwent MRCP from January 2021 to September 2023. A total of 659 patients (mean age: 45 ± 15.63 years; range: 03-80 years) who had experienced symptoms and who underwent MRCP, were included in this study. The recruitment indication of all cases was patients who had clinical symptoms, such as abdominal pain, jaundice, nausea and vomiting, which thus were clinically suspected as relative pancreaticobiliary diseases. All cases were examined by MRCP.

Results: Total 659 patients were studied indicating different pancreatico-biliary disorders. The majority of patient presented were with abdominal pain and jaundice. The most common pancreaticobiliary disorders was cholelithiasis along with choledocholithiasis (8.3%), cholelithiasis (17.4%) CBD stricture (13.6%) Pancreatitis (8.3%) along with many other disorders.

Conclusion: MRCP readily and accurately permits the study and evaluation of the pancreaticobiliary disorders. MRCP has an advantage of being non-invasive and non-ionizing imaging method. It has important clinical value in the early diagnosis and preventive treatment of pancreaticobiliary disease.

Keywords: MRCP, Pancreato-biliary disorders

FRF-71 The Effectiveness of Pneumatic Balloon Dilatation as a Treatment Option for Achalasia in Pakistan

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Introduction: Achalasia is characterized by dysphagia and related symptoms that have traditionally been managed with medications, botox injections, pneumatic dilatation (PD), or Heller's myotomy. POEM, introduced in 2008, has emerged as an effective treatment, however, it's not widely available in developing countries like Pakistan, where PD remains popular due to accessibility, cost-effectiveness, and efficacy, serving as the first-line non-surgical treatment. Assessing post-treatment improvement is crucial, but the Eckardt score helps to evaluate quality-of-life and symptom severity, providing insights for follow-up care, especially regarding PD treatment outcomes.

Methodology: Between 2015 and 2023, 213 Achalasia patients were diagnosed through HRM at the Center for Liver & Digestive Diseases, Holy Family Hospital in Rawalpindi, Pakistan, out of which 197 patients were included due to opting PD and completing the telephonic interviews using the Eckardt questionnaire for follow-ups. Data analysis was performed in SPSS version 25.0.

Results: In a study of 197 patients (113 males, 84 females) with an average age of 41 ± 16 years, most had Achalasia I (62%), with 30% Achalasia II, and the rest had Achalasia III. Initial dilations used balloon diameters of 30(23%), 35(45%), or 40mm (32%), with a mean PSI of 11 ± 4 mmHg. After three months, the mean LES pressure dropped from 33.1 ± 2.1 to 13.1 ± 0.9 mmHg ($P < .0001$). Dysphagia improved in 91% of patients, 55% became symptom-free, and 52% gained an average of 5.6 ± 0.7 kg. After a 2-year follow-up, 136 patients remained symptom-free requiring no additional treatments, while the rest needed 2-3 repeated dilations due to worsening symptoms (Eckardt score increasing from a mean of 3 to 5) around 11 ± 5 months after their initial diagnosis. Over a 5-year follow-up, 81% of the 197 patients who underwent PD showed excellent outcomes, with no significant change in their Eckardt score. The remaining individuals required an additional 2-3 sessions to relieve their symptoms.

None of the patients exhibited any serious complications.

Conclusion: In conclusion, our study demonstrates the real-world effectiveness and safety of PD in Achalasia patients in the Pakistani population with 69% of patients not requiring any additional session after 11 ± 5 months of their 1st PD whereas overall 5-year follow-up suggesting an excellent outcome in 81% of cases. Furthermore, Eckardt questionnaire effectively assessed post-treatment response and distinguish success from failure in long-term follow-up preventing repeat physiological tests.

Keywords: Achalasia, Pneumatic Dilatation, Eckardt Score

FRF-72 Prevalence of hepatitis E in chronic liver disease

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Introduction: Hepatitis E virus is a significant cause of viral hepatitis transmitted by the fecal-oral route [1]. The infection with HEV induces acute or subclinical as well as chronic liver diseases. When HEV causes Acute Viral Hepatitis in patients of chronic liver disease it may worsen rapidly to a syndrome called acute-on-chronic liver failure (ACLF). Acute deterioration of liver function in a patient with compensated chronic liver disease is the characteristic feature of ACLF. Many publications have reported HEV as one of the leading causes for ACLF from Asia and Africa, where HEV is endemic. The mortality rate of HEV-related ACLF (HEV-ACLF) ranges from 0% to 67% with a median being 34% [2].

Methodology: This study was carried out at center for liver and digestive diseases, Holy Family Hospital Rawalpindi. After taking informed consent, participants were enrolled in the study. Blood sample was withdrawn and detection of Anti-HEV IgG antibodies was carried using a commercial Anti-Hepatitis E virus antibody (IgG) ELISA Kit in Pathology lab of the same hospital.

Results: Total 140 patients were enrolled in the study. Out of these 87 (62.1%) patients had positive result while 53 (37.9%) were negative. In our study, 79 (56.4%) were male participants and 32% were 50 or

above years of age. In our study, 45.7 % had chronic hepatitis B, 47.1% had chronic hepatitis C and 0.05% had non-hepatitis B and C related chronic liver disease. 67% participants were in child class A, 17% had child class B and 0.02% had child class C. There was no significant difference in HEV-IgG seropositivity related to gender, cause of chronic liver disease or child class. However, seroprevalence of Anti-HEV IgG antibodies was significantly (P value < 0.05) high in 50 years or more than 50 years age group as compared to the less than 50 years age group.

Conclusion: The study concluded that overall seroprevalence of Anti-HEV IgG antibodies is very high in chronic liver disease patients in Pakistan which far higher than overall prevalence of hepatitis E in Pakistan i.e., 7.5% [3]. We emphasize on good hygiene practices in our country. We also recommend further studies should be carried out to study whether seropositivity provides protection against reinfection with Hepatitis E and acute on chronic liver failure or not.

Keywords: Hepatitis E, Anti-HEV IgG, Chronic Liver Disease

FRF-73 Satisfaction of final year students of RMU with various components of teaching in Gyane/Obs

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Introduction: Final year students have to go through a placement -based training in current integrated modular system, according to a well-structured training program. A low satisfaction level may lead to lack of interest and hence resulting in lesser number of trainees in future who would opt for the field of Gynaecology and obstetrics.

Methodology: Study was carried between July 2023 till October 2023 at RTH, enrolling 113 medical students who came for clinical rotations. A well designed validated questionnaire was used comprising of ten closed ended items circulated through google forms using likert scale. Questions included 1. satisfaction with teaching unit at RTH. 2. accessibility to teachers 3. teacher awareness of learning needs. 4. access to patients 5. components of

teaching history, examination⁶. small and large group discussions⁷. feedback taken by teachers on progress of students⁸. availability of IT⁹. access to digital library¹⁰. Clinical rotations based on clerkship module.

Results: 113, Final year student responded. Mean age was 23.4 years, 37% being males. Overall satisfaction rate was 72.1%. Teachers awareness of student learning need scored 67.1% accessibility to teachers scored 75.6%. Students satisfaction with learning via history and exam was 69.4% and 72.1% for LGD and SGD. Patients accessibility was 95.6%. IT facility and access to digital library 92.3%. However only 68.3% were satisfied with clinical rotation on clerkship module.

Conclusion: Current integrated modular still needs to focus more on student-centred learning activities. Clerkship module for final year students needs to improve in order to improve the overall satisfaction of our undergraduate medical students.

Keywords: integrated curriculum, clerkship module, final year students.

FRF-74 Obstetrics and Gynaecology Training in Tertiary Care Hospitals of Rawalpindi: A Trainee's Perspective and Potential Solutions

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Introduction: Good-quality and competent healthcare staff is the backbone of any public healthcare system. Pakistan belongs to the low and middle-income nations where a load of obstetrical and gynecological patients is increasing exponentially¹. In contrast, healthcare personnels are not being recruited at the same rate, resulting in overburdened doctors and healthcare staff. Thus, affecting the teaching and training of post-graduate trainees. Well-planned and structured training in obstetrics and gynecology will play a pivotal role in the development of future specialists which in turn will contribute towards reducing maternal morbidity and mortality rates by providing skilled, professional and timely care². Despite the importance of the topic, data on the training quality and adequacy is insufficient in Pakistan, considering this point, this survey was conducted.

Methodology: Material and Methods

Study Design: Cross-sectional study conducted in December 2022.

Study Settings: obs and gynae department of RTH, BBH and HFH hospital of Rawalpindi Medical University. Data Collection Technique: A proforma for evaluation of trainees of obs/gyne used by RCOG was modified and validated. It was filled online by the trainees. It had 72 questions grouped under the following domains

- (i) working conditions
- (ii) obstetrics and gynecological training
- (iii) ultrasound expertise acquisition and
- (iv) educational support
- (v) professional development.

The overall recommendation, by the trainee, of the unit for training was considered to be a marker of satisfaction. The frequency of the desire for attrition was also considered. The survey contained a mixture of Likert-scale responses, multiple-choice questions, and free-text response questions. Summary statistics were used to analyze the Likert-scale and multiple-choice responses. Statistical analysis was carried out using SPSS version 25. The questions were grouped under the 4 main domains and data expressed as mean, median, mode and standard deviation. The frequency distribution of responses was seen. The reliability index of the questionnaire was checked through Cronbach's alpha. One-way ANOVA was used to compare the responses of the trainees of the three hospitals. Bivariate and correlation coefficients were calculated between the overall recommendations and the other domains. Ordinal regression analysis was done to check our model fit and the predicted increase in the log of odds of the various domains. A P-value of <0.05 was considered significant.

Results: The Reliability index of the questionnaire was checked by Cronbach alpha to be 0.98. A total of 46 trainee responses were included from the three hospitals of Rawalpindi. About 33% (15) were from Holy Family hospital, 20% (9) from DHQ hospital and 46% (21) from BBH. The questions were grouped under the 4 main domains and the mean, median, mode and standard deviation of the data was expressed. The working environment was a significant positive predictor of overall recommendation by the trainee. For every unit increase in the working environment facilities there was a predicted increase of 2.43 in the log odds of being at a higher level on overall recommendations



by the trainees. Similarly, obstetrics and gynecological training and educational support had a predictive value of 1.80, 0.719 and 1.046 respectively for the log odds of a higher level of overall recommendation by the trainee. No significant difference was found in the overall recommendation of each of the three hospital's gynae departments (p-value<0.05). Pearson's correlation of overall recommendation and working conditions showed a strong correlation i.e 0.5. Moreover, it was 0.7 for obstetrics & gynecological training and educational support & professional development.

About 37% of the trainees in the three teaching hospitals considered attrition from training occasionally. However, 18% thought of leaving their training daily. The main reasons for attrition were identified as neglecting their family, lack of work-life balance, and long working hours a value of 18% for each. Other reasons are intense workload as seen in 11% and low salary in 6%.

Conclusion: This feedback gives us an insight into what is the perspective of trainees of obs/gyn department in the teaching hospitals about different aspects of their training. Their overall recommendation for the units under study depended greatly on their working conditions and the obstetric and gynecological training they received. Assessments of academic programs should be carried out on regular basis through feedback as these are one of the most effective tools for evaluating the strengths and weakness of medical residency program and help to take corrective measures towards training improvement and to use failure events to improve work process.

It is high time that the trainee's working hours and conditions be looked into meticulously to improve the standards of obs/gynae training in tertiary care hospitals of Rawalpindi.

Keywords: trainees perspective, feedback performa,

FRF-75 Contraceptive acceptability of Implanon and Jadelle subdermal implants

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Introduction: In the developing countries, particularly Pakistan is incapable to meet the desires and needs of family planning. The gap between the supply and demand of family planning services

remained the same for over a decade. According to Pakistan Demographic and Health Survey (PDHS) the contraceptive prevalence rate (CPR) is 29.6 % , in which the use of modern method is only 21.7%. Sub dermal implants are an excellent contraceptive option for women who have contraindications to combined hormonal methods and those who desire long-term reversible protection against pregnancy. Two types of sub dermal implants are available in Pakistan namely Implanon and Jadelle.

Methodology: In this population based cross sectional study the data was collected using structured questionnaire containing the questions such as demographic details, type of implant used by the patients, time of insertion and reason for removal of implants.

Results: A total of 228 patients were included in the study who had one or the other type of subdermal implant inserted for the contraception. Among 228 patients 165 were using implanon while 63 patients were using Jadelle. Out of 165 patients, 38 patients got implanon removed for different reasons i.e 20 at one year, 10 at 6 months and 8 at 3 months. Out of 63 patients 25 got their subdermal implant (Jadelle) removed. 15 patients discontinued Jadelle after 1 year, 9 removed Jadelle due to menstrual irregularity and 1 due to local bruise. Removal of implants was for three reasons only i.e local bruise, menstrual irregularity and discontinuation.

Conclusion: Implanon and Jadelle are new, effective, long acting and rapidly reversible methods of contraception with few side effects.

Keywords: subdermal implants, efficacy, menstrual irregularity

FRF-76 Mobile Application for data collection used by residents of obstetrics and gynecology of Rawalpindi teaching hospital: a quality improvement project

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Introduction: Data collection through android software have changed data collection in clinical and translational research. The aim is to use a software application that uses few resources and that enable

data collection and their primary processing in statistical terms, drawing of curves according to the collected parameters. One of the main benefits of this software is that it reduces the chance of data loss, an issue when using paper pencil based data collection. It is important in the contest of informatics development and also of medical research that new software technology to be integrated in order to achieve easier research. In 21st century health care will require intensive use of information technology to acquire and analyse data and then manage and disseminate information extracted from the data.

Methodology: This was a comparative study done in gynae obs department of RTH in which we took a feedback of residents regarding the comparison of data collection via app and by paper pencil method.

Results: We did the survey in department of gynae/obs RTH via questionnaire regarding the comparison of data collection via pencil paper system and mobile app. 90% of residents were satisfied with the use of app for data collection and record keeping. 10% of residents had some reservations regarding the usage of app due to internet problem and mobile app operation.

Conclusion: So we made a conclusion that data collection of patients and record keeping via mobile app is better than pencil paper system

Keywords: data collection mobile app pencil paper method

FRF-77 Effect of prophylactic use of fixed combination of topical dorzolamide and timolol on intraocular pressure spike after intravitreal bevacizumab

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Introduction: Intravitreal injections are common in ophthalmology practice and injection numbers are rapidly growing with new indications. This study aims to identify the rise in the intraocular pressure following administration of intravitreal injection of Anti VEGF bevacizumab and note the effect of prophylactic anti glaucoma medicine topical dorzolamide and timolol fixed combination on the intraocular pressure after intravitreal injection of Anti VEGF bevacizumab.

Methodology: The study was done at Rawalpindi Medical University. Patients were divided in two groups by lottery method. Group A was control group in which only intraocular pressure was measured before and after the administration of intravitreal bevacizumab. Group B included cases in whom topical dorzolamide and timolol fixed combination prophylaxis was given before intravitreal anti VEGF bevacizumab. IOP in both groups was measured before the procedure on table in supine position and it was measured immediately after the procedure in supine position by hand held perkins tonometer. IOP was repeated at 30 min and 60 min in both groups.

Results: Mean Intraocular pressure in Group-A before injection was 14.1 ± 3.04 and in Group-B was 13.57 ± 3.78 , p value was 0.49. At 0 minute it was 32.73 ± 7.31 in Group A and 24.4 ± 3.42 in Group B, p value was 0.0001. At 30 minutes, it was reduced to 22.57 ± 5.38 in Group-A and 16.93 ± 3.88 in Group-B, p value was 0.0001. At 60 minutes, IOP was 17.67 ± 2.47 in Group-A and 14.9 ± 3.30 in Group-B, p value was 0.001.

Conclusion: Mean change in IOP in patients having intravitreal bevacizumab injection with topical dorzolamide and timolol fixed combination prophylaxis was significantly lower when compared to controls.

Keywords: Intravitreal bevacizumab injection, topical dorzolamide and timolol combination prophylaxis,

FRF-78 A descriptive study of frequency of short-term complications in late preterm neonates at a tertiary care hospital Rawalpindi

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Introduction: Objective: To determine the frequency of short-term complications in late preterm neonates in a tertiary care setting.

Methodology: Methods: The observational study was conducted at Benazir Bhutto Hospital, Rawalpindi, Pakistan, from December 1, 2020, to May 31, 2021, and comprised late preterm neonates. Frequency of complications were noted in the subjects. Data was analyzed using SPSS 22.



Results: Of the 200 subjects, 108(54%) were males, 84(42%) were aged 34-35 weeks. Among the complications, sepsis was the most frequent 88(44%), followed by respiratory distress syndrome RDS 58(29%). Mean weight was 2 ± 0.42 kg and mean day of life at presentation was 2 ± 1.9 . Most common maternal risk factor was premature rupture of membrane 48(24%).

Conclusion: Late preterm neonates had critical complications. The health authorities should formulate policies in this regard.

Keywords: Late preterm, Short-term complications, RDS, Neonatal sepsis.

FRF-79 Cosmetic Outcome of Anatomic Subunit Approximation Repair of Unilateral Cleft Lip Repair

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Introduction: aesthetic outcomes of unilateral cleft lip repair using the anatomical subunit approximation technique focusing on symmetry, and patient satisfaction, our goal is to ascertain the effectiveness of this technique

Methodology: retrospective study

Results: superior aesthetic outcomes with lower grades of initial deformity and an overall high satisfaction rate for all grades of deformity

Conclusion: Based on our results anatomical subunit approximation technique in unilateral cleft lip repair significantly enhances aesthetic outcomes and findings suggest that this approach may be superior to traditional methods, providing a valuable direction for future surgical practices in cleft lip repair

Keywords: Cleft Lip
Anatomical Subunit
Visual Analog Scoring (VAS)

FRF-80 Diagnostic Accuracy of MRI in evaluation of ovarian endometriosis keeping laproscopic findings as gold standard

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Introduction: Currently available non-invasive diagnostic tools include transvaginal and trans-rectal sonography, Magnetic Resonance Imaging (MRI) and 3-D ultrasound all of which have their own benefits and limitations. Modalities such as TVS are limited to married patients only and are also not virtually painless whereas widespread use of MRI is limited by its cost

Methodology: It was descriptive (cross-sectional) validation study carried out in the department of Radiology, Holy Family Hospital, Rawalpindi from 30th April 2019 to 29th October 2019 . A total of 211 female patients aged 15-70 years with a suspicion of ovarian endometriosis were included. Patients with allergy to gadolinium contrast, claustrophobia, renal failure, any metallic implants, or prostheses, malignancy and pregnancy were excluded. All patients were undergone MRI as per protocol mentioned below followed by a histopathological examination of the tissue hence obtained. MRI findings were compared with laparoscopic findings.

Results: All the patients were subjected to MRI and found that 115 were True Positive and 07 were False Positive. Among 89, MRI negative patients, 07 (False Negative) had ovarian endometriosis on laparoscopy whereas 82 (True Negative) had no ovarian endometriosis on laparoscopy ($p=0.0001$). Overall sensitivity, specificity, positive predictive value, negative predictive value and diagnostic accuracy of MRI for diagnosis of ovarian endometriosis in comparison with laparoscopy as gold standard was 94.26%, 92.13%, 94.26%, 92.13% and 93.36% respectively.

Conclusion: This study concludes that MRI demonstrates the highest diagnostic accuracy for diagnosing ovarian endometriosis among all available diagnostic tools, making it a safe and accurate option for reducing patient morbidity.

Keywords: endometriosis, gynaecological, laparoscopy, dysmenorrhoea, MRI pelvis female



FRF-81 Positive Predictive Value of Doppler Ultrasound in Diagnosis of Prostatic Neoplastic Etiology Recognizing Histopathology as The Gold Standard

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Introduction: Transrectal ultrasound (TRUS), digital rectal examination (DRE) and serum prostate-specific antigen (PSA) level constitutes the “diagnostic trio” which is used to identify prostate neoplasms. Previous studies have demonstrated that using all three of these tests together increases the detection of a tumour.

Methodology: Descriptive cross-sectional study was carried out at the Radiology Department Rawalpindi Medical University from 20th September 2021 to 19th February 2022. 157 male patients aged between 50 to 80 years, with elevated prostatic serum antigen (PSA) and prostatomegaly on trans-abdominal ultrasonography were included. Patients with prior diagnosis of prostate cancer, taking chemotherapy for primary or secondary cancers and history of radiation therapy were excluded. Trans-abdominal gray-scale and doppler ultrasound examinations were performed. Gray-scale trans rectal ultrasound (TRUS) was performed on patients with inconclusive trans-abdominal ultrasound. Representative photos with any focal lesions were recorded. Biopsy was performed with TRUS or transurethral resection of prostate (TURP) and follow up with biopsy report. Then we correlated Doppler ultrasound and histopathology.

Results: 80 of the 88 individuals were true positive for prostate cancer on Doppler ultrasound, while only 8 were false positive, according to histology. Among 69 patients who tested negative for Doppler USG, 13 were false negative on histology, while 56 were true negative. Doppler ultrasound had an overall sensitivity, specificity, positive predictive value, negative predictive value, and diagnostic accuracy of 86.02 percent, 87.50 percent, 90.91 percent, 81.16 percent, and 86.62 percent, respectively, in the diagnosis of prostatic neoplasm, using histopathology as the gold standard.

Conclusion: Doppler ultrasound is an excellent non-invasive modality of preference for identifying

prostate cancer having an adequate diagnostic accuracy, according to the study's findings.

Keywords: Prostate cancer, doppler ultrasound, sensitivity

FRF-82 Diagnostic accuracy of magnetic resonance imaging in detecting and grading perianal fistulas.

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Introduction: To determine the diagnostic accuracy of magnetic resonance imaging (MRI) in detecting and grading perianal fistula, taking operative findings as gold standard.

Methodology: This descriptive, cross-sectional study was conducted in department of Radiology & Imaging, Holy Family Hospital, Rawalpindi from 09-06-2019 to 08-12-2019. A total of 100 patients underwent MRI on 1.5 tesla GE machine using a pelvic phased array multicoil. Images were interpreted by experienced radiologist to identify and grade perianal fistula. After surgery, findings were recorded for presence/absence of perianal fistula as well as for anatomical details of fistulous tract. MRI findings were compared with operative findings. Data were analyzed using SPSS version 20.0.

Results: MRI showed the presence of perianal fistula in 87 patients. Operative findings confirmed perianal fistula in 89 cases where as 11 patients revealed no perianal fistula. Overall sensitivity (Sn), specificity (Sp), positive predictive value (PPV), negative predictive value (NPV) and diagnostic accuracy (DA) of MRI in detecting perianal fistula were 95.5%, 81.8%, 97.7%, 69% and 94%, respectively. The most common type of fistula was intersphincteric grade 1 fistula. Abscess formation was more common in grade 3, 4 and 5 fistulas. Internal opening of the fistulous track was most commonly identified posteriorly in midline at 6 O'clock position.

Conclusion: MRI is a highly sensitive and accurate imaging modality for pre-operative diagnosis and grading of perianal fistula.

Keywords: Perianal fistula, perianal fistula grading, pelvic MRI, diagnostic accuracy.



FRF-83 Assessment of knowledge regarding radiation doses and hazards in common radiological examinations amongst doctors

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Introduction: Ionizing radiation is widely used in various diagnostic examinations and plays a vital role in diagnosis of numerous disease processes. Use of such investigations is increasing day by day. There are risks and hazards associated with radiations which can only be avoided by careful and justified use of these procedures. The study is directed to assess the knowledge of doctors regarding radiation hazards and radiation doses of commonly used diagnostic procedures.

Methodology: Questionnaire comprising 20 questions was distributed in the doctors working in different departments of a tertiary care hospital between 1st July to 31 July 2019. The questionnaire comprised of three sections. First consisting of questions regarding which radiological procedures use ionizing radiation and unit of equivalent dose. In the second sections doctors were asked to estimate the radiation dose of common radiological procedure taking radiation dose of chest X ray as 1. The third section includes questions regarding the risks associated with radiation exposure.

Results: A total of 200 questionnaires were returned by doctors of different specialties including 11 from radiology, 53 from surgery, 2 from orthopedics, 84 from medicine, 6 from eye, 4 from ENT, 9 from pediatrics and 31 from gynecology and obstetrics departments. Knowledge of the doctors assessed in each section was not satisfactory. Average correct responses were 64.1, 21.8 and 64.5% for the three sections, respectively. 21.3% of doctors underestimated the doses. Twenty-eight percent of the participants had no idea about the estimated doses of these procedures. About 49% and 12% of the participants categorized Magnetic Resonance imaging (MRI) and ultrasonography as examination using ionizing radiation.

Conclusion: The study clearly revealed weaknesses and gaps in the knowledge of the doctors regarding radiation doses and hazards. The study clearly points

out the urgent need of structuring an institutional educational program regarding radiation protection at under and postgraduate level.

Keywords: Ionizing radiation, Radiation hazards, Magnetic Resonance imaging (MRI), Computed Tomography (CT), Ultrasonography.

FRF-84 Occipital Pachygyria: A Rare Genetic Autosomal Recessive Condition Causing Occipital Cortical Malformation

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Introduction: Human brain has striking remarkable convolutions and stereotypic gyrations which is believed to account for intricate high-level coordination in human race. ¹ Biological basis of human brain convolution and cortical development malformations have been widely debated. Barak et al studied a case of occipital cortical pachygyria of Turkish origin who presented with absence seizures and developmental delay and his MRI revealed smoothed parieto-occipital cortices. They further investigated the role of LAMC3 transcripts, which peaks in mid gestation, which also coincides with spatial and temporal development of human brain cortex. ¹ Qian et al reported a case of occipital cortical maldevelopment related to LAMC3 mutation in a 24-year-old Chinese female who presented with absence seizures since the age of 13. ²

Methodology: We report case of two siblings presenting with myoclonic fits, developmental and intellectual delay and abnormal eye movements with squints. Both were females and they were aged 2.5 and 3.5 years respectively. Both children had unremarkable birth and past history. The elder girl had mild muscular weakness on examination with frequent episodes of falling while walking. MRI brain of both siblings was acquired which revealed occipital pachygyria.

Results: MRI brain of both siblings showed smooth flat bilateral occipital and posterior parietal lobes mainly the lateral surfaces, characterized by reduced cortical sulcation with loss of secondary and tertiary gyri and with gliosis of the underlying white matter depicted by T2W and FLAIR hyperintensity and mild

ex-vacuo dilatation of occipital horns of lateral ventricles. MRS demonstrated choline peak with mildly raised choline to creatinine ratio and raised NAA peak.

Conclusion: MRI appearance of occipital pachygyria is rare genetic disease and literature suggests it is caused by LAM 3 mutations.

Keywords: occipital pachygyria, LAM 3 mutations

FRF-85 Diagnostic Validity Of Low Dose CT KUB In Demonstration Of Genitourinary Tract Calculi Compared To Normal Dose Ct Kub: A Provisional Study

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Introduction: Renal colic is a commonly encountered clinical presentation. The incidence of renal calculi has increased over the last few decades which may be partly attributed to improving detection however changes in diet and lifestyle with increasing levels of obesity are also responsible [1]. Urinary stones are mostly asymptomatic within the renal calyces however passage into the ureter obstructs the flow of urine with upstream hydro-nephro-ureter resulting in colic-type pain [2]. X-ray (KUB), ultrasound, or a combination of both are in routine use as an initial workup for renal colic [3]. Non-contrasted CT of the urinary system (CT KUB) is the investigation of choice for renal pain [5]. It is further required for treatment planning, in addition to the 40–60% of cases where calculi are not visible on X-ray KUB. CT KUB does not only detect stones but also determines their size, number, and location [3]. Current improvements offer further radiation dose trimming with ultra-low dose and low-dose CT KUB technique in the detection of urolithiasis [4]. MRI can be used to diagnose the effects of obstruction in the urinary system caused by calculi but is not a preferable diagnostic technique [6]. Keeping the ALARA principle (As Low As Reasonably Achievable) in view, reducing the dose of radiation for suspected renal colic is beneficial. In this regard, many studies show that it is possible to detect renal calculi with low-dose CT scans [7]. Further, Ultra low dose CT and Low dose CT are JRM Vol.27(Issue 3) Journal of Rawalpindi Medical College 494 effective

techniques with high diagnostic yield in the detection of urolithiasis [8]. Current LD CT studies with the iterative reconstruction offers sub-millisievert dose protocols in the evaluation of urolithiasis with no significant decrease in diagnostic accuracy [9]. LDCT provides almost equivalent accuracy with a considerably reduced radiation dose in comparison to standard dose CT [10]. The limitation compared to standard-dose CT KUB is in detecting stones which are <3 mm in size as well as in persons who have a body mass index of >30 kg/m². [8] Moreover, LDCT KUB also reduces the relative scope for making any extra-renal diagnoses [3]. An ultra-low dose CT is helpful in follow-up cases of ureteral stones [11]. The rationale of conducting the current study is to assess the diagnostic yield of low-dose Computed Tomography KUB for urinary stones diagnosis in our population.

Methodology: comparative cross-sectional validation study

Results: A total number of 49 kidneys of 31 cases/persons with renal stones was added in this study. The mean age of the patients ranges from years 27 to years 48 with a mean of years 36.42 ± 9.97. In gender distribution, 75.5 % (37) were male while 24.5 % (12) were females. More than half 59 % (29) were right while 41 % (20) were left kidneys. The distribution of renal stones as per location is depicted in Table 1. The mean ± standard deviation of stone diameter and stone density (HU value) with the two modalities is given in Table 2. It shows a statistically insignificant difference between low dose and standard dose as >0.05 is the p-value. The kappa test, which compares the stone detection by two modalities is given in Table 3 while Fig 1, shows the detection of stones by low and standard doses based on size

Conclusion: current study demonstrated that low-dose CT is a productive and efficient method in the diagnosis of urothelial stones despite considerably low radiation exposure and dose as observed in standard-dose CT

Keywords: Urolithiasis, ALARA, low dose CT KUB, stone density

FRF-86 Diagnostic Accuracy of Modified Alvarado Score (MAS) and Ohmann Scores (OS) in Diagnosing Acute Appendicitis

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Introduction: In the field of General Surgery AA is the frequent clinical condition for which patients who need emergency surgery present with abdominal pain. ¹ Diagnosis of this pathology is made with the help of history, patient symptoms, and clinical exam and lab investigations. Ultrasonography (USG) and computed tomography (CT) images for acute appendicitis should be considered. ²

Methodology: The purpose of the study is to compare the diagnostic accuracy of Modified Alvarado Score (MAS) and Ohmann Scores (OS) in diagnosing the pathology of Acute Appendicitis, while retaining histopathology as the basis for final diagnosis. A total of 411 patients were admitted via the Accidents & Emergency Department of Mayo Hospital Lahore, meeting the inclusion and exclusion requirements having the clinical diagnosis of acute appendicitis. For each patient, both Modified Alvarado and Ohmann scores were assessed prior to undergoing the procedure, i.e. open appendectomy. Abdominopelvic assessments and laboratory results were assessed and abdominal USG was performed in all patients. Biopsy of the removed appendix was sent for histopathology to Pathology Department of King Edward Medical University.

Results: For the modified Alvarado and Ohmann score; sensitivity and specificity of was 89.74%, 90.48%, 85.13% and 80.95% respectively. The positive predictive value (PPV) and negative predictive value (NPV) for “modified Alvarado score” was 99.43% and 32.2% and for “Ohmann score” it was 98.81% and 22.67% respectively.

Conclusion: Both scoring system are sensitive and specific enough for diagnosis of acute appendicitis. However, sensitivity and specificity of modified Alvarado score is higher as compared to Ohmann score.

Keywords: Acute Appendicitis, Diagnostic Accuracy, Modified Alvarado Score, Ohmann Score, Histopathology.

FRF-87 Comparison of Tzanakis and Alvarado scoring system in diagnosis of acute appendicitis, with Histopathology as gold standard

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Introduction: Appendicitis is the most common abdominal emergency worldwide. Lifetime risk of acute appendicitis is 8.6% and 6.7% for man and women respectively. Clinical examination is helpful in diagnosis of acute appendicitis in only 70-87% of the cases. This leads to a very high rate of negative appendectomy rate. Tzanki score includes radiological finding in addition to clinical signs and symptoms, which supposedly increases the diagnostic ability. The purpose of this study is to compare Tzanaki and Alvarado scoring system in diagnosing acute appendicitis.

Methodology: It was a Cross-sectional validation study The study was carried out at the emergency department of RMC allied hospital Rawalpindi. The study was completed in eighteen months from 1 May 2016 till 30 Nov 2017. After approval from the ethical committee total of 420 patients fulfilling inclusion criteria from the emergency department of District head Quarter hospital, Rawalpindi was taken. Informed consent was taken from patients or their attendants, and their demographic information like name, age, sex, and address was obtained. Alvarado score and Tzanakis score were calculated (as per operational definition) at the time of admission of the patients. After surgery, the specimen appendix was sent for histopathology in the hospital lab. The diagnosis of the acute appendix was based on a positive histological report which was verified by a pathologist. All the data was entered by a researcher who will collect the data by himself.

Results: The mean age of patients in this study was 20.15±7.13 years with 218 (51.9%) males and 202 (48.1%) females. The mean Alvarado score was recorded as 7.22±1.58 with the mean Tzanakis score being 9.64±3.13. The histopathology for diagnosing appendicitis showed positive for 367 (87.4%) patients and negative for 53 (12.6%) patients. The sensitivity of Alvarado score for diagnosing appendicitis, keeping histopathology as the gold standard was 86.92%, specificity was

92.45%, Positive Predictive Value was 98.76%, and Negative Predictive Value was 50.52% and overall diagnostic accuracy was 87.62%. The sensitivity of the Tzanakis score for diagnosing appendicitis, keeping histopathology as the gold standard was 88.83%, specificity was 88.6%, Positive Predictive Value was 98.19%, Negative Predictive Value was 53.41% and overall diagnostic accuracy was 88.81%.

Conclusion: The sensitivity of the Tzanakis score was high when compared to the Alvarado score. And specificity was high in the Alvarado score when compared to the Tzanakis score. Moreover, the overall diagnostic accuracy of the Tzanakis score was high when compared to the Alvarado score. So Tzanakis score can be utilized to predict appendix and in the future, we can avoid negative appendectomies.

Keywords: Tzanakis, Appendectomy, predictive scores, Alvarado, Histopathology, Histopathology

FRF-88 Urogynaecological clinic, a single centre experience

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Introduction: Urogynecology clinic is a combined effort of the department of urology and the department of Gynecology & Obstetrics, Rawalpindi Medical College. Its mission is to diagnose and treat women who have pelvic floor pathologies, which include urinary and fecal incontinence, pelvic organs prolapse and urogynecological fistulas. The purpose of the study is to know the number of patients, diseases in them, stratify different treatment options and evaluate outcome of the treatment in them.

Methodology: All females attending the Urogynecology clinics were included in the study. The patient's details were noted in a Performa that recorded a detailed history, clinical examination and relevant investigations. The females needing surgical intervention, were admitted in the department of urology, Benazir Bhutto hospital Rawalpindi. EUA (examination under anesthesia) and cystoscopy were

done. Depending upon cystoscopic findings, further management was planned.

Results: Total 179 patients visited the clinic from June 2021 to November 2022. The age of the patients ranged from 03 – 74 (mean 42.23) years. 147 patients (82.12%) had some form of urinary incontinence. Mixed urinary incontinence (stress and urge), was diagnosed in 24 patients (16.3%), urge incontinence in 68 patients (46.2%) and stress incontinence in 22 patients (14.9%), Neurogenic incontinence was noted in 6 patients (4.06%). Urogynecological fistulas were present in 27 patients (18.36%). 17 patients (62.9%) had Vesicovaginal fistula, 4 patients (14.8%) had vesicouterine fistula, 4 patients (14.8%) had ureterovaginal fistula, 1 patient (3.7%) had rectovesical and Vesicovaginal fistula while 1 patient (3.7%) had rectovaginal fistula. 30 patients (16.7%) had recurrent urinary retention. Urethral stenosis was seen in 16 patients (53.3%), mucosal tag was found in 1 (3.33%), mucus cyst was found in 1 patient (3.33%), urethral trauma in 1 patient (3.33%) and idiopathic retention in 11 patients (36.6%). 1 patient (0.55%) presented with anuria because of bilateral ureteric ligation. The treatment for urge incontinence included behavioral modifications, kegel exercises and antimuscrinic agents. Stress incontinence was treated by tension free transvaginal tape (TVT) in 4 patients (18.18%). While 6 patients (4.08%) with Neurogenic incontinence were treated by CIC. 12 patients with VVF (44.4%) were treated by transvaginal repair, while 8 patients (29.62%) were treated by transabdominal repair. Among 4 patients (14.8%) of vesicouterine fistula, all 4 patient were treated by transabdominal repair. 4 Patients (14.8%) of uretrovaginal fistula were treated by ureteric reimplantation by transabdominal approach. 1 patient (0.55%) with bilateral ureteric ligation was treated by bilateral ureteric reimplantation. 1 patient (3.7%) with rectovesical and Vesicovaginal fistula lost to follow. 1 Patient (3.7%) with rectovaginal fistula was referred to general surgery for covering colostomy. 30 patients (16.7%) were of recurrent urinary retention. 11 patients (36.6%) were treated by urethral Foley's catheterization and subsequent alpha blocker. 1 pateint (3.33%) was treated by mucosal tag surgery, 1 Patient (3.33%) by mucus cyst removal and 16 patient (53.3%) by urethral dilatation.

Conclusion: Urogynecological diseases, particularly urinary incontinence is one of the major health problems in females. It affects their socio- economic, sexual, and domestic lives adversely. There is a need

to establish such clinics to help the women to regain good quality of life and psychological satisfaction.

Keywords: urogynecology

FRF-89 Experience of Obstructive Uropathy Clinic; Management and Outcome

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Introduction: To present our experience in obstructive uropathy clinic from January 2022 to October 2023, management offered and outcomes.

Methodology: Patients who had obstruction in drainage of urine, resulting in elevated serum creatinine > 1.6 mg/dl, were included in the study. Their details were recorded on a pre-designed performa. Detailed history followed by clinical examination, noting of the biochemical profile, sonological and radiological findings were done. Admitted, and treatment offered depending on the cause of the obstruction. The outcome, considered in terms of, obstruction relieved resulting in normalization of serum creatinine.

Results: Out of 402 patients, 217 (53.98%) were males and 185 (46.01%) were females. Age ranged 16 to 86 (mean 54.1) years. Major admissions were made through OPD i.e., 222 (55.22%), & rest of them through emergency being 180 (44.77%). With regards to serum creatinine derangements 161 (40.04%) patients had mild derangements (1.6 – 5.9 g/dl), 126 (31.34%) had moderate (6 – 10 mg/dl), while 105 (26.11%) had severe derangements (> 10 mg/dl). As for the cause of obstructive uropathy, 196 (48.75%) patients had obstructed urinary tract due to calculus, Renal calculi in 110 (56.12%) and Ureteric calculi in 69 (35.20%) patients. 17 (8.67%) patients had Solitary functioning kidney with obstruction. 146 (36.31%) patients had bladder outlet obstruction, out of which 82 (56.16%) had enlarged prostate, 57 (39.04%) had stricture urethra and 7 (3.57%) had Neurogenic bladder. 43 (10.69%) patients had upper tract

obstruction due to bladder tumor, while 17 (4.22%) caused upper tract obstruction due to pelvic cancers (cervical, uterine, CAP) As for the initial management of patients having moderate to severe derangements in their renal profile, Urinary diversion/PCN was done in 46 (11.44%) patients & Stenting was done in 38 (9.45%) patients, which results in lowering of serum creatinine levels. PCNL was done in 17 (4.22%) patients & URS, insitu lithotripsy and stenting was done in 42 (10.44%) of them. In 11 (2.73%) patients only urinary diversion or stenting were done which results in lowering of creatinine levels without any definitive procedure. Patients having BOO due to enlarged prostate were catheterized initially and then TURP was done in 74 (18.40%) patients, 50 (12.93%) patients had their renal profile derangement due to stricture urethra which was dealt with either suprapubic cathetrization or optical urethrotomy, 7 (1.74%) patients with Neurogenic Bladder were advised Clean Intermittent Self Cathetrization. Patients having deranged renal profile because of Upper tract obstruction due to bladder tumor, TURBT was done in 31 (7.71%) of them. Forty-two (10.44%) of the patients settle with simple conservative therapy. However 23 (5.72%) of the patients failed to improve despite adequate management and were put on maintenance Hemodialysis. 21 (5.22%) expired during the course of management.

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

Keywords: obstructive uropathy

FRF-90 Observing the Outcome of Ureter Stones Expelled with Medical Expulsive Therapy: A Prospective longitudinal Study

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Introduction: There are a lot of risks involved with the surgery which include postoperative

complications such as ureteric damage and sepsis. With the rise in the need for an efficient cure for expelling ureter stones research is being done to study the effect of medical expulsive therapy on the expulsion of stones. Aim: The purpose of this study was to observe the outcome of ureter stones expelled with medical expulsive therapy

Methodology: Methodology: The study population consisted of a sample of 220 patients that had been diagnosed with Ureterolithiasis. This diagnosis was radiologically confirmed.

Once the diagnosis was confirmed, the patients were prescribed medication for the medical expulsive therapy. The medication prescribed was tamsulosin which was to be taken daily over a period of six weeks. Follow-up checkups were used to gauge the pain severity and determine whether the drugs needed to be continued. Surgical intervention was required for patients who had a stone size greater than 10 millimeters. Prospective longitudinal study. This study was conducted at Benazir Bhutto Hospital Rawalpindi Pakistan, period of six months from December 2020 to May 2021.

Results: Results: In a total of 220 patients, 173 (78.6 %) of the patients were male while the rest of the 47 patients (21.4%) were female. The mean age of the patients was 41 ± 4.3 years. The results showed that a total of 220 stones were found in the patients where 43 stones (19.5 %) were found in the upper ureter, 55 stones (25%) in the mid ureter and 122 stones (55.5%) in the lower ureter. A total of 40% of the patients passed their stones within the 12-weeks. A total of 14% patients did not expel the stones through Medical expulsive therapy rather they required surgery to remove the stones. The results from the study showed that in cases of uncomplicated Ureterolithiasis, stones which had a size of up to 10 millimeters could be expelled easily through medical expulsive therapy.

Conclusion: The study showed that only a small percentage of the patients with ureter stones required surgical intervention and vertical expulsive therapy proved to be an efficient way of expelling the stones up to ten millimeters. The trial could be continued from 6 to 12 weeks dependent on the movement of the stones through the ureter passage.

Keywords: Renal calculi, Ureter, Medical expulsive therapy, Patients, Surgical intervention, Techniques

FRF-91 Mini PCNL VS Standard PCNL for treatment of Renal Stones

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Introduction: Standard nephroscopes have shaft calibers of 24–30 F. ‘Mini-perc’ technique was first developed for children and reported by Helal. ‘Mini-perc’ instruments have smaller dimensions ranging 12–20 F. To evaluate the results of mini PCNL vs standard PCNL in the treatment of stones of 1–2 cm in size.

Methodology: This was a Prospective quasi-experimental case control designed study. A total of 52 percutaneous procedures were performed in the Department of Urology and Renal Transplantation BBH. Patients having Stones 1–2 cm in size between July 2022 to January 2023. The stone size defined as the maximum length of the stone on a preoperative CT KUB plain. In the case of multiple stones, the length calculated by adding maximum length of the individual stones.

Results: Total 26 cases were performed in each group (mini pcnl and standard pcnl). Age group was nearly same 42 19 years. Mean stone size was 1.5 cm. Mean operative time was longer in mini pcnl group 45 12 minutes as compared to 31 16 minutes in standard pcnl group. Although there is a slight difference in the complications in both groups in terms of extravasation, blood loss, hospital stay and tube placement.

Conclusion: Mini PCNL is associated with similar clearance rate as standard PCNL for stone sizes 1 to 2 cm. It is limited by longer operative time but ends more frequently in tubeless procedure as a result of significantly less bleeding. It has similar safety profile as of standard PCNL and results in shorter hospital stay.

Keywords: mini pcnl



FRF-92 Increasing VBAC practice to reduce maternal mortality in developing countries like Pakistan.

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Introduction: (VBAC - vaginal birth after cesarean section) (PMMS - Pakistan Maternal Mortality Survey) Cesarean section rates are rising globally and are of grave concern for public health experts. Women with a history of delivery through cesarean section were at higher risk of maternal mortality according to PMMS 2019. VBAC rates vary significantly among high, middle and low income countries. The incidence of VBAC is 78-79% in developed countries, whereas, in developing countries, it has a range of 61 to 69%. At our hospital, we routinely give a trial of labor to women having a history of one cesarean section with the aim to reduce maternal mortality and morbidity. An informed decision is made by patients after counseling them about the risks and benefits. This study is aimed at presenting short-term maternal and fetal outcomes of VBAC at our hospital.

Methodology: Design:

This retrospective cross-sectional study was conducted with hospital case records from January 2021 to December 2021 at Women Christian Hospital Multan. All the patients having history of at least one cesarean, singleton pregnancy, and no other contraindication to vaginal delivery were included in the study. Patients with more than one cesarean, twin pregnancy, intrauterine growth retardation, low-lying placenta, and poly or oligohydramnios were excluded from the study.

Results: According to inclusion criteria, a total of 151 patients were given the option to opt for a trial of labor. Out of these 126(83.4%), patients opted for a trial of labor. We analyzed these 126 patients in detail. 72 (57.1%) delivered vaginally, while 54 (42.9%) delivered via cesarean for different reasons. Regarding the maternal outcomes, no patient developed antepartum hemorrhage, and 2 (1.6%) developed postpartum hemorrhage. 2 (1.6%) patients had a rupture of a previous scar, and 1 (0.8%) patient required manual removal of the placenta. The

incidence of neonatal death was 1 (0.8%) whereas, whereas there was 1 (0.8%) intrauterine death. None of the neonates required NICU admission

Conclusion: Our study shows that VBAC is still a viable and safe option in patients having only one previous cesarean section. This is important in the context of limited basic emergency obstetric services available in developing countries like Pakistan. Encouraging VBAC in carefully selected women can help in decreasing maternal mortality in Pakistan as repeat cesarean section puts women at higher risk of mortality.

Keywords: Maternal mortality, VBAC, cesarean section

FRF-93 Sirenomelia (Mermaid Syndrome) a Rare Congenital Disorder: Case Report

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Introduction: Mermaid syndrome is a rare fatal congenital anomaly, an incidence of 0.6 in 100,000 births and approximately 350 cases have been reported till date ⁽¹⁾. The syndrome of caudal regression is due to injury to the caudal mesoderm in early gestation causing varying degree of leg fusion, producing a fetus that resembles to the mermaid. ⁽¹⁾ Severe malformations of genitourinary, gastrointestinal and cardiovascular are usually associated with mermaid syndrome ⁽²⁾ The exact etiologies are unknown, but maternal diabetes mellitus, teratogenic drugs, genetic susceptibility, vascular hypo perfusion, cocaine, landfill water, and maternal age less than 20 years or greater than 40 years are known risk factors for this anomaly

Methodology: Case Report

Results: A 24 years old house wife, married for 4yrs, 1st consanguineous marriage of both partners, G3P1+1 with one alive healthy issue referred from THQ Taxila at 37 weeks with suspicion of anomalous baby (horse shoe kidney), IUGR and severe oligohydramnios. Her LMP was 21.6.22 and EDD 28.3.23 corresponding to a 14weeks scan done on 22.9.23. There was no significant past medical or surgical history in the patient. No history of anomalous babies or twins in family noted. However,

there was no workup for diabetes done in this pregnancy neither did the mother give any history of diabetes in previous issues. Patient was admitted through Holy Family Hospital OPD for further workup including a detailed anomaly scan of the fetus and baseline investigations. Anomaly scan showed a single intrauterine pregnancy of 32weeks 3days. Disparity of approximately 6 weeks was noted between measures and expected biometric indices suggestive of asymmetrical IUGR. AFI was 4, with no single pocket free of cord or fetal parts seen. Presentation was flexed breech. Fetal neck was short and broad. Spine showed scoliotic deformity with segmental abnormalities. There was widening on interpedicular distance at thoracolumbar junction measuring 1.6cm however no cystic swelling was identified. Mild cardiomegaly and mild pericardial effusion noted fetal chest appeared narrow, fetal kidneys and bladder was not identified, neither was fetal stomach bubble seen. Irregular hyperechoic area was identified outside fetal body between fetal limbs measuring 7 x 2 cm. Due to anhydramnios its origin could not be established. Long bones could not be adequately visualized secondary to fetal position and anhydramnios. Her anemia correction was done and whole day BSL was normal. Prognosis of baby was explained to parents and they agreed for trial of normal delivery. She went into spontaneous labor and delivered via SVD. Anomalous baby with ambiguous genitalia weighing 1.9kg with APGAR score 0/10 delivered. On examination neonate had flat dysmorphic facial appearance and lower limbs were fused from the thigh downwards, there was anterior abdominal wall defect from which gut was protruding. Baby had an ambiguous genitalia and anal opening was not identified. Parents refused autopsy so definitive diagnosis couldn't be established.

Conclusion: Mermaid syndrome is a rare congenital disorder with a poor prognosis. There are multiple controversies on the pathogenesis and the conditions predisposing to this condition. Antenatal diagnosis is possible via ultrasound, albeit difficult. More emphasis should be laid on proper prenatal diagnosis and care with a possible termination of pregnancy proposed as an option if detected early.

Keywords: Mermaid syndrome, congenital anomaly

FRF-94 Perinatal and maternal outcome of vaginal delivery in carefully selected Pakistani women with singleton breech fetus.

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Introduction: Breech presentation of the fetus constitutes about 3-5% of all singleton-term pregnancies. Breech presentation is directly linked to an increased risk of adverse outcomes in both mother and the fetus. The best mode of delivery in singleton breech pregnancy is a controversial matter among obstetricians for decades. It is reported that breech delivered vaginally has a ten times higher risk of fetal death during childbirth. Due to this fear, breech presentation of fetus at term is delivered via cesarean section, however, The Royal College of Obstetrics and Gynecologists 2017 recommended that the risk and benefits of both vaginal and cesarean be explained to the mother and subsequent decisions be made in the light of available expertise at the health care facility. At our hospital, we routinely perform vaginal deliveries of singleton breech pregnancies after making an informed decision with the patients. This study is aimed at presenting short-term maternal and fetal outcomes of vaginal breech delivery at our hospital.

Methodology: A retrospective cross-sectional study was conducted from January 2021 to December 2021 at Women Christian Hospital Multan

After approval from the hospital's Ethical review committee, All the patients, primiparas or multiparous having alive singleton breech term pregnancy and no contraindication to normal vaginal delivery were included in the study. Patients with previous birth by cesarean section, estimated fetal weight >3.5kg, intrauterine growth retardation, low-lying placenta, poly or oligohydramnios, footling breech and hyper extended neck on ultrasound were excluded from the study.

Data was collected from hospital record files.

Results: Among the 2795 deliveries done at Women Christian hospital, the incidence of term breech deliveries was 105(3.7%) among them 83(79.04%) were vaginally delivered. Out of the 83 patients that were vaginally delivered., 5 (6%) were delivered via spontaneous vaginal delivery while 78 (94%) were

delivered via assisted breech delivery technique along with episiotomy. Regarding the maternal outcomes, 1 (1.2%) patient developed antepartum hemorrhage, and 2 (2.4%) developed postpartum hemorrhage. 3 (3.6%) patients had a vaginal tear and 3 (3.6%) patients required instrumentation for delivery. Regarding Fetal outcomes, no intrapartum deaths during labor, average APGAR score at 5 minutes was 8.3 and there were 2 (1.6%) early neonatal deaths during hospital stay.

Conclusion: The maternal and fetal outcomes were promising with complications ranging from 1-3%. We conclude that vaginal delivery in breech presentation is a viable option in a carefully selected subset of patients to reduce the burden of maternal morbidity.

Keywords: vaginal breech delivery

FRF-95 Optimal time for urinary catheter removal post cesarean section: A randomized control trial

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Introduction: To determine the effect of symptomatic urinary tract infection (UTL), ambulation time, repeat catheterization, length of hospital stay and level of satisfaction with early (after 6 hours) or delayed (after 12 hours) removal of indwelling urinary catheter after elective cesarean section.

Methodology: Low risk Pregnant women having gestational amenorrhea greater than 36 weeks undergoing elective cesarean section were included in this study. This Randomized controlled trial conducted at Holy Family Hospital Rawalpindi over a period of 03 months from June 2023 to August 2023. Women were randomly divided into 2 equal groups. Group A included 35 women in whom catheter was removed 6 hours after the elective cesarean section while in group B (N=35) catheter was removed 12 hours post cesarean section.

Results: Incidence of urinary tract infection was significantly low in group A compared to group B 2/35(5% versus 3/35(7%) (p=0.02). Similarly length of hospital stay (mean time=36 hour) and ambulation

time was short (8 hours) was short in Group A compared to group B having hospital stay (48hours) and ambulation time (10hours). Repeat catheterization was more frequent in group A in which early removal of catheter was done 4/35 (9%) compared to delayed removal of catheter 3/35 (7%). Group A women were more satisfied 25/35 (71%) compared to Group B 22/35 (57%) (p= 0.003)

Conclusion: Removal of urinary catheter 6 hours postoperatively appears to be more advantageous in terms of urinary tract infection, early ambulation, early discharge and satisfaction level of patient compared to delayed removal in patients with elective caesarean section.

Keywords: Cesarean sections, urinary catheter, urinary infection

FRF-96 Effect of feedback on reflection, on deep learning of undergraduate medical students in a clinical setting

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Introduction: Reflection, as emphasized by John Dewey, is crucial for learning, particularly in medical education. It promotes self-regulated learning and enhances competence, humanism, and professionalism. Reflection alone may not produce the desirable effect unless coupled with feedback. .

To determine the effect of feedback on reflection in deep learning of undergraduate medical students in clinical setting of gynaecology.

Methodology: This was an experimental study design (2 groups of students made after randomization involved in pretest and post test analysis) to examine the impact of feedback on reflection, deep learning, and concept building among final year MBBS students at Rawalpindi Medical University. The inclusion criteria encompassed final year MBBS students selected through randomization, while those who did not provide consent were excluded. The study duration spanned six months, from February 2023 to July 2023, following approval of the research synopsis. The sample size was determined using G*Power 3.1 software, resulting in a calculated sample size of 68 participants, with 34 in each group (control group = A and intervention group = B).



Randomization was employed to allocate students to the respective groups. Ethical approval was obtained from the Ethics Review Committee, and informed consent was obtained from all participants. Anonymity and confidentiality were ensured throughout the research process. Data collection involved conducting pre-test and post-test assessments comprising 30 MCQs based on six obstetrics and gynecology topics. Both groups received teaching on reflection using the Gibbs reflective cycle. Written reflections were collected from all participants, while the intervention group additionally received verbal feedback. Teaching sessions included case discussions and holistic exploration of topics. The timing schedule for ward rotations, classes, reflection, and feedback was consistently followed. The post-test was administered on the last day of the study. The assessment of the tests was included in the final assessment of the students, and they were informed about the significance of the tests.

Results: The baseline pre-test scores showed no significant difference between the control group (37%) and intervention group (39%). However, in the post-test, the intervention group achieved significantly higher scores (69%) compared to the control group (51%) ($p < 0.0001$). Within-group analysis revealed significant improvement in both groups from pre-test to post-test ($p < 0.0001$).

Student feedback regarding the teaching method indicated that the combination of feedback and reflection helped them address their queries and better prepare for their studies in advance, as indicated by their agreement scores on the visual analogue scale. In summary, the study demonstrated that incorporating feedback along with reflection resulted in significantly improved post-test scores compared to reflection alone. Both groups showed significant improvement from pre-test to post-test. Student feedback supported the effectiveness of the teaching method in facilitating learning and preparation.

Conclusion: This study concluded that feedback plays a significant role in enhancing deep learning among undergraduate medical students. These findings suggest that providing feedback, along with opportunities for reflection, can positively impact students' learning outcomes and promote deeper understanding.

Keywords: Reflection, feedback, deep learning, clinical setting

FRF-97 Effect of gum chewing versus early mobilization after cesarean section on improving intestinal symptoms: A randomized control trial

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Introduction: Paralytic ileus is one of the problems that are faced following abdomino pelvic surgeries including caesarean section which leads to post-operative pain, abdominal distension, delayed oral feeding, prolonged hospital stay and increased hospital cost. To assess the effectiveness of chewing gum along with early mobilization as safe, effective and easy way to regain intestinal function compared to mobilization alone.

Methodology: One hundred low risk pregnant women who had caesarean section delivery under spinal anesthesia were recruited and randomly allocated to two groups. Group A (intervention group) which were allowed to chew sugarless gums three hours after caesarean section for 20 minutes along with early mobilization. Group B (control group) underwent conventional care for NPO (nothing per oral till audible intestinal sounds) and early mobilization. Bowel sound was assessed after every 1 hour of intervention given. The primary outcome is the time of auscultation of first normal intestinal sounds and the secondary outcomes are time of passage of flatus, stools, early mobilization, abdominal pain, distention, hospital stay and patient satisfaction.

Results: There was a statistical significance difference between both groups in terms of auscultation of first intestinal sounds, passage of flatus, passage of stools, abdominal pain and postoperative hospital stay (P value 0.02, 0.001, 0.001, 0.003 and 0.001, respectively). Women of intervention group were more satisfied 45/50 (90%) compared to control group 35/50 (70%) ($P=0.002$) No statistical significance difference between both groups regarding presence of abdominal distension, postoperative vomiting, and presence of obstetric complications

Conclusion: Use of gum chewing together with early mobilization following caesarean section offers a safe

and effective option for early resumption of intestinal function and consecutively associated with short hospital stay.

Keywords: gum chewing, intestinal function, early mobilization, cesarean section

FRF-98 To determine the association of urinary tract infection in pregnancy with preterm labour

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Introduction: Urinary tract infection is one of the most common bacterial infections in pregnancy. It is defined as the presence of >100 bacteria or pus cells >5 per one ml of urine. It may be associated with frequency, urgency, and/or burning micturition. The most common etiologic agent is *E. coli*. The microorganisms may produce a large amount of phospholipase A2 which is capable of liberating arachidonic acid from the phospholipids leading to the synthesis of prostaglandins by placental membranes thus initiating the process of labour. Maternal infection of the urogenital tract is a relatively frequent cause of preterm labour and is also associated with premature rupture of membranes leading to increase fetal morbidity and mortality.

Methodology: A total of 60 women of reproductive age group with singleton pregnancy and cephalic presentation were included. Patients with a history of genital tract trauma, antepartum hemorrhage, diabetes, chorioamnionitis, eclampsia, and preeclampsia were excluded. The study population was divided into two groups, Group A (Pre-Term labour group) and Group B (Term labour group). Upon their arrival in labour, the midstream urine examination reports of these women (within the last one month) were reviewed and assessed for urinary tract infection.

Results: The mean age of women in Group A was 30.20 ± 5.80 years and in Group B was 30.13 ± 6.04 years. The mean gestational age in Group A was 33.17 ± 1.63 weeks and in Group B it was 38.93 ± 1.05 weeks. UTI was found in 11 (56.67%) patients in Group A while in Group B, it was seen in 04

(23.33%) patients with a p-value of 0.044 and an Odds ratio of 3.76 which is statistically significant.

Conclusion: This study concluded that there is a high association between urinary tract infection and preterm labour.

Keywords: Urinary tract infection, asymptomatic, preterm birth.

FRF-99 To compare the efficacy of Magnesium Sulfate versus Nifedipine in the management of preterm labor.

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Introduction: Preterm labor is defined as the onset of labor before 37 weeks gestation. In underdeveloped countries, it has an incidence of 25%, while developed countries see it at 5-10%. PTB contributes to 70% of neonatal deaths and 40% of long-term neurological issues, posing a significant healthcare financial burden. The aim of tocolysis is to delay the labor for the in-utero transfer of the fetus to tertiary care neonatal facility and to buy time for the effect of steroids to help fetal lung maturity. Both Nifedipine and MgSO₄ are effective tocolytic with a good safety record. However, the effective tocolytic, with minimal fetomaternal side effects still needs to be explored.

Methodology: A total of 178 women of 24-36+6 weeks of gestation, experiencing preterm labor with singleton pregnancy and intact membranes, were included. Women who require early delivery due to any medical or obstetric complication were excluded. Participants were randomly divided into two groups Group M (Magnesium Sulphate) Group N (Nifedipine). Initially, all received hydration in the form of 500 ml of Ringer's solution. In the Magnesium Sulphate group, 6 g IV loading dose over 15 minutes was given, while the Nifedipine group received a 20 mg oral tablet. If contractions stopped, 20mg oral Nifedipine 6 hourly for 24 hours then 8 hourly for 24 hours was given. Treatment effectiveness was evaluated by a 48-hour delay in preterm labor and no further requirement for alternate tocolysis.

Results: In group M, more than half of the patients were in the 18-30 years of age, while in group N, the mothers are relatively older (31-40 years). In group M, the effectiveness of Magnesium Sulphate is noted in 81 patients (91.0%) compared to 66(74.2%) in Nifedipine group which is statistically significant with a p-value of 0.003.

Conclusion: Magnesium sulfate is associated with higher efficacy for the prevention of preterm labor as compared to oral Nifedipine.

Keywords: Nifedipine, Magnesium Sulphate, Preterm Labor.

FRF-100 Correlation between anti ttg (iga) assays and histology grading in patients with celiac disease

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Introduction: Celiac disease (CD) is an autoimmune disorder, triggered in genetically susceptible individuals by ingestion of wheat, gluten related proteins of barley and rye. Serological tests for diagnosis include anti- tissue transglutaminase antibodies (TTG) and anti-endomysial antibodies. The patchy intestinal mucosal damage, incorrect biopsy orientation evaluation and availability of endoscopic facility limits biopsy value. The aim of this study was to evaluate that, in patients who have high disease probability and high anti-TTG titers also have significant histopathological findings (Marsh Classification). And the results would help us to eliminate the need for biopsy for diagnosis of CD in carefully selected patients.

Methodology: 50 patients having intestinal, extraintestinal and malabsorption features were enrolled by consecutive non probability sampling in Medical wards of Benazir Bhutto Hospital from January to December 2018. Anti TTG (IgA) assays were done by ELISA. Endoscopic biopsies were taken from duodenum bulb and second part. Statistical analysis was performed on SPSS version 15.0. Results were considered significant when $P < 0.05$

Results: There were significant differences in anti TTG levels across different Marsh groups. Out of 50

total patients, 2 patients had grade 1, 3 had grade 2 while 45 patients fall in grade 3 Marsh classification. There was a statistically significant increase in titres of TTG from low to high grades of histological Marsh classification. TTG values in Marsh grades 3c were highest of all other grades (245.27 ± 7.59 U/ml).

Conclusion: There is a strong correlation between TTG (IgA) levels and histological Marsh grading. It is recommended that patients who have high clinical probability of CD and anti TTG level > 100 U/ml can be labeled as Celiac disease without Endoscopic biopsy.

Keywords: Celiac disease, Anti TTG, modified March classification

FRF-101 Role of Probiotic as an Add-on Therapy in Eradicating Helicobacter Pylori Infection

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Introduction: To compare the Helicobacter pylori eradication rate with and without use of Probiotic in conjunction with standard triple regimen.

Methodology: The patients with symptomatology of Gastritis and Dyspepsia were enrolled for the study. The presence of Helicobacter pylori was confirmed with Urea breath test. The experimental group received probiotic along with triple regimen therapy, while the control group received only triple regimen therapy. After four weeks of completion of treatment, urea breath test was repeated for confirmation of Helicobacter pylori eradication. Patients with negative urea breath test were considered as treatment success.

Results: Total 160 patients with Helicobacter pylori infection were enrolled in this study. Patients were divided in two groups i.e. Group-A (Probiotic + triple regimen therapy) and Group-B (Only triple regimen therapy). The mean age of patients in group-A was 35.1 ± 11.2 years and in group-B 37.5 ± 12.9 years. In group-A, H. pylori eradication was seen in 71(88.8%) and 59(73.8%) in group-B with a p-value of 0.015 which is statistically significant.

Conclusion: In Helicobacter pylori confirmed Gastritis or Dyspepsia patients, addition of probiotic

to standard triple regimen therapy improve eradication rate of *H. pylori* infection.

Keywords: Helicobacter Pylori, Probiotic, Standard Triple Regimen.

FRF-102 Identification of Substantial Factors Associated with Mortality in the Emergency Department

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Introduction: In this paper, the prime focus is to identify key factors that are directly related to the mortality in critical medical patients presenting to the emergency department in a collapsed state and the research study was conducted at a tertiary care university hospital (April- July 2020) on medical patients presenting in critical condition. Some imperative variables like demography, premorbid, presenting vitals, GCS, blood sugar, oxygen saturation, diagnosis, treatment, and outcomes were recorded. Statistical analysis was done using the chi-square test along with Fisher's exact test for computational evaluation. Hence, the absent pulse, low conscious level, and temperature at presentation are significant clinical findings associated with mortality of critical medical patients.

Methodology: The study was designed to identify substantial factors that are directly related death of critical patients in the emergency department. After approval from the ethical committee of the hospital, this analytical cross-sectional study was carried out for a period of 4 months from April to July 2020 at the Department of Emergency Medicine at a tertiary care university-affiliated Holy Family Hospital, Rawalpindi, to detect the parameters responsible for the mortality of patients presented with precarious conditions. In this study, 318 critical patients were included that presented to emergency department were registered but only 242 were included in the study according to the inclusion criteria. Inclusion criteria was adult patients with medical conditions in collapsed state with unstable vitals (heart rate < 60 beats per minute, blood pressure < 90/60 or >140/90mmHg, respiratory rate <10 or > 20 breaths per minutes, temperature <35.5 or >38.20C). Patients with DNR (don't resuscitate) status, failure to consent, surgical, gynecological, and pediatrics cases

were excluded. All included patients were assessed by ED physician in triage and subsequently managed/admitted to ER accordingly. The research team did not interfere with the medical diagnosis in triage nor the emergency care. Informed consent was taken from the patient family or escorting person. All the patients received standardized treatment as per emergency department protocol. Resuscitation was carried out on all cases according to advance cardiac life support guidelines. Survivals were admitted to intensive care/medical wards or referred to a specialist center for further care/interventions. Study variables were recorded in a structured format. Variables included demographic details (name, age, gender, area of residence), premorbid conditions, admission diagnosis, vitals on admissions, oxygen saturation, presenting GCS score, blood sugar levels, treatment received (airways, breathing, and circulatory support), final diagnosis and outcome (survival, non-survival). SPSS vr 25 was used to record and analyze the gathered data. Descriptive statistics and frequencies of variables were measured. Grouping of variables is carried out accordingly. Analysis of variables for survival and non-survival carried out using the chisquare test and Fisher's exact test as appropriate. P-value < 0.05 was considered significant for bivariate analysis. Result of the analysis compiled and conclusions drawn.

Results: The results of Table 1 reveal that among 242 patients, 107(44.2%) were males and 135(55.8%) were females. The mortality rate was higher in males 38(54.3%) higher than the females 32(45.7%) as depicted in Figure 1. The mean age was 54.08 years with the youngest being 13 years and the oldest of 90 years. Maximum patients were of 70 years 18(7.4%). While the mean age of survivors and non-survivors were 52.9+20.2 and 56.5+13.7 respectively (p=0.336 CT 95%). Most of the cases presented from local areas of Rawalpindi district 52.06% (n=126) while remaining were from Islamabad and peripheries. In Table 2, a higher rate of mortality was observed with patients whose initial diagnosis was septic/hypovolemic shock (45.8%) or any cardiac ailment (38.1%) or respiratory disease (25%). Considering the co-morbid conditions, 76 patients who had only one premorbid 54(71.1%) among survivals and 22(28.91%) who died. 14(5.78%) patients were having four premorbid conditions. According to the results of Table 3 along with Figures 2 and 3 represent that the maximum patients were having hypotension n=88(36.36%) while

32(13.22%) patients were having high blood pressure on presentation. Among 72 patients with un-recordable blood pressure, 40(55.6%) patients survive while 32(44.4%) expired in ED. Almost one-fourth (25%) of the hypotensive patients did not survive. Bivariate analysis of mortality showed heart rate ($p=0.011$), body temperature ($p=0.03$), and Glasgow Coma score in between 3 to 6 ($p=0.02$) were significant factors considering deaths in the emergency department. In Table 4, the final diagnosis did not have a positive impact on mortality at the ED ($p=0.336$). Similarly, the patient's sociodemographic variables, gender, geographical location, pre-morbid, oxygen saturation at Room air, blood pressure, assisted ventilation, and circulatory support given at the ED, did not influence mortality. Chi-square test showed a significant relationship of parameters like initial diagnosis, heart rate, body temperature, respiratory rate, GCS with mortality of the patients at the ED during four months. Factors associated with the healthcare process were statistically significant for timely diagnosis ($p=0.032$), evaluation of HR ($p=0.011$), body temperature ($p=0.03$), respiratory rate ($p=0.003$) and GCS ($p=0.024$). Other studied variables that did not shown any statistical significance in relation to mortality were peripheral oxygen saturation ($p=0.11$), blood sugar levels ($p=0.55$), treatment rendered with airway care ($p=0.15$), ventilation provided ($p=0.30$), circulatory support ($p=0.87$) and final diagnosis ($P=0.33$)

[95% CI; $p>0.05$]

Conclusion: Immediate identification of factors related to mortality (absent pulse, poor conscious level, and temperature abnormalities at presentation) in critical medical cases presenting to the emergency department and early intervention can help us to reduce mortality. Pre-hospital attention to these substantial factors could be more beneficial in saving lives.

Keywords: mortality, risk factors, emergency

FRF-103 Impact of early clinical exposure upon communication skills pertaining to undergraduate medical students as assessed on Kalamazoo scale.

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Introduction: Learning being a dynamic process concerning every student, the teacher's main responsibility is to accelerate this learning process. Communication skills are essential in medical profession. well integrated knowledge of basic sciences and clinical sciences especially doctor-patient interaction are very important in modern medical education.

Methodology: This quasi-experimental, multicenter study was conducted among 160 third year MBBS students of one each private and public medical college from March 2017 to January 2018. Communication skills of students were scored using Kalamazoo Checklist-Adapted (KEECC-A). Data were analysed on SPSS version 23

Results: The disparity between both categories was significant ($p < 0.001$). The seventh element, providing closure included asking patient to summarise, acknowledge and close the interview. The ECE students performed very good to excellent 41 (51.3%) as compared to the Non-ECE students 3 (3.8%). The dissimilarity among categories remained statistically significant ($p < 0.001$).

Conclusion: The Kalamazoo scale was well performed by the ECE group showing that early clinical exposure can improve communication skills of students and hence better physician-patient relationship.

Keywords: Kalamazoo scale, communication skills, clinical exposure.

FRF-104 A Cros Sectional Study on the Plateletcrit and Platelet Indices in Different Forms of Dengue Fever

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Introduction: Dengue fever is a viral disease caused by four different serotypes of dengue viruses from DENV, transmitted mostly by the Aedes aegypti mosquito. The disease has history of many outbreaks mostly in tropic and sub-tropic countries, costing many lives annually, with millions in mild to complicated forms, bringing stress to health systems and economies of poor countries. Dengue epidemic occurred in Pakistan in 2010 with 257 deaths during



the epidemic and prevalence of 16580 cases in Rawalpindi, repeated epidemic in 2015, 2017, 2018 and 2019 with higher prevalence.

Methodology: The design of this study was an observational cross sectional study design. This study was conducted in the Department of Infectious Diseases, Holy Family Hospital, Rawalpindi and the duration of this study was 6 months after the approval of synopsis i.e 1st May 2021 to 30th Oct 2021. Patients fulfilling selection criteria were enrolled in the study from emergency of Department of Infectious Diseases, Holy Family Hospital Rawalpindi. Informed consent was taken. Then patients were evaluated and divided for severity score. Reports were assessed for Platelet indices including platelet count, mean platelet volume, platelet distribution width (as per operational definition). All this information were recorded on proforma.

Results: Total 150 participants were enrolled in the study as per the inclusion criteria. Mean age in the study was 38.42+13.74 whereas there were 94 (62.7%) male and 56 (37.3%) female patients who were included in the study according to the inclusion criteria. Among 150 patients, 28 (18.7%) patients were presented with dengue hemorrhagic fever in patients of dengue fever. Mean Platecrit indices in patients with or without dengue hemorrhagic fever due to dengue fever in the study was 0.26+1.62 vs 0.08+0.02 (p-value 0.552) whereas mean platelet indices in patients with or without dengue hemorrhagic fever due to dengue fever in the study was 64.19+41.11 vs 78.10+32.74 (p-value 0.097).

Conclusion: The study concluded that different indices of platelets within different forms of dengue fever to assess the severity of the disease process may serve as an early indicator of disease progress and severity which will help to decide early intervention.

Keywords: Dengue Fever, Hemorrhagic, Platelet, Indices, Serotypes, Epidemic, Participants

FRF-105 A Study on the Effects of Pregabalin and Amitriptyline in Treatment of Patients with Painful Diabetic Neuropathy

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Introduction: The global statistics of diabetes mellitus in year 2013 indicated, about 382 million people had this disease worldwide, with type 2 diabetes making up about 90 % of the cases. The commonest cause of peripheral neuropathy is diabetes, and 30-90% of patients with diabetes have peripheral neuropathy. Achieving tight glycemic control is the corner stone in the management of painful diabetic peripheral neuropathy (PDPN). Pregabalin and Amitriptyline are usually recommended as first-line treatment for PDPN. After the literature review, it is established that there is gap to have more evidence on comparative study on efficacy of amitriptyline and Pregabalin in diabetic neuropathy.

Methodology: The design of this study was Randomized Controlled Trial study design. This study was conducted in the Department of Medicine in, Holy Family Hospital, Rawalpindi and the duration of this study was Six months after the approval of synopsis i.e from 1st November 2019 to 1st May 2020. Approval from ethical committee of the hospital was taken. Written informed consent was taken from patients. Consent form is attached with this. Patients were randomly allocated into two groups by lottery method. The dose of Pregabalin was used as 50mg thrice daily for a period of six weeks and label as group-A and group B received amitriptyline as 25mg once daily before bedtime for a period of six weeks as prescribed by a senior consultant who was blind to object of the study. At the start and end of treatment pain was marked by patients on Visual Analogue Scale (VAS) and numerical score. It was noted on the Performa.

Results: Total 100 patients were included according to the inclusion criteria of the study. The dose of Pregabalin was given in patients in group-A and group-B received amitriptyline. Mean age (years) in the study was 55.87+6.43 whereas there were 55 (55.0) male and 45 (45.0) female patients who were included in the study according to the inclusion criteria. In our study, frequency and percentage of effect (pain relief) among Pregabalin and Amitriptyline in treatment of painful diabetic neuropathy was 27 (54.0) and 11 (22.0) respectively which was statistically significant (p-value 0.001).

Conclusion: The study concluded that Pregabalin is more responsible for pain relief than Amitriptyline in treatment of painful diabetic neuropathy. Further studies at multiple studies must be conduct in future

for determining the efficacy of Pregabalin and amitriptyline in diabetic neuropathy in order to formulate guidelines for management of diabetic peripheral neuropathy.

Keywords: Amitriptyline, Pregabalin, Neuropathy, Pain Relief, Diabetic Sensorimotor Polyneuropathy, Prevalence

FRF-106 Quality improvement project to enhance knowledge, skills, and attitude of healthcare workers in using defibrillators in the emergency department.

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Introduction: Defibrillation is a critical intervention in managing cardiac emergencies, yet healthcare workers (HCWs) preparation in utilizing defibrillators remains inadequate, particularly in low- and middle-income countries. This quality improvement project aimed to assess and enhance HCWs' knowledge, skills, and attitudes toward defibrillator use in the emergency department (ED) through a one-hour defibrillator workshop.

Methodology: A cross-sectional study was conducted within the Emergency Department (ED) of Holy Family Hospital Rawalpindi. Pre- and post-workshop data was collected from the participants using structured questionnaires for demographics, knowledge assessment (20 multiple-choice questions), skills assessment (10-step checklist), and attitude evaluation (Likert-scale statements). The workshop included theoretical instruction and hands-on practice, with post-workshop assessment conducted one week later. Data analysis employed descriptive statistics and paired t-tests, while ethical considerations ensured confidentiality and consent.

Results: The study included 38 house officers working in the ED of Holy Family Hospital Rawalpindi, demonstrating significant gaps in defibrillator knowledge, skills, and attitudes pre-workshop. Post-workshop assessments revealed a marked improvement in knowledge scores ($p < 0.05$), attitudes ($p < 0.05$), and practical skills ($p < 0.05$). Participants' confidence and preparation for managing cardiac emergencies notably increased,

indicating the workshop's efficacy in addressing the identified deficiencies.

Conclusion: The one-hour defibrillator workshop effectively enhanced HCWs' competence and readiness in utilizing defibrillators in the ED. The observed improvements underscore the importance of targeted educational interventions in bridging knowledge gaps and fostering proactive attitudes toward cardiac emergency management. Regular training sessions should be conducted to sustain these enhancements and improve patient outcomes in the ED.

Keywords: Defibrillation, defibrillator, knowledge, skills, healthcare workers, emergency department, clinical audit.

FRF-107 Measles in infants under 9 months: A need for earlier Vaccination?

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Introduction: To determine the frequency of measles in infants younger than 9 months of age amongst children presenting with measles to tertiary care. To compare the clinical presentation and outcomes of measles in infants less than 9 months of age with children of higher age groups.

Methodology: Study Design:
Observational cross-sectional
Place and Duration of Study:

It was a multicenter study conducted in RMU and Allied hospitals (Rawalpindi Teaching Hospital, Benazir Bhutto hospital and Holy Family Hospital Rawalpindi). It was conducted from 20 January 2019 till 19 January 2020.

Methodology: A total of 230, pediatric age group patients of both genders under 12 years with clinical diagnosis of measles as per operational definition (WHO clinical criteria of measles) reporting in the outdoor or admitted during the study period were included in the study. A Proforma designed to get all the relevant information was used for data collection.

Results: The frequency of measles under 9 months was 35.2% in comparison to 35.8% and 30% in 9 months to 2.5 year and 2.6 to 12 year respectively. The clinical presentation of Measles as per IMCI was more severe in infants less than 9 months (21.3%) as

compared to 2.6-12 year (11.3%). Among the reasons for hospitalization 63% patients were admitted with respiratory distress. It was found to be 27.6% in infants less than 9 months, 22.4% in 9 months to 2.5 year and 13% in 2.6-12 year. The presentation of clinical symptoms was Typical in 81.7% patients. Time to present in hospital, within 24 hours after onset of rash was 47.8%. Most common complication among hospitalized patients was Pneumonia (76%). Duration of hospital stay was more than 3 days in 29.2% and 9.9% in less than 9 months and 2.6-12 year respectively (P-value 0.003). Among hospitalized patients 24.5% developed severe complications (P-value 0.31).

Conclusion: The frequency of measles in infants less than 9 months was similar to other age groups. However clinical presentation was more severe in terms of IMCI classification and reasons of hospitalization. The duration of hospital stay was also more in less than 9 months infants in comparison to 2.6-12 year.

Keywords: Measles, Vaccination, infants, Acute lower respiratory tract infection, IMCI

FRF-108 Effectiveness and Safety of Extracapsular Dissection for Benign Tumors of the Parotid

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Introduction: Salivary gland tumors constitute 3% to 10% of all cancers in the head and neck region. 1-3 Parotid gland is the most commonly involved salivary gland and fortunately majority of the parotid growths have a benign histology. 4-6 Of the benign parotid lesions, Pleomorphic adenoma and Warthin tumor are commonly encountered. 7,8 Extracapsular dissection and superficial parotidectomy are the preferred modality for the surgical management of benign tumors of the parotid. This led us to investigate the effectiveness and safety of extracapsular dissection in a tertiary health care unit of Pakistan, in terms of surgical complications and recurrence.

Methodology: This case series was conducted in the Department of Surgery, Rawalpindi Medical University, Rawalpindi. The hospital records of all 50 patients who underwent extracapsular dissection with

a diagnosis of either Pleomorphic adenoma or Warthin tumor during the period January 2010 till December 2019, were reviewed retrospectively. Data regarding demographics, tumor, complications and recurrence was collected.

Results: Out of 50 patients, 40 were males and 10 were females with age ranging from 26 to 52 years and mean age of 42 years. 44 of 50 parotid lumps were diagnosed as Pleomorphic adenoma and 6 were cases of Warthin tumor. The range of lesion size was 1.5 to 3 cm. 15 (30%) patients suffered from transient facial nerve weakness, whereas only 1 (2%) sustained a facial nerve injury which required repair. There was no case of Frey syndrome, sialocele and hematoma, however, salivary fistula was seen in 1 (2%) patient. Capsule rupture during surgery occurred in 15 (30%) patients and recurrence was seen in only 1 patient (2%).

Conclusion: Extracapsular dissection has low recurrence rate, very few complications and is a safe and effective treatment for Pleomorphic adenoma and Warthin tumor

Keywords: Extracapsular dissection, Pleomorphic adenoma, Warthin tumor

FRF-109 Comparison of the outcomes among patients undergoing emergency open appendectomies by senior and junior surgeons: A cross-sectional study

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Introduction: Acute abdomen is a condition characterized by sudden, severe abdominal pain accompanied by abdominal tenderness and rigidity. It is a surgical emergency. Appendicitis is the most common cause of acute abdomen. Appendectomy is the gold standard treatment for appendicitis. It is the most common surgical procedure performed in the emergency. Thus it is the most commonly available operation for the general surgery residents to perform. Experience seems to affect the outcome of complex surgeries like thyroidectomy and pancreatoduodenectomy. However regarding appendectomy he statistics are rather different. The studies have shown that except lesser time from emergency room to operation theater and shorter length of hospital stay,



there is no difference in the risk profile of appendectomies performed by senior surgeons as compared to the residents. The level of post-graduate residents does not affect the outcome of the appendectomies. There is lack of such data in our set up. Therefore, the aim of this study is to assess the safety of the appendectomies performed by the junior doctors by comparing their outcomes with those of the appendectomies performed at the hands of senior doctors.

Methodology: Patients of 16 years and above who underwent emergency open appendectomies for suspected appendicitis were included while elective appendectomies and those done for gynecological indications were excluded from the study. After informed consent, 65 appendectomies were included in the study. SPSS v23.0 was used for data entry and analysis. Frequencies, percentages, means and standard deviations were calculated. Chi-square, t-test and Kruskal-Wallis tests were applied to test the significance of the results. Results were then presented in the form of tables. Outcome variables of the study were duration of the symptoms, Alvarado score, WBCs count, duration of surgery, per-operative findings, post-operative antibiotic, home treatment prescription, post-operative hospital stay and complications.

Results: Out of total 65 appendectomies, 35 (53.8%) were done by junior surgeons, out of which 16 (45.71%) were males. Out of 30 appendectomies done at the hands of senior surgeons, 16 (53.3%) were done by males. There was no significant difference between the senior and junior surgeons except for Alvarado score (higher mean score for senior surgeons), per-operative findings (more complicated appendicitis in case of senior surgeons) and post-operative hospital stay (prolonged for senior surgeons' appendectomies), p values are <0.000, 0.001, and <0.000, respectively

Conclusion: This study concludes that junior surgeons can safely perform open appendectomies with no difference in the incidence of complications as compared to senior surgeons

Keywords: Acute Appendicitis, Emergency or Operation Theater, Senior Resident or Junior Resident

FRF-110 Implications of Social Factors and Management Outcomes Among Patients with Corrosive Ingestion

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Introduction: Corrosive poisoning is a growing concern in developing countries and although management options have improved over the years, preventive strategies have failed to provide results. The objective of this study was to determine social and epidemiological factors related to corrosive intake in patients and to assess the effect of these factors on management outcomes in terms of morbidity and mortality

Methodology: A retrospective cross-sectional study was carried out in Surgical Unit-1 of Holy Family Hospital, Rawalpindi from February 2019 to June 2020. Each corrosive poisoning patient's age, gender, residence, ethnicity, education, and financial status were recorded. Previous psychiatric illnesses were also recorded. Management outcomes in terms of wound infections, anastomotic leaks, weight gain, return to work and mortality were recorded. The correlation between social characteristics and the outcome of management was statistically analyzed using SPSS software

Results: Out of 70 patients, the majority were females 48 (68.6%). Chief suicidal motives included low-income [49 (70%)], marital discord [16 (22.5%)] and domestic violence [21 (29.5%)]. Education level was the only social factor that was significantly associated with major as well as minor complications after intervention ($p=0.021$). Only 10 (14.3%) patients had an established past psychiatric history. At 6 months follow-up, 57 (81.4%) never went back to their original weight and only 22 (31.4%) were able to return to work.

Conclusion: Domestic violence was found to be major cause of suicidal intent [21 (29.5%)] followed by marital discord [16 (22.5%)]. In managing such patients, a multidisciplinary approach including a surgical and gastroenterology team, psychologist and social workers must be employed

Keywords: corrosive intake, suicidal intent, domestic violence



FRF-111 Carotid Body Tumor Surgery –A Series Of 15 Cases

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Introduction: Carotid body tumors are rare tumors arising from chemoreceptors at carotid bifurcation. Surgical excision of these lesions is challenging and may be associated with compromise of carotid circulation. The objective of this study is to share our experience on various technical aspects of surgical excision of these tumors

Methodology: All cases of carotid body tumor presenting to the department of surgery RTH, Rawalpindi from 2013-2023 were included in this study and analyzed. Both quantitative and qualitative statistical analysis was done.

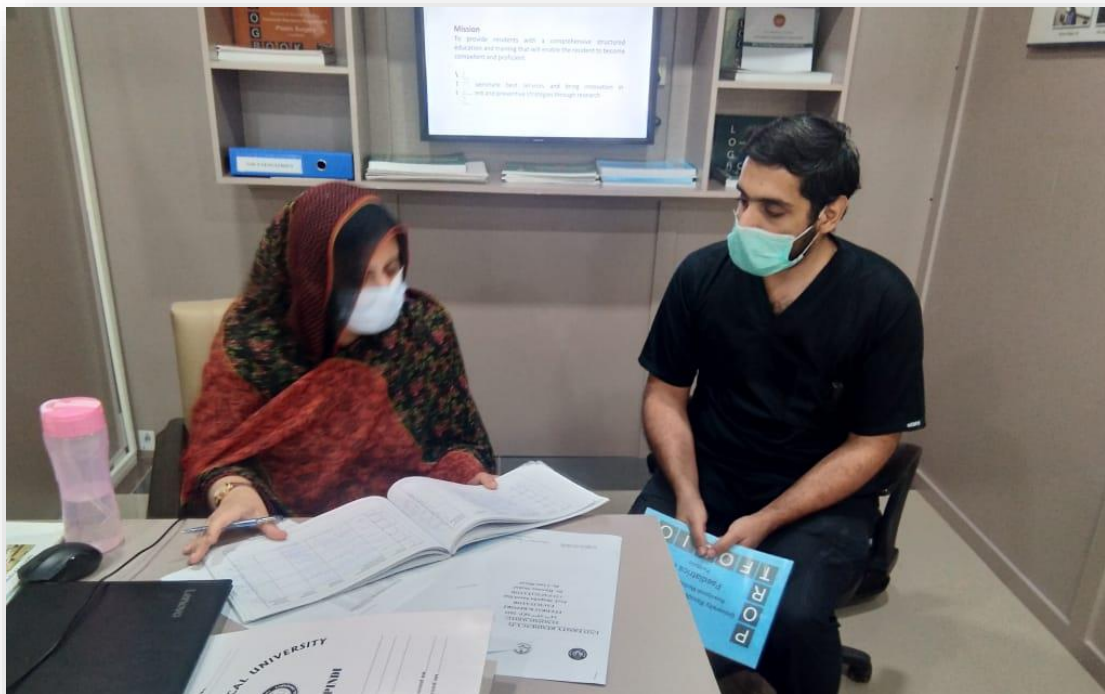
Results: A total of 15 patients underwent carotid body tumor surgery in the last ten years. Average age of the patients was 44.5 years with a range of 26 to 57 years. Male to female ratio was 1:4.5. Mean duration of symptoms was 3 years +/- 6 months. According to Shamblin classification, 4 patients had type I, 7 patients had type II and 4 had type III. All of Type I were removed by simple excision only without use of any shunt. 3 tumors of Type II were managed by excision and use of temporary shunt. 1 Type II patient required ligation of internal carotid artery. 3 patients required patch angioplasty and 4 patients had excision of carotid bifurcation with restoration of circulation using inter-positioning graft.

Conclusion: Carotid body tumor is a rare tumor treatment should be carefully planned. Use of temporary shunts and modern energy resources are helpful in avoiding serious complications.

Keywords: Carotid body tumors, Shamblin classification



Resident Research Forum



Resident Research Forum



Message from the Vice Chancellor

Residents' Research forum has been a vision I've held for long now and to see it finally materialize has been a source of limitless pride and delight to me. There is little more pleasing for a mentor than to see his pupils and juniors strive to Excel and compete to be at par with the world at large. At Rawalpindi Medical University we are fervently committed to grooming our residents to the best possible international standards to produce top tier professionals. Research is undeniably a need of the hour being instrumental to the very life of a good health care system. It is imperative for our country to harbor and foster a drive and duty to it. The world of medicine and healthcare is evolving at a relentless pace and the Doctor of today must be trained and educated accordingly. Beginnings are always tough at first and introducing a new system and culture of thought and directives tougher. However, to find multiple like-minded individuals who made the inception of the forum possible has been a relief and repose for me. Together, I believe Rawalpindi Medical University is on the brink of a new precedent of the current medical terrain. With the grace of God almighty and a vision rooted in noble and necessary aspirations, I hope to see all our residents be a part of the forum and work together for its agenda and resolution.

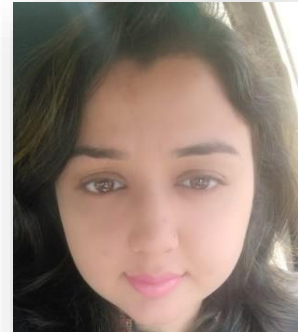
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RRF-01 Diagnostic Accuracy of Modified Alvarado Score (MAS) and Ohmann Scores (OS) in Diagnosing Acute Appendicitis

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Introduction: In the field of General Surgery AA is the frequent clinical condition for which patients who need emergency surgery present with abdominal pain.1 Diagnosis of this pathology is made with the help of history, patient symptoms, and clinical exam and lab investigations. Ultrasonography (USG) and computed tomography (CT) images for acute appendicitis should be considered.2

Methodology: The purpose of the study is to compare the diagnostic accuracy of Modified Alvarado Score (MAS) and Ohmann Scores (OS) in diagnosing the pathology of Acute Appendicitis, while retaining histopathology as the basis for final diagnosis. A total of 411 patients were admitted via the Accidents & Emergency Department of Mayo Hospital Lahore, meeting the inclusion and exclusion requirements having the clinical diagnosis of acute appendicitis. For each patient, both Modified Alvarado and Ohmann scores were assessed prior to undergoing the procedure, i.e. open appendectomy. Abdominopelvic assessments and laboratory results were assessed and abdominal USG was performed in all patients. Biopsy of the removed appendix was sent for histopathology to Pathology Department of King Edward Medical University.

Results: For the modified Alvarado and Ohmann score; sensitivity and specificity of was 89.74%, 90.48%, 85.13% and 80.95% respectively. The positive predictive value (PPV) and negative predictive value (NPV) for “modified Alvarado score” was 99.43% and 32.2% and for “Ohmann score” it was 98.81% and 22.67% respectively.

RRF-02 Neuroleptic Malignant Syndrome: A Case Report

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Summary: Neuroleptic malignant syndrome is an adverse drug reaction to the antipsychotics. Antipsychotics cause dopamine blockade that results in NMS. We are presenting a case report of a 25-year old male patient, who presented to our psychiatry emergency facility, with post-ictal behavioural disturbances. He required rapid tranquilization. Our patient developed symptoms of neuroleptic malignant syndrome due to the first-generation antipsychotics. His creatinine phosphokinase was markedly raised. The early diagnosis and management of the patient played an important role in his recovery. This case is being reported as the patient had creatinine phosphokinase levels of 89900 and 105000 at different instances, yet the patient recovered with intensive care. This emphasizes the importance of early diagnosis and treatment can reduce mortality and morbidity. The withdrawal of antipsychotics is the mainstay of treatment along with supportive treatment.

RRF-3 OBSCURE OVERT LOWER GI BLEEDING, A diagnostic challenge

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Introduction: Obscure Gi bleeding (OGIB) comprises over 5% of overall Gi hemorrhages. It is defined as bleeding from an unknown source that persists or recurs despite negative UGIE & colonoscopy. It can be either overt or occult & it represents a significant source of morbidity and mortality. The recent advances in investigative procedures like video capsule enteroscopy and double ballon endoscopy helps in early detection and prompt treatment.

Case presentation: A 27-year-old male, presented with the complaint of PR bleeding for last 1 year. Bleeding was painless, bright red in color & occasionally mixed with stools, Quantity ranging from half a spoon to half a cup & increasing frequency of episodes over time. He lost almost 10-12 kg weight within 10 months.

On workup, UGIE, RBC scan, CT angiogram, were unremarkable. However, Colonoscopy showed alter & dilated vessel in all segments of large bowel. A diagnosis of obscure overt GI bleeding was made. The lab parameters were normal except an Hb 4g/dl

and decrease serum ferritin for which multiple blood transfusions were done and patient was optimized for Exploratory laparotomy. Per operative enterotomy revealed multiple punctate ulcers at the level of cecum. Hence, pan-colectomy and end-ileostomy was made. Patient remained stable post operatively and discharged but lost to follow-up.

He was re-admitted with profuse per- stomal bleeding after 7 months. An UGIE performed, was normal. Consequently, re-exploration with intra-operative enteroscopy (IOE) using 10mm port & laparoscopic telescope was performed. A 1*1 cm ulcer with an actively bleeding vessel was isolated 6 feet from DJ in proximal ileum. Distal Enterotomies were primarily closed & proximal was brought out as Ileostomy & Terminal portion was brought out as mucous fistula. Patient remained stable and was discharged with unremarkable follow-ups. Histopathology showed mild acute on chronic Inflammation.

Conclusion: Obscure overt Gi bleeding is a diagnostic challenge for both the patient as well as the treating surgeon. Multiple investigative modalities are present. Regardless, targeted surgery based on per-op localization on Enteroscopy is advocated with as high as 90% success rate in identifying small bowel pathology.

Keywords: Obscure gi bleeding, capsule enteroscopy, diagnostic challenges

RRF-4: A comparative study of Type-I underlay tympanoplasty using tragal cartilage versus temporalis fascia graft

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Objective: To compare effectiveness of graft uptake between tragal cartilage and temporal fascia in patients undergoing Type-I underlay tympanoplasty.

Methodology: This randomized controlled trial was conducted in the ENT Department, Combined Military Hospital Rawalpindi from 20th Feb to 19th August 2019. A total of 80 patients of both genders aged between 20 – 40 years were divided randomly into two groups. Non-probability consecutive sampling was used. Tragal cartilage Type-I underlay Tympanoplasty was performed on Group-A, while

Group-B underwent temporalis fascia Type-I underlay Tympanoplasty.

Results: Out of 80 patients, 42 (52.5%) were men and 38 (47.5%) women. Mean age was 29.41 ± 5.75 years. Mean duration of symptoms ranged from 7.03 ± 3.74 years. Perforation was $\leq 25\%$ in 44 (55.0%) patients while 25 – 50% and $> 50\%$ in 19 (23.8%) and 17 (21.2%) patients, respectively. The effectiveness was significantly higher in patients undergoing Tragal cartilage Type-I underlay Tympanoplasty (100.0% vs. 72.5%; $p = 0.000$) as compared to temporalis fascia Type-I underlay Tympanoplasty. Same difference was observed across all age, gender, duration of symptoms and size of perforation groups.

Conclusion: Tragal cartilage Type-I underlay Tympanoplasty was more effective (100.0% vs. 72.5%; $p = 0.000$) as compared to Temporalis fascia Type-I underlay Tympanoplasty regardless of patient's age, gender, duration of symptoms and size of perforation.

Keywords: Type-I underlay tympanoplasty, tragal cartilage, temporalis fascia.

RRF-5: Comparison of Isoconazole Nitrate Versus Nystatin for the treatment of Otomycosis

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DHQ Rawalpindi, Pakistan.

Objective: To compare the efficacy and local adverse effects of Isoconazole Nitrate versus Nystatin for the treatment of patients having Otomycosis

Study Design: Group experimental study.

Study Setting & Duration: Department of Otolaryngology, Head & Neck Surgery at Rawalpindi Teaching Hospital, Rawalpindi. Duration of study was 6 months after approval by Ethical Committee from Feb 2023 to July 2023.

Materials and Methods: Total of 64 patients were selected. The study participants were individuals who, according to operational definitions had Otomycosis and who had presented for evaluation at the Department of Otolaryngology Rawalpindi teaching Hospital, Rawalpindi. They also met all



inclusion and exclusion criteria requirements and these requirements were strictly adhered to in order to control confounders and bias. Isoconazole nitrate ointment was used to treat patients in Group A and Nystatin ointment was used to treat instances in Group B. Patients were chosen by randomization using lottery method. SPSS 28 was used to determine the frequencies in the data.

Results: 64 individuals (32 cases in each group) were chosen for the study by the ENT outpatient clinic. Out of which 33 (51.6%) being female and 31 (48.1) being male. The age ranged from 12 to 80 years, with a mean age of 44.29 ± 19.13 . After two weeks, there was a substantial improvement in 25 (39.06%) of the group A patients ($p=0.08$), a moderate improvement in 7 (10.9%), and a minor improvement in 5 (7.81%) patients ($p=0.37$) while in group B exhibited a substantial improvement in just 19 (10.9%) ($p=0.08$), a moderate improvement in 9 (39.0%) ($p=0.38$), and a small improvement in 7 (42.19%) ($p=0.37$). After four weeks 21 (32.81%) in Group B showed insignificant improvement, while 26 (40.63%) in Group A exhibited better improvement than Group B. The treatment for group A, which included isoconazole nitrate, was substantially more successful than the Nystatin treatment for group B. Isoconazole was found insignificantly more effective than nystatin ($p=0.08$). The majority of patients in both groups didn't notice any adverse reactions.

Conclusion: Nystatin was shown to be significantly less efficacious than isoconazole nitrate ointment in treating otomycosis.

Keywords: Otomycosis, Isoconazole, Nystatin

RRF-06: Comparison of outcomes between early and delayed reduction of nasal bone fractures

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Objective: To determine the outcomes of early versus delayed reduction of nasal bone fractures in terms of patient's satisfaction and postoperative pain.

Study Design: Comparative study.

Study Setting & Duration: Department of Otorhinolaryngology, --removed for blind review--- Duration of study was 6 months after approval by Ethical Committee from February 2023 to July 2023.

Materials and Methods: Total of 96 patients were selected. The study participants were individuals who, according to operational definitions, had nasal bone fracture and presented for evaluation at the Department of Otorhinolaryngology, Head & Neck Surgery at Rawalpindi Teaching Hospital, Rawalpindi. Patients were divided into two groups. Patients who underwent early reduction (within 2 weeks of trauma) were included in Group A while those who underwent delayed reduction (more than 2 weeks) were included in Group B. They also met all inclusion and exclusion criteria requirements and these requirements were strictly adhered to in order to control confounders and bias. Patients were chosen via a series of non-probability sampling. SPSS 28 was used to determine the frequencies in the data.

Results: A total of 96 patients were included in this study. Out of which 52(54.17 %) were males and 44(45.8 %) were females. Patients who underwent early reduction had higher mean satisfaction scores on the seventh and fourteenth post operative day (4.22 ± 0.75 and 4.60 ± 0.49 respectively) than those who underwent Delayed reduction (2.41 ± 0.82 and 2.93 ± 0.80 respectively). Patients who underwent early reduction had a better mean Pain Intensity score at 0(2.37 ± 0.81)3rd (1.37 ± 0.81), and 7th-day (0.58 ± 0.49) than the Delayed reduction, at 0(5.83 ± 1.20), 3rd (5.08 ± 0.67), and 7th-day (4.31 ± 0.58). Patients discomfort was more intense in the delayed reduction group than in the early reduction group. Early reduction led to higher patient satisfaction and better mean pain intensity score

Conclusion: The results of nasal fractures between the early and delayed reduction groups did differ statistically significant. Early reduction decreased pain intensity and increased patient satisfaction.

Keywords: early reduction, delayed reduction, nasal bone fractures, Nasal bone



RRF-07: DIAGNOSTIC ACCURACY OF BARIUM SWALLOW FOR DYSPHAGIA, KEEPING RIGID ESOPHAGOSCOPY AS THE GOLD STANDARD

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Objective: To determine the diagnostic accuracy of Barium Swallow in detection of patients presenting with dysphagia

Study Design: Cross-sectional validation study.

Study Setting & Duration: Department of Otorhinolaryngology, Head & Neck Surgery, District Headquarter Hospital Rawalpindi from 01-09- 2022 to 01-03-2023.

Materials and Methods: Approval of the study was obtained from the Hospital Ethical Committee. A total of 111 patients both male and female patients were selected. The patients suffering from dysphagia as per operational definitions and who have reported for work-up to the Department of ENT, District Headquarters Hospital, Rawalpindi, and fulfill the complete inclusion and exclusion criteria, were selected. Informed consent was obtained from all the patients. Patients were selected by consecutive non-probability sampling technique. The data was analyzed using SPSS 24.

Results: A total of 111 patients were included in this study. The mean age of these patients was 50.79 ± 13.01 years, ranging from 28 to 70 years. The frequency distribution of females 70.27 % was found to be more than that of males 29.73 %. Majority of patients' barium swallow (74.77%) revealed pathologies, while only a small percentage of patients (25.23%) had normal barium swallow. Most of patients (87.39%) had pathologies found during rigid esophagoscopy, while just a small number (12.61%) had normal rigid esophagoscopy. Comparing both investigating tools, esophagoscopy discovered 87.39% of pathologies while Barium swallow detected 74.77%, indicating that esophagoscopy was a more accurate procedure. Patients had esophageal web 55 (25.2%) on barium swallow and 69 (62.2%) on the Rigid esophagoscopy. Barium Swallow had esophageal stricture 28 (52.2) and no Pathology was detected in 28 (25.2 %) patients. As well as Rigid

esophagoscopy had esophageal growth 13 (11.7), esophageal stricture 15 (13.5), and no Pathology was detected in 14 (12.6 %). Rigid esophagoscopy is more efficient in detecting esophageal pathology than Barium Swallow. In Barium swallows most patients had esophageal web 55 (25.2%) than the esophageal stricture 28 (52.2) and no pathology was detected 28 (25.2). In rigid esophagoscopy most patients had esophageal web 69 (62.2%) than the esophageal growth 13 (11.7), esophageal stricture 15 (13.5) and no pathology detected 14 (12.6).

Conclusion: A range of diseases are associated with dysphagia can be found in patients. Two often used diagnostic methods are barium swallow and rigid esophagoscopy. Both Barium swallow and Rigid esophagoscopy are successful in the diagnosis of esophageal cancer. The use of a Rigid esophagoscopy is still a gold standard diagnostic and therapeutic tool for upper aerodigestive tract pathologies.

Keywords: Dysphagia, Barium Swallow, Rigid Esophagoscopy, Swallowing Disorders.

RRF-08: FACTORS LEADING TO EARLY VERSUS LATE PRESENTATION IN PATIENTS WITH NECK MASSES

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Objective: To compare the factors that lead to early versus late presentation in patients with neck masses

Study Design: Group Comparative Study

Study Setting & Duration: Department of Otorhinolaryngology and Head & Neck Surgery at Rawalpindi Teaching Hospital from 01-9-2022 to 01-03-2023.

Materials and Methods: Approval of the study was obtained from the hospital ethical committee. A total of 64 patients (32 in each group) were placed in two Groups A & B. Group A included patients who were presented early and Group B included patients who presented late. Both male and female patients were selected. In this study patients suffering from neck masses and who have reported for work-up to the Department of ENT, Rawalpindi teaching hospital, and fulfill the complete inclusion and exclusion criteria were included. Patients were selected via



consecutive nonprobability sampling. The data were analyzed for frequencies by SPSS 24.

Results: A total of 64 patients were included in this study. The mean age of these patients was 48.67 ± 9.74 years, ranging from 25 to 70 years. The Frequency distribution of males at 65.63 % was found to be more than that of females at 34.36 %. In majority of patients' Size of mass more than 1.5 cm (51.56%) revealed malignancy, while only a small percentage of patients (48.44%) had less than 1.5 cm neck mass. The majority of patients (93.75%) with addiction presented late, while just a small number (6.25%) had early presentation. The majority of patients (51.56%) with frequent visits to Quacks /Hakeem per year were presented late. Regarding socioeconomic status, the majority of patients (28) from upper-class families presented early, compared to (11) patients from middle-class families who presented late, and all (21) patients from lower-class families who presented late. The education level reveals that the majority of patients (31), who were educated, attended a school for more than a year, but only up to ten (matriculate or similar) years, or advanced literacy: got a college- or university-level education, and they displayed early presentation. The 30 patients who were uneducated, never attended an educational institution, or attended for less than one year, presented late. 31 patients had frequent visits to health care professionals and were presented early, 30 patients had less visits to health care professionals present late with advanced disease

Conclusion: The majority of patients who were drug and alcohol addict were presented late with advanced disease. Middle-class families, lower-class families, uneducated patients, and patients who did not see a healthcare provider four or more times per year, make up the majority of visits to quacks and Hakeem each year are presented late with advanced disease as compared to the group of patients who belong to upper class, were literate with no history of drug or alcohol addiction and have frequent visits to health care professionals. Both groups were considered to be significant ($p=0.00$) based on the probability ratio. This study helped to identify the role of various suspected risk factors for late presentation in head and neck cancers in an attempt to reinforce or negate their importance which will help to guide the formation of screening protocols thereby improving morbidity, mortality and reducing financial costs.

Keywords: Neck masses, Early Presentation, Late Presentation

RRF-09: Disorders of sexual development. A taboo, That Needs social awareness

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Introduction: Ambiguous genitalia is by far the most difficult kind of congenital anomaly to deal with. According to an estimate Around 1500-2000 children are born with ambiguous genitalia in Pakistan, annually. It requires involvement of psychologists, endocrinologist, geneticist, and paediatric surgeon. Besides diagnostic and surgical challenges, another difficult step is to make the parents realize and accept the journey to life of a child with DSD. The social dilemma of giving the child away, not only makes definitive treatment difficult but also makes it difficult to diagnose.

Discussion: We dealt with a similar case in our facility. A Child presented at 1 DOL with ambiguous genitalia and ARM. On examination, anteriorly in the perineum there was only pubic fat but absence of any urogenital structure and remnants, posteriorly there was absence of anal opening but a phallus shaped structure with a patent urethra is present in the midline at the level of sacrum. Exploratory laparotomy and resection of type 4 pouch colon was done and colostomy was made. During surgery healthy ovaries were identified in pelvis, but on CT scan no gonads were visualised. Patient was discharged but lost in Follow up and now presented again at 11 months of age for definitive treatment. Now on MRI no gonads are visualised in pelvis and Karyotyping is still awaited

Conclusion: DSD is more of a sociocultural disease that resides not only within the affected child and family but within the outdated beliefs and immoral cultural practices that need far broader approach to deal with. It enforces a challenging workup and follow up. Besides counselling of family at birth, awareness campaigns at hospital level should be done to educate midwives and doctors.

Keywords: Ambiguous genitalia, taboo, social delimita



RRF-10: CASE REPORT ON UNUSUAL ABDOMINAL SWELLING WITH DIAGNOSIS OF LEAKING AAA WITH NEUROLOGICAL DEFICIT OF UNKNOWN ETIOLOGY

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Summary: Abdominal aortic aneurysm (AAA) is a medical condition characterized by abnormal enlargement or the ballooning of the aorta, the largest blood vessel in the human body, in the abdomen. AAA usually develops slowly and asymptotically and becomes a potentially life-threatening condition if left untreated. Although the exact cause of AAA is not always clear, risk factors such as age, sex, smoking, hypertension, and family history may increase the likelihood of developing AAA. It is essential to manage and prevent AAA rupture, which can lead to severe internal bleeding and pose a serious risk to a person's health if not diagnosed in a timely manner and appropriate medical attention. Awareness, early diagnosis and appropriate medical care are critical factors when addressing this condition, providing a glimpse into the complex and critical nature of AAA. The present study describes the case of a patient who presented in SER with complaints of unusual abdominal swelling and abdominal pain for past 6 months with bilateral lower limb weakness.

Keywords: ABDOMINAL AORTIC ANEURYSM ANEURYSM abnormal dilatation of wall of large vessels

RRF-11 Pattern of occurrence of Extra pulmonary Tuberculosis and identification of rare sites at a Tertiary Care Hospital in Rawalpindi

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Background: Tuberculosis is a communicable chronic granulomatous disease caused by Mycobacterium tuberculosis. It usually involves the lungs but may affect any organ or tissue in the body.

Extrapulmonary tuberculosis (EPTB) has occurred as a disease entity for past many years.

Objective: To identify how occurrence of EPTB is related with age, gender, type of pathology and organ system, and what rare sites are encountered when biopsy samples are examined.

Methods: This is a retrospective cross sectional study based on previous record and new cases collected from Holy Family Hospital, Rawalpindi from June 2014 to December 2018. Convenience sampling was done and biopsy samples found positive for chronic granulomatous inflammation, granulomatous inflammation, caseating centers and caseating epithelioid granulomas were recorded. The data was entered and analyzed in SPSS version 23.

Results: A total of 237 cases of EPTB were recorded out of which 84 (32.6%) were males while 153 (59.5%) were females. Mean age of cases was 25.92 ± 12.63 years. Most common age group involved was 21-30 years (female predominance) followed by 11-20 years (male predominance) with 79 (33.3%) and 73 (30.8%) cases respectively. Organ system commonly involved were gastrointestinal, lymphoid and genitourinary with 85 (35.9%), 85 (35.9%) and 24 (10.1%) cases in each. Most frequent sites of isolation were lymph nodes, small intestines and appendix respectively, with 85 (35.9%), 39 (16.5%), 15 (7.6%) cases. There was a significant relation of organ of isolation with gender, type of morphology detected and age group of the cases. Rare sites identified were chest wall abscess, thyroid gland, prostate, nasal polyp and pilonidal sinus.

Conclusion: EPTB is unexpectedly common in the age group 10-30 years. It is common in gastrointestinal system and the lymphatic system however; its occurrence cannot be neglected in unexpected and rare sites.

Keywords: Extrapulmonary tuberculosis, rare sites of tuberculosis

RRF-12 Investigating the Role of Ferritin in Determining Sexual Underdevelopment in Beta-Thalassemia Major Patients: A Cross-Sectional Analysis From Pakistan

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Background: Beta-thalassemia major, a genetic disorder, delineates a vast spectrum of hematological and endocrinological complications. Elevated serum ferritin levels in beta-thalassemia patients represent various transfusion-related complications including infection, hemochromatosis, and severe iron overload that might lead to endocrinopathies such as hypogonadism leading to sexual underdevelopment. Our study, thus, aims to explore the role of ferritin in determining sexual underdevelopment in such patients.

Methods: This multicentric cross-sectional study included a total of 120 beta-thalassemia patients. The sexual development of the patients was assessed using the Tanner staging system. Serum ferritin levels and other demographical parameters of the patients were collected. Independent-samples t-test, chi-square test, and receiver operating characteristic (ROC) curve were used to analyze the data.

Results: Out of 120 patients, 70 patients were males with a mean age of 18.95 ± 4.21 years. According to the Tanner staging system, 48 patients were sexually underdeveloped while 72 patients achieved sexual maturity. ROC curve analysis showed that ferritin levels at a cutoff value of 4900 mg/dL were 73.7% sensitive and 71.1% specific to predict sexual underdevelopment in beta-thalassemia patients.

Conclusion: Elevated serum ferritin levels were moderately sensitive and specific in predicting sexual underdevelopment in beta-thalassemia patients. This can serve as a low-cost parameter in determining sexual underdevelopment in such patients. More prospective cohort studies are needed to establish the association between elevated serum ferritin levels and sexual underdevelopment.

Categories: Endocrinology/Diabetes/Metabolism, Pediatrics, Hematology

Keywords: beta-thalassemia, ferritin, iron overload, sexual underdevelopment, tanner staging system.

RRF-13: Make shift Leno renal shunt in a patient with cavernous transformation due to portal hypertension.

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INTRODUCTION: Proximal splenorenal shunt (PSRS) is one of the most commonly performed portosystemic shunt for portal decompression. Sometimes various anatomical and surgical factors related to the splenic vein and/or left renal vein may make the construction of a PSRS difficult or impossible. Unconventional shunts are required to tide with such conditions.

CASE PRESENTATION: A thirty six old male suffering multiple episodes of hematemesis and symptomatic hypersplenism. An Portovenography of the patient was suggestive of complete portal vein thrombosis with cavernous transformation and multiple varicosities. As variceal bleeding did not respond to endoscopic and medical treatment, surgical portal decompression was planned via Splenectomy with proximal splenorenal shunt. Per operatively in presence of anatomical factors a make shift shunt was planned. Perioperative course was uneventful and patient is doing well after 2 years of follow up

CONCLUSION: Unconventional shunts can be used safely and effectively with good postoperative outcomes in patients with portal hypertension

RRF-14: Mixed Affective disorder in a patient with Complicated Hereditary Spastic Paraplegia: A case report.

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Introduction: Hereditary spastic paraplegia can be clinically classified as pure and complicated form. The complicated form can present with psychiatric manifestations. Few cases have been reported which show an association of Hereditary spastic paraplegia with bipolar affective disorder, mania and hypomania. This is a case report of a young girl,

known case of hereditary spastic paraplegia since four years, who presented with Bipolar affective disorder, mixed episode for two months. She reported to Psychiatry Department with complains of elated mood, decreased sleep, increased energy and activity, weeping spells, anger outbursts, verbal and physical aggression, over talkativeness and over familiarity. At presentation she had both manic and depressive symptoms simultaneously.

Materials and methods: A case Study

Results: On neurological examination, she had marked weakness in bilateral lower limbs. On inspection, She had scissoring posture of legs and right foot drop. The tone was increased in bilateral ankle and knees. The power was reduced in bilateral lower limbs. Her deep tendon reflexes were exaggerated bilaterally. Ankle clonus was present with upgoing babiniski's. MRI brain, MRI dorsal spine and Xray dorsal spine were unremarkable. On mental state examination, she had unkempt appearance, pressured speech, increased in rate and volume and non coherent. Her mood was elated objectively and subjectively. She had flight of ideas. Her orientation, memory, judgment was intact. Insight about psychiatric illness was absent. On baseline Young's Mania Rating Scale (YMRS), her score was 30.

Conclusion: In conclusion, mixed affective disorder should be considered as a presentation associated with complicated hereditary spastic paraplegia.

Keywords: Mixed affective disorder, Bipolar disorder, Hereditary spastic paraplegia

RRF-15: Dysgeusia associated with use of Sodium Valproate in bipolar disorder: A case report

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Introduction: Sodium valproate is used as an antiepileptic drug and for prophylaxis of migraine in neurology. In Psychiatry, it is used as a mood stabilizer in bipolar disorder. Some of the common side effects related with use of sodium valproate include anorexia, nausea, vomiting, diarrhea. Other include headache, gingival hyperplasia and weight gain. Dysgeusia is a rare side effect, reported with use of sodium valproate. This is a case report of a 40

years old woman, who is a known case of bipolar disorder type 2, for the last twenty years. After her last maniac episode, she was given sodium valproate as a mood stabilizer during remission phase. She reported continuous metallic taste, compatible with dysgeusia, after taking sodium valproate. The severity of dysgeusia increased on taking higher doses and decreased on reducing the dose.

Materials and methods: A case Study

Results: A thorough head and neck examination of patient was done to rule out any inflammation or airway disease. It was unremarkable. The plasma levels for sodium valproate were 71 mcg/mL (therapeutic range 50-100mcg/mL). Upon reducing the dose of Sodium Valproate, her symptoms improved remarkably and completely disappeared when the drug was stopped. A drug induced side effect was suspected. The Naranjo adverse drug reaction probability scale was applied, which showed a score of 11 (the reaction is considered definite if the score is 9 or higher).

Conclusion: In conclusion, dysgeusia is a rare but reported side effect with use of sodium valproate. The observed side effect appears to be dose dependant. It decreased upon reducing the dose and completely vanished upon stopping the drug.

Keywords: Bipolar disorder, Dysgeusia, Sodium Valproate

RRF-16: Surgical Repair of Irreducible Inguinal Hernia in Neonates; a Retrospective Review.

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BACKGROUND: The incidence of inguinal hernias is approximately 8 to 50 per 1,000 live births in term infants and is much higher in extremely low birth weight infants. About 10% of neonates and infants having inguinal hernia may present with irreducible inguinal swelling. The current recommendations



about the timing of intervention for inguinal hernia is surgical repair as soon as possible. However, in premature infants, there is an increased risk of peri and post-operative complications; some authors have recommended deferring the surgery till gestational 55 weeks. Regarding irreducible inguinal hernia, an attempt of reduction is made under conscious sedation to reduce hernia, which if fails, surgical repair is undertaken in emergency. This study reports the intra-operative findings and outcome of surgical repair of irreducible inguinal hernia in neonates in emergency at a tertiary care center.

METHODS: This retrospective review was carried out in Pediatric Surgery Unit, Khyber Teaching Hospital, Peshawar. Charts were reviewed from January 2020 till September 2023 and patients (birth-28 days old) who had undergone irreducible inguinal hernia repair in emergency were selected for review. A total of 28 patients were identified. Age, sex, intraoperative findings, length of hospital stay, and early post op complications were recorded. Data was analyzed using SPSS v23.

RESULTS: The mean age of the patients was 21 days. Ninety percent of the patients were males and 10% were females. 85% of the patients had right inguinal hernia while 15% had left inguinal hernia. Among all the patients, 25% presented with the first episode of inguinal bulge that was non-reducible, the remaining were already diagnosed with a mean duration of 13 days of diagnosis. Gut was normal in 55% of the patients, ischemic but viable in 35% and non-viable in 10% of the patients. The ipsilateral gonad was ischemic in 25% of the patient and necrotic/slough in 8%. The mean length of hospital stay was 3.5 days. Only 1 patient had an early recurrence in the same admission.

CONCLUSION: The irreducible inguinal hernia in neonates sounds scary but the outcomes of emergency surgical repair by a pediatric surgeon are satisfactory.

Keywords: Inguinal hernia, Neonate, Intestinal obstruction.

RRF-17: Efficacy Of Pyodine Soaked Gelfoam Vs Single Topical Application Of Clotrimazole In Treatment Of Otomycosis: A Randomized Controlled Clinical Trial

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Background and Objectives: To compare the efficacy of gelfoam soaked pyodine with single topical application of clotrimazole ointment.

Subjects and Methods: This randomized controlled trial included 90 patients who presented to ENT OPD with complaints of earache, watery ear discharge, pruritis and ear blockage, and were clinically diagnosed as a case of otomycosis via otoscopy. External auditory canal of the patient was cleared of fungal debris via suction prior to treatment In Group A ear canal was filled with 1% clotrimazole ointment by using IV catheter and syringe and in group B pyodine soaked gelfoam was placed in external auditory canal. The patients were followed up on post treatment day 7 and 14.

Results: The results showed that out of 90 patients with otomycosis, left ear was affected in 50(55.6%) patients and right ear in 44(48.9%). 8(8.9%) out of 90 patients had preexisting diabetes mellitus On the 7th post treatment follow-up day, 17 (41.5%) patients in Group A and 28(66.7%) patients in Group B showed no fungal spores. Other symptom resolution was also comparable in both groups. At 14th day followup 33(80.5%) patients in Group A and 38(92.7%) patients in Group B showed no fungal hyphae on otoscopy. In terms of treatment response 19(46.34%) patients in Group A and 21(51.21%) patients in group B showed Good treatment response at the end of 2nd post treatment week.

Conclusions: Pyodine soaked gelfoam placement in external auditory canal is safe and effective method for the treatment of otomycosis with efficiency of this method comparable to single topical clotrimazole ointment application.

Keywords: otomycosis, clotrimazole ointment, pyodine soaked gelfoam



RRF-18: Effect of Hot Saline Irrigation on the Operative Field during Endoscopic Sinus Surgery: A Randomized Controlled Trial

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Background: Chronic rhinosinusitis is an inflammatory disease of the sinonasal mucosa lasting for more than twelve weeks. Endoscopic sinus surgery is the treatment of choice to treat recalcitrant chronic rhinosinusitis. Control of bleeding is very important during the procedure and various methods are used to achieve a good operative field. Saline heated up to 50°C causing dilatation of vessels and edema without nasal necrosis. It also promotes a good clotting cascade so helps in having a bloodless procedure. The study will assess the effect of hot saline irrigation on the operative field during endoscopic sinus surgery.

Methods and Materials: The randomized controlled trial was conducted on 60 patients divided into two groups (30 each). Group A was the interventional group in which patients were irrigated with saline of 50°C temperature during the surgery. Group B was the control group where room temperature saline was used. Operative field was assessed using the Boezaart score, duration of surgery and bleeding in ml.

Results: The Boezaart score in the interventional group came out to be 2.23 ± 0.72 whereas it was 3.43 ± 0.72 in the control group. Most of the patients who were in the interventional group had their surgery completed within 60 minutes with comparatively less bleeding of 221.83 ml during the surgery. Patients of the control group had increased duration of surgery mostly and bleeding in ml calculated as also 265.67. Our study showed a strong correlation between Boezaart score, duration of surgery and bleeding in ml and a p-value of <0.01 with each variable increased if the other increased so all three variables significantly improved in the interventional group due to a good operative field provided by warm saline heated up to 50°C.

Conclusion: Normal saline heated up to a temperature of 50°C is an effective way to achieve good hemostasis and a bloodless operative field during endoscopic sinus surgery. Reduced bleeding during the surgery also decreases duration of surgery and subsequent morbidity. Moreover, use of this inexpensive method will help in reducing the

financial burden while providing the best results at the same time.

Keywords: Chronic rhinosinusitis (CRS), endoscopic sinus surgery, Boezaart score

RRF-19: FEASIBILITY AND PATIENT SATISFACTION OF TELESURGICAL WOUND ASSESSMENT FOR LAPAROSCOPIC PROCEDURES IN GENERAL AND BARIATRIC SURGERY SERVICE IN A RESOURCE LIMITED SETTING

Hamza Waqar Bhatti

Benazir Bhutto Hospital

INTRODUCTION: Telemedicine refers to the interaction of clinicians and patients remotely which can address the concerns of patients as well as effectively save health care resources. Surgical wound assessment can be efficiently done by telesurgical consultation in postoperative patients reducing the need for unnecessary patient visits in emergency departments and wound assessment clinics.

OBJECTIVE: The objective of this study is to assess the feasibility and patient satisfaction of telesurgical wound assessment.

MATERIALS AND METHODS: Patients who underwent laparoscopic general surgical or bariatric procedures in surgical unit II Benazir Bhutto Hospital were assessed on post operative day 7 and 14 using wound images, videos and completed PSQ-18 questionnaire sent by patients.

RESULTS: A total of 19.5% of patients needed emergency treatment while 80.5% of the patients did not require any emergency treatment at all. 51.6% of patients required only reassurance whereas 48.4% of patients required prescription. The total patient satisfaction score came out to be 79.66 ± 11.24 .

CONCLUSION: We conclude that tele-surgical wound assessment is feasible in patients with postoperative patients in a resource limited hospital and the patient satisfaction is remarkably high in such settings which makes it an easier way to reduce cost to our healthcare system.

Keywords: Telemedicine, Laparoscopy



RRF-20: PREDICTORS OF RESPIRATORY DYSFUNCTION IN ACUTE NECROTIZING PANCREATITIS USING MACHINE LEARNING MODELS

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INTRODUCTION: To predict the risk and severity of acute respiratory distress syndrome (ARDS) following severe acute pancreatitis (SAP) by artificial neural networks (ANNs) model.

MATERIALS AND METHODS: ANNs model was constructed by clinical data of 84 patients. The model was first trained on randomly chosen patients, validated and tested on another dataset respectively. Statistical analysis was used to assess the value of it.

RESULTS: The training, validation, and test set were not significantly different for 13 variables. After training, ANNs retained excellent pattern recognition ability. When ANNs model was applied to the testset, it revealed a sensitivity of 87.5%, and an accuracy of 84.43%. Significant differences were found between ANNs model and logistic regression model. When ANNs model is used to identify ARDS, the area under ROC was 0.859 ± 0.048 . Meanwhile, pancreatic necrosis rate, lactic dehydrogenase and oxyhemoglobin saturation were the most important independent variables. Compared with the Berlin definition, the ANN model shows a good accuracy of 73.1% for total severity of respiratory dysfunction

CONCLUSION: The ANNs model was a valuable tool in dealing with the clinical risk prediction problem of ALI following to SAP. In addition, our approach can extract informative risk factors of ALI via the ANNs model.

Keywords: Artificial Intelligence in Surgery

RRF-21: Acquired Radial Club Hand: An Algorithm to Manage Radial Deficiency

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Introduction: Loss of radius either due to trauma or infection results in a deformity resembling a congenital radial club hand. This deformity results in difficulty to perform hand functions and cosmetic

appearance and is called acquired radial club hand. There are a few case reports for the treatment of this severe deformity, but there are no proper guidelines for the management of this disease. From our experience, we decided to provide treatment guidelines for acquired radial club hand.

Objectives: To evaluate the outcome of radial deformity treatment in acquired radial club hand injuries and develop a treatment algorithm.

Patients and methods: It is a case series study of 11 patients with acquired radial club hand. It was conducted at a tertiary care hospital in Pakistan, from year 2016 to 2022. Basic principles of management of infection and trauma were followed. For the treatment of radial deformity, different options were opted according to the type of deformity, following the principles of treatment of congenital radial club hand. The outcome was graded on functional activity, pain, and bony union.

Results: Out of 11 patients, 36.36% showed excellent results, 27.27% showed good results, 27.27% showed fair results, and 9.09% showed poor results. Results were excellent in all patients with avascularized bone graft and distraction lengthening, with or without the Darrach procedure. Of the patients in whom distraction lengthening was performed, one patient showed excellent results while the other patient achieved similar results after the Darrach procedure of ulnar shortening. In the case of one bone formation by radioulnar synostosis, the results were variable. Two of the patients showed good outcomes while the other two had fair outcomes. Results in the case of ulnar centralization were mixed with good, fair, and poor results in one patient each. After three months of follow-up, 87% of the patients showed fair to excellent results.

Conclusion: With our experience, we recommend an algorithm for the treatment of acquired radial club hand.

Key Words: Acquired radial club hand

RRF-22: Assessing And Enhancing Nursing Staff Knowledge In Tracheostomy Tube Care: Clinical Audit

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INTRODUCTION: Tracheostomy, a routine ENT surgical procedure, necessitates vigilant postoperative care for optimal patient outcomes. The absence of standardized guidelines and insufficient training can complicate this essential practice. Both nursing staff and physicians play crucial roles in providing effective bedside management, especially in intensive care and ward settings. This clinical audit addresses knowledge gaps among nursing professionals involved in tracheostomy care, aiming to identify areas for improvement and promote standardized practices.

OBJECTIVE: To assess and improve the knowledge of nursing staff concerning bedside tracheostomy care and complications management.

MATERIALS AND METHODS: This descriptive, cross-sectional study involved on-duty nurses in ENT wards, surgical wards, and intensive care units at BBH hospital. A total of 25 participants were surveyed using a designed questionnaire over one month. SPSS 23 facilitated data analysis through descriptive statistics.

RESULTS: Among the 25 participants, 88% had attended ACLS/BLS workshops, while only 20% had received specific tracheostomy care training. Overall knowledge was poor, with Medical ICU staff at 28%, Surgical ICU at 23%, General Surgery Wards at 15%, and ENT at 8%. Identified knowledge gaps included humidification methods, inner cannula cleaning frequency, stoma care, infection signs, airway patency assessment, and emergency supplies.

Intervention: Latest tracheostomy care guidelines were prominently displayed, and nursing staff received lectures to enhance understanding. Workshops were conducted to ensure proficiency in applying the guidelines.

CONCLUSION: This clinical audit revealed inadequate knowledge among staff nurses regarding tracheostomy tube care. However, targeted interventions, such as guideline dissemination and educational sessions, proved effective in improving understanding. Ongoing efforts are necessary to

ensure healthcare professionals are well-equipped to handle tracheostomy care and associated complications in critical conditions.

KEY WORDS: Tracheostomy, Nursing Staff, ICUs, Clinical Audit, Knowledge

RRF-23: The effectiveness of the post-PSARP Hegar anal dilatation protocol and the repercussions of compliance vs non-compliance.

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OBJECTIVE: To evaluate the effectiveness of the post-PSARP Hager dilation protocol and the repercussions of compliance vs noncompliance.

MATERIALS AND METHODS: This retrospective study was done in Pediatric surgery department of Khyber teaching hospital Peshawar from 1st January 2021 to 30 September 2023. 59 patients of anorectal malformation of both gender, age till 3 years for which posterior sagittal anorectoplasty despite colostomy were included. Exclusion criteria were age more than 3 years, cases of anorectal malformation for which PSARP was not done and post PSARP wound dehiscence. All 59 patients were started on hegar dilation regime 2 weeks post PSARP depending on the surgeon's calibration done peroperatively. Age, sex and postoperative complications with reinterventions were collected. All patients were followed for 1 year since PSARP.

RESULTS: The mean age of patients were 1.5 years \pm 1 year. There were 32(54%) male patients and 27(46%) female patients of ARM. All 59 patients were started on anal dilatation regime 14 days post PSARP. 38(64.4%) patients were compliant to standard anal dilatation regime. Due to inadequate knowledge of the correct dilation regime, low literacy rates, poverty, and patients from Afghanistan, 21 (35.6%) patients failed to comply. 9 patients were lost to follow up at 1 year post PSARP period. Despite following the protocol, 4 patients (10.5%) needed reintervention post PSARP. 2 patients had anal

stenosis requiring dilatation, 1 underwent anoplasty for anal stricture, and 1 underwent trimming for mucosal prolapse. Among noncompliant patients, 6 patients (28.5%) experienced complications. 3 patients required anal dilatation for anal stenosis, 2 required anoplasty for anal stricture, and 1 required redo PSARP due to retracted neo-anus.

CONCLUSION: PSARP is a worldwide recognized procedure for intermediate and high ARM by pediatric surgeons. Routine anal dilations post PSARP by parents at home are advised at time of discharge. Our tertiary care center retrospective study has led to the fact that anal dilatation protocol can lead to significant decrease in anal stenosis and anal strictures requiring re-interventions which can indirectly contribute to decrease patient load and less resources consumption for a developing country and nation in economic crisis.

Keywords: Anorectal malformation, anal dilatation protocol, posterior sagittal anorectoplasty

RRF-24: AN UNSUAL CASE OF A Renal Colic Mimic - Wunderlich Syndrome

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INTRODUCTION: Wunderlich Syndrome is a rare clinical syndrome characterized by the sudden onset of spontaneous, non-traumatic hemorrhage into the renal sub capsular and retroperitoneal region.

CASE REPORT: We report a case of 30 years old lady known case of hypertension, who presented in ER with history of left flank pain, with sudden onset and rapid progression, localized to left flank region associated with two episodes of vomiting for 2 days. There was no history of radiation of pain, fever, hematuria and no history of trauma. Upon arrival patient was afebrile, BP 110/60mmHg, HR 100bpm, RR 22breaths/min, room air saturation 100%. Abdomen was soft, generalized tenderness and guarding more at left flank region and fullness in left iliac fossa till left flank and bowel sounds were present. Another systemic examination was unremarkable. Her Ultrasound Abdomen Pelvis showed: A large well defined solid mass with few internal cystic areas noted in left adnexal region approximately 5.6x8.2cm reaching up to left

lumbar region from pelvis and mild free fluid also seen in abdomen and pelvis. Blood investigations showed rapid fall in Hb (11g/dl to 6g/dl), Beta-HCG 1.7(normal range 5-25 in non-pregnant female), CA 125 levels 23, AFP 1.0(normal range <10). Given persistent pain over flank region, Increased Oxygen demand, and fall in Hb despite of multiple transfusion CECT Abdomen Pelvis was performed showing: Large exophytic well-defined rounded heterogeneous mass in left peri-renal space arising from lower pole of left kidney with internal fat, fluid & soft tissue density along with insinuating mixed density collection extending to pelvis (findings are likely suggestive of Ruptured angiomyolipoma (Wunderlich Syndrome). After initial resuscitation exploratory laparotomy left nephrectomy End block resection of tumor arising from lower pole of left kidney was done. Per op findings were: 20x15cm highly vascular retro peritoneal tumor arising from lower pole of left kidney. Per-operatively patient was transfused 3RCCs and 3FFPs. Post operatively patient remained in ICU for one day after which she was step down to HDU and discharged after that. Her histopathology report showed: Angiomyolipoma, tumor size of 20x11x7.5cm, Negative for Malignancy, with Microscopic Description showing Triphasic tumor composed of myoid spindle cells, mature adipose tissue and dysmorphic thick walled blood vessels. Smooth muscle component is hyper cellular showing pleomorphism and epithelioid with polygonal cells and large nuclei. Thick walled blood vessels and hemorrhage seen.

CONCLUSION: Although Wunderlich syndrome occur rarely, this situation should always be considered in the differential diagnosis, and early therapeutic precautions should be taken especially in selected patients.

Keywords: Wunderlich Syndrome

RRF-25: Diphtheria Leading to Neurologic and Myocardial Complications related to administration of low dose of Diphtheria Antitoxin in an unvaccinated child-A Case Report

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Introduction: Diphtheria is an infection caused by members of *Corynebacterium* genus. Before the development of the vaccine, diphtheria had been the “strangling angel of children”. According to the World Health Organisation, extensive immunisations have greatly reduced the number of cases from 100,000 cases in 1950 to 8000 cases in 2009 and then 4530 cases were reported worldwide in 2015. Diphtheria is primarily of three types i.e. Respiratory, Cutaneous and Ocular. However, diphtheria toxin can disseminate into blood and lead to serious complications such as Myocarditis, Peripheral neuropathy.

Case Presentation: A 3 years old child presented at the tertiary care hospital with complaints of vomiting for 7 days and nasal regurgitation for 3 days. The child initially experienced fever, sore throat and swelling of neck 2 weeks back and was treated with 40,000 IU dose of diphtheria antitoxin at a local hospital. Upon aggravation of symptoms he was shifted to our hospital. The child only received OPV and BCG vaccination and had contact history of diphtheria. He was febrile, BP 105/50mmHg, Pulse 160 bpm and RR 40/min. Examination revealed S1 and S2 audible with gallop rhythm, bilateral harsh vesicular breathing, hepatomegaly, decreased tone and power in all limbs and signs of 3rd, 9th and 10th cranial nerve palsy. Investigation showed neutrophilia, T wave changes on ECG, dilated cardiomyopathy on Echo suggestive of myocarditis. Blood and sputum cultures were negative due to prior antibiotic intake. Patient was given supportive treatment as well as adequate doses of Diphtheria antitoxin. He became vitally stable and was discharged on regular follow ups.

Conclusion: This case highlights that undertreatment of child initially with low doses of diphtheria antitoxin caused the development of complications. Furthermore, the role of superstitious beliefs and illiteracy as a hurdle in eradicating diphtheria is also discussed.

Keywords: comparison of surgeries microscopic vs conventional technique

RRF-26: Accuracy of Alberta Stroke Program Early Computed Tomography Score (ASPECTS) as a Predictor of Outcomes in Acute Ischemic Stroke Patients

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Hospitals: Dr Riffat Raja, Senior Registrar Radiology, HFH. Dr Anam Zahoor, Assistant Professor Radiology, HFH. Dr Sana Yaqoob, Consultant Radiologist, HFH. Dr Aneeqa Saleem, Senior Registrar Radiology, HFH.

Introduction: Acute ischemic stroke (AIS), a cerebrovascular accident is the 3rd cause of disability and 2nd most underlying cause of mortality. Approximately 80% of the strokes are of the ischemic type. Prompt evaluation and treatment can help in preventing brain damage and long-term disabilities. The Alberta Stroke Program Early Computed Tomography Score (ASPECTS) is a 10-point quantitative score for the assessment of early ischemic changes in patients with AIS. Recently, ASPECT has been included in the guidelines of the American Heart Association (AHA) as a selection criterion for the management of AIS. The objective of this study is to evaluate the diagnostic accuracy of ASPECTS in determining the outcomes among AIS patients.

Materials and Methods: This is a cross sectional validation study conducted in Radiology department, Holy Family Hospital. A total of 93 patients undergoing CT scan within 2 days of AIS were included in the study. The patient underwent CT plain brain. Outcome detail of the patients was noted at the time of discharge using Modified Rankin Score (MRS) score and were categorized as having good outcomes (MRS between 0-3) or poor outcomes (MRS score between 4-6).

Results: The mean age of our study cases was 46.85±9.50 years. Mean time of scan was 16.32±9.84 hours. 39 (41.9%) patients showed good outcome and 58.1% patients had poor outcome on Alberta score. 44 (47.3%) patients showed good outcome and 52.7% patients had poor outcome on MRS score. Results showed that 44 patients were true negative, 34 were true positive, 5 were false positive and 10 were false negative. Sensitivity, Specificity, Accuracy, Positive predictive value (PPV), Negative Predictive Value (NPV) of ASPECTS was 77.3%, 89.8%, 85%, 87.17%, 81.4%.

Conclusion: The study concludes that ASPECTS score is a useful tool in determining the outcomes among AIS patients.

Keywords: Alberta score, ASPECTS, Acute ischemic stroke, computed tomography, accuracy.



RRF-27: Diagnostic Accuracy of Intra-testicular Resistive Index by Color Doppler Ultrasonography Measurements in Detection of Oligospermia in Sub fertile Males Taking Semen Analysis as Gold Standard

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Introduction: Oligospermia is a major concern in male subfertility. Semen analysis is the primary diagnostic tool, but it has limitations, including cultural barriers. To address these challenges, imaging techniques like Color Doppler ultrasonography have emerged. They can non-invasively assess blood flow in the testes and calculate the Intra-Testicular Resistive Index (IRI), reflecting testicular vascular resistance. Changes in IRI have been linked to various conditions, including oligospermia. The objective of this study is to assess the accuracy of intra-testicular resistive index by color doppler ultrasonography in the detection of oligospermia taking semen analysis as gold standard.

Material and Methods: This is a cross sectional validation study, conducted at the Department of Radiology, RMU and Allied Hospitals. It enrolled male patients seeking infertility evaluation for suspected oligospermia, with their written consent. Semen analysis and color flow Doppler ultrasound were performed according to the study protocol. IRI was calculated using ultrasound with all data recorded in a structured proforma.

Results: The study involved 94 male patients, with a mean age of 30.5 years. A comparison between semen analysis and Doppler ultrasound for diagnosing oligospermia showed that the ultrasound had a sensitivity of 76.4% and specificity of 84.6%, with positive predictive value (PPV) of 87.5% and negative predictive value (NPV) of 71.7%. The overall accuracy of the ultrasound was 79.7%.

Conclusion: In conclusion, Color Doppler Ultrasonography (CDUS), specifically the Intra-Testicular Resistive Index (IRI), is an effective tool for diagnosing oligospermia. Doppler ultrasound exhibits high sensitivity and specificity, providing a non-invasive means of identifying oligospermia.

Keywords: Oligospermia, male infertility, semen analysis, Color Doppler ultrasonography, Intratesticular Resistive Index.

RRF-29: Outcome of Congenital Pseudoarthrosis Tibia Treated with Illizarov Fixator in Children: Our experience

Dr Mohammad Mohsin Javaid / Dr Muhammad Zubair Javaid / Dr Rahman Rasool Akhtar

Holy Family Hospital, Rawalpindi

OBJECTIVES: To determine the outcome of congenital pseudoarthrosis tibia (CPT) managed with illizarov fixator.

METHODS: This prospective cross-sectional study was done from 20th March 2008 to 19th March 2018. All patients presenting to the Orthopaedic out-patient department (OPD) at Holy Family Hospital, Rawalpindi Medical University, with pseudoarthrosis tibia belonging to either gender aged up to 12 years were included. All patients underwent excision of tapering ends and illizarov fixator application. Outcome was assessed in terms of complications. Data regarding age, gender, side, type of CPT and any complication was noted and analyzed using SPSS version 23.

RESULTS: 16 patients were included in the study. 10 (62.5%) were males and 6 (37.5%) females. Mean age was 4 years. 10 (62.5%) patients were type-1 and 6 (37.5%) were type-2. Evidence of neurofibromatosis was seen in 9 (56.2%) patients. Most common complications were residual leg length discrepancy (LLD), mal-alignment and delayed consolidation which was seen in 8 (50%) patients.

CONCLUSION: CPT is a periosteal disease with variable results. The study concludes that good results are achieved in 50% patients.

Keywords: Congenital pseudoarthrosis tibia; Illizarov fixator; Leg length discrepancy; Neurofibromatosis

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Key Words: Congenital pseudoarthrosis tibia; Illizarov fixator; Leg length discrepancy; Neurofibromatosis

RRF-30: Outcome of Percutaneous Reduction and Fixation of Displaced Calcaneal Fractures: Our Experience

Dr Shahid Bashir, Dr Mohammad Mohsin Javaid / Dr Muhammad Zubair Javaid / Dr Rahman Rasool Akhtar

OBJECTIVES: To determine the functional outcome of percutaneous reduction and fixation of calcaneal fractures in terms of visual analog pain score (VAS).

METHODS: This descriptive study was done from 10th January 2016 to 9th January 2019. All patients presenting to the Orthopaedic emergency with displaced calcaneal fractures belonging to either gender aged between 20 to 65 years presenting within 1 week of injury were included. All patients underwent percutaneous reduction and fixation under C-arm fluoroscope. Functional outcome at 3-months post-operatively was assessed in terms of VAS. Data

regarding age, gender, mechanism of injury, fractured side, time since injury, type of fracture, VAS and any complication was noted and analyzed using SPSS version 23.

RESULTS: 50 patients were included in the study. 40 (80%) were males and 10 (20%) females. Mean age was 41.3 ± 10.0 years. Average time to surgery since injury was 5.1 ± 1.1 days. Most of the patients had Sanders-II (44%) type of fracture. Most common complication was sub-talar arthritic pain which was found in 6 (12%) patients. Mean VAS score at 3-months post-operatively was 2.5 ± 0.9 .

CONCLUSION: The study concludes that percutaneous reduction and fixation of calcaneal fractures has good functional outcome.

Key words: Calcaneal fracture; percutaneous reduction; Visual analog pain score

RRF-31: Comparison of Prophylactic Injection Of Corticosteroid With Placebo, In Management Of Wrist Pain On Ulnar Aspect In Patients Of Fractures Of Distal Radius

Dr Ibrar Ul Hasan / Dr Rahman Rasool Akhtar
Holy Family Hospital

INTRODUCTION: Distal radius fractures are one of the commonest fractures experienced by the Orthopaedic surgeons. Pain on the ulnar aspect of the wrist is the most usual complication of such fractures. Corticosteroid injection is a simple and effective method for elevating pain of such nature.

OBJECTIVE: To compare the mean pain score with prophylactic corticosteroid injection versus placebo in management of wrist pain on ulnar aspect in patients presenting with fracture of distal radius.

MATERIAL AND METHODS:

Study Design: Randomized controlled trial. **Setting:** Orthopedic Surgery Department, Rawalpindi Medical University, Rawalpindi. **Duration:** Six months (March 5, 2018 to Sept 5, 2018)

Data Collection Procedure: 80 patients were included by using non-probability consecutive sampling after fulfilling the selection criteria. Demographic profile (patient name, age, gender, anatomical side and contact details) was obtained. Patients were splitted in two random groups by a simple lottery method. Patients of group A were given one shot of 80mg



corticosteroid in the area of ulnar styloid process near TFCC and group B patients were given a shot of distilled water (2 cc). Both groups of patients were followed in OPD for 3 months in their postoperative visits. Visual analogue scale (VAS) score was recorded. Data was analyzed using SPSS version 21.

Results: The mean age of the patients was 41.05 ± 11.05 years and age range of 40 years. The mean age in the corticosteroid and placebo groups was 39.68 ± 10.67 years and 42.42 ± 11.39 years respectively. There were 42 (52.50%) male and 38 (47.50%) female patients with a higher male ratio i.e., 1.10:1. In corticosteroid and placebo groups there were 21 (52.50%) male and 19 (47.50%) female cases. The mean pain at baseline was 7.72 ± 1.66 while in the corticosteroid and placebo group, the mean pain was 7.60 ± 1.67 and 7.85 ± 1.65 respectively with statistically equal mean pain p-value = 0.504. After 3 months of treatment, mean pain in the corticosteroid group was 1.30 ± 0.66 and was 2.60 ± 1.58 in the placebo group, p-value < 0.001.

Conclusion: Our findings suggested that prophylactic corticosteroid injection is more effective in reducing pain in patients with distal radial fracture than placebo. By using prophylactic corticosteroid injections in the future, we can reduce pain to achieve more satisfaction for patients.

Keywords: Corticosteroid, Ulnar Wrist Pain

RRF-32: Psychosocial impact of CTEV on caregivers using Parental stress score

Dr Muhammad Haider/Dr Rahman Rasool
Holy Family Hospital

Introduction: Congenital Talipes Equinovarus is one of the most prevalent musculoskeletal congenital defects, which is not self-healing. The objective of this study was to determine whether the parents of patients with congenital talipes equinovarus were stressed out due to the condition of the child. Various studies have been done where different congenital abnormalities and their association with parental stress have been studied but very little data is available when it comes to the spectrum of psychosocial trauma these patients and their parents go through.

Materials and Methods: After approval from the ethical review board of the institution, informed consent was taken, cross-sectional study design was

used with purposive sampling. A quantitative interview study was done at the Department of Orthopedic Surgery, Holy Family Hospital, Rawalpindi Medical University, for a duration of 10 months

Results: After data analysis on SPSS, following results were deduced: Mean age is 12.87 months \pm SD4.7 while Mean Pirani Score is 2.8387 \pm SD 1,206 The mean Parental Stress Score is 53.19 \pm 13.420, 35% right foot was involved while 9.7% of patients had left-sided CTEV and 54% had Bilateral CTEV. A significant association was found between the Pirani score, age with parental stress score using regression analysis.

Conclusion: The mean age of presentation is around 12 months with a mean Pirani score of 2.8. 54% bilateral CTEV, 35% right-sided CTEV, and 9.7% left-sided CTEV. Using multivariate analysis, age, and Pirani score have a statistically significant relation with the Total Parental stress score.

Keywords: CTEV, Psychosocial impact, Parental stress score.

RRF-33: Comparison of proximal femoral locking compression plate versus dynamic hip screw in intertrochanteric femoral fractures

Dr Adnan Arif/ Dr Rahman Rasool
Holy Family Hospital

Introduction: Inter-trochanteric femoral fractures are associated with a high complication rate and mortality. This study aims to compare the proximal femoral locking compression plate (PFLCP) with dynamic hip screws (DHS) for inter-trochanteric femoral fractures in terms of mean bone union time.

Methodology: It was a prospective randomized study conducted at the department of orthopedics, Rawalpindi Medical University and Allied Hospitals, Rawalpindi, Pakistan from June 2015 to December 2015. Sixty patients with a diagnosis of inter-trochanteric fractures, requiring orthopedic surgery, were included in the study. After randomization thirty patients underwent PFLCP fixation and the other thirty patients underwent DHS fixation. Patient information, demographic data, and functional level were assessed. Mean bone union time and implant complications were compared for the two treatment groups.



Results: Patients who underwent PFLCP fixation demonstrated shorter bone union time (2.8 ± 0.2 months) than those who underwent DHS fixation (3.2 ± 0.1 months) ($p < 0.000$). PFLCP group had 90% bone union whereas DHS group had 76.66% bone union at 12 weeks ($p = 0.16$).

Conclusion: Patients who underwent PFLCP fixation demonstrated shorter bone union time (2.8 ± 0.2 months) than those who underwent DHS fixation (3.2 ± 0.1 months) ($p < 0.000$). PFLCP group had 90% bone union whereas DHS group had 76.66% bone union at 12 weeks ($p = 0.16$).

Keywords: Proximal Femoral Locking Compression plate, Dynamic Hip Screw, intertrochanteric femoral fractures

RRF-34: Comparison Between Intra-Articular And Intravenous Tranexamic Acid Application In Primary Unilateral Knee Joint Replacement
Dr Rahman Rasool Akhtar/ Prof. Riaz Ahmed
Holy Family Hospital

Objective: To compare the efficacy of intra-articular and intravenous modes of administration of tranexamic acid in primary total knee arthroplasty in terms of blood loss and fall in haemoglobin level.

Study Design: Randomized controlled trial.

Place and Duration of Study: Study was conducted at the Department of Orthopaedics, Rawalpindi Medical University and Allied Hospitals, Rawalpindi, Pakistan for duration of six months, from May 2017 to Nov 2017.

Material and Methods: Seventy-eight patients were included in the study. Patients were randomly divided into group A and B. Group A patients undergoing unilateral primary total knee replacement (TKR) were given intra-venous tranexamic acid (TXA) while group B were infiltrated with intra-articular TXA. Volume of drain output, fall in haemoglobin (Hb) level and need for blood transfusion were measured immediately after surgery and at 12 and 24 hours post operatively in both groups.

Results: The study included 35 (44.87%) male and 43 (55.13%) female patients. Mean age of patients was 61 ± 6.59 years. The mean drain output calculated immediately after surgery in group A was 45.38 ± 20.75 ml compared with 47.95 ± 23.86 ml in group B ($p = 0.73$). At 24 hours post operatively, mean drain output was 263.21 ± 38.50 ml in intravenous group

versus 243.59 ± 70.73 ml in intra-articular group ($p = 0.46$). Regarding fall in Hb level, both groups showed no significant difference ($p > 0.05$). About 12.82% ($n = 5$) patients in group A compared to 10.26% ($n = 4$) patients required blood transfusion post operatively ($p = 0.72$).

Conclusion: Intra-articular and intravenous TXA are equally effective in patients undergoing primary total knee arthroplasty in reducing post-operative blood loss.

Keywords: INTRRF-ARTICULAR, INTRAVENOUS TRANEXAMIC ACID, PRIMARY UNILATERAL KNEE JOINT REPLACEMENT

RRF-35: Outcome Of Ender's nailing in Pediatric Patient with Shaft of Femur Fracture

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Holy family Hospital

Introduction: The use of spica casting in children with the shaft of femur fractures is controversial. Presently, operative treatment is the main standard for the management of shaft of femur fractures in children. The advantages of Ender's nail are closed insertion of the nail with the preservation of fracture hematoma, minimal chances of infection and the endosteal blood supply is preserved because no reaming is required. Objective: To determine the treatment outcome of Ender's nailing in the pediatric shaft of femur fractures in terms of limb length discrepancy, function, and union.

Materials and Methods: This descriptive study was conducted at Orthopaedic Department, Rawalpindi Medical University and Allied Hospitals, Rawalpindi from January 2017 to December 2019. We enrolled 95 children 6-12 years of age by using a non-probability consecutive sampling technique with femoral shaft fracture. The exclusion criteria include children with pathological fractures, malignancy, and skeletal dysplasia. Time of surgery, implant failure, infection, union, limb length discrepancy, and functional outcome were recorded. Functional outcome and union were determined by using Flynn criteria and radiographs while the surgery time, infection, limb length discrepancy, and implant failure were determined clinically.

Results: There were 59 (62.1%) male and 36 (37.89%) female children. The mean age was 6.93 ± 4.12 years. The mean surgery duration was 30 ± 8.5

minutes. There were 06 (6.31%) superficial and no patients with deep infection. No implant failure in our study. The time duration from radiological & clinical union to full weight bearing was 7.9 weeks (5-12 weeks). On Flynn criteria, 67 (70.52%) children had excellent and 28 (29.47%) had a satisfactory functional outcomes. In 85 (89.47%) children, there was no limb length discrepancy but 10 (10.5%) children had limb length discrepancy with a mean of 5.45 ± 1.23 mm.

Conclusion: Ender's nailing is an excellent treatment option for the pediatric shaft of femur fractures in terms of functional outcome and union with low chances of infection, limb length discrepancy, and implant failure.

Keyword: Ender's nailing, Shaft of Femur Fracture, Pediatric Patient.

RRF-36: Magnetic Resonance Imaging (Mri) Vs Arthroscopy, A Comparative Evaluation In Meniscal Tears Of Knee Joint

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Holy family Hospital

Introduction: Magnetic Resonance Imaging (MRI) has established itself as fast and non-invasive imaging evaluation of injuries of the knee. The higher negative predictive value and higher specificity endorse the use of MRI as a screening tool, hence facilitating in avoiding needless arthroscopies.

Objectives: To determine the diagnostic accuracy of magnetic resonance imaging in diagnosing meniscal injuries keeping arthroscopic evaluation as gold standard.

Methods: Design of study: Cross Sectional study.
Setting: Department of Orthopedic, Rawalpindi Medical University, Rawalpindi. Period: 30th April 2017 to 29th October 2017.

A total of 143 patients with acutely injured knee between 18-60 years of age of either gender were included. Patients with associated fracture of femoral condyle, tibial plateau and dislocation, contraindication to MRI and previous knee surgery were excluded. MRI findings were recorded for those patients whom MRI done within last 1 month of surgery, with same MRI machine and all reporting done by same consultant radiologists followed by arthroscopic evaluation of patients.

Results: Mean age was 42.20 ± 11.22 years. Out of these 143 patients, 95 (66.43%) were male and 48 (33.57%) were females with ratio of 2:1. In MRI positive patients, 38 (True Positive) had meniscal injury and 56 (False Positive) had no meniscal injury on arthroscopy. Among, 49 MRI negative patients, 25 (False Negative) had meniscal injury on arthroscopy whereas 24 (True Negative) had no meniscal injury on arthroscopy ($p = 0.226$). Overall sensitivity, specificity, positive predictive value, negative predictive value and diagnostic accuracy of magnetic resonance imaging in diagnosing meniscal injuries keeping arthroscopic evaluation as gold standard was found to be 60.32%, 30.0%, 40.43%, 48.98% and 43.36% respectively.

Conclusion: This study concluded that magnetic resonance imaging (MRI) has low diagnostic accuracy in diagnosing meniscal tear which results in unnecessary arthroscopies.

Keyword: MAGNETIC RESONANCE IMAGING (MRI), ARTHROSCOPY, MENISCAL TEARS

RRF-37: Comparison of insulin soaked dressing with the conventional dressing in diabetic ulcers.

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Holy Family hospital

Objective: This study aims at demonstrating the benefits of insulin soaked dressing for the treatment and accelerating the healing process of diabetic ulcers thus helping the faster wound healing, reducing morbidity and also decrease the cost of management in patients with diabetic ulcers.

Study Design: Randomized Controlled Trial.

Setting: Surgical Unit 1, Holy Family Hospital, Rawalpindi Medical University, Rawalpindi. Period: November 2016 to May 2017.

Material & Methods: The study was initiated after approval from the institutional research forum of Rawalpindi medical college. Patients fulfilling the selection criteria reporting at the surgical unit – I, Holy Family Hospital, Rawalpindi were included in the study. Written informed consent was taken. Random allocation of the study participants to either



study group was done by using a lottery method, 60 patients were randomly allocated to either group A (insulin soaked dressing) or Group B (conventional dressing), each with 30 patients.

Results: In Group A, insulin soaked dressing was applied whereas patients in Group B were applied with conventional dressing. Mean age (years) of patients was 48.04+13.45 whereas there were 32 (53.3) male and 28 (46.7) female patients. In the study, mean duration (day) of complete wound healing in patients with diabetic ulcers receiving insulin soaked dressing and conventional dressing was 39.80 + 8.04 and 47.60+6.52 respectively which was statistically significant (p-value 0.000).

Conclusion: The study concluded that in patients with diabetic foot ulcer, average duration of complete wound healing was significantly less in patients with insulin soaked dressing as compared to conventional dressing.

Keywords: Chronic Wound Care, Foot Ulcer, Insulin Dependent Diabetes Mellitus, Topical Dressings, Wound Healing

RRF-38: Evaluation of the Diagnostic Accuracy of Alvarado Scoring System Combined with Focused Ultrasound in the Diagnosis of Acute Appendicitis

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Holy family Hospital

INTRODUCTION: Acute appendicitis is the most common cause of presentation to surgical ER worldwide. Diagnosis of acute appendicitis relies on history and thorough examination with laboratory and radiological investigations. Diagnosis of acute appendicitis remains a challenge despite clinical advancements.

OBJECTIVE: To compare the diagnostic accuracy of Alvarado scoring system and Focused ultrasonography in diagnosis of acute appendicitis.

RATIONALE As acute appendicitis is a frequently encountered entity in surgical practice, therefore it is important to have some objective criteria for its diagnosis.

STUDY DESIGN Cross-sectional validation study

STUDY SETTING Department of General Surgery in Holy Family Hospital. 2 STUDY POPULATION Patients with the suspected diagnosis of acute appendicitis presented to the Surgery Department of Holy Family Hospital, Rawalpindi. PATIENTS AND METHODOLOGY Patients presenting with suspicion of acute appendicitis from October,2022 to March,2023 were included in this study. Clinical examination was performed and Alvarado score for each patient documented. Each patient underwent focused abdominal ultrasound and reports recorded. Histopathology reports of each patient were recorded upon subsequent visits. Considering histopathology as reference, sensitivities and specificities were calculated.

RESULTS: Mean age of patients was 21.22 ± 5.51 years. Forty percent of the patients were females. Mean Alvarado score of the patients was 6.29±1.085. Sensitivity of Alvarado scoring system and Ultrasound examination was found to be 79.6% and 85.8% respectively, whereas specificity was 62.5% and 75% for Alvarado scoring and ultrasound respectively. Negative appendectomies were reported at 12.3%.

CONCLUSION: Alvarado scoring combined with focused abdominal ultrasound examination is an effective method of diagnosis of acute appendicitis in emergency settings. KEY WORDS Alvarado scoring, acute appendicitis, abdominal ultrasound.

Keywords: Alvarado scoring, acute appendicitis, abdominal ultrasound

RRF-39: Effect of Bupivacaine at port site versus at port site and gallbladder fossa both, for post operative (PO) analgesia in laparoscopic cholecystectomy

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Holy Family Hospital

Introduction: The laparoscopic surgery exhibits significant improvements clinically which involve a reduction in duration of operation, duration of stay at the hospital, postoperative. The data currently available is insufficient to establish the impact of intraperitoneal bupivacaine instillation combined with injection bupivacaine at the port site vs injection



bupivacaine at the port site alone on post-operative pain. As per literature no local study has compared these two variables leading to contradictory results regarding sensitivity and specificity of these two analgesic methods. Thus, in our study compared the postoperative analgesic effect of injection bupivacaine at trocar site and injection bupivacaine at trocar site along with instillation of Bupivacaine at gallbladder fossa.

Objective:To assess the effect of Bupivacaine at port site versus at port site and gallbladder fossa both, for post operative (PO) analgesia in laparoscopic cholecystectomy.

Materials and Methods:

Study Design: Quasi Experimental comparative study

Setting: Surgical unit 1, holy family hospital

Rawalpindi

Inclusion Criteria

1. Adult patients
 2. Above 18 years
 3. Patient with symptomatic cholelithiasis scheduled to undergo elective LC
- Exclusion Criteria**
1. Patients undergoing LC conversion to open cholecystectomy
 2. Patient having documented allergy to test drugs
 3. History of CVD
 4. Patients who dropped out of the research study for any reason before the mandatory follow up time ended and had incomplete data.

Data Collection Procedure: After approval from ethical research board, 82 patients fulfilling the inclusion criteria were selected from department of General Surgery HFH Rawalpindi. The whole procedure was explained and informed consent was taken from patients. Demographic profile i.e., name, age, gender and registration no. was recorded. All the patients were divided into 2 groups by using lottery method as follow:

Group A: Patients receiving injection bupivacaine at Port site

Group B: Patients receiving instillation of bupivacaine at gallbladder fossa along with injection of bupivacaine at Port site.

Results: Results of the study showed that from total 82 subjects, there were 53(64.6%) males and 29(35.4%) females. Results of the study showed that there was total 42 (51.2%) patients of ASA-I status

and 40 (48.8%) patients of ASA-II status. Pain was noted before surgery and then 1 hour, 12 and 24 hours after surgery. The results showed that there was no statistically significant difference in pain of both groups at baseline, however a significant difference was noted in pain at 1, 12 and 24 hours post operatively and patients in group A has higher pain as compared to group B. The time of the first request for postoperative analgesia was 8.85 ± 0.48 hours in group A and 9.78 ± 0.53 hours in group B. The total doses of Toradol injected was recorded in both groups and the results showed that group B showed better results in terms of total doses of analgesia however the result was not statistically significant

Conclusion: Instillation of bupivacaine at the port sites at gallbladder fossa along in laparoscopic cholecystectomy irrespective of the timing of instillation is an effective method of achieving pain control in the post operative period as long as 24 hours after surgery. Mean pain scores at 1 hrs, 12hrs and 24 hrs postoperatively were significantly lower in the patients receiving instillation of bupivacaine at gallbladder fossa along with injection of bupivacaine at port site as compared to the patients receiving injection bupivacaine at Port site.

Key Words: bupivacaine, GB FOSSA

RRF-40: Histopathological analysis of appendectomy specimens in a Tertiary Care Hospital; A descriptive study

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Objectives: To analyse the pattern and morphologies of all the surgically resected appendices in the surgical emergency of holy family hospital in relation to gender, age and the percentage of negative appendectomies.

Study Design: Descriptive Cross Sectional study.

Setting: Surgical Unit 1 Holy Family Hospital, Rawalpindi.

Period: January 2013 to April 2019.



Material & Methods: 1993 patients (1011 males, 982 females) which underwent appendectomy were included in this study. Structured proforma was made. All the specimens were sent to pathology lab for histopathology. Detailed histopathological report was received in the OPD follow-up of the patient. All the data was analysed using SPSS version 22.

Results: Acute appendicitis (57.3%) was the most common morphology followed by suppurative appendicitis (11.1%). One case was carcinoid tumour (0.05%). The incidence of negative appendectomy was 8.42% while the incidence of perforated appendix was 3.5%.

Conclusion: Appendicitis is one of the most common surgical Emergency and histopathology is gold standard in definitive diagnosis.

Keywords: Appendectomy, Histopathology

RRF-41: Subhepatic acute appendicitis in a 10-year-old male child; typical presentation with atypical location: A case report

Sara Malik, Osama Sheraz Khan, Afsheen Zafar, Hafiz Muhammad Sanaullah Sialvi, Abdul Aziz

Summary: Acute appendicitis, the most frequent emergency in digestive surgery, is a well-known pathology in children and young adults. Its diagnosis presents some difficulties in the elderly. Appendicitis taking place in the subhepatic space (i.e., subhepatic appendicitis) is largely not common, and it occurs as a result of intestinal malrotation and/or mal-descent of the cecum during embryonic development. In our case a 10 year old male child has presented in the emergency department of Pakistan Railway Hospital, with complaints of pain at the right iliac fossa, associated with nausea and three episodes of vomiting. The child also had decreased oral intake since developing the pain. On examination, the child had a pulse rate of 100 beats per min and a blood pressure of 100/60mmHg. The abdomen was soft with marked tenderness at the right iliac fossa along with guarding in the lower abdomen. There was associated rebound tenderness and psoas sign was also positive. After optimization open appendectomy planned, The caecum was found to be reaching the lower border of the liver and upon mobilizing the caecum, the appendix was located in a sub-hepatic retrocecal position (Image 1). The appendix was markedly inflamed and was tortuous in its course with adhesions attaching it to the wall of the caecum. It has been concluded that among 0.009 percent

subhepatic acute appendicitis presentation our 10-year-old child was an addition but with typical symptoms of acute appendicitis

RRF-42: A Study To Investigate The Frequency Of Patients With Causes Of Congenital Cataract And Their Visual Outcome After Surgery

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Holy Family Hospital

Introduction: Congenital cataract is a prevalent eye defect in children, often leading to visual impairment. It accounts for a significant proportion of visual impairment causes globally. While most cataracts occur in the elderly, a small percentage affects the pediatric population. The frequency of congenital cataracts is estimated at 2.49–3.46 per 10,000. Genetic factors play a role, with some cases showing familial inheritance.

The management of congenital cataract involves various assessments such as torch tests, visual acuity assessments, color vision assessments, slit lamp exams, direct and indirect ophthalmoscopy, and B-scan ultrasonography. Cataract surgery aims to enhance vision and improve the quality of life for patients. Various surgical techniques include extra-capsular cataract extraction, manual small cataract incision surgery, phacoemulsification, intra-capsular cataract extraction, and plana lensectomy pars. Accurate intraocular lens (IOL) power calculation is crucial for a positive visual prognosis, with phacoemulsification showing better outcomes than extra-capsular cataract extraction. It's essential to note that IOL implantation is typically performed in children over 2 years of age.

Materials and Methods of abstract

- Subject

Patients with Congenital Cataract

- Study Design

Descriptive Hospital based study

- Settings

Assessment in Eye OPD of Holy Family Hospital Rawalpindi

- Study Duration

Study will continue for 6 months



- Sample Size

25 patients below and above the age of 30

- Sampling Technique

Consecutive Sampling technique

- Sample Selection

- Inclusion criteria

1. Patients of both genders
2. Children patients
3. Patients having complaints of decreased vision.

- Exclusion Criteria

1. Non-cooperative patients
2. Patients who are not willing to be the part of research
3. Patients with significant pathology such as diabetic retinopathy, corneal dystrophy, past or present keratitis, corneal leucomas affecting the visual axis, corneal degenerations, corneal ectasias, or uveitis.

Results: In a 6-month study at Holy Family Hospital, Rawalpindi, focusing on congenital cataract patients, data from 25 individuals were collected. Out of approximately 6000 eye OPD patients during this period:

Gender Distribution: Male: 60%, Female: 40%.

Result: A higher prevalence of congenital cataract is observed in males, constituting 60% of cases.

Causes of Congenital Cataract: Maternal: 56%, Foetal: 44%.

Result: Maternal causes significantly contribute, constituting 56% of cases.

Status of Cataract Distribution: Unilateral: 32%, Bilateral: 68%.

Result: The majority of congenital cataract cases are bilateral, comprising 68%.

Classification of Congenital Cataract: Congenital: 16%, Infantile: 28%, Juvenile: 56%.

Result: Juvenile classification is predominant, constituting 56% of cases.

Management of Congenital Cataract: Surgery + IOL: 56%, Surgery + Glasses: 44%.

Result: The primary management approach involves surgery with intraocular lens (IOL), representing 56%, while 44% opt for surgery with glasses.

These findings offer valuable insights into the demographic and clinical characteristics of congenital cataract patients, aiding in the optimization of management strategies for this condition.

Conclusion: Congenital Cataract is a serious event, which may result in complete blindness or vision loss. Early and proper diagnosis with prompt management is required in case of congenital cataract before the progression of disease. In this study most of the patients have congenital cataract bilaterally. From this study, it is concluded that males (60%) are more affected than females (40%). Most common cause of congenital cataract is Rubella 20% among all types of congenital cataract. Most commonly used surgical procedure is I&A+phaco in Holy Family Hospital, Rawalpindi. Most of the patients have guarded visual prognosis even after the treatment of Retinal Detachment.

RRF-43: Current Practice of Preoperative NPO Times In Elective Surgery Patients at The Surgery Departments, Allied Hospitals, Rawalpindi

Muhammad Sheharyar Khan, Yamna Nasir, Sheena Shamoona, Hamna Atique, Hafsa Atique

Introduction: Guidelines recommend a preoperative fasting period of 6 hours for solid food and 2 hours for clear fluids. Because of fixed meal times and imprecise operation starting times, patients often fast for an extended period of time which leads to complications. Hence it is crucial to identify factors affecting NPO times in order to avoid intraoperative complications, postoperative complications and unwanted stay of patients in hospitals which put a strain on hospital budget.

Objective: To determine the Preoperative Fasting times in elective Surgery Patients in Allied Hospitals, Rawalpindi. To determine the knowledge and practice of health care professionals who give NPO instructions.

Materials and Methods: This is a descriptive cross-sectional study. It was conducted at various surgical departments of Holy Family Hospital and Benazir Bhutto hospital Rawalpindi from Jan 2019-August



2019. Non-randomized Convenience Sampling was used. The study population was composed of the Employees and Elective surgery patients (according to ASA criteria) presenting at the aforementioned Hospitals. Patients and Healthcare Professionals were asked questions based on the prepared Questionnaire and their response was recorded by the authors of this research. The data was entered and analysed using Statistical Package of Social Sciences (SPSS) version 23.

Results: Patients (N=46) with mean age 36.5 ± 13.6 , 18 males and 28 females, were included in the study. The mean preoperative fasting times for solids and liquids were, 10.6 ± 3.9 hours and 12.2 ± 3.4 hours respectively. 91.3% patients and 87.0% patients were given the instruction not to eat and drink after 12 am respectively. Among the healthcare professionals (N=56), only 11 (20.8%) were aware of international guidelines, 13 (24.5%) knew the preferable guidelines while 7 (13.2%) gave the correct instructions to the patients. 6 (46.5%) PGT's, 5 (23.8%) HO's, 0% Nurses knew the correct guidelines (P=0.002).

Conclusion: Preoperative NPO times in HFH and BBH are exceedingly greater than the recommended guidelines, this is well reflected in the knowledge and instructions given by the healthcare professionals.

Keywords: NPO, Preoperative Fasting

RRF-44: Implications of Social Factors and Management Outcomes Among Patients with Corrosive Ingestion

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Introduction: Corrosive poisoning is a growing concern in developing countries and although management options have improved over the years, preventive strategies have failed to provide results. The objective of this study was to determine social and epidemiological factors related to corrosive intake in patients and to assess the effect of these factors on management outcomes in terms of morbidity and mortality.

Methods: A retrospective cross-sectional study was carried out in Surgical Unit-1 of Holy Family Hospital, Rawalpindi from February 2019 to June

2020. Each corrosive poisoning patient's age, gender, residence, ethnicity, education, and financial status were recorded. Previous psychiatric illnesses were also recorded. Management outcomes in terms of wound infections, anastomotic leaks, weight gain, return to work and mortality were recorded. The correlation between social characteristics and the outcome of management was statistically analyzed using SPSS software.

Results: Out of 70 patients, the majority were females 48 (68.6%). Chief suicidal motives included low-income [49 (70%)], marital discord [16 (22.5%)] and domestic violence [21 (29.5%)]. Education level was the only social factor that was significantly associated with major as well as minor complications after intervention ($p=0.021$). Only 10 (14.3%) patients had an established past psychiatric history. At 6 months follow-up, 57 (81.4%) never went back to their original weight and only 22 (31.4%) were able to return to work

Conclusion: Domestic violence was found to be major cause of suicidal intent [21 (29.5%)] followed by marital discord [16 (22.5%)]. In managing such patients, a multidisciplinary approach including a surgical and gastroenterology team, psychologist and social workers must be employed.

Keywords: CORROSIVE INTAKE, SOCIAL FACTOR

RRF-45: PATTERNS OF SELF-MEDICATION AMONG MEDICAL AND NON-MEDICAL UNIVERSITY STUDENTS. A DESCRIPTIVE CROSS SECTIONAL STUDY

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(Rawalpindi Medical University)

Introduction: Self-medication is defined as an act of consumption of drugs for diagnosis or treatment of an illness without seeking guidance from physician or any other medical personnel. Self-medication for some minor and common illnesses have contributed efficiently towards the self-care. Owing to potential risks of self-medication, it is becoming a matter of consideration worldwide. The purpose of our study was to evaluate the patterns of self-medication among medical and non-medical university students and aimed to assess the related risk factors, so that appropriate steps can be taken to cater this issue and associated complications.



Materials and Method: This was a descriptive cross-sectional study conducted on the adults of Rawalpindi and nearby areas from January 2023 to August 2023. The mean age of the participants was 21 ± 2.8 years. The children and older adults were excluded from the study. People who were on medications for comorbidities were also excluded from the study. The participants were approached through a self-made questionnaire. The study questions and characteristics were compared between medical and nonmedical members. The SPSS software (version 25) was used for data analysis at the level of significance of $P < 0.05$.

Results: Self-medication was reported by 88.8% of the participants. The common self-treated illnesses included headache, fever, cold and flu. The most predominant medicine classes that were self-used by all students were painkillers, antipyretics, Antibiotics, anti-allergic, dermal creams. The practice of self-medication was not significantly different between medical (88.6%) and nonmedical students (88.9%). Self-medication was significantly higher in medical compared to nonmedical students with regard to the use of painkillers (45% vs 40.8%), laxatives (2.4% vs 0.5%) and sedatives (1.2% vs 0%). The reasons behind self-medication were almost similar among medical and nonmedical students. A higher frequency of nonmedical compared to medical students was dependent on previous prescription (23.4% vs 13.4%) and internet (17.9% vs 7.9%) as a source of information about the medication use whereas majority of medical students used the bookish knowledge as source of medicine compared to nonmedical students (31.1% Vs 4.9%).

Conclusion: Practice of self-medication is very high among university students with no significant difference of frequency between medical and non-medical disciplines. However, some differences between the type of medicines used and the source of knowledge about drugs were found between the two classes. There is a crucial need to educate and aware the students about the use of various OTC drugs and indications and consequences of self-medication. There is a need for establishment of effective preventative and interventional strategies by the health care authorities so that the dispensing of medicine can be controlled, and appropriate use of medications can be achieved.

Keywords: self-medication, students, medical, non-medical

RRF-46: Comparison between RIPASA and ALVARADO Scoring systems for diagnosis of acute appendicitis

Dr Mubariz ali, Dr Gohar Rasheed, Dr Usman Qureshi, Dr Jahangir sarwar khan, Dr Gohar Khan

Holy Family hospital

Introduction: Appendectomy is the most commonly performed emergency operation and can mimic other acute conditions of the abdomen known to cause right iliac fossa pain. The illness affects roughly 7-10% of people at some point in their lives. In developed countries, AA occurs at a rate of 5.7-50 patients per 100,000 inhabitants per year, with a peak between the ages of 10 and 30.3

At present, the gold standard for diagnosis is histopathological evaluation of the appendectomy specimen but a cost effective, repeatable and rapidly applicable method is required for early preop diagnosis and effective management of the condition. Thus various clinical scoring systems were developed.

These scores make use of clinical history, physical examination and laboratory findings. The Raja Isteri Pengiran Anak Saleha Appendicitis (RIPASA) and ALVARADO score are diagnostic scoring systems developed for the diagnosis of Acute Appendicitis and have been shown to have significantly higher sensitivity, specificity and diagnostic accuracy. The RIPASA scoring system includes more parameters than Alvarado system and the latter did not contain certain parameters such as age, gender, duration of symptoms prior to presentation. These parameters are shown to affect the sensitivity and specificity of Alvarado scoring system in the diagnosis of acute appendicitis.

Methods: A cross sectional validation study was carried out in Holy Family Hospital in 2023 in Surgical Unit 1 of Holy Family Hospital. Patients were admitted with complaints of RIF pain and ALVARADO and RIPASA scoring were calculated followed by Histopathology diagnosis. Data analysis was done using SPSS software

Results : Total of 100 patients were included in this study. Out of total patients % were males and 40% were females. The mean age of study population was 21.22 ± 5.51 . The maximum frequency of acute appendicitis was found in the age group 10-20 years



of age i.e, second decade of life. The mean Alvarado score of the patients was 6.29 +/- 1.085. Out of 100 patients who underwent appendectomy, thirteen did not have positive findings of acute appendicitis on histopathological examination. The frequency of histopathologically diagnosed cases of acute appendicitis was 87% in this study. The negative appendectomy in the current study was therefore, 13%. The sensitivity and specificity of the Alvarado scoring system and ultrasound findings for the diagnosis of acute appendicitis were measured considering histopathology as gold standard. The sensitivity of the Alvarado scoring system and Ripasa scoring system was 79.6% and 85.8% respectively. Whereas, the specificity of Alvarado scoring system and Ripasa was 62.5% and 75.0% respectively. The accuracy of Alvarado scoring system and Ripasa scoring for diagnosis of acute appendicitis was 77.52% and 84.5% respectively. Age and gender stratification was done however, no significant association was found. There was significant association between mean Alvarado score and positive histopathological diagnosis (p-value=0.004). The most frequent Histopathological finding of specimens was acute appendicitis. Eighty seven appendicular samples showed acute inflammation i.e, 87% of total patients. Thirteen samples depicted normal appendix (13%), which accounts for the negative appendectomy rate.

KEY WORDS: Acute appendicitis, Modified Alvarado score, RIPASA score

RRF-47: Impact of bactobilia on peri-operative course among patients undergoing cholecystectomy

Dr Zakir Khan, Dr Johum Javed, Dr Sumaira Ashraf, Dr Shakeel Ahmad , Dr Sadaf Nayyab, Dr Hamza Babr, Dr Arsalan Satti, Dr Sara Malik, Dr Usman Qureshi, Dr Gohar Rasheed, Dr Jahangir Sarwar Khan

Holy Family Hospital

INTRODUCTION: Bacteria are typically discovered in inflamed gallbladder and in sufferers with cholelithiasis, while proof indicates that ordinary bile is sterile. The biliary infection can be caused by any type of bacteria ranging from aerobic to anaerobic and gram positive to gram negative organisms. Cholecystectomy, both open and laparoscopic, is a common procedure for symptomatic gallstone disease. Bacterial colonization

of the bile is linked to the presence of stones and stasis in the biliary system. The purpose of the present study was to recognize the bacteriological profile of bile and impact of bactobilia on perioperative course among patients undergoing cholecystectomy.

OBJECTIVE: The intent of the study is to direct the impact of bactobilia on peri-operative course among patients undergoing cholecystectomy

STUDY SETTING: The study was held at Department of General Surgery, Holy Family Hospital, Rawalpindi.

DURATION OF STUDY: Six months following the approval of synopsis

STUDY DESIGN: Cross-sectional study

SUBJECTS & METHODS: This research included 151 patients who underwent laparoscopic cholecystectomies. Per operatively, 5cc bile was aspirated using a Sterile 20 no spinal needle with a 10cc syringe before cholecystectomy. Collected bile was transferred to the laboratory in sterile test tubes. The specimen was assessed for bacteriology. The types of bacteria were identified using different culture media's for both aerobes and anaerobes.

Impact of positive bile culture on perioperative variables, like acute cholecystitis, pre-op ERCP/STENTING, length of hospital stay and post-operative wound infection with bactobilia were recorded. All the results were summated in Microsoft excel sheet and analyzed by SPSS software version 25.0. Using Chi-square test, data was analysed to determine the microbiological profile of bile and perioperative impact of bactobilia in cholecystectomy patients. Statistical significance was defined as a p-value of less than 0.05.

RESULTS: Total 151 patients with cholelithiasis and undergoing laparoscopic cholecystectomy were included for this study. Mean age of the patients was 42.8±8.15 years. Among patients, 36(23.8%) were males and 115(76.2%) were females. Among 151 patients with cholelithiasis and undergoing laparoscopic cholecystectomy, 43(28.5%) patients had bactobilia. Among 43 patients who had bactobilia positive, 20(46.5%) had E. coli, 17(39.5%) had Klebsiella and 6(14.0%) had Acinetobacter.

CONCLUSION: Bile culture was positive in 28.5% patients of cholelithiasis undergoing laparoscopic



cholecystectomy. Bacteriological profile of bile and impact of bactobilia is significant on perioperative course among patients undergoing cholecystectomy.

KEY WORDS:Cholelithiasis, Cholecystitis, Laparoscopic Cholecystectomy, Bactobilia, E. coli.

RRF-48: Preoperative scoring system in predicting difficulty in laparoscopic cholecystectomy.

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Holy family Hospital

Objective: To evaluate a scoring system in predicting difficulty in laparoscopic cholecystectomy.

Study Design: Non-Randomized Prospective study.

Setting: Surgical Unit-1 of Holy Family Hospital, Rawalpindi.

Period: January 2018 to September 2018.

Material & Methods: Patients with symptomatic gallstone disease that were admitted in SU-1 of Holy family hospital during the above period were included in the study. For collection of data, a pre-tested questionnaire was used after taking informed oral consent. On admission, one day before the surgery, preoperative points were allotted on basis of patient's history, examination, hematological (CBC), biochemical (LFTs) and ultrasound results. Preoperative scores up to 5 was summed up as easy, scores 6 – 10 as difficult, 11 – 16 as very difficult. Calculated sample size was 229. SPSS version 22 and WHO Anthro calculator version 3.2.2 were used for data entry and analysis.

Results: Among 230 patients that were included in the study, 188 were female and 42 were male. Various risk factors were found to have significant positive correlation with intraoperative difficulty during cholecystectomy. These are: Previous episodes of cholecystitis and pancreatitis ($p=0.00$), ERCP ($p=0.00$), tenderness in right hypochondrium ($p=0.002$), hepatitis serology ($p=0.02$), and Total Leukocyte Count ($p=0.006$). Whereas the following factors had insignificant relation with intraoperative difficult cholecystectomy: ALT and ALP ($p>0.05$, $p=0.06$ and 0.26 respectively) and hepatitis serology ($p=0.406$). A significant correlation was found

between preoperative and intraoperative scores of the patients ($p=0.003$) indicating that preoperative assessment of various risk factors can predict the level of difficulty of cholecystectomy and its conversion to open cholecystectomy.

Conclusion: We may conclude that the scoring system evaluated in our study is a sturdy, reliable and useful benchmark to predict difficult cases. Preoperative prediction of the risk factors of conversion or difficulty of operation is an important point for operative planning and the high-risk patients may be informed accordingly.

KEYWORDS: Gall Bladder, Laparoscopic Cholecystectomy, Total Lymphocyte Count, Ultrasound Abdomen.

RRF-50: Assessment Of Severity And Identification Of Risk Factors For Extravasation In Neonates Receiving Peripheral Intravenous Therapy

Mudassar Fiaz Gondal, Hasnain Aslam, Syed Imam Naufil, Jawad Jahangir, Ali Raza Chaudhry, Mahwish Khan

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INTRODUCTION: Peripheral IV cannulation is a tool used extensively for the administration of fluids, medications and blood products. IV cannulation, especially in neonates, can result in a number of local and systemic complications, one of which is extravasation which merits further study. Defined as the penetration of substances into surrounding tissues, it accounts for 23-78 percent of complications of peripheral IV cannulation.

OBJECTIVES: The study aims to provide valuable information on the risk factors for intravenous extravasation in this population and inform the development of evidence-based guidelines and protocols for the prevention and management of intravenous extravasation in our set-up, improving patient outcomes and reducing healthcare costs.

METHODS: A prospective observational study was carried out over the span of seven months. Periodic evaluation of over 93 neonates was carried out using standardized checklists which included the following parameters, accumulated by rigorous review of previously available literature. Type of infusion, pre-existing infection, splinting, body temperature, site of



cannulation and general hygienic practices (diaper status, use of masks and sanitizers by staff and attendant). Data obtained was then subject to analysis using SPSS V23.

RESULTS: Multivariate logistic regression analysis showed that Pre-existing infection [aOR 2.25 95% CI (1.01-5.05)] , Anatomical site of cannula, [Lower limb {aOR 2.77 95% CI (1.02-7.52)}, Scalp {aOR 2.56 95% CI (1.02-6.46)} (with upper limb taken as reference)] Types of medications through IV route [Antibiotics {aOR 2.68 95% CI (1.2-5.96)} compared to maintenance/ resuscitation fluids], had a statistically significant association with the incidence of extravasation in neonates, while the presence or lack thereof of splinting and hygienic measures did not correlate significantly with IV infiltration.

CONCLUSION: Although numerous, risk factors associated with intravenous extravasation are easily avoidable and can be minimized with appropriate measures undertaken by the concerned healthcare staff and attendants. This, combined with better liaison between nurses and surgeons, will not only improve neonatal outcomes, but will also increase efficiency of the healthcare machinery.

RRF-49: Early vs Late Cholecystectomy after Acute Biliary Pancreatitis: A Randomized Controlled Trial.

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Holy Family Hospital

INTRODUCTION: Acute pancreatitis is considered a major healthcare concern around the globe. It is the third most common gastrointestinal cause for acute hospital admission. Approximately half of the cases of acute pancreatitis are caused by gallstones or sludge; the acute biliary pancreatitis (ABP). Recommendations from recent studies are inadequate to address the precise timing and safety of cholecystectomy in patients of ABP.

OBJECTIVE: To compare the outcomes of early and late laparoscopic cholecystectomy in mild biliary pancreatitis in terms of duration of hospital stay.
RATIONALE There are a number of studies including RCTs performed to establish guidelines regarding timing of surgery in acute biliary pancreatitis. However till date there is no consensus

in case of mild pancreatitis. No 2 study has been done in Pakistan which points to a need for a randomized controlled study, which can determine the efficacy of cholecystectomy timing. **STUDY DESIGN:** Randomized controlled trial.

STUDY SETTING: Surgical unit 1, Holy Family Hospital, Rawalpindi. **STUDY POPULATION:** Patients presenting with ABP (acute biliary pancreatitis) in Surgical Unit-1 of Holy Family Hospital and undergoing cholecystectomy.

PATIENTS & METHODOLOGY: Patients being admitted in Surgical Unit-1 of Holy family hospital with Acute biliary pancreatitis and undergoing either index or interval cholecystectomy were included in this study. BISAP scoring system was used for severity of ABP and mild cases were included. Study outcomes in both groups (index and interval cholecystectomy) were determined. For quantitative variables mean and standard deviation were calculated. Frequency and percentages were used to describe qualitative variables.

RESULTS: Total of 70 patients divided into two groups were included in this study. Mean age of the study population was 40.44+/-7.90 years. Fifty three percent of the population had BMI in the overweight category. Mean BISAP score was 1.11+/-0.80. All of the patients included in the study had mild acute pancreatitis. Mean BISAP score was found to be higher in the patients undergoing delayed/interval cholecystectomy i.e, 1.31+/-0.71. The length of hospital stay was significantly associated with timing of surgery with p-values 0.045.

CONCLUSION: The surgical outcomes of index and interval cholecystectomy in acute mild biliary pancreatitis are comparable. However, index cholecystectomy is associated with shorter hospital stay

KEYWORDS Acute biliary Pancreatitis, index cholecystectomy, interval cholecystectomy

RRF-51: Identification Of Risk Factors For Late-Onset Neonatal Sepsis In Post-Operative Neonates

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INTRODUCTION: Defined as the systemic condition that arises from viral, bacterial or fungal etiology, associated with hemodynamic changes and clinical findings, sepsis is one of the most common causes of neonatal mortality and morbidity. Various preventable risk factors are associated with the development of late-onset sepsis in neonates. The problem of neonatal sepsis, especially in post-op neonates in low-income countries is plagued by a scarcity of research.

OBJECTIVES: This study aims to identify the risk factors associated with late-onset sepsis in post-op neonates in the HDU of Paeds Surgery Department of Holy Family Hospital, a tertiary care hospital. In addition to risk factors already elaborated by previous studies, this study also aims to delineate additional risk factors associated with sepsis in the context of post-op setups i.e. fever prior to surgery, general hygienic measures observed by the attendants and doctors and severity of surgical wounds.

METHODS: A prospective observational study recruiting 91 neonates was carried out for 6 months from June, 2022 to December, 2022. Periodic evaluation was carried out using standardized checklists which recorded the possible predictor variables i.e. birth weight, severity of surgical wounds, general hygienic practices, fever prior to surgery and duration of IV cannulation. Data obtained was subject to multivariate logistic regression using SPSS V23.

RESULTS: Sepsis was prevalent in 34 (37.4%) post-op neonates. Low birth weight [OR 3.08 95% CI (1.12-8.47) and fever prior to surgery [OR 2.79 95% CI (1.03-7.55)] were found to be statistically significant factors contributing to neonatal sepsis, whereas the study of general hygienic practices, severity of surgical wounds and duration of IV cannulation failed to yield statistically significant results, possibly owing to small sample size.

CONCLUSION: Further studies employing a larger sample size are mandated in order to establish the association of the aforementioned risk factors for neonatal sepsis. Low birth weight neonates and those with fever prior to invasive procedures require rigorous monitoring for the prompt diagnosis and

prevention of the complications associated with neonatal sepsis.

RRF-52: Appendiceal band syndrome as a cause of Mechanical intestinal obstruction: A case report

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Acute appendicitis is a common surgical emergency we encounter on surgical floor. Adynamic obstruction due to appendicitis and its related complications are seen very often; however, the mechanical obstruction is a rare happening associated with acute appendicitis. We reported a case of 7 years old boy, who presented with generalized abdominal pain more marked in right iliac fossa and abdominal distension as well. On clinical examination tenderness in RIF and guarding in lower abdomen was present. Complete blood picture was showing the leucocytosis and neutrophilia and rest of the laboratory findings were reference ranges. After making the patient clinically stable the retrograde appendectomy was performed. At operation, the vermiform appendix was found encircling a loop of terminal ileum like a band. The tip of appendix was gangrenous. The postoperative recovery was uneventful.

RRF-53: Comparison of Transseptal Suture and Anterior Nasal Packing after Septoplasty in Terms of Postoperative Crusting

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Objective: The objective of this study was to compare transseptal suture and anterior nasal packing after septoplasty in terms of frequency of postoperative crusting.

Design: It's a randomized controlled trial.

Study Settings: Research was conducted at Department of ENT and Head & Neck Surgery Abbas Institute of Medical Sciences (AIMS) Muzaffarabad, Azad Kashmir for a period of six months from 26/5/2020 to 25/11/2020.

Patients and Methods: This study involved 132 patients of both the genders undergoing septoplasty for deviated nasal septum. These patients were randomly divided into two groups. Patients in Group-A were treated with transseptal suturing of mucoperichondrial flaps while patients in Group-B were treated with anterior nasal packing. A written informed consent was obtained from every patient.

Results: The mean age of patients was 28.44 ± 6.16 years in the range of 18 years to 40 years. The study group had 53 (40.2%) female and 79 (59.8%) male with a female to male ratio of 1:1.5. In terms of gender distribution and mean age both the groups were comparable (p -value=0.859 and 0.978 respectively). In patients treated with transseptal suturing, the frequency of post operative nasal crusting was significantly lower (4.5% vs. 27.3%; $p=0.000$) as compared to anterior nasal packing. This difference was observed across all age and gender groups.

Conclusion: This study has reported transseptal suturing to be better than anterior nasal packing in terms of significantly lower frequency of post-operative nasal crusting regardless of patient's age and gender in patients undergoing septoplasty for deviated nasal septum. The results of this study thus advocate the use of transseptal suturing in future practice.

Keywords: Deviated Nasal Septum, Septoplasty, Transseptal Suturing, Anterior Nasal Packing, Post-Operative Nasal Crusting

RRF-54: Evaluation of holmium laser versus cold knife in optical internal urethrotomy for the management of urethral stricture

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Holy Family Hospital

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

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

Methods: This prospective cohort was conducted at the Department of Urology, Benazir Bhutto Hospital. A total 60 patients presenting with urethral strictures were divided into two groups. Group 1 underwent the Holmium laser technique treatment while group 2 will undergo Cold Knife technique treatment. Both the groups were compared for operative time, peak flow rates, complications and success of the procedure. Data was entered and analyzed in SPSS v23.0.

Results: The mean age of the 60 patients was 51.94 ± 13.70 . The peak flow rates were compared between the two groups (Cold Knife vs Holmium Laser) pre-operatively (7.45 ± 1.09 vs 7.28 ± 1.21) and post operatively at 24 hours (16.21 ± 4.56 vs 12.21 ± 5.87), 15 days (27.35 ± 3.24 vs 23.62 ± 2.67), 3 months (23.60 ± 4.87 vs 19.67 ± 4.92), and 6 months (22.23 ± 3.80 vs 16.88 ± 2.08). The difference between the means of peak flow rates (PFR) was not statistically significant. Operative time was less in Cold knife technique compared to holmium laser (11.58 ± 3.37 vs 17.31 ± 2.75). Cold knife technique had relatively less post-operative complications ($p=0.028$). Bleeding (10.0% Vs 20.0%), rupture of urethra (3.33% Vs 10.0%) and extravasation of fluid (6.66% Vs 20.0%) was more common in holmium laser group.

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



RA 55: Role of tamsulosin plus solifenacin in reducing dj stent related symptoms

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Introduction: Double Double J stents (DJ stents) are a cornerstone in the management of a wide range of urological ailments. The prevailing presentation is that of lower urinary tract symptoms (LUTS) encompassing dysuria, frequency, urgency, nocturia, incontinence, and supra-pubic pain. The evaluation was conducted using validated tools such as the Visual Analogue Scale (VAS) and International Prostate Symptom Score (IPSS). Although DJ stent can be beneficial, it also poses inherent risks from the medical perspective. The last several decades have seen a change in the way we use DJ stents. The Visual Analogue Scale and International Prostate Symptom Score (IPSS) were employed to quantify the aforementioned variables

Methods: This was a randomized control trial conducted in the department of Urology Benazir Bhutto Hospital Rawalpindi from February 2023 to August 2023. Eligible patients were between 18 and 50 years of both genders who underwent temporary retrograde unilateral Double-J stent fixation. Patients were randomized to two groups; group I received tamsulosin 0.4 mg and group II received the combination of tamsulosin and solifenacin. All patients completed the IPSS and VAS questionnaires at both pre-insertion day of the stent and 2 weeks postoperatively; the data obtained were compared in both groups.

Results: The study included 64 patients (30 males, 34 females). There was no statistically significant difference between the two groups regarding age, sex, side, and DJ placement indications. In comparison with the group I, there were statistically significant differences in all scores in favor of groups II. Compared to group I, there were statistically significant differences in overall IPSS and VAS scores in group II.

Conclusion: The alpha-1A blocker (tamsulosin) monotherapy effectively improves the DJ stent-related LUTS. The combination therapy of both pharmacotherapies is significantly effective than drug monotherapy.

RRF-56 Role of Serratiopeptidase as adjunct to Medical Expulsive therapy In lower Ureteral stones.

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Introduction: The urinary tract stones have been known to humanity since the ancient times and the people worldwide are affected with a prevalence of up to 5%.

Ureterolithiasis is a condition when the stone gets stuck in the ureter due to anatomical constrictions of the ureter;

- 1) At the uretero-vesical junction
- 2) At the pelvic brim and
- 3) Uretero-pelvic junction,

The pain develops when unblocked α -1 adrenergic receptors of the ureter attempt to push forward the stuck stone from the inflamed region by peristalsis.

Regarding the management of the condition, medical expulsive therapy (MET) is advised for 5-9mm sized LUS.

Tamsulosin is the choice of urologists as it not only antagonists the α -1 adrenergic receptors to reverse the mechanism of forced peristalsis but also manages the spasm for early stone expulsion.

Other drugs which have been used in MET include Steroids, Calcium channel blockers and Phosphodiesterase inhibitors

Studies are needed to establish the role of Serratiopeptidase as adjunct to MET.

Aims and Objectives: To compare the efficacy of Serratiopeptidase as adjunct to MET to that of MET alone for expulsion of lower ureteral stones

MATERIALS AND METHODS:

Study Design: Comparative Interventional Study

Duration of Study: Six months



Place of the Study: Department of Urology & Transplantation, Rawalpindi Medical University & allied hospitals.

Sample Size:48

Sampling Technique: Non-probability consecutive sampling

Sampling Method: Lottery method

Independent T- test was applied to see any association between stone removal and qualitative variables

INCLUSION CRITERIA

Patients with age between 18-60 years either male or female or transgender

Lower Ureteric stone size 5-9mm as confirmed by ultrasound or CT-KUB.

Bilateral normal renal cortical thickness on U/S and normal urea/creatinine levels.

RRF-57: Histopathology of surgically treated renal tumors in a developing country

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Affiliations

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Introduction: There is very limited data available on histopathology of renal tumors in developing country like Pakistan. Clear cell RCC is a lethal disease and presents usually late with metastasis. It is need of time for early diagnosis of renal tumors in order to find better strategies.

Materials and methods: We retrospectively analysed 89 patients (age 23 to 71 years) with suspected renal tumors treated surgically with nephrectomy from August 2021 till July 2023. The demographic details and histopathological parameters were determined

from original H/P report following nephrectomy and case files and analysed.

Results: Age of patients ranged from 23 years to 71 years with mean±SD of 50±15. Malignant renal tumors on histopathology report were seen in 82(92.1%) cases while benign tumor was seen in rest 7(7.8%) cases. Most common histopathology report among malignant tumors was clear cell RCC constituting 58(70.7%) cases. Second most common malignant tumor was papillary RCC 7(8.5%) cases. The histopathological diagnosis of 89 tumors of given specimen is shown in Table 2. Other subtypes included chromophobe RCC 3(3.6%) and sarcomatoid RCC 1(1.2%). Tumors other than renal cell origin but involving kidney on presentation included transitional cell carcinoma in 5(6.1%), primitive neuroendocrine tumor in 3(3.6%), synovial sarcoma 1(1.2%), Non-Hodgkin's lymphoma (NHL) 2(2.4%), squamous cell carcinoma 1(1.2%) and leiomyosarcoma 1(1.2%) cases. Among benign tumors, there were 5 cases of angiomyolipoma 5(71.4%) and 2 cases of oncocytoma 2(28.6%).

Conclusion: Majority of renal tumors are malignant and among malignant tumors clear cell RCC is the most common type forming majority of disease burden. Total nephrectomy is usually done as patient presents at late stages. It is need of time to make strategies for early diagnosis of renal tumors.

Keywords: clear cell RCC, Histopathology, renal tumor, demographics, early diagnosis, Colicky pain duration of < 1 month.

EXCLUSION CRITERIA

Patients with hydronephrosis (Grade 3 or 4), urinary tract infection or hematuria.

Previous history of surgical/ nonsurgical removal of kidney stone(s).

Single functional kidney

Elevated serum creatinine (>2.0 mg/dl)

Known Hypertensive

Known Diabetic

Patient were be divided in following two groups randomized by lottery method.

Group- A: Tamsulosin + Analgesics + Anti-biotic



Group- B: Serratiopeptidase + Tamsulosin + Analgesics + Anti-biotic

The confidentiality of patient was ensured.

Patients used Serratiopeptidase 10mg (Tab. Danzen DS) thrice a day, by mouth before meal and Tamsulosin 0.4mg by mouth (once a day after mealtime) for two weeks along with Analgesics & Anti-biotic according to the defined group while taking plentiful fluids.

Similarly, they were advised to detect any expelled whole/pieces of stone on urination and visit hospital on 15th day for USG/CT KUB to determine stone clearance.

OUTCOME MEASURE

The patient's statement of experiencing the stone passage or no visualization of stone on U/S scan or CT KUB on the subsequent visits was regarded as stone clearance.

RESULTS

In Group A using Tamsulosin alone

11 out of 24 (45.8%) patients had stone clearance at 15 days

In Group B using Serratiopeptidase and Tamsulosin

14 out of 24 (58%) patients achieved clearance at 15 days

CONCLUSION

According to our study Serratiopeptidase along with tamsulosin achieves better stone clearance for LUS than Tamsol alone.

However, the sample size was small and it was a single centred study.

Due to the efficacy of serratiopeptidase in Stone expulsion multiple studies are already being carried out in different centres before definite use of serratiopeptidase as an adjunct to MET.

RRF-58: Comparison of Intralesional Triamcinolone Acetonide Injection versus Surgical Intervention for Management of Primary Chalazion.

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Purpose: To compare the effectiveness of intralesional steroid injection versus Incision and curettage in management of primary chalazion.

Study Design: Quasi experimental study.

Place and Duration of Study: Department of Ophthalmology, Pakistan Institute of Medical Sciences, Islamabad, from August 2020 to January 2021.

Methods: Eighty patients were divided into two groups of 40 each through consecutive sampling. Patients with primary chalazion of the size >5mm, age group 18 to 50 years and either gender were included. Patients with recurrent, multiple and infected chalazia were excluded. All patients underwent complete ocular examination. Group A underwent Incision and curettage while in group B a 28 gauge needle with a 1 ml syringe was used to inject 0.25 ml of 40 mg/ml Triamcinolone Acetonide into the chalazion via transcutaneous route. Success was defined as 80% reduction in the size of chalazion after one month. The chi-square test was used for equivalence of treatment efficacy between the groups.

Results: Age range in this study was 18 to 50 years. Mean age was 34.10 ± 5.87 years in Group A and 35.975 ± 7.60 years in Group B. The procedure was successful in 31 (77.5%) individuals in group A and 33 (82.5%) individuals in group B ($P = 0.576$), which was statistically insignificant. Stratification with respect to gender and age also showed no statistically significant difference between the two groups ($p > 0.05$).

Conclusion: Intralesional steroid injection and Incision/curettage are equally effective in management of primary chalazion.

Keywords: Chalazion, Intralesional steroid injection, Incision and curettage, Triamcinolone Acetonide.



RRF-59: Changes in Ocular Surface and Precorneal Tear Film in Tobacco smokers

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Purpose: To determine the changes in “ocular surface” and “pre-corneal tear film” in tobacco smokers.

Study Design: Cross sectional, comparative.

Place and Duration of Study: Holy Family Hospital, Rawalpindi Medical University, Rawalpindi, Pakistan from February 2022 to May 2022.

Methods: Eighty four patients (42 smokers and 42 non-smokers) were selected for ocular evaluation. “Ocular surface” and “pre-corneal tear film” were assessed by “tear film break up time (TBUT)”, “Schirmer test”, “corneal punctate staining” and “corneal/conjunctival sensitivity” in both smokers and non-smokers. Chi square test and unpaired t-test were applied and $p \leq 0.05$ was taken as significant.

Results: Mean age of participants was 36.07 ± 5.75 years. There were 76.2% males and 23.8% females. In terms of age and gender, there was no statistically significant difference between smokers and non-smokers. In terms of TBUT ($p = 0.000$), corneal punctate staining ($p = 0.000$) and corneal/conjunctival sensitivity ($p = 0.000$) values were significantly lower in smokers as compared to non-smokers while in terms of “Schirmer test” there was no statistically significant difference between smokers and non-smokers (p -value of 0.827).

Conclusion: Use of cigarettes results in multiple adverse effects in the “ocular surface” and “pre-corneal tear film” including unstable tear film, dry eyes, poor sensitivity of cornea as well as the conjunctiva making their eyes more prone to damage and disease.

Keywords: Cornea, Conjunctiva, Tobacco, Ocular surface, Pre-corneal tear film, Dry eyes.

RRF-60: Comparison Of Outcome Of Letrozole Plus Misoprostol Versus Misoprostol Alone For Termination Of Pregnancy In Patients With First Trimester Delayed Miscarriages

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Introduction: Miscarriage is the most common complication of pregnancy. Misoprostol (Miso), a synthetic analogue of prostaglandin E1, has uterotonic effect and it can stimulate myometrial contraction and cause cervical ripening and dilatation. Letrozole (LTZ), non-steroidal reversible aromatase inhibitor acting by suppressing the peripheral conversion of androgen to estrogen which is important in the maintenance of pregnancy. Misoprostol, a prostaglandin analogue originally designed for the prevention and treatment of gastroduodenal ulcers, has gained a wide popularity in obstetrics and gynecology. Termination of pregnancy in the second trimester using misoprostol has been shown to be safe and effective, with success rate up to 90% in some of published series. Therapeutic termination of pregnancy is one of the most commonly practiced gynecological procedures in UK.

OBJECTIVES: To compare the outcome of letrozole plus misoprostol versus misoprostol alone for termination of pregnancy in patients with first trimester delayed miscarriages.

METHODS: This was a randomized control trial study from July 1, 2021 to December 31, 2021 on 90 patients in each group. The study was conducted after approval from hospitals ethical and research committee. After taking informed written consent all patients were worked up with detailed history and clinical examination and routine investigations. Patients were randomized in to two

groups by simple lottery method. Group A patient received 2.5mg BD Letrozole for 3 days prior to taking misoprostol and Group B received daily placebo tablet of letrozole. Outcomes were noted and analyzed through SPSS version 25.

RESULTS: A total of 90 patients in each group were observed. Average age of the patients was 28.26years + 5.28SD with range of 18-40 years. 78 (86.7%) patients in Group A had complete abortions as compared to 64 (71.1%) patients in Group B. Group



A had significantly higher number of complete abortions as compared to Group B with p-value 0.011.

CONCLUSION: Efficacy of combined misoprostol and letrozole is more in terms of complete abortion.

KEY WORDS: Pregnancy loss, Efficacy, Letrozole, Misoprostol, Miscarriage

RRF-61: A case report of an epidermoid inclusion cyst following repair of hypospadias.

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Introduction: Epidermoid cysts also known as epidermal inclusion cysts are the most common type of cutaneous cysts. These are derived from ectoderm with a lining of stratified squamous epithelium. Penile epidermoid cysts however are very rare.

Case summary: We report a case of 15 year old male with complain of slow growing mass at ventral aspect of shaft of penis along with urethrocutaneous fistula following hypospadias surgery. Surgical excision was done of the cyst. Histopathology of the sample revealed an epidermoid cyst.

Conclusions: Epidermal inclusion cyst as a complication of hypospadias surgery is a very rare situation. The diagnosis is made on histology of excised cyst and complete surgical excision is sufficient for treatment

Keywords: Epidermoid cyst, Epidermal inclusion cyst, Hypospadias repair, Penile cyst, Infundibular cyst, Keratin cyst.

RRF-62: Improving the Quality of Psychiatric Inpatient Discharge Certificates through a Two Cycle Audit in a Tertiary Care Hospital in Pakistan

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Introduction: A two-cycle audit was performed at the Institute of Psychiatry, Benazir Bhutto Hospital, Rawalpindi to assess the quality of inpatient discharge summaries according to defined standards. Further, a new format for discharge summaries in accordance with these standards was designed and discharge summaries reassessed to evaluate the improvement.

Materials and Methods:

Cycle 01: In order to improve the quality, and standardize the format of discharge summaries we formulated a set of criteria after taking input from consultants and residents.

Two researchers evaluated a total of 30 discharge summaries which were randomly chosen from those issued on April-May 2022. Following this a new format of discharge summary was designed and distributed. Residents were educated regarding the procedure of filling new discharge summaries.

Cycle 02: Two researchers evaluated a total of 30 discharge summaries which were randomly chosen from those issues on July-August 2022.

Results: In cycle 01 there was 03 (10%) mention of ICD code, gender was mentioned in 11 (36.6%), Contact Details mentioned for 02 (6.67%), Inpatient Treatment 07 (23.3%), and Consultant incharge 5 (16.67%). Cycle Two revealed significant improvement in most of the areas. Following the implementation there was mention of ICD code in 24 (80%), Contact Details in 20 (66.7%), Inpatient Treatment for 29 (96.7%) and Consultant Incharge 19(63.3%).

Conclusion: Cycle 2 showed improvement in most of the areas. Factors which contributed to this would be resident education and circulation of standardized discharge forms.

RRF-63 Effects of fractional carbon dioxide laser on post-burn hypertrophic scarring

Dr. Samman Khalid

Introduction: Burn scars represent a major challenge in clinical and aesthetic dermatology. In addition to their significant morbidity, the side effects and lengthy courses of many therapeutic modalities for the treatment of burn scars place an additional burden on the patients. Lasers employed for resurfacing of scars are divided into ablative and nonablative



lasers. Side effects such as temporary erythema, oozing, crusting, ulceration, and burning discomfort were reported with the ablative lasers. Conventional CO₂ lasers ablate the bulk of tissue inducing collagen remodeling and regenerative mechanisms. However, the associated side effects and prolonged recovery period can limit patient satisfaction with these devices. Fractional carbon dioxide laser use is an effective and safe method for treating burn scars with a significant change in the opinion of patients about their scar appearance, skin texture, surface irregularity and pigmentation. The use of CO₂ laser in treating burn scars has increased, with some investigators considering it to be treatment of choice, particularly for scars due to third-degree burns. So, this study aims to find out the effects of fractional carbon dioxide laser on post-burn hypertrophic scarring.

OBJECTIVE: To evaluate the effectiveness of fractional CO₂ laser therapy in improving the appearance and quality of mature hypertrophic burn scars in Pakistani patients with Fitzpatrick skin types IV through VI, as measured by the changes in Vancouver Scar Scale (VSS) score and The Patient and Observer Scar Assessment Scale (POSAS)

MATERIAL & METHODS:

Study Design : Quasi experimental study design

Study Design: Prospective study

Settings: Department of Plastic surgery, Holy Family Hospital, Rawalpindi.

Department of Dermatology, Benazir Bhutto Hospital, Rawalpindi

Duration of study: 6 months

Sample size: 32.

Sample size is calculated with help of software OpenEpi, with confidence interval of 95%, Power at 80%

Sampling technique: Consecutive sampling technique
RESULTS: Both Vancouver Scar Scale and Patient and Observer Scar Assessment Scale showed significant reduction following treatment ($p < 0.001$).

Pruritis and pain improved most followed by pliability, relief and vascularity. Pigmentation improved the least. Side effects and complications were mild and tolerable.

CONCLUSION: Our preliminary results confirm significant improvement in pruritis, pain, softness and vascularity following treatment with CO₂ laser. It is an effective and safe method for treating burn scars with a significant change in the opinion of the patients about their scar appearance.

RRF-64 Aphelia : A Rare Condition

Dr Nida Zarqoon

Holy Family Hospital

Introduction: Aphelia means absence or underdevelopment of penis that is a rare medical condition with an incidence of approximately 1 in 30 million live male birth and affects male infant. It may present with significant challenges and affect individual with medical and psychological problems. It can either be solitary malformation that is simple one or can be other complex one with associated with multiple genetic conditions not viable with life causing death at early age. In this case report we present a boy of 3 months age passing urine and stool per rectally. Work up was done completely along with proper guidance to parents for diagnosis and its management. Patient along with parents are in our follow up for definite treatment.

Conclusion: The aim of this case report is to highlight the social and psychological challenges faced by the patient including sexual function and fertility. However, with appropriate medical care and support individuals can lead happy and fulfilling lives.

RRF-65 Synchronous Perforated Gall bladder and Acute Appendicitis in a pediatric patient: a rare finding

Dr Nida Zarqoon

Holy Family Hospital

Introduction: Acute appendicitis along with gallbladder perforation is rarely encountered in the pediatric group and very few cases are reported in literature. Our patient a four years old child presented to us with pain abdomen, fever and vomiting was diagnosed with acute appendicitis and underwent operative management. A perforated gall bladder leading to secondarily inflamed appendix encountered in our patient. Appendectomy along with cholecystectomy was performed. Synchronous presentation of acute appendicitis and GBP due to



cholecystitis in acute abdomen is very rare and no information of GBP and acute appendicitis is found in pediatric population making this case report very important until this date.

Clinicians should also keep gallbladder disease in mind as a differential diagnosis of pain right hemiabdomen in pediatric age group.

Conclusion: The aim of this case report is to highlight the fact that the Gallbladder perforation although rare, but a life-threatening clinical condition with high mortality and should always be suspected in child with acute abdomen, and early management should be done to reduce ongoing morbidity and enhance recovery.

RRF-66: Comparative Efficacy Of Oxytocin Versus Misoprostol Plus Oxytocin In The Management Of Post-Partum Hemorrhage

Dr Zeshan Ahmad (PGT), Dr Sadia Khan, Dr Hina Gul, Dr Ismat Batool, Dr Nighat Naheed, Dr Humaira Masood.

Department of Gynecology, Benazir Bhutto Hospital

Introduction: PPH is the leading cause of maternal mortality worldwide. According to Demographic and Health Survey (PDHS) 2007, PPH contributed 27.2% to maternal mortality in Pakistan. Postpartum hemorrhage (PPH) is a life-threatening obstetric emergency that occurs after cesarean section (CS) or normal vaginal delivery (NVD). It is defined as a blood loss of $\geq 500\text{ml}$ after a vaginal delivery or $\geq 1000\text{ml}$ after a cesarean delivery. Medical management with uterotonic drugs remains an important integral part of the first-line management of PPH, particularly as the main etiology of PPH is uterine atony. The most commonly used uterotonic agents in hospital-based settings are oxytocin, Ergometrine, Misoprostol and Carboprost.

Although WHO guidelines recommend the use of oxytocin only as the first-line uterotonic in the prevention of PPH. Perhaps multinational studies evaluating the effectiveness of oxytocin plus misoprostol compared to oxytocin only as the first-line uterotonic in the prevention of PPH, show a superiority of oxytocin plus misoprostol in this regards which may call for a revision of WHO guidelines.

The off-label use of Misoprostol has entered into clinical practice for this indication because of its

strong uterotonic properties, and its advantages over other synthetic prostaglandin analogs due to the advantage that it does not necessarily requires skilled personnel for its administration. Furthermore, its aforementioned numerous routes of administration, its stability at ambient temperatures, the long half-life, wide availability, and low cost are some additional advantages of misoprostol use. 600 mcg dose of oral misoprostol is safe and effective in preventing PPH. This study aims to assess the effectiveness of oxytocin alone compared with oxytocin plus misoprostol.

Objective: To assess the effectiveness of Oxytocin alone in comparison with Oxytocin plus Misoprostol for the management of PPH.

METHODS:

- Study Design: Randomized Controlled Trial
- Setting: Gynae and Obstetrics Department, BBH Rwp
- Duration: 01 Month
- Sampling Technique: Random Sampling
- Sample Size: 44

RESULT: Will be published after completion of study.

CONCLUSION: Will be published after completion of study

RRF-67: A clinical audit at Benazir Bhutto Hospital; to reduce cesarean section rate linking to Robson's ten group classification system

Mariam Zahir, Aroosa Anwer (PGT), Sadia Khan, Ismat Batool, Nighat Naheed

Department of Gynecology, Benazir Bhutto Hospital

Objective: A quality improvement program to identify the main contributory factors to the cesarean section, linking to Robson's Ten Group Classification System (TGCS) (CS) rate and subsequently formulate effective recommendations to optimize this rate.

Methodology: A retrospective cross-sectional study was conducted from January 2020 to October 2022 at Benazir Bhutto Hospital, Rawalpindi.



400 non-scarred women delivering a live or stillborn baby of ≥ 24 weeks' gestation were taken during the study period and categorized into groups 1-4 of the TGCS based on specific obstetric parameters. Four categories were made according to indication of cesarean section. Descriptive statistical analysis was performed using a set Performa in each group to assess justification of CS in each group.

Results: Results will be discussed later on

Conclusion: The Robson's TGCS is an effective tool for auditing CS by high-lighting the major contributory factors to CS rate, gearing strategies to optimize CS rate through regular departmental audits, protocols and justified indications.

Keywords: Robson's classification system, caesarean section rate, indications of caesarean section, caesarean section audit.

RRF-68: Atypical presentation of a ruptured ovarian cyst with hemoperitoneum

Dr Humaira Masood, Dr Samreen (PGT), Dr Hina Gul, Dr Nighat Naheed, Dr Ismat Batool, Dr Sadia Khan.

Department of Gynecology, Benazir Bhutto Hospital

Introduction: Ruptured ovarian cysts are frequently seen in reproductive age woman. but ovarian cyst with hemoperitoneum and shock is rare entity. We present a 38 yrs of obese woman presented in gynae emergency with abdominal pain and vomiting for 3 days. she had no history of fever. on presentation patient was cold and clammy with a pulse of 120/min, blood pressure was 90/60, temp afebrile and respiratory rate of 24/min. Her abdomen was flabby with collens sign was positive. her ultrasound showed an ovarian cyst of 12x9 cm and moderate fluid in pouch of douglas. Her baseline and specific tests were done. Multidisciplinary approach was sought. her emergency laparotomy was done .hemoperitoneum was confirmed and ruptured ovarian cyst was clamped cut and ligated. patient was recovered from shock by blood transfusions and fluids. postoperative period was uneventful. on histopathology, the cyst wall was lined by cuboidal cells, features of congestion and necrosis were present. there were no endometrial glands/stroma and no malignancy

Conclusion: Although ruptured ovarian cysts are rare in middle age woman with shock and

hemoperitoneum but high index of suspicion is required in these patients

RRF-69: Understanding Oligohydramnios: Clinical Characteristics and Effective Management Strategies

Authors: Dr Kainat (Pgt), Dr Ismat Batool, Dr Nighat Naheed, Dr Hina Gul, Dr Sadia Khan, Dr Shumaila Hamid.

Department of Gynecology, Benazir Bhutto Hospital

Introduction: Oligohydramnios, characterized by a reduced volume of amniotic fluid, presents a multifaceted challenge in obstetrics, impacting maternal and fetal health. This article aims to comprehensively elucidate the clinical characteristics of oligohydramnios and explore efficacious management strategies to optimize maternal and fetal outcomes.

Objective: This study aims to investigate oligohydramnios, focusing on understanding its clinical characteristics and exploring effective management strategies.

Material and methods: Employing a statistical review design, this research spans a three-month duration with a sample size of 60 participants selected through convenience sampling. Data collection includes comprehensive reviews of medical records, ultrasound reports, and relevant patient information.

Results: The majority of participants, falling within the age range of 26 to 30 years, reflect a common demographic affected by oligohydramnios. Preterm births were predominant, emphasizing the impact on gestational duration. Intrauterine growth restriction (IUGR) was observed in a substantial proportion of patients, necessitating increased surveillance for fetal growth concerns. Amino acid infusion demonstrated promising efficacy, with approximately 70% of patients showing improvement. Pregnancy-induced hypertension (PIH) coexisted in 35% of cases, highlighting the need for comprehensive management strategies. Moreover, 20% of fetuses exhibited congenital anomalies, emphasizing the complex interplay between oligohydramnios and fetal development. Anemia was identified in 55% of patients, indicating potential multifaceted effects on maternal health.

Conclusion: This study provides valuable insights into oligohydramnios, offering a comprehensive



understanding of its clinical nuances and proposing tailored management strategies. The findings contribute to the refinement of clinical approaches and underscore the importance of early detection and intervention in mitigating the impact of oligohydramnios on maternal and fetal outcomes.

Key words: Oligohydramnios, pregnancy induced hypertension, anemia.

RRF-70 Unveiling Pelvic Inflammatory Disease (PID): Exploring Prevalence, Demographics, Clinical Traits, and Risk Factors

Dr Nida (PGT), Dr Nighat Naheed, Dr Sadia Khan, Dr Ismat Batool, Dr Hina Gul, Dr Asma Khan.

Department of Gynecology, Benazir Bhutto Hospital

Objective: To investigate the prevalence, demographic factors, clinical characteristics, and risk factors associated with pelvic inflammatory disease (PID) among women, contributing to a comprehensive understanding of this gynecological disorder.

Introduction: Pelvic Inflammatory Disease (PID) is a serious gynecological disorder characterized by inflammation in the upper genital tract, affecting the uterus, fallopian tubes, and ovaries. It is commonly caused by ascending or blood-borne infections, often associated with sexually transmitted infections (STIs) like Chlamydia and Neisseria gonorrhoea. PID predominantly affects sexually active women, particularly those aged 15 to 24, and if left untreated, it can lead to severe reproductive and general health consequences. Low-income regions have a higher prevalence of PID, and natural barriers like intact hymen and vaginal pH play a role in infection prevention.

Material & Methods: The study employed a statistical review design with a duration of 3 months and a sample size of 50 PID patients. Convenience sampling was used to select women of reproductive age (15-44 years) presenting with lower abdominal pain, pelvic pain, or abnormal vaginal discharge. Exclusion criteria included pregnancy, recent abdominal surgery, medication allergies, and immunosuppression. Data was collected from patients at the Gynecology OPD of Benazir Bhutto Hospital and analyzed using SPSS, presenting results through tabulated, pie graphs, and bar charts, with

statistics like percentages, mean, and standard deviation utilized for data analysis

Conclusion: This study reveals a significant prevalence of PID in women with an average age of 38 years, highlighting associations with marriage and poor hygiene. Common clinical features include abnormal vaginal discharge and itching. The multifaceted nature of PID, influenced by sexual practices and bacterial growth, emphasizes the need for comprehensive strategies in diagnosis, prevention, and management. Keywords: PID, STDs, upper genital tract

RRF-71: Bacterial profile and antimicrobial susceptibility patterns of isolates among patients diagnosed with surgical site infection at a tertiary teaching hospital in Pakistan

Fatima Rauf, Huma Sabir Khan, Naveed Akhtar Malik

Holy Family Hospital

Objective: The study aimed at assessing the bacterial profile and antimicrobial susceptibility patterns of the pathogens isolated from patients diagnosed with surgical site infection.

This study will help identify the organisms and will guide in formation of protocols to prevent and treat surgical site infections.

Methods: This descriptive cross-sectional study was conducted in the Department of Surgery from May 2021 to May 2022, using convenient sampling technique. Wound samples were taken from patients diagnosed with surgical site infection and cultured on Blood and MacConkey agar. Antimicrobial susceptibility was performed on Muller Hinton agar. Data was entered and analyzed using SPSS v.23.

Results: A total of 101 samples from 78 patients were analyzed. Out of the bacteria from positive growth cultures, Escherichia coli (19,18.8%) was the most common isolate followed by Pseudomonas aeruginosa (17,16.8%) and Klebsiella pneumoniae (15,14.9%). Acinetobacter baumannii was isolated from 11 (10.9 %) patients, methicillin-resistant Staphylococcus aureus from 4 (4 %) patients and Proteus mirabilis from 2 (2 %) patients. However, 9.9% samples showed no growth on cultures. Escherichia coli was the most sensitive to amikacin (89.5%) and meropenem (78.9%). While



Pseudomonas aeruginosa showed maximum susceptibility towards meropenem (82.4%).

Conclusion: *Escherichia coli* was the most commonly isolated pathogen from surgical site infection sites, followed by *Pseudomonas aeruginosa*, *Klebsiella pneumoniae* and *Acinetobacter baumannii* as causative agents for SSI's. This study demonstrates the increasing incidence of infections from once uncommon organisms like *Klebsiella pneumoniae* and *Acinetobacter baumannii*. This calls for action and formation of protocols to fight the menace of SSI's.

RRF-72: Comparison of Partial Inferior Turbinectomy versus Submucosal Diathermy in preventing Post-Operative nasal crusting and nasal obstruction in Inferior Turbinate Hypertrophy

Noor Ul Huda
Holy Family Hospital

INTRODUCTION: Nasal obstruction due to inferior turbinate hypertrophy (ITH) is the most common presenting symptom in ENT. Inferior Turbinates are bony and soft tissue structures that protrude into the nasal passages. ITH is caused by deviated nasal septum, allergic, vasomotor and infectious rhinitis. An excessive growth of the turbinate outside of normal physiological condition leads to hyperplasia and hypertrophy of the inferior turbinate (IT). Symptoms of ITH can include nasal obstruction, nasal congestion, nasal discharge, headache and decrease in sense of smell. There are various surgical techniques to reduce the size of the inferior turbinate (IT). In Partial Inferior Turbinectomy (PIT), partial excision of the IT is done to remove some mucosa and bone of the inferior turbinate. In Submucosal Diathermy (SMD), electro-cautery of submucosal tissue of IT is done which causes shrinkage of IT. Objective of this study was to Compare PIT versus SMD for Post-Operative nasal crusting and nasal obstruction in ITH.

METHODOLOGY: Total 70 patients with ITH were randomized into two groups with 35 patients in each group. Group A underwent PIT and Group B underwent SMD. They were assessed for relief of post-operative nasal crusting and nasal obstruction. Patients from both genders, aged between 20-50 years, with chronic nasal obstruction, not relieved by medication, having ITH were selected.

RESULT: By the end of 14th post operative day 31 (88.57%) out of 35 patients who underwent PIT

showed complete resolution of nasal obstruction and crusting. On the contrary, Group B who underwent SMD, 27 (77.14%) out of 35 had complete resolution of nasal obstruction and crusting. Hence our study proved PIT is far better modality in treating nasal obstruction and avoid post operative nasal crusting as compared to SMD.

CONCLUSION: Partial Inferior Turbinectomy is better than Submucosal Diathermy in preventing Post-Operative nasal crusting and nasal obstruction in Inferior Turbinate Hypertrophy.

KEYWORDS: Nasal obstruction, partial inferior Turbinectomy, Submucosal diathermy, inferior turbinate hypertrophy

RRF-73: Association between Smoking, consuming caffeinated drinks and Functional dyspepsia in Young population

Osamah Shahid
Holy Family Hospital

Introduction: Functional dyspepsia is a prevalent digestive disease. Common symptoms include frequent heartburn or pain epigastrium, early satiety, postprandial fullness and frequent belching. This study was conducted to look for any association between smoking, caffeinated drinks and functional dyspepsia.

Methods: A short study of 40 people of age between 20 and 35 were given a self administered questionnaire, and functional dyspepsia is diagnosed based on the Rome III criteria. People with any previous medical issues were excluded from the study.

Result: A total of 40 patients were included having an average age of 26 years and average BMI of 22.05. 21 (52.2%) were males and 19 (47.5%) were females. Out of these 11 (27.5%) were smokers while 29 (72.5%) were non smoker. Chi-square test was applied. No direct association could be established with functional dyspepsia and smoking. However, consuming more than 1 cup of tea/coffee or any caffeinated drink is directly associated with heart burn.

Conclusion: Although a limited study with a small sample size was conducted, but it showed that the young population had increase chances of having one of the symptoms of functional dyspepsia if they consumed more than 1 cup of any caffeinated drink.



RRF-74: Types of Poisoning Agents Used in Patients Admitted to Medical Department of Holy Family Hospital, Rawalpindi (Pakistan) from 2011 to 2015

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ASADULLAH SABIR1, MUNEEBA FAISAL2,

Holy Family Hospital

Introduction: the choice of poisoning agent depends on a number of factors like the geographic area, socioeconomic status, educational status and easy availability of a specific kind of poison. Thereby, the sound knowledge of the type and clinical picture of the poison is very important for its proper diagnosis and prompt treatment on emergency basis. To assess the types of poisoning agents used by patients admitted to Medical Department of Holy Family Hospital, Rawalpindi.

Methods: This is a descriptive cross-sectional study which was done on 285 patients who were admitted to Medical Department of Holy Family Hospital, Rawalpindi with history of poison ingestion from 1st January 2011 to 31st December 2015. Data was collected retrospectively and variables such as age, gender, year of reporting to hospital, residence, and type of poison were entered on a predesigned Performa. Data was analyzed by using Statistical Package for Social Sciences (SPSS) version 23.

Results: The study showed that organophosphate compounds are the most frequent cause of poisoning (40.4%), followed by corrosives (15.8%) and wheat pill (14%). 67.7% of the population belonged to younger age group (11 to 30 years) while 52.6% of the population admitted consisted of males.

Conclusion: Organophosphate poisoning is the most frequently used poisoning type and their use is largest in the younger population. The situation can be improved by decreasing the chances of occupational exposure, addressing the reasons of self-poisoning, and improving the training of medical and paramedical staff in poisoning management at the primary, secondary and tertiary levels of hospitals.

Keywords: Epidemiology; Organophosphate; Pakistan; Poisoning

RRF-75: Association of Functional dyspepsia with Frequency of meals in patients presenting at Holy Family Hospital Rawalpindi.

Sana Saddique

Holy family hospital

Introduction: Functional dyspepsia is a prevalent digestive disease. Common symptoms include frequent heartburn or pain epigastrium, early satiety, postprandial fullness and frequent belching. The objective of this study was to assess the relation of frequency of meals, midnight snacking and skipping a major meal in patients with various symptoms of functional dyspepsia.

Methods: A cross sectional descriptive study of 40 patients diagnosed with functional dyspepsia according to Rome III criteria with age between 20 and 60 years, were included in study during April to June 2023. A validated questionnaire of eating habits was applied to participants by face to face interview method. Patients must have one or more symptoms of post prandial fullness, early satiety, epigastric pain and epigastric burning to comply with the Rome III criteria. Exclusion criteria was treatment for GI disorders within last 6 months, regular use of anti pyretics, analgesics and steroids, serious physical and GI symptoms including loss of body weight, repeated vomiting, blood in stools and difficulty in swallowing. In addition, cases of reporting organic diseases such as gastritis, Gastroesophageal reflux disease and peptic ulcer including Helicobacter pylori infection, gastrointestinal cancers, liver, Biliary and pancreatic disease were also excluded from the study. Ethical approval of the study was granted by medical Unit-1 holy family hospital.

Result: A total of 40 patients were included having an average age of 26 years and average BMI of 22.05. 21(52.2%) were males and 19(47.5%) were females. Out of these 11 (27.5%) were smokers while 29 (72.5%) were non smoker. Chi-square test and Mann-Whitney-U were applied on SPSS version 23.

Post prandial fullness was statistically more in males (81.2%) than females (18.8%) p value 0.048. People who consumed dinner less than 3 times a week are more likely to have heart burn than those who consumed dinner more than 3 times a week (88.1% Vs 11.9%) p value 0.029. Those who take midnight snacks are less likely to have early satiety and post prandial fullness than those who do not, p value 0.045 and 0.039 respectively. There was no statistical



association of symptoms of functional dyspepsia with Frequency of major meals in a day and physical activity.

Conclusion: Skipping dinner is an important factor leading to functional dyspepsia. Intake of midnight snacks have an independent inverse relation with early satiety and post prandial fullness. Small sample size was the major limitation of this study.

RRF-76: An Audit of Door to CT-Scan Time in Patients of Acute Stroke in Emergency Department of Holy Family Hospital, Rawalpindi

Dr. Falaq Iqbal
Holy Family hospital

Introduction: Timely administration of IV thrombolysis in ischemic stroke lowers morbidity and a CT-scan is crucial to exclude hemorrhagic stroke. According to American Stroke Association (ASA) Guidelines, Door to CT (DTC) time should be less than 25mins. Purpose of this audit was to evaluate and improve DTC-time of acute stroke patients at Holy Family Hospital.

Methods: DTC-time was our quality indicator derived from ASA-Guidelines. DTC-time was obtained from hospital's acute stroke patients' computer records over one week period. Four quality improvement interventions were implemented including call notification, prioritizing patients for CT, staff education, and pre-signed CT forms availability. Data was acquired again after intervention, descriptive and inferential analysis was done.

Result: Pre-intervention group comprised of 62 acute stroke patients with mean DTC-time of 91mins (SD=104.3), mean delay in CT-time of 66mins (SD=103.8), and 8.1% CT-scans were done within ideal time. Post-intervention group consisted of 70 patients with mean DTC-time of 52 mins (SD=43.2, p-value 0.008), mean delay in CT-time of 29 mins (SD=41.99, p-value 0.01), and 37.1% (p-value 0.001) of CT-scans were done within 25mins.

RRF-77: Clinical Audit: Hypertension Management according to NICE Guidelines in Department of Emergency Medicine at Holy family Hospital, Rawalpindi

Dr. Shan Mubashar, Dr. Nayab Pervaiz, Dr. M Fahad Altaf, Dr. Ameer Naveed, Dr. Jafar Ali Shah

Introduction: Hypertension is high blood pressure more than >135/85 mm Hg. It is most common and preventable risk factor for CVD which accounts for 20% deaths worldwide. About 2/3 of people with hypertension are undiagnosed, untreated or under treated. While performing duties in ED at Holy Family hospital Rawalpindi, Pakistan many hypertensive patients were encountered. It was observed that the treatment patients were receiving was not always according to guidelines. It was decided to compare treatment being given with National Institute of Care Excellence (NICE) guidelines.

Materials & Methods: Data was collected through a questionnaire made from Baseline Assessment Tool & NICE guidelines' and Visual Summary. Interventions was done in the form of presentations, posters and digital visual guidelines. Results were interpreted before and after intervention, re-audit was done.

Results: A total of 100 randomly selected hypertensive patients were selected before(pre) and an additional 100 were selected after(post) interventions and variables were compared. Variables (Pre%/Post%) – Both Arms (2%/12%), Smoke Cessation (35%/64%), Workup (41%/59%), Record Keeping (22%/33%). The intervention of variables showed an improvement significantly low as low as p-value 0.01.

Conclusion: First-line therapy for hypertension is lifestyle modification, ie. cessation of smoking. First-line drug therapy for hypertension consists of thiazide like diuretic, angiotensin-converting enzyme inhibitor, angiotensin receptor blocker, or a calcium channel blocker. The dosage of drugs should be titrated according to SBP/DBP levels to achieve an SBP/DBP target closer to 130/80 mm Hg. The failure in initial data meeting the guidelines showed there was room for improvement of health care professionals as a team. Doing so we aim for improving clinical practice to ensure better patient outcome.



RRF-78: Comparison of Graft Uptake by Underlay and Overlay Technique in Myringoplasty

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Objective: The objective of this study was to compare the effectiveness of graft uptake by underlay and overlay technique in patients undergoing myringoplasty

Design of the Study: It was a randomized controlled trial

Study Settings: Research was conducted at Department of Otorhinolaryngology and Head and Neck surgery Holy Family Hospital, Rawalpindi from January 2021 to June 2021.

Material and Methods: In this study, 80 patients underwent myringoplasty for tympanic perforation who were randomly divided into two groups. Patients ranged in age from 20 to 40 years old. Those in Group A had an underlay myringoplasty, while those in Group B had an overlay procedure. One of the study's outcome variables was the procedure's effectiveness, which was observed and compared among groups.

Results of the Study: There were 1.2:1 men to women patients, with 44 (55.0%) men and 36 (45.0%) women. Patients who underwent underlay versus overlay myringoplasty had a considerably greater rate of hearing improvement (97.5 percent vs. 77.5 percent ; $p=0.007$) and a significantly lower rate of complications (5.0 percent vs. 32.5 percent ; $p=0.002$).

Conclusion: Underlay myringoplasty was found to be much more successful than overlay myringoplasty in 95.0 percent of patients compared to 57.5 percent of patients who received overlay myringoplasty.

Keywords: Underlay Myringoplasty, Overlay Myringoplasty, Tympanic Perforation, Graft,

RRF-79: Eyes as Windows: Ocular Manifestations Paving the Path to Sarcoidosis Diagnosis - A Case Report

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Introduction: Sarcoidosis, a multisystem disease of unknown cause, which is characterized by the formation of noncaseating granulomas, may involve any organ of the body, but the commonest sites of predilection are the lungs, lymph nodes, skin, and eyes. The prevalence of ocular involvement in systemic sarcoidosis ranges from 12%-76% with ocular involvement being the presenting symptom in 30-40%. The most common types of ocular involvement are uveitis and conjunctival nodules. There are several ocular findings suggestive of underlying sarcoidosis, such as granulomatous keratic precipitates, iris nodules, cells in the vitreous humor known as snowballs and snowbanks, and retinal periphlebitis. High suspicion is crucial for the diagnosis of sarcoidosis. Diagnosis of probable or presumed ocular sarcoidosis is made based on clinical features, laboratory findings and chest imaging results according to the IWOS (International Workshop on Ocular Sarcoidosis) criteria.

Case Presentation: We present here a 32 years old man who presented with complain of painless decrease in vision, more in right eye than left eye, since once week that was sudden in onset, associated with floaters of light. On examination, there was peripheral vasculitis, perivenous sheathing, candle wax drippings along inferior vascular arcade. Serum ACE level, Liver Function Test & Serum Calcium were above normal; while Quantiferon TB Gold test was negative. History, examination and investigations



were suggestive of ocular sarcoidosis. Diagnosis of probable ocular sarcoidosis was made and Oral Steroids along with Posterior Subtenon Triamcinalone Acedonite was given. Patient presented with drastic improvement in visual acuity.

Conclusion: The diagnosis of ocular sarcoidosis is essential for not only the ophthalmologist but also the rheumatologist and pulmonologist. Traditional laboratory, radiologic and pathologic findings are crucial and should be evaluated initially. Traditionally used systemic immunosuppressive agents should be considered as primary steroid sparing agents. In refractory cases, adalimumab is now a therapeutic option.

Key Words: Ocular Sarcoidosis, Uveitis, Mutton fat KPs, Auto-immune disease

RRF-80: A Rare Presentation of Triplegia Resulting from Penetrating Brain Trauma by a Hand-Held Dagger

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Introduction: Penetrating-brain-trauma (pTBI) is a major cause of neurological debility & death worldwide. While blunt neurosurgical injuries outnumber the mentioned, with advanced warfare, the dynamic is shifting. It carries a significantly worse prognosis with a mortality rate upto 92% reported. This penetrating subset is mostly seen due to High velocity projectiles such as missiles & firearms & low velocity injures with sharp objects such as knives & drills remain relatively rare reported mainly in small series of patients. The neurological outcome is varied & runs the gamut from disability to immediate mortality. Trilpegia is a neurological deficit that is mostly seen with medical causes. Occurrence after a low velocity brain injury with a knife is unlikely & never before been reported.

Case Presentation: A 25-year-old patient presented to ED with history of penetrating injury to his head two hours back via a dagger. On presentation, he was hemodynamically stable & GCS was 14/15. The dagger was embedded in right parietal region of the skull & he had triplegia in form of paraplegia & hemiplegia of contralateral upper limb. After imaging

via CT, he was operated with removal of foreign body & debridement of wound done. Per-op foreign body (knife) of approximate size 4*5 cm was found. The object penetrated right parietal lobe, extended across midline & damaged opposite medial side of motor strip. Post-op patient remained stable but with no recovery of motor function. At follow-up at 3 months, showed no progress & he is being treated conservatively.

Discussion: Unlike solid organ injuries whose extent can be graded & quantified to a degree, our experience implies that devising such algorithms for Ptbi would be an oversimplification. The trajectory of the object in such cases is varied & depth of penetration dictates clinical outcome.

Conclusion: Contrary to Blunt & high velocity pTBI , type inflicted as reported here is under-recognized & wanting of further literary deliberation. The microscopic trajectory of the injury rather than its magnitude is decisive in such presentations.

Keywords: Triplegia, penetrating brain trauma

RRF-81: The Comparison of Outcome of Ventriculoperitoneal Shunts (VP) vs. Endoscopic Third Ventriculostomy (ETV) in Patients with Idiopathic Normal Pressure Hydrocephalus

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Introduction: Idiopathic Normal-pressure-hydrocephalus (iNPH) is a common neurological disorder of the elderly which mostly underdiagnosed but is surgically curable. This study aims to compare functional outcomes in terms of INPGHS score and overall improvement in patients of iNPH treated with ETV vs. VP shunting. In the absence of an established gold standard, it will add to selection of better modality for afflicted patients.

Materials & Methods: A Randomized control trial was conducted for 6 months at the Department of Neurosurgery, Rawalpindi Medical University and Allied Hospitals, Rawalpindi. 62 patients (31 in each group) were enrolled & allocated into two groups. In group A patients ETV was done and in group B VP



shunting. Post-operatively, Patients were followed up for 1 month.

Results: The mean age of the patients in the ETV & VP shunting groups was 63.19 ± 6.95 & 63 ± 6.82 years respectively. Males were 64.5% (n = 20) in both groups. Improvement was noted in 9 (29%) patients in the ETV group & 15 (48.4%) patients in the latter group (p-value = 0.118).

Conclusion: Ventriculoperitoneal shunts are superior to endoscopic third ventriculostomy in terms of functional neurological outcomes and improvement in symptoms.

Keywords: Endoscopic Third Ventriculostomy, Ventriculoperitoneal Shunt, Idiopathic Normal Pressure Hydrocephalus Grading Scale (iNPHGS), Aqueductal CSF Stroke Volume (ACSV).

RRF-82: QIP: Health Promotion And Safety Netting, According To WHO Guidelines, Given To Acute Gastroenteritis Patients Presenting To Emergency Department Of Holy Family Hospital, Rawalpindi.

Zainab Anwar
Holy Family Hospital

INTRODUCTION: Comprehensive health promotion regarding Acute Gastroenteritis can have a significant impact on decreasing the spread of this prevalent endemic along with providing safety netting to the masses. This study aims to evaluate whether gastroenteritis patients in ED are given adequate health awareness according to WHO guidelines.

METHODOLOGY: The provision of health awareness to patients retained in ED was evaluated in May 2023. Quality improvement interventions were implemented, including workshops with staff working in ED, along with posters and pamphlets outlining health education. Post-interventional data collection was done in June 2023 and inferential analysis were conducted.

RESULTS: The pre-interventional data comprising 259 subjects revealed that only 28.5% were given awareness, whereas 71.4% remained ignorant. In contrast, post-interventional analysis revealed a staggering incline in informed patients, amounting to 84.3% while the percentage of uninformed patients dropped to 15.7%. A Chi-square test revealed the improvement to be significant, proving the interventions effective.

REAUDIT: Reaudits performed in September 2023 exhibited a significant decline in educated patients, showing only 26.6%. Of a total 124 patients were supplied with awareness, whereas, the remaining 73.4% were missed. Factors responsible for the negative results were explored and quality improvement measures were designed and incorporated. Consequently, post-intervention, amongst a total of 102 patients, the percentage of educated patients soared to 98% while the uneducated portion plummeted to less than 3%.

CONCLUSION: The propagation of adequate health education plays a pivotal role in decreasing morbidity, mortality and spread of acute gastroenteritis. Continuous monitoring and repeated interventions are required to enforce effective health awareness.

KEYWORDS: Acute gastroenteritis, Diarrhea, health promotion, Safety Netting.

RRF-83: Role Of Preoperative Neutrophil To Lymphocyte Ratio And Platelet To Lymphocyte Ratio In Diagnosis Of Cholecystitis
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Introduction: Acute cholecystitis, one of the most common gastrointestinal diseases, affects up to 10% of the population in the West. Inflammation in the biliary system develops due to obstruction of the bile duct by gallstones. To predict the disease prognosis certain preoperative predictive factors such as Neutrophil-to-lymphocyte ratio (NLR) and Platelet to lymphocyte ratio (PLR) have received great interest. The aim of this study is to determine diagnostic accuracy of preoperative predictivity of neutrophil-to-lymphocyte ratio and platelets-to-lymphocyte ratio in diagnosing acute cholecystitis.

Materials and Methods: This cross sectional validation study was carried out in department of surgery, Benazir Bhutto Hospital, Rawalpindi, Pakistan from 2021-2023. A total of 200 patient with Cholecystitis were evaluated and their preoperative NLR and PLR was assessed to determine their accuracy in diagnosis correctly the acute cholecystitis. Optimal cutoff values of the NLR and PLR were calculated by the receiver operating curve analysis (ROC). Statistical analysis was carried out by using SPSS.v.26 and P-value of less than 0.05 was taken significant.



Results: The mean age of the patients in our study was 37.3, with 170 (85%) female and 30 (15%) male. The NLR cut-off value of 5.5 was found predictive of diagnosing severe cholecystitis with 69.5% sensitivity and 72.0% specificity, 78.2% PPV and 79.2% NPV, similar, PLR sensitivity and specificity was 63.8% and 65.2%, 72.3% PPV and 73.1% NPV respectively with cut-off value of 147. The diagnostic accuracy of NLR was 76.4% and PLR was 71.2% respectively.

Conclusion: The diagnostic accuracy of NLR was found better in correctly diagnosing the cases of acute cholecystitis as compared to PLR, with cut-off value of 5.5 for NLR and 147 for PLR on ROC curve.

Keywords: Neutrophil-to-Lymphocyte ratio, Platelets-to-lymphocyte ratio, Acute Cholecystitis, diagnostic accuracy.

RRF-84: Frontalis Sling for Lid Ptosis Surgery: A Comprehensive Approach with Case Study and Cautions

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Introduction: Frontalis sling surgery is a well-established procedure for the correction of severe ptosis, particularly in cases with poor levator function. The procedure involves attaching a sling material to the tarsal plate of the ptotic eyelid and passing it through the orbital septum to secure it to the frontalis muscle, thereby utilizing the frontalis muscle's lifting power to elevate the eyelid. This presentation will discuss the indications, technique, and potential complications of frontalis sling surgery, and will present a case study illustrating its successful application.

Case: A 3-year-old patient presented with severe unilateral ptosis of the right upper eyelid, causing diplopia. She had multiple surgeries for ptosis repair, including levator resection and plication, but the ptosis had recurred. Levator function was measured at 1 mm on palpebral excursion, indicating poor muscle function. A frontalis sling procedure using autologous fascia lata graft was performed. The sling was attached to the tarsal plate and passed through the orbital septum to secure it to the frontalis muscle. Postoperative follow-up revealed significant

improvement in eyelid height and symmetry, with a palpebral excursion of 12 mm.

Methods: A retrospective analysis was conducted on a case study involving a patient with congenital ptosis. The frontalis sling procedure was performed under local anesthesia, involving the creation of a sling using autologous fascia lata. A detailed examination of pre-operative and post-operative outcomes, including eyelid position, symmetry, and patient satisfaction, was undertaken.

Results: The case study demonstrated significant improvement in eyelid elevation and symmetry post-frontalis sling surgery. The patient reported enhanced visual field and aesthetic satisfaction. The procedure effectively harnessed the frontalis muscle's dynamic properties to achieve a natural-looking eyelid position.

Cautions: Frontalis sling surgery is a relatively safe and effective procedure for the correction of severe ptosis. However, following are cautionary measures:

a. Individualized Patient Assessment: The importance of individualized patient evaluation cannot be overstated. Factors such as brow position, orbicularis function, and levator function must be thoroughly assessed to determine the most suitable candidates for frontalis sling surgery.

b. Sling Material Selection: The choice of sling material plays a pivotal role in the success of the procedure. Caution must be exercised in selecting appropriate materials, considering factors like tensile strength, biocompatibility, and long-term durability.

RRF-85 Comparison of the mean duration of wound healing in minced graft dressing versus traditional paraffin gauze dressing at donor site after split thickness skin grafting in burn patients

DR. MUHAMMAD AUSAF SALEEM

Holy Family Hospital

Introduction: Burn injury is a common cause of morbidity and mortality. Survival after burns is attributed to a better understanding of when to transfer to burn centers, resuscitation protocols, and early excision and grafting. Split thickness skin grafting has been used by plastic surgeons to manage open wounds. After harvesting the skin graft, there is a wound on the donor site, which heals after some time by regeneration of epithelium



Objective: To compare the mean duration of wound healing in minced graft dressing versus traditional paraffin gauze dressing at donor site after split thickness skin grafting in burn patients

Material & Method

Study Design: Comparative interventional study

Setting: Burn Center, Plastic and Reconstructive Surgery Holy Family Hospital Rawalpindi

Duration: 06 months i.e. 30-9-2021 to 30-3-2022

Data Collection: After meeting the inclusion and exclusion criteria 60 patients were enrolled. Then patients were randomly divided into two groups, one group was treated with minced grafting and other with conventional method. Wound healing was assessed clinically by a Plastic Surgeon by direct examination of the wound, as visual evaluation is a common and reliable method. The donor site was considered healed if it had a continuous cover of epidermis. Duration of wound healing was measured by calculating the number of days in which the dressing becomes loose due to epithelization, and was compared with the other group to compare the number of days.

Results: The mean age of the patients was 28.31 ± 13.31 years, 35(58.33%) patients were male. In this study in the minced graft group the mean healing days of the patients was 9.27 ± 1.62 days and in paraffin dressing group the mean healing days of the patients was 11.00 ± 2.084 days (p -value <0.05).

Conclusion: From the findings of this study we may concluded that minced grafting of donor site is superior to traditional paraffin gauze dressing of donor site, in terms of early wound healing

Keywords: Minced Grafting, Paraffin Gauze Dressing, Wound healing

RRF-87: Comparison of frequency of excellent surgery field clearance between 10-and 25-minute delay incision after surgical site infiltration in patients undergoing excision and reconstruction of head and neck skin tumors

Dr Roumaysa, Dr Nazia

Holy Family Hospital

Introduction: Malignant skin conditions are the most prevalent kind of cancer, accounting for more than half of all newly diagnosed instances of the disease. Excision and reconstruction of skin tumors of head and neck region is challenging and has multiple implications because, beyond the achievement of functional restoration, the surgeon must strive to provide an aesthetic outcome.

OBJECTIVE: Comparison of frequency of excellent surgery field clearance between 10 and 25 minutes delay incision after surgical site infiltration in patients undergoing for excision and reconstruction of head and neck skin tumors

STUDY DESIGN:

- Randomized Control Trial

SETTING:

- Burn Centre, Plastic and reconstructive surgery, Holy

Family Hospital, Rawalpindi

DURATION OF STUDY:

- 6 months after the approval of synopsis

From: 10/10/2022 to 10/04/2023

METHODOLOGY: All cases fulfilling the inclusion/exclusion criteria from the OPD were enrolled in the study. Patients were included in this study after taking informed consent. Patients were randomly divided into two groups based on computer generated random number table. In group A patients, after infiltration of local anesthesia, first incision was made at 10 minutes and in group B patients first incision was made at 25 minutes. After infiltration of surgical site time was noted by stopwatch. All the surgeries were performed by senior surgeon. Quality of surgical field clearance was assessed by surgeon according to operational definition.

RESULTS: In our study, comparison of the frequency of excellent surgery field clearance between 10 and 25 minutes delay

incision after surgical site infiltration in patients undergoing for excision and reconstruction of head and neck skin tumors shows that 45(90%) in Group A and 47(94%) in Group B had efficacy, p -value was 0.357.



RRF-88: An Audit of Door to CT Scan Time in Patients of Acute Stroke in Emergency Department of Holy Family Hospital, Rawalpindi

Dr. Falaq Iqbal, Dr. Bakhtawar Mir, Dr. Saad Asif, Dr. Waqas Ahmed (Neurologist), Dr. Tauqeer Javaid, Dr. Muhammad Sarmad Shahab, Dr. Usman Qureshi, Dr. Aimen Malik

Introduction: Timely administration of IV thrombolysis in ischemic stroke lowers morbidity and a CT scan is crucial to exclude hemorrhagic stroke. According to American Stroke Association (ASA) Guidelines, a CT scan must be performed within 25 minutes of a patient's presentation in the emergency department. The purpose of this audit was to evaluate and improve door-to-CT scan (DTC) time of acute stroke patients at Holy Family Hospital.

Materials and Methods: DTC time was our quality indicator derived from American Stroke Association Guidelines. DTC time was obtained from our hospital's acute stroke patients' computer records over one week period. Four simple quality improvement interventions were implemented including call notification, prioritizing patients for CT scan, education of hospital staff, and availability of pre-signed CT Scan forms. Data was acquired again after intervention. Means were compared of pre- and post-intervention groups to calculate the p value.

Result: Pre-intervention group comprised of 62 acute stroke patients with mean DTC time of 85 mins (SD 78.8), mean delay in CT time of 60 mins (SD 78.2), and only 8.1% CT scans were done within ideal time. In contrast, post-intervention group consisted of 70 patients with mean DTC time of 52 mins (SD 43.2, p value 0.004), mean delay in CT time of 29 mins (SD 41.99, p value 0.006), and 37.1% (p value 0.001) of CT scans were done within 25mins.

Conclusion: Our study enabled us to suggest that departmental level surveillance and medical professionals' awareness of the ASA guidelines can reduce DTC time significantly. To improve acute stroke patient outcome, lower rates of morbidity and mortality, and harmonize healthcare across national boundaries, these interventions can be implemented in other hospitals.

Keywords: ASA Guidelines, Stroke, DTC time, Clinical Audit

c. **Surgical Technique:** Precise surgical technique is paramount to achieving satisfactory outcomes. Surgeons must exercise caution in adjusting sling tension, ensuring symmetrical placement, and avoiding excessive manipulation of tissues to prevent complications like overcorrection or asymmetry.

d. **Postoperative Monitoring and Management:** Adequate postoperative monitoring is crucial for identifying and addressing complications promptly. Patients should be educated about potential issues, and postoperative care should include regular follow-ups to address any concerns promptly.

Conclusion: Frontalis sling surgery is a valuable tool in the armamentarium of oculoplastic surgeons for the management of severe ptosis. This procedure provides a reliable method of restoring eyelid height and function in patients with poor levator muscle function. When performed with care and attention to detail, frontalis sling surgery can achieve excellent cosmetic and functional results.

Keywords: Frontalis Sling, Ptosis Correction, Eyelid Surgery, Oculoplasty, Functional Outcomes, Patient Satisfaction.

RRF-86: Coverage Of Exposed Tibia In High Velocity Injuries: A Case Report

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Introduction: Lower extremity trauma is often seen in the setting of polytrauma. Appropriate trauma management is vital in these patients. The management includes stabilizing the patient, managing vascular and bony injuries and then after stabilization, definitive treatment of exposed tibia is done. The goal of reconstruction is to achieve soft tissue coverage to aid the skeletal reconstruction replacing "like with like" when possible. When tibia is exposed, different parts of the leg have different coverage options. In this case, upper and middle tibia were covered by gastrocnemius and hemisoleus flaps. The objective of presenting this case is that provision of definitive coverage to exposed tibia can prevent complications and amputations.



Case: A 25-year-old male, presented with history of high velocity injury to right lower limb with exposed tibia in upper and middle thirds of leg. After initial management and stabilization of patient, definitive coverage with medial gastrocnemius and hemisoleus flap was done to cover the exposed tibia. Split thickness skin graft was placed over the flaps to provide the skin coverage

Methods: A retrospective analysis was conducted on a case involving a patient with exposed tibia after high velocity injury. Medial gastrocnemius and hemisoleus flaps with STSG were done. Flap monitoring was done post-operatively and patient remained on bed rest with limb elevation for 3 weeks. Assessment of post-operative outcomes including function preservation, bone coverage, aesthetics and patient satisfaction was done on follow-up. Patient remained non-weight bearing on that limb until cleared by the orthopedic department.

Results: The case study demonstrated successful limb salvage along with significant improvement in limb function, aesthetics and patient satisfaction.

Conclusion: Flap coverage of exposed tibia in high velocity injuries is an effective method to reduce patient morbidity.

Keywords: flap coverage, exposed tibia, high velocity injuries, split thickness skin graft, patient satisfaction, functional outcomes.

RRF-87: Comparison of frequency of excellent surgery field clearance between 10-and 25-minute delay incision after surgical site infiltration in patients undergoing excision and reconstruction of head and neck skin tumors

*Dr Roumaysa, Dr Nazia
Holy Family Hospital*

Introduction: Malignant skin conditions are the most prevalent kind of cancer, accounting for more than half of all newly diagnosed instances of the disease. Excision and reconstruction of skin tumors of head and neck region is challenging and has multiple implications because, beyond the achievement of functional restoration, the surgeon must strive to provide an aesthetic outcome.

OBJECTIVE: Comparison of frequency of excellent surgery field clearance between 10 and 25 minutes delay incision after surgical site infiltration in

patients undergoing for excision and reconstruction of head and neck skin tumors

STUDY DESIGN:

- Randomized Control Trial

SETTING:

- Burn Centre, Plastic and reconstructive surgery, Holy Family Hospital, Rawalpindi

DURATION OF STUDY:

- 6 months after the approval of synopsis
From: 10/10/2022 to 10/04/2023

METHODOLOGY: All cases fulfilling the inclusion/exclusion criteria from the OPD were enrolled in the study. Patients were included in this study after taking informed consent. Patients were randomly divided into two groups based on computer generated random number table. In group A patients, after infiltration of local anesthesia, first incision was made at 10 minutes and in group B patients first incision was made at 25 minutes. After infiltration of surgical site time was noted by stopwatch. All the surgeries were performed by senior surgeon. Quality of surgical field clearance was assessed by surgeon according to operational definition.

RESULTS: In our study, comparison of the frequency of excellent surgery field clearance between 10 and 25 minutes delay incision after surgical site infiltration in patients undergoing for excision and reconstruction of head and neck skin tumors shows that 45(90%) in Group A and 47(94%) in Group B had efficacy, p-value was 0.357

CONCLUSION: We concluded that 25 minutes delay incision after surgical site infiltration is better than 10 minutes delay in patients undergoing for excision and reconstruction of head and neck skin tumors in terms of excellent surgical field clearance

KEYWORDS: Head and neck skin tumors, excision and reconstruction, surgery field clearance, 10 and 25 minutes delay incision



RRF-88: An Audit of Door to CT Scan Time in Patients of Acute Stroke in Emergency Department of Holy Family Hospital, Rawalpindi
Dr. Falaq Iqbal, Dr. Bakhtawar Mir, Dr. Saad Asif, Dr. Waqas Ahmed (Neurologist), Dr. Tauqeer Javaid, Dr. Muhammad Sarmad Shahab, Dr. Usman Qureshi, Dr. Aimen Malik

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Conclusion: Our study enabled us to suggest that departmental level surveillance and medical professionals' awareness of the ASA guidelines can reduce DTC time significantly. To improve acute stroke patient outcome, lower rates of morbidity and mortality, and harmonize healthcare across national boundaries, these interventions can be implemented in other hospitals.

Keywords: ASA Guidelines, Stroke, DTC time, Clinical Audit

RRF-89: Hemodynamic Comparison between modified saddle block and subarachnoid block for Transurethral Resection of Prostate
Waqas Anjum, Abeera Zareen, Faisal Siddique, Muhammad Haroon Anwar, Abdul Rehman

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Introduction: Spinal anesthesia is often the mode of anesthesia in transurethral resection of prostate (TURP) albeit with risk of hypotension. However, hemodynamic derangement is often less pronounced in saddle block. This study was conducted to compare the mean fall in Mean arterial Pressure (MAP) and Heart rate (HR) between modified saddle block and subarachnoid block for TURP.

Materials and Methods: In this randomized controlled trial 120 patients undergoing elective TURP were included and divided into two groups. Group A Patients received subarachnoid block and Group B received modified saddle block. Baseline hemodynamics were recorded before and then at 5 minutes after anesthesia. All the collected data was entered into SPSS version 22 and analyzed. Quantitative data like age, BMI, ASA-PS score, duration of surgery and baseline hemodynamics were presented as means and standard deviations. The fall of mean arterial pressure (MAP) & heart rate (HR) were compared among groups by independent t test and P value < 0.05 was considered as statistically significant.

Results: Mean fall in MAP was 8.98 ± 1.28 mmHg and 3.13 ± 0.68 mmHg ($p < 0.001$) in group A and B, respectively. Mean fall in HR was 7.17 ± 0.98 and 2.78 ± 0.59 ($p < 0.001$) in group A and group B, respectively.

Conclusion: Modified saddle block resulted in significantly decreased fall in MAP and HR as compared with subarachnoid block for TURP.

Keywords: Modified Saddle Block; Subarachnoid Block; Mean Arterial Pressure.

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RRF-90: INTEGRATION OF ALBI SCORE INTO BARCELONA CLINIC LIVER CANCER (BCLC) STAGING SYSTEM

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Introduction: Hepatocellular carcinoma presents a formidable management challenge. Currently number of clinically staging systems exists for HCC, the traditional one is BCLC staging system which accounts to Child PUGH scoring system, performance status test, tumor and its invasion. This staging system is widely used for staging and modulating treatment protocols. However newer research has now been shifting towards replacing ALBI grading system in place of CTP scoring system in BCLC grading system. The main arguments for replacing CTP score are: it includes subjective parameters, lengthy to administer and laboratory parameters including albumin, bilirubin prothrombin time cut off values are rather arbitrary. The ALBI grading system is a newly described index of liver dysfunction in HCC, based exclusively on albumin and bilirubin levels and now increasingly used in place of CP score. Previous research work shows it similar results between ALBI grading system and CP score in BCLC staging system. Research work on overall survival based on ALBI grading system also produced promising results. As this system is new, its effectiveness is yet to be established. No work on this ALBI staging system has been done in our setup. The aim of the study is to evaluate concordance between CP score and ALBI based BCLC grading system in patients with hepatocellular carcinoma. The study will assess effect of ALBI grading system on down or up staging of CP score based BCLC staging system. Which will be then available for clinical critical reviews. Treatment strategies will be followed based on traditional CP score based BCLC grading system. The ALBI grading system will be for research purpose and critical evaluation and in case of promising results in favor of ALBI grading system, this research can guide to further research work and can define role of ALBI based BCLC grading system in management of HCC patients.

Objective: A comparison of the newly created ALBI-based BCLC stage with the conventional CP stage for patients with HCC

Material and Methods:

This was a Single prospective study carried out at Centre for Liver and Digestive Diseases, Holy Family Hospital, Rawalpindi. A total of 93 HCC patients enrolled were recruited in the study by non-probability convenient sampling. The study comprised participants who met the inclusion criteria and were HCC patients of both sexes. The individuals' CP and ALBI scores were computed using a proforma that was especially created for the research. Data entry and analysis were done using IBM SPSS Statistics version 0.22.

Results: Our study involved 93 HCC patients in total, with 72% of the population being male. The average age of the sampled patients was 60, with a minimum age of 41 and a maximum age of 83. Most of the patients were suffering from multifactorial lesions (61%) and 50% population reported vascular invasion of tumor spread. Most of the patients (65%) reported no ascites presence and hepatic encephalopathy (84%). The main comorbidity patterns of HCC were chronic viral hepatitis C (95%) and chronic viral hepatitis B (3%). ECOG status of the most patients were 2 it means 45% patients were capable of all selfcare but unable to carry out any work activities. In present research 93 patients evaluated by BCLC/ALBI and BCLC/CTP. Cohen's κ was run to determine if there was agreement between ALBI and CTP scoring on BCLC staging of 93 patients. There was almost perfect agreement between these two scoring systems, $\kappa = 0.97$ ($p < .001$) showing that the results are 82-100% reliable. Integration of ALBI score into BCLC system improves the HCC staging system, this method is more precise, more accurate and convenient as compared to CTP.

Conclusion: According to the results, the recently created ALBI grading system provides a thorough evaluation of hepatic function and, because of its superior prognostic values, is an ideal replacement for the CTP score in the Barcelona Clinic Liver Cancer (BCLC) for HCC patients. The medical community, researchers, and research organizations might all benefit from these findings.

RRF-91: Effective treatment of solitary rectal ulcer by using Photobiomodulation therapy as an innovative modality: A case report

Muhammad Shafique, Sana Imtiaz, Tayyab Saeed Akhter, Hamama Tul Bushra, Dr Javeria Zahid Khan, Muhammad Saleem and Muhammad Umer



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Sciences, Nilore, Islamabad 45650, Pakistan.

Introduction: A solitary rectal ulcer Syndrome (SRUS) is a benign lesion in the rectal mucosa and can be associated with constipation, excessive staining during defecation, rectal prolapse, or anorectal dyssynergia. Clinical presentation of SRUS includes rectal bleeding, tenesmus, passage of mucus, and abdominal pain. Diagnosis is typically based on clinical presentation, endoscopic appearance, and histopathologic findings. Several treatment modalities have been proposed including lifestyle modification, topical anti-inflammatory agents, and biofeedback. However, none of the options proved to be promising.

Low-level laser therapy (LLLT) or Photobiomodulation (PBMT) can affect cytochrome c oxidase in the mitochondria as a primary signaling pathway, increasing the cellular energy molecule adenosine triphosphate (ATP), slowing down signals in sensory nerve fibers, and modulations of DNA and RNA synthesis. This Photobiomodulation helps manage pain and inflammation and accelerates tissue healing.

Case Report: We present the case of a 29-year-old, female who presented to us at the Centre for Liver and Digestive Diseases, Holy Family Hospital Rawalpindi, Pakistan with symptoms of copious mucus discharge along with on and off per rectal bleed for 2-3 years. She had a history of constipation since childhood with excessive straining during defecation. Detailed examination and colonoscopy revealed the presence of a single benign 0.57 cm ulcer at 12 cm from the anal verge confirmed as SURS on histopathology. Despite various therapeutic remedies patient was not symptom-free.

PBMT was employed by illuminating the rectal ulcer with red laser at 635 nm of 300 mW for 10 minutes delivering a fluence (dose) of 85 J/cm² and after seven sessions we observed excellent clinical improvement, along with healing of ulcer.

Conclusion: In the present case report, the solitary rectal ulcer syndrome of size 0.75 cm has been completely treated after seven treatment sessions with Photobiomodulation by employing a laser at 635 nm. By following a similar procedure, further controlled clinical studies are on the way at Holy Family Hospital, Rawalpindi to increase the number of patients for a comprehensive randomized study.

RA: 92: The Effect of Transmuscular Quadratus Lumborum Block on Post-operative Opioid Consumption in patients undergoing Percutaneous Nephrolithotomy

Dr. Huma Bashir

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Benazir Bhutto Hospital

Introduction: PCNL, used in the management of renal stones, despite being a minimally invasive procedure, causes significant post-operative pain in the initial 24 hours. Ultrasound guided TQLB is an effective method for post-operative analgesia.

Materials & Methods: A randomized controlled trial type of study design will be done at Department of Urology, Benazir Bhutto Hospital, Rawalpindi ranging 06 months from the date of approval of synopsis.

The target population will be the admitted patients in Urology ward (either by OPD or Emergency) with renal stones as per the operational definition. A sample of 60 patients will be obtained (30 in each group) and Non probability consecutive sampling will be used to get the sample. The sample will be divided into two groups i.e., Group QLB and the Control Group (Group C) by randomization using lottery method.

Inclusion Criteria will be patients of either gender having ages between 25-60 years and a physical status (American Society of Anesthesiology Class I, II and III).

Exclusion criteria will be allergy to local analgesics and opioids, known abuse of alcohol or medication, those with definite contraindication in terms of regional analgesia intervention (coagulopathy, bleeding diathesis, infection at intervention site), pregnancy and BMI > 35 kg/m².



Post-operative Nalbuphine IV consumption will be recorded at 0-2, 2-4, 4-6 and 6-8 hours. Opioid related side effects (PONV) will also be recorded. NRS score will be used to evaluate post-operative pain at 0, 2, 4, 6 and 8 hours at rest (lying down). All this study related data will be noted using a predefined proforma. Bias will be controlled by randomization. Data will be entered and analyzed using SPSS version 23.0. Descriptive statistics will be applied to calculate mean and standard deviation for the quantitative variables like age of the patients, BMI, NRS score and total dose of analgesic drug. Frequency and percentage will be calculated for the qualitative variables like ASA status and side effects. Chi square test will be applied to compare side effects in both the groups. Independent sample t-test will be applied to compare NRS scores and total dose of analgesic drug. P-value ≤ 0.05 will be considered significant. Confounders like age will be controlled by stratification by using post stratified independent sample T test.

Results: N/A

Conclusions: N/A

Key words: N/A

RRF-93: Efficacy of PALBI score to predict outcome of acute variceal bleeding in patients with Liver cirrhosis

Dr. Muhammad Mumtaz Resident Gastroenterology,
Prof. Dr. M. Umar, Prof. Dr. Bushra khaar, Associate
Prof. Dr. M. Tanveer

Holy Family Hospital

Introduction: Liver cirrhosis is a diffuse hepatic fibrosis with replacement of the normal liver architecture by nodules. Liver cirrhosis is an escalating public health concern and it exerts a substantial economic burden. Acute variceal bleeding is a major complication of liver cirrhosis with portal hypertension, leading to significant morbidity and mortality.

Objective: The aim of this study is to assess the efficacy of the PALBI score in determining the outcome of acute variceal bleeding in patients diagnosed with liver cirrhosis.

Methodology: It was a cross-sectional study conducted at the Gastroenterology Department of Holy Family Hospital, Rawalpindi. The sample size of 68 patients was determined using the World Health Organization (WHO) sample size calculator, with a significance level of 5% and a test power of 90%. The data was obtained by a structured questionnaire that encompassed socioeconomic, demographic information, clinical data as well as laboratory parameters. The Child-Turcotte-Pugh (CTP) score, the Model for End-Stage Liver Disease (MELD) score and the Platelet -Albumin-Bilirubin (PALBI) grades were calculated and assessed for re-bleeding and early mortality of patients. Ethical approval was taken from Ethical Review Board of Rawalpindi Medical University, Rawalpindi.

Results: A total of 68 patients presenting with variceal bleed were included in this study, with 43 (63.20%) were male and 25(36.80%) were female patients. With a mean age of 54.32 years. Child class A (41.20%), followed by Child class B (54.40%), and only (4.40%) patients had Child class C. MELD score analysis indicated that the majority of patients (91.20%) had MELD score less than 12, with a smaller proportion (8.80%) had MELD score between 12-20. None of the patients had MELD score greater than 20. Regarding PALBI grade, (10 patients) 14.70% were in PALBI Grade 1, (25) 36.80% in PALBI Grade 2, and (33) 48.50% in PALBI Grade 3. Correlation of PALBI GRADE with re-bleed and mortality showed that PALBI GRADE 1 exhibited zero in-hospital mortality rate, and none of the patients had re-bleed, neither was expired after a follow up of 2 weeks. Among 25 patients who were in PALBI GRADE 2, (1 patient) 4.00% died in-hospital stay and (24 patients) 96.00% discharged after recovery but (1 patient) 4.00% developed re-bleed within 2 weeks of follow up. PALBI GRADE 3 displayed a significantly higher in-hospital mortality rate, with (10 out of 33 patients in PALBI GRADE 3) 30.30% died during hospital stay, while (23) 69.70% of patients discharged after recovery, of those who discharged all of them re-bleed within 2 weeks of follow up . It indicates that higher the PALBI grade, higher the re-bleed and mortality rate of patients presented with acute variceal bleed. PALBI grades were significantly associated with both in-hospital mortality and rebleeding, as confirmed by chi-square tests ($p = 0.009$ and $p < .000$ respectively).



RRF-94: Comparison of intravenous Nalbuphine vs. dexmedetomidine for attenuation of hemodynamic stress to endotracheal intubation in General anesthesia

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Introduction: Manipulation of the airway during endotracheal intubation can cause stimulation of nociceptors particularly pharyngeal and tracheolaryngeal nociceptors causing hemodynamic stress response (HDSR), that can have a deleterious impact in patients with pre-existing comorbidities. The magnitude of HDSR depends upon various factors like the amount of force applied during visualization of the glottis and the degree of manipulation while passing ETT into the trachea. The response associated with intubation is increased circulatory catecholamine, heart rate, blood pressure, and increased oxygen demand by myocardium as well as dysrhythmias. The most potent response to intubation is observed transiently and the response is greatest one minute after intubation and can last for about 5-10 minutes. On average, intubation is associated with a 40-50% rise in baseline blood pressure and a 20% increase in heart rate due to epipharynx and laryngopharynx stimulation

Various techniques have been proposed so far to attenuate the post-intubation HDSR, the most important of these techniques is to increase the depth of anesthesia with premedication like Nalbuphine, fentanyl, Dexmedetomidine, beta-blockers, calcium channel blockers, and some time sodium nitroprusside [5]. According to a study by Mukherjee et al, nalbuphine was associated with a significant reduction of tachycardia, reducing the mean HR after 3 minutes of medication by 7.24% when compared with other opioids like fentanyl, and butorphanol [3]. According to a study by Bashir et al, Nalbuphine unlike other opioids for example, pentazocine or butorphanol, does not increase blood pressure and heart rate due to which nalbuphine is useful in providing attenuation response towards intubation by sedating the patients [6]. In the same study baseline heart rate of the patients was 83.04 ± 3.94 and post-intubation it becomes 95.76 ± 9.31 and in patients who received Nalbuphine the heart rate was reduced by 6.02 at 5 minutes of post intubation accounting to 89.74 ± 8.40 [6].

The hemodynamic attenuating effect of Dexmedetomidine has been demonstrated by many studies. Studies by Sulaiman S et al., Jain V et al., and Gandhi S et al have shown that Dexmedetomidine at the dose of 0.5-1.0 mic gram/kg diluted in 10ml normal saline given over a period of 10 minutes as a premedication, was found to attenuate the hemodynamic response significantly [7,8,9]. In a study by Jain V et al, the comparison of fentanyl and Dexmedetomidine was conducted that also showed that Dexmedetomidine was significantly found to be associated with a reduction of heart rate and blood pressure, but was also associated with bradycardia and hypotension [8]. According to a study by et al, the pre-intubation baseline HR was 80.40 ± 5.67 which became

- o Patients undergoing procedures with spinal or local anesthesia.
- o Patients with opioid addiction.
- o Patients having difficult airway MPS greater than 3.
- o Patients with a BMI greater than 40.

Randomization:

All patients falling under the inclusion criteria of the study will be divided into two prespecified groups and the group numbers will be assigned to each patient. The two groups formed will be named Group N (representing nalbuphine) and Group D (representing Dexmedetomidine) with 50 patients in each group. The patients will be randomly assigned to each group before surgery in a 1:1 ratio according to a randomization list using mixed block sizes. Evaluation of each of the patients will be done by the principal investigator of the study according to the inclusion and exclusion criteria of the study.

Group N: Patients receiving Nalbuphine at a dose of 0.2mg/Kg body weight intravenously 5 min before induction of general anesthesia will be included in this group.

Group D: Patients receiving Dexmedetomidine at a dose of 0.5µg/Kg body weight in 10ml normal saline given intravenously 10 min before induction of general anesthesia will be included in this group.

Results: The demographic profile in both groups were comparable. Statistically highly significant difference ($P < 0.05$) was seen in terms of heart



rate, systolic blood pressure, diastolic blood pressure between dexmedetomidine and nalbuphine groups after tracheal intubation till 5minute interval. The pressor response to laryngoscopy and intubation was effectively decreased by dexmedetomidine in the dose of 1 mcg/kg. Although, sedation score was more in nalbuphine group but, the difference was statistically non-significant ($p < 0.05$).

Conclusion: The study concluded that dexmedetomidine was more efficacious in attenuating haemodynamic pressor response during laryngoscopy and intubation compared to nalbuphine.

In terms of Receiver Operating Characteristic (ROC) curves, the analysis demonstrated that the PALBI grade had an excellent area under the curve (AUC) of 0.866 for predicting rebleeding and early mortality.

Discussion: The PALBI model was formulated by integrating platelet count with ALBI grade, aiming to enhance its prognostic capability in assessing the survival of patients with liver cirrhosis. It is a simple scoring system derived from three readily measurable and objective variables, and it predict the outcomes of patients with liver cirrhosis, surpassing the accuracy of CTP and MELD scores.

Conclusion: The study provides strong evidence that the PALBI score on admission is an effective prognostic indicator for patients with acute variceal bleeding and predicts rebleeding and early mortality. received Dexmedetomidine as a premedication showed attenuation of HR from 112 ± 5.8 to 92.87 ± 5.08 at 5 min post-intubation. The baseline SBP was 128.07 ± 7.90 which became 160.1 ± 6.08 1 min after intubation, however, that was controlled to 139.6 ± 4.94 due to Dexmedetomidine use [10].

This study aims to compare the effectiveness of Nalbuphine and Dexmedetomidine in terms of reducing the hemodynamic stress response after intubating the patient under general anesthesia. The uniqueness of this study is that it is the first study of this nature that will compare the effectiveness of these two drugs. After searching various databases, it was found to be the first study that will assess this comparison. In light of this fact, we would like to conduct this study at our setup to enlighten the scholar's knowledge and open a new horizon in this field of anesthesiology.

Materials and Methods:

Study design: Prospective Randomized Controlled Trial (single-blinded).

Study setting: Department of Anesthesia, Benazir Bhutto Hospital, Rawalpindi

Study duration: Six months after approval of synopsis by IRF, ERB, and BASAR.

Sample size: By power analysis and considering the P value at 0.05, 80% power of significance, and taking medium effect size f^2 of 0.1089 [1], a sample size of 90 was calculated, but considering any dropout that may arise in the study, we will take 100 patients as our final sample size with 50 patients in each group. N=100

Nalbuphine group= 50

Dexmedetomidine group= 50

Sampling Technique:

Non-Probability Consecutive Sampling.

Inclusion Criteria:

- o Patients giving valid informed consent.
- o Patients aged between 18-65 years.
- o Patients belonging to ASA Grade I and II.

Exclusion criteria:

- o Patients not giving valid consent.
- o Patients belonging to ASA Grade III and IV.

RRF-95: A rare case presentation of large cervical fibroid in an unmarried girl.

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INTRODUCTION: Liomyomas are the most common estrogen dependent benign tumors of the uterus,(ref. 1) cervical fibroids are mostly single and are subserous and interstitial in nature (ref.2)The incidence of leiomyoma in reproductive age is 20%. Only 2% of these arise from cervix. Cervical fibroids are classified depending upon their location as anterior, posterior, lateral and central. Large cervical fibroids generally present with pressure symptoms like urinary retention and constipation due to their closed proximity. (ref.4) There is increased risk of bladder and bowel injury along with risk of hysterectomy during surgery.



CASE REPORT: A 23 years old unmarried lady presented in gynecology OPD with complaint of heavy menstrual bleeding for 6 months. She had menarche at age of 13 since then she had regular cycles and average flow. For the last 6 months her menstrual cycle became irregular with heavy flow and passage of clots. Her hemoglobin dropped from 12 g/dl to 5 g/dl due to continuous bleeding. She experienced pain lower abdomen on and off and difficulty in voiding but no bowel symptoms. She took multiple treatments both hormonal and non-hormonal but got no symptomatic relieve.

She was admitted in gynae ward of HFH unit 1 for anemia correction along with making diagnosis and planning management. Her USG was done showing 10*12cm of cervical mass likely fibroid. Per speculum and vaginal examination not done due to her marital status. She was K/C of hypothyroidism well controlled on tab thyroxine with no other significant history.

Initial plan was made for total abdominal hysterectomy but considering her age and marital status her plan was reviewed by worthy Professor Dr. Tallat Farkhanda and her EUA was done in Oct 23. During procedure bilateral Medio-lateral episiotomy was given and using myomectomy screw her cervical fibroid was avulsed. Haemostasis secured at the base of pedicle.

CONCLUSION: Cervical fibroids are generally symptomatic and usually end up in total abdominal hysterectomy due to their difficult access during surgery. However, we can conserve fertility of young females by carefully selecting the procedure like this above mentioned case report.

RRF-97: A RARE CASE OF CERVICAL MOLAR PREGNANCY

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Introduction: Hydatidiform mole also known as gestational trophoblastic disease, can be benign or malignant.[1] Risk factors include maternal age, previous molar pregnancies, genetic factors, dietary

and socioeconomic factors[2,3]. The incidence of malignant transformation is higher in complete type (16%) than partial type (0.5%) [4, 5]. Ultrasound in the first trimester of pregnancy is important to assist diagnosis of hydatidiform mole. It presents as a snow storm or granular appearance[3]. Increase in beta-hCG level supports diagnosis of hydatidiform mole[1,3]. The preferred treatment is evacuation by suction & curettage. In choriocarcinoma, chemotherapy is the mainstay of treatment. We are presenting a rare case of cervical molar pregnancy/ choriocarcinoma presented in our clinical setting[2,5].

CASE REPORT: A 21 years old Para 0+2, married for 4 years, presented at 6 weeks gestation as a referred case of s/o ruptured ectopic pregnancy. Her past obstetric history, she had laparotomy 1.5yrs back for ectopic pregnancy and suction and evacuation for molar pregnancy 7 months back, followed by 8 doses of methotrexate. She had lost to follow up.

On presentation in Holy Family Hospital in current pregnancy, her BP: 90/50mmHg, HR : 108/min a febrile. Her abdominal examination revealed tense tender slightly distended abdomen. Ultrasound showed free fluid in POD. Emergency laparotomy was planned in view of haemoperitoneum and s/o ruptured ectopic pregnancy.

Emergency laparotomy f/b hysterectomy + B/L internal iliac ligation and packing was done. Abdomen opened via pfannensteil incision, as abdomen opened old clotted blood started oozing out. On removal of clots, massive fresh blood started coming from POD. On palpation, raw area felt at posterior surface of internal cervical Os. It bled massively that the patient collapsed on OT table. CPR done and double ionotropic support started. Incision extended to inverted T shape and hysterectomy was done with great difficulty. Bleeding at cervical area was not settled due to very fragile area on posterior aspect of internal cervical Os, isthmus and vaginal vault. Haemostasis secured with difficulty. 2 intraperitoneal drains placed and cavity was packed. 11 RCC, 6 PLT, 9 FFPs transfused per operatively. She was shifted to ICU on ventilatory support. She had re-laparotomy due to intraperitoneal bleed on 2nd post op day. She had burst abdomen post operative day 7. Vacuum dressing was applied but frank pus recovered. For which she had repair of burst abdomen. Post Op CT scan was done that shows; multiple rounded soft tissue density nodules in chest



that showed cannon ball appearance likely metastatic, suggesting Invasive Choriocarcinoma. Post Op chemotherapy was started after consultation with Noori Hospital. 5 doses of inj Methotrexate given. Patient remained on vent for 26 days. Unfortunately, patient collapsed and couldn't revive on 48th post operative day. Histopathology report confirmed invasive choriocarcinoma.

CONCLUSION: Cervical hydatidiform mole/choriocarcinoma is a rare case. The diagnosis of cervical hydatidiform mole is difficult and the appropriate early diagnosis greatly affects the patients' outcome[3]. If gestational trophoblastic disease persists after initial treatment, and has persistent elevated β -hCG levels, it is referred to as gestational trophoblastic neoplasia[6]. Regular follow up is mandatory to improve prognosis.

RRF-98: Case Report Of Leiomyosarcoma In A Young Unmarried Girl

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Introduction: Leiomyosarcoma of the uterus is an uncommon malignancy. It accounts for only 1%-2% of the uterine cancer. The annual incidence is only 0.64 per 100,000 women. Leiomyosarcoma can occur anywhere in the pelvic cavity including the cervix and urinary bladder. But it is more commonly developed in the uterus which was also seen in our case [1]. They are highly aggressive in nature and carry very poor prognosis. Most common presentation is abnormal vaginal bleeding (56%), palpable lower abdominal mass (54%) as well as pain (22%). It sometimes may resemble with the leiomyoma and often very difficult to distinguish between the two tumors before surgery [2]. It is very difficult to define the treatment modalities due to its diverse pathological presentations which often creates diagnostic dilemma.

Case history: Young unmarried 30 years old patient with no comorbidities admitted through OPD with complain of heavy menstrual bleeding from last 2 months. Age of menarche was 13 years. She took multiple treatments (hormonal and non-hormonal) from local practitioners but had no symptomatic relief. 1 month later she developed lower abdominal

pain and heaviness associated with anorexia abdominal distension and weight loss. No urinary and bowel complains. On abdominal examination uniformly distended abdomen, no visible veins and scar marks. A 30x12cm size mass, slightly tender and firm with irregular margins occupying lower abdomen palpated. Pelvic USG showed significantly enlarged and distended uterus containing echo mixed centrally cystic as well solid mass distorting cavity as well as uterine margins, extending from pelvis to hypogastrium and epigastrium (expected volume 2764ml) with internal vascularity with arterial Doppler waveform in multiple areas. Another large lesion extending in right adnexa, inseparable from afore mentioned lesion, no Doppler flow. CT abdomen pelvis shows enlarged uterus measuring 19x16x15 cm and a large heterogeneous soft tissue mass with internal cystic and necrotic areas and in homogeneous post contrast enhancement. It is occupying anterior uterine wall and displacing cavity posteriorly. No internal calcification or haemorrhage seen. A large multiseptated lesion occupying right lower abdomen arising from pelvis, likely right ovarian in origin showing thin enhancing walls and multiple thick enhancing internal septations.

TAH+BSO+ appendectomy + omentectomy done in August 2023.

On histopathology cystic mass measuring 24x10cm. Cut surface is solid and cystic. Histology type showed leiomyosarcomatous changes. Appendix, myometrium and omentum was involved.

Tumor was graded as 3A according to FIGO classification.

Conclusion: Presentations of leiomyosarcoma is highly uncommon and aggressive in young age. Due to fact that on ultrasound it can't be differentiated from other benign conditions it is usually diagnosed at advanced stage. Fertility conserving surgery is not an option and total abdominal hysterectomy was only definitive treatment.



RRF-101 Attitudes and behavioral barriers to breastfeeding practices among the professional mothers using IOWA scale, working at Rawalpindi Medical University (RMU)

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Introduction: Breastfeeding is the most effective way of ensuring infant's health and survival. Breastfeed is the most enriched source of nutrition for the infants. Despite all its advantages, the incidence and duration of breastfeeding is overall decreasing, more among professional mothers. Mothers in healthcare profession are deeply indulged in their daily duties and commitments and face many challenges to breastfeed their infants. Variations in attitudes and behavioral barriers to breastfeeding practices have been well-characterized among the general population but it is least talked-about regarding the professional mothers in our healthcare system.

Aims and objectives:

1. To determine the attitudes and behavioral barriers to breastfeeding among the professional mothers working at RMU.
2. To assess the effect of mode of delivery on breastfeeding.

Methodology: A cross-sectional study was conducted from October 2023 to November 2023. The study population was selected through non-probability convenience sampling. The sample size was calculated using WHO formula. A total of 77 students, house-officers, post-graduate residents, senior registrars, junior consultants, staff nurses and ward workers of any age group were included. A pre-designed questionnaire was used consisting of three sections including socio-demographics, attitudes and barriers to breastfeeding practices. Data were collected on google forms. Data analysis was done using SPSS-22.

Results: 'Lack of space for breastfeeding at workplace' was the most reported (77%) barrier to breastfeeding among study participants followed by 'feeling tired to breastfeed following long duty hours'

(58%). 58.4% of the patients reported difficulty in breastfeeding following LSCS as compared to SVD.

Conclusion: Professional mothers have equal right to breastfeed their infants and lack of appropriate space and insufficient time for breastfeeding at workplace are major hindrances to this.

RRF-103: Exploring Readiness Of Multigravida Women About Use Of Postpartum IUCD Attending Tertiary Care Hospital Of RMU

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Introduction: Pakistan is the sixth most populous country in the world with the highest fertility rate of 3.6 in South Asia . The incidence of maternal mortality and morbidity related to termination of unwanted pregnancy in Pakistan is rising. Post partum IUCD is the most ideal method for breast feeding mothers. Post partum IUCD can be used immediately within 48 hours in post partum period or with interval 12 months following delivery. We can use the data analysed in this study to educate women to alleviate their fears about using IUCDs in post partum period.

Objectives: The purpose of this study is to explore the factors causing hinderance in using IUCDs in post partum period.

Study design. Cross sectional study.

Study period: Six months after approval of synopsis from ethical review board.

Study setting: Teaching hospital of Rawalpindi medical university.

Study method: A structured proforma was designed including MR number, age ,education of husband and wife, address, socioeconomic status, parity, knowledge and usage of contraception, any side effects, counselling in antenatal, intrapartum, post partum period, reasons of reluctance of use of post partum IUCDs. Study was conducted after informed written consent of patients.

Sample size. Sample size was calculated by using WHO calculator by keeping in view confidence level



95%,margin of error 7.5% and population proportion 28.6%.

Inclusion criteria: All multigravida women(having more than 2 children) presenting in antenatal and post natal period attending teaching hospital of RMU.

Exclusion criteria: All primigravida and Para 1.

Data Analysis:Data was analyzed by using SPSS version 23.

Results: Only 57.69 % women had knowledge of PPIUCDs.17.31% did not use contraception in the past, only 3.85 % women used IUCDS.19.23 % women were counseled in ante natal period for using PPIUCDs while 48% were counseled in intrapartum and postpartum period for using IUCDs. The women were reluctant to use IUCDs because of various reasons , 11.54 % husband and 5.7% other family members did not give consent.

Key words: Post partum period,IUCD, multigravida

RRF-105: Knowledge, attitude and practice among OBGYN residents of twin cities about nutritional advice during antenatal care.

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Introduction: Nutrition is the fundamental pillar of human life. Inadequate nutrition during pregnancy has a negative impact on pregnant mother as well as short and long term consequences on newborn. By addressing educational gaps, fostering positive attitudes, and refining counseling skills, healthcare systems can enhance the quality of antenatal care and contribute to improved maternal and fetal health outcomes.

Aim and Objective: To evaluate the knowledge, attitudes, and practices of Obstetrics and Gynecology (OBGYN) residents in providing nutritional advice during antenatal care, aiming to improve maternal and fetal health outcomes

Study Design: A cross-sectional design will be employed to capture a snapshot of the knowledge, attitudes, and practices of OBGYN residents June 23-September 23.

Study Setting: Involving OBGYN residents in Rawalpindi and Islamabad.

Inclusion Criteria: OBGYN residents in various years of training.

Exclusion Criteria: Residents not actively involved in antenatal care rotations.

Data Collection: Administering structured questionnaires to assess knowledge levels regarding nutritional requirements during pregnancy.

Informed Consent: Ensuring informed consent from participating OBGYN residents, emphasizing voluntary participation and confidentiality.

Ethics Review Board Approval: Obtaining approval from the institutional ethics review board to ensure adherence to ethical standards.

Results: Of 62 participants 55% were 1st year, 29% 2nd year, 10 % 4th year residents.40% of whom see more than 40 pts in a month.79% of total participants were somewhat familiar with nutritional guidelines,63 % rated their knowledge just adequate,24 % adequate.According to 68% participants the major barrier is patients compliance.

Conclusion: Study participants perceived to have inadequate knowledge of nutritional requirements of antenatal patients,well aware of its significance, but had low confidence in their ability to address it.There should be specific educational activities in this context to fulfill the gap.

RRF-107: Pulse Oximeter Perfusion Index as an Early Indicator of Onset of Sympathectomy After Epidural Anaesthesia

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Objective: To establish a reliable indicator of epidural effectiveness, we compared the frequency of subjects achieving sympathectomy onset in patients undergoing lower limb surgeries under lumbar epidural anaesthesia in terms of changes in perfusion index (PI), mean arterial pressures (MAP), and toe temperature.

Methodology: This descriptive case series study was conducted at the Department of Anesthesiology, Holy Family Hospital, Rawalpindi from July 2018- January 2019. A total of 96 patients were included, all



of them received lumbar epidural catheters for lower limb surgeries and were given 10 ml of epidural bupivacaine 0.5% through the epidural catheter. Baseline values were recorded for PI in toe, MAP and temperature of toe. At 5, 10 and 20 minutes after epidural anaesthesia, these values were re-recorded. Data collection was completed before the start of surgery. Criteria for clinically evident

sympathectomy was defined beforehand. The frequency of subjects reaching these predefined targets were analyzed at said time intervals using Mc-Nemar test at each time interval.

Results: For PI 66/96, 88/96 and 96/96 of subjects in the study fulfilled the

criteria of achieving sympathectomy at 5, 10 and 20 minutes , respectively,

compared to 7/96 , 15/96 and 59/96 for MAP changes and 0/96, 29/96 and

45/96 for changes in temperature of toe.

Conclusion: As per this study, PI seemed to be a faster, clearer and a more

objective indicator of the onset of sympathectomy after epidural anaesthesia

than toe temperature or MAP.

Keywords: Pulse oximeter, Perfusion index, Epidural anaesthesia,

Sympathectomy.

RRF-102: Comparison of onset of labor in induction of labor with ICF followed by prostaglandin(E2) vs induction of labor with prostaglandin(E2) followed by ICF.

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Introduction: Induction of labor is a medical intervention performed to initiate the process of childbirth when it has not started spontaneously. Various medical or obstetric reasons may warrant the need for labor induction, such as post-term

pregnancy, medical conditions, or concerns about fetal well-being.

Induction of labor is a critical aspect of obstetric care, and various methods are employed to initiate the process. This study explores and compares two distinct approaches to induction—employing intracervical foley catheter followed by prostaglandin(E2) versus induction with prostaglandin(E2) followed by intracervical foley catheter.

Objective: The aim of this study is to compare the onset of labor and associated outcomes in patients undergoing these different labor induction protocols.

Materials and Methods: This comparative study was conducted at Holy Family Hospital Rawalpindi from April 2023 to September 2023 involving 100 pregnant patients requiring induction of labor. The participants were randomly assigned to two groups:

Group A underwent intracervical foley catheter insertion, left in place upto 6 hours, followed by prostaglandin(E2). In contrast, Group B received prostaglandin(E2) induction initially and subsequent intracervical foley catheter insertion after a predefined duration i.e 6 hours.

Pregnant women requiring labor induction with singleton pregnancies with cephalic presentation between Gestational age 37 to 41 weeks were included.

Onset of active labor, Duration of labor, mode of delivery, maternal and neonatal outcome noted in both groups.

Result: A total of 100 pregnant individuals participated in this study, with 50 in each group. In Group A, 90% of participants experienced the onset of active labor within 12 hours while in Group B, 78% of participants initiated active labor within the same time period($p=0.03$).

Mode of delivery demonstrated a significant difference ($p=0.02$).

Group B showed a higher rate of cesarean section (35%).

Group A exhibited a higher percentage of initiating labor within the specified time frame compared to the Group B.



Conclusion: In this study, Group A may offer a more efficient and reliable approach, with a higher percentage of onset of active labor within 12 hours. Additionally, Group A showed a lower rate of cesarean section, further supporting the potential advantages of the intracervical foley method in enhancing efficiency and reducing the likelihood of cesarean delivery.

RRF-104: Frequency of Obstetric Violence in a Tertiary Care Hospital

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Introduction: Although improvements in perinatal care have helped save many lives worldwide, reproductive health inequities remain rife and the alarming burden of obstetric violence is an urgent call to us all. Obstetric violence refers to harm inflicted during or in relation to pregnancy, childbearing, and post-partum period. Such violence can be both interpersonal and structural, arising from the actions of healthcare providers and also from broader political and economic arrangements

Obstetric violence is an ongoing public health concern due to its high prevalence rate in maternity care. It has been documented widely in maternal care that women experience a situation of mistreatment, disrespect, physical abuse, neglected care, verbal abuse, and non consented care and this has become alarming situation all over the world. Pregnant women fail to meet the professional standards and loss an autonomy and free decision making regarding their bodies and sexuality.

The burden is well recognized in most of the public sector health care facilities. Stress, depression, and anxiety happen due to dehumanizing treatment and may lead to general mistrust in health services even in experts who offer those services and therefore put psychological distance between pregnant women and care workers this may drive these women away from the formal health care system and give birth outside the system for next time.

Methodology: This was a descriptive study & data were collected from hospital BBH & HHF 300 patients analyzed on SPSS 21.

Results: Overall, 38% of women reported physical abuse while 24% reported verbal abuse at the hands of the healthcare providers. About 35% of women claimed that health care providers never asked for permission before doing any medical procedures and 20% of women claimed that doctors did not describe the purpose of examination while 36% of women said that health providers explained the purpose of medications all the time, additionally, about 14% were never given the choice to ask questions.

Conclusion: The study concluded that the majority of postnatal women perceived that they were getting sub-optimum maternity care. Some core aspects in the supportive care domain were missing.

RRF-105: Knowledge, attitude and practice among OBGYN residents of twin cities about nutritional advice during antenatal care

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Introduction: Nutrition is the fundamental pillar of human life. Inadequate nutrition during pregnancy has a negative impact on pregnant mother as well as short and long term consequences on newborn. By addressing educational gaps, fostering positive attitudes, and refining counseling skills, healthcare systems can enhance the quality of antenatal care and contribute to improved maternal and fetal health outcomes.

Aim and Objective: To evaluate the knowledge, attitudes, and practices of Obstetrics and Gynecology (OBGYN) residents in providing nutritional advice during antenatal care, aiming to improve maternal and fetal health outcomes

Study Design: A cross-sectional design will be employed to capture a snapshot of the knowledge, attitudes, and practices of OBGYN residents June 23-September 23.

Study Setting: Involving OBGYN residents in Rawalpindi and Islamabad.

Inclusion Criteria: OBGYN residents in various years of training.

Exclusion Criteria: Residents not actively involved in antenatal care rotations.

Data Collection: Administering structured questionnaires to assess knowledge levels regarding nutritional requirements during pregnancy.



Informed Consent: Ensuring informed consent from participating OBGYN residents, emphasizing voluntary participation and confidentiality.

Ethics Review Board Approval: Obtaining approval from the institutional ethics review board to ensure adherence to ethical standards.

Results: Of 62 participants 55% were 1st year, 29% 2nd year, 10 % 4th year residents.40% of whom see more than 40 pts in a month.79% of total participants were somewhat familiar with nutritional guidelines,63 % rated their knowledge just adequate,24 % adequate.According to 68% participants the major barrier is patients compliance.

Conclusion: Study participants perceived to have inadequate knowledge of nutritional requirements of antenatal patients,well aware of its significance, but had low confidence in their ability to address it.There should be specific educational activities in this context to fulfill the gap

RRF-106: Lymphedema treatment by vascularized lymph node transfer

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Introduction: Lymphedema is a condition characterized by the swelling of body parts, most commonly the arms or legs, due to the accumulation of lymphatic fluid. The lymphatic system plays a crucial role in maintaining fluid balance in the body and helps transport waste products and immune cells. Lymphedema occurs when there is a disruption or damage to the lymphatic system, leading to the impaired drainage of lymph fluid. The lower limb swelling leads to so much discomfort and misery in patients' life, which must be treated on urgent basis to give relieve to the patient.

PURPOSE/ OBJECTIVE: In patients with lymphedema of lower limb, we did a vascularized lymph node transfer from supraclavicular to ankle region by microsurgery technique. We choose this method as it is most effective, although difficult and need experts' hands to perform it with maximum improvement in results.

RESULTS: Patient have marked improvement in effected left leg after 1 year of surgery with a preoperative and postoperative measurements of below knee reduced from 49cm to 41.9 cm as compared to normal site measurement is 40cm. Above medial malleolus measurement reduced from

51cm to 30.5cm and compare to normal sire measurement is 30cm.

CONCLUSION: Our Preliminary results confirm significant importance of vascularized lymph node transfer is a batter approach of treatment to a patient with lymphedema.

Keywords: Lymphedema, Vascularized lymph node

RRF-107: Pulse Oximeter Perfusion Index as an Early Indicator of Onset of Sympathectomy After Epidural Anaesthesia

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Objective: To establish a reliable indicator of epidural effectiveness, we compared the frequency of subjects achieving sympathectomy onset in patients undergoing lower limb surgeries under lumbar epidural anaesthesia in terms of changes in perfusion index (PI), mean arterial pressures (MAP), and toe temperature.

Methodology: This descriptive case series study was conducted at the Department of Anesthesiology, Holy Family Hospital, Rawalpindi from July 2018- January 2019. A total of 96 patients were included, all of them received lumbar epidural catheters for lower limb surgeries and were given 10 ml of epidural bupivacaine 0.5% through the epidural catheter. Baseline values were recorded for PI in toe, MAP and temperature of toe. At 5, 10 and 20 minutes after epidural anaesthesia, these values were re-recorded. Data collection was completed before the start of surgery. *Criteria for clinically evident*

sympathectomy was defined beforehand. The frequency of subjects reaching these predefined targets were analyzed at said time intervals using Mc-Nemar test at each time interval.

Results: For PI 66/96, 88/96 and 96/96 of subjects in the study fulfilled the criteria of achieving sympathectomy at 5, 10 and 20 minutes , respectively, compared to 7/96 , 15/96 and 59/96 for MAP changes and 0/96, 29/96 and 45/96 for changes in temperature of toe.

Conclusion: As per this study, PI seemed to be a faster, clearer and a more objective indicator of the onset of sympathectomy after epidural anaesthesia than toe temperature or MAP.



Keywords: Pulse oximeter, Perfusion index, Epidural anaesthesia, Sympathectomy

RRF-108: Non-Invasive Parameters For Detection Of Esophageal Varices – A Single Centre Study From Pakistan

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Introduction: Development of esophageal varices is one of the major complications of liver cirrhosis. Repeated endoscopic examinations are expensive and unpleasant for the patients. This study was conducted to validate the use of platelet count / splenic diameter and right liver lobe diameter / serum albumin ratios in non-invasive prediction of presence of esophageal varices in patients with liver cirrhosis.

Materials and Methods: This cross-sectional study was conducted at Department of Medicine, Rawalpindi Teaching Hospital, Rawalpindi Medical University, Pakistan. 120 patients of both genders with liver cirrhosis who presented to Liver clinic between January 2022 and June 2022 were enrolled in the study. The information for each patient was collected through a specifically designed proforma. For each patient, laboratory tests, ultrasonography and endoscopic examination were performed within one week by a single investigator.

Results: Out of 120 patients, 56(46.67%) were males and 64(53.4%) were females. When platelet count /splenic diameter ratio was used as a non-invasive predictor for esophageal varices it showed sensitivity of 84.48%, specificity of 83.87%, positive predictive value of 88.13% and negative predictive value of 85.24%. While right liver lobe diameter/serum albumin ratio showed sensitivity of 77.58%, specificity of 80.64%, positive predictive value of 87.71% and negative predictive value of 79.36%.

Conclusions: Non-invasive parameters especially platelet count/ splenic diameter ratio is useful in predicting the presence of esophageal varices in patients with liver cirrhosis. With its use in routine clinical practice the performance of endoscopy can be restricted only to those patients who have a high probability of having esophageal varices.

Keywords: Esophageal varices, liver cirrhosis, platelet count, serum albumin

RRF-109: Comparison of Efficacy of Decompressive Craniectomy with multidural stabs vs dural flap in acute subdural hematoma

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Introduction: Subdural hematomas are extracerebral, hyperdense, crescentic clusters of hematomas between the dura and parenchyma. When it is identified within 14 days of a severe brain injury, it was considered acute. In the adolescent cohort, MVAs neuroscience (motor device crashes) accounted for 56% of acute subdural hematomas, while falls accounted for only 12% of cases in the elderly. Over fifty percent of individuals with severe SDH experience intracranial damage, which have important prognostic ramifications. 18-51% of patients experience extra cranial traumas like face breaks, limb broken bones, thoracic as well as abdominal wounds. The precise thickness of the SDH was measured during radiological evaluation by taking CT scan images of the brain with a large window to separate the issues related to brain hemorrhage from the bone.

Subjects and Methods: This Randomized controlled trial (RCT) study compared the efficacy of Decompressive Craniectomy with Multidural Stabs vs Dural Flap in Acute Subdural Hematoma. In random sampling the sampling size was 60 patients 30 in each group between the ages of 10 and 80. This study was conducted by Department of Neurosurgery, Rawalpindi Medical University & allied hospitals. Surgical indicated case of ASDH, Traumatic ASDH and GCS >5 were included.

Results: Among 60 patients, comparison of the efficacy of Decompressive Craniectomy with Multidural Stabs vs Dural Flap in Acute Subdural Hematoma. Regarding the age of the patients in this study, the mean age of the patients in this study was found to be 54.57 ± 13.57 years. In this study, 38 (63.3%) had a higher percentage of male patients than female patients 22 (36.7%). group A multidural stab decompressive craniectomy revealed no mortality but group B decompressive craniectomy with dural flap showed only 3 patient deaths. mostly patients in this study were found to be 30 years old (13.33 %).



Conclusion: According to the results of our research, decompressive craniectomy using the multi-dural stab technique for treating acute subdural hematomas has superior results and a lower mortality rate (applying GOS and GCS) than decompressive craniectomy using the Dural Flap procedure.

Keywords: ASDH (acute subdural hematoma), Gcs Glasgow Coma Scale, GOS (Glasgow outcome scale)

RRF-110: The Comparison Of Outcomes After Evacuation Of Traumatic Intracerebral Hemorrhage Versus Spontaneous Intracerebral Hemorrhage

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Introduction: Traumatic Intracerebral hemorrhage and spontaneous Intracerebral hemorrhage are two common entities presented on neurosurgical floor. Background causes for these remain different on the face of nearly similar radiological picture. Spontaneous Intracerebral hemorrhage is relatively common in elderly and happens due to atraumatic causes while traumatic Intracerebral hemorrhage covers all age groups with maximum bulk covered by young population.

Materials & Methods: A prospective comparative trial was conducted for 6 months at the Department of Neurosurgery, Rawalpindi Medical University and Allied Hospitals, Rawalpindi. 46 patients (23 in each group) were enrolled & allocated into two groups. In group A TICH was operated and in group B SICH was proceeded. Post-operatively, Patients were followed up for 1 month. Outcomes were assessed on the basis of GOS.

Results: The mean GOS in group A (TICH) was $3.48 \pm .79$ at 24 hours and GOS at 1 month was 3.65 ± 1.33 , which was favourable compared to group B (SICH) where the mean GOS at 24 hours was $3.04 \pm .64$ and GOS at 1 month was 2.43 ± 1.56 .

Conclusion: TICH has better prognosis than SICH post-operatively and it depends upon the GCS at presentation too which is fared better in TICH.

Keywords: TICH, SICH, GOS, GCS.

RRF-111: Conjunctivitis And Sacroiliitis As Presenting Features Of Granulomatosis With Polyangiitis – A Case Report

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CASE PRESENTATION: A man in his 40s presented to the outpatient department with history of undocumented fever, back ache, and pain at multiple joints for the past 8 months, frontal headache, redness of both eyes, intermittent epistaxis, nasal crusting, and loss of vision for the past 2 months and sudden-onset of productive cough and frank hemoptysis for the past 3 days. Patient's comorbidities included diabetes, hypertension, and chronic hepatitis C.

Patient stated that back ache involved the entire spine, and he experienced right elbow, and bilateral knee pain. This was associated with morning stiffness and restricted mobility at the affected joints. Pain was partially relieved with painkillers. Patient then also started complaining of headache, gradually worsening in intensity, and swelling and redness of both eyes, photophobia followed by sudden loss of vision. Patient also complained of intermittent episodes of epistaxis, nasal stuffiness, and crusting. For the past 3 days, patient had been experiencing with worsening productive cough and multiple episodes of frank hemoptysis.

These symptoms were also associated with intermittent fever, undocumented, associated with rigors and chills. Patient also complained of vertigo, nausea and vomiting, documented weight loss (5 kg in 2 months). The patient did not have bowel or urinary complaints.

On examination, patient was unable to open his eyes without experiencing pain. Bilateral conjunctival injection was noted with periorbital puffiness. Patient's visual acuity was poor and he was only able to differentiate between light and dark. Bilateral grape-like growths were seen protruding from nostrils and hypertrophy of turbinates and nasal crusting on speculum examination. Mobility was restricted at right elbow joint and bilateral knee joints were tender; however, no swelling, warmth, or erythema was noted. Patient's mobility was restricted on anterior and lateral flexion at the lumbosacral spine. Schober's test was positive. On auscultation, bilateral coarse crepitations in mid and lower lung



fields with decreased basal air entry bilaterally. Rest of systemic examination was unremarkable.

INVESTIGATIONS: Baseline investigations were within normal limits; however, urine routine examination showed 2+ proteinuria. C-reactive protein and erythrocyte sedimentation rate were elevated to 34 mg/dl and 40 mm/hr. Rheumatoid factor was positive. Chest x-ray showed bilateral basal ground-glass haziness. Ultrasound abdomen and pelvis was normal. TB work-up was negative. Slit-lamp examination of the eye showed scleritis, with circumciliary injection and corneal edema and bullae. Intraocular pressure was 40 mmHg on right side and 46 mmHg on left side. Pupils were mid-dilated. Serum anti proteinase (c-ANCA) level was elevated to >100 U/ml. High-resolution computed tomography scan showed thick-walled cavity in lateral basal segment of left lower lobe, patchy consolidation with air bronchograms in lingula, anterior basal segment of left lower lobe, and apical segment of right lower lobe, and ground glass shadowing in anterior segment of right upper lobe, apical, anterior, and lateral basal segments of bilateral lower lobes. Magnetic resonance imaging of spine showed sacroiliitis. On the basis of these findings, patient was finally diagnosed with GPA with ocular and pulmonary manifestations.

TREATMENT AND OUTCOME: In addition to high-dose corticosteroids, patient received 6 pulses of cyclophosphamide therapy along with 5 sessions of plasmapheresis for alveolar hemorrhage. However, patient's hemoptysis persisted. Therefore, he was administered rituximab at the dose of 375 mg/m² weekly for 4 weeks. After this, patient's hemoptysis was controlled along with gradual improvement in visual acuity over the course of the treatment.

RRF-112: Prevalence Of Perceived Stress In Chronic Obstructive Pulmonary Disease Patients

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Introduction: Chronic Obstructive Pulmonary Disease affects 210 million people worldwide. Besides causing physiological disruption, COPD also affects an individual's psychological well-being. These psychological comorbidities influence COPD management and reduce the impact of smoking cessation programs. The psychological well-being of COPD patients is often overlooked.

Objective: To determine the prevalence of perceived stress among Chronic Obstructive Pulmonary Disease patients.

Methodology: This cross-sectional study was conducted at the Department of Medicine, Teaching Hospital Rawalpindi from Dec 2021 to May 2022, for a period of six months. Hundred Patients with Chronic Obstructive Pulmonary Disease were included in the study using a convenient purposive sampling Technique. After getting informed consent, a 10-item perceived stress scale questionnaire was filled out by the study participants to assess stress levels among these COPD Patients.

Results: The mean age of the study participants was 53.88 + 10.82 years. The mean perceived stress scale score was 18.38 + 7.45. The mean stress score of female patients was 22.63 + 5.62 while the mean stress score of male patients was 17.85 + 7.5. Overall Among the study participants, 26% were suffering from low levels of stress, 59% were suffering from moderate levels of stress and 15% were suffering from higher levels of stress. Female patients have significantly higher stress scores as compared to male patients (p-value 0.04).

Conclusion: Chronic Obstructive Pulmonary Disease patients suffer from stress. Female gender is associated with significantly higher levels of stress.

Keywords: Chronic Obstructive Pulmonary Disease, Psychological well-being, Stress,

RRF-113: Effect of Thiamine and Ascorbic Acid in Patients Admitted with Septic Shock

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Introduction: Septic shock is highly morbid condition. Various adjunctive therapies along with antibiotics and vasopressor therapy are being investigated to reduce mortality.



Objectives: To determine the outcome of combination of thiamine and ascorbic acid in patients admitted with septic shock.

Study Design: Descriptive case series.

Setting: Department of Internal Medicine, DHQ Teaching Hospital, Rawalpindi

Duration: August 11, 2021 till February 10, 2022

Subjects: Patients aged 20 to 50 years of either gender admitted with septic shock were enrolled using non-probability consecutive sampling technique.

Methods: Study was conducted after approval of hospital ethical committee and written informed consent of patients. Demographic data was noted. Patients were given intravenous vitamin C, 1500 mg every six hours and intravenous thiamine 200 mg every 12 hours. Outcomes were noted. Data was entered and analyzed using SPSS 25.

Results: In our study 60 patients were enrolled with mean age of 51.4 ± 13.9 years. There were 55% males and 45% female patients. Mean duration of septic shock was 13.2 ± 5.7 hours. Most common diagnosis was pneumonia in 41.4% followed by urosepsis 18.4%, cellulitis in 11.9%, meningitis in 13% and peritonitis in 11.4% patients. Vasopressor suspension within 48 hours was present in 60% patients, duration of vasopressor less than 24 hours was present in 36% patients and mortality was present in 28% patients.

Conclusion: Combination of thiamine and ascorbic acid is effective in reducing vasopressor requirement in septic shock patients.

Keywords: Septic shock, vasopressor therapy, Ascorbic acid, Thiamine.

RRF-114: Infective Agents In Diabetic Foot Ulcers And Their Sensitivity Patterns

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Introduction: In an era of increasing microbial resistance, targeted antimicrobial therapy for the treatment of diabetic foot ulcers has become crucial.

Aims and Objectives: The present study was undertaken to determine the microbiology and the current antimicrobial sensitivity pattern of the bacteria isolated from the patients with infected diabetic foot ulcers presenting to our hospital.

Materials and Methods: Patients presenting with diabetic foot ulcer in the emergency or the out-patient departments, who were not on any empirical antibiotic therapy prior to the onset of symptoms, were included in the study. Non-probability consecutive sampling technique was used. The sample was collected, preferably, from the expressed pus. Both aerobic and anaerobic organisms were identified. Data was analyzed using the statistical package for social sciences (SPSS version 23). Mean and standard deviation were calculated for the continuous variables. For the categorical variables, frequency was calculated. P-value < 0.05 was considered statistically significant.

Results: One hundred patients were included in the study, out of which 80 (80%) were men (mean age 60.8 ± 12.7 years) and 20 (20%) were women (mean age 58.4 ± 11.3 years). Most commonly isolated organism was *Staphylococcus aureus* (57.4%), followed by *Klebsiella pneumoniae* (15.49%), and *Pseudomonas aeruginosa* (9.85%). *Staphylococcus aureus* was the most resistant organism among all the isolates (Table). Culture reports for 35% of the patients showed no growth. Out of 71 positive culture reports, in 70 cases aerobic organisms were isolated while only one had an anaerobic causative organism.

Conclusion: The problem of widespread antibiotic resistance and polymicrobial infections makes the formulation of an adequate antibiotic regimen for the treatment of diabetic foot ulcers difficult. Therefore, proper administration of antibiotics according to the isolated organisms is warranted to ensure complete recovery.

Keywords: diabetic foot, antibiotics

RRF-115: Heterotaxy Syndrome In A Middle-Aged Pakistani Male

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Introduction: Heterotaxy syndrome (or situs ambiguous) is an extremely rare disorder in which the viscera are arranged in an abnormally asymmetrical pattern around the midline along with cardiac and spleen abnormalities. The management of this disorder depends upon the extent and variability



of the organ involvement and a multi-disciplinary approach is often required.

Case presentation: A middle-aged male presented in pulmonology OPD with with complaint of hemoptysis and shortness of breath for 3 weeks. He had a history of cyanotic spells since childhood. His HRCT chest revealed dextrocardia, generalized mild centrilobular emphysema of the lungs with fibrotic bands and mild cylindrical bronchiectasis and his echocardiography showed dextrocardia along with ventricular septal defect and pulmonary hypertension. He was found to have abnormally positioned abdominal viscera along with multiple spleens and he was diagnosed as a case of heterotaxy syndrome with left isomerism. His respiratory symptoms were treated conservatively and the patient was referred to the cardiology unit for management of cardiac defects.

Conclusion: This manuscript describes a case of heterotaxy syndrome which is a rare disorder with significant mortality and morbidity. The patient may present with vague symptoms. Early involvement of all the relevant specialities might help in a prompt diagnosis and timely management, which may improve the disease outcome.

Keywords: heterotaxy, cardiac defects

RRF-116: Unveiling the Enigma: A Rare Case of Angioid Streaks Revealing Ocular Vulnerability

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Introduction: Angioid streaks are uncommon ophthalmologic manifestations characterized by breaks in Bruch's membrane. These streaks pose a risk for complications such as choroidal neovascularization, impacting vision. This case report delves into a distinctive presentation of angioid streaks, emphasizing diagnostic challenges and the intricate details of ocular pathology. The aim is to provide insights into understanding and managing angioid streaks, emphasizing the need for a nuanced approach to address ocular implications

Case Presentation: A 45 years old married female, resident of Rawalpindi, presented to the OPD of Benazir Bhutto Hospital with complaints of bilateral, gradual, progressive blurring of vision for the past 4

years. Apart from being hypertensive, she did not have any other co-morbidities. Her systemic history, past medical, surgical and ocular history were unremarkable. Her BCVA at presentation was 6/36 Bilaterally. Her intraocular pressure and anterior segment examinations were normal. Fundus photographs, OCT Macula, Fundus Autofluorescence were consistent with the diagnosis of angioid streaks bilaterally with inactive CNVM in right eye and active CNVM in left eye. Patient was administered Intravitreal Anti-VEGFs, 3 injections in total, 1 month apart. Her Final BCVA improved to 6/18 bilaterally. OCT Macula also showed significant reduction of macular edema.

Conclusion: Our case report illuminates the clinical nuances of angioid streaks, emphasizing their rare yet impactful presence in ophthalmology. Angioid streaks are frequently associated with systemic manifestations, but as our case suggests, they can present in isolation as well. Therefore thorough ocular examination including funduscopy remains the hallmark in early detection of disease. Early detection lead to timely intervention, which resulted in significant vision improvement in our patient which drastically improved her quality of life

Keywords: Angioid Streaks, Choroidal Neovascularization (CNVM), Anti-VEGF Treatment, Visual Acuity Improvement, Ocular Pathology, Macular Edema Reduction

RRF-117: Pattern of Breast Cancer Presentation

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Introduction: To study the various types of breast cancer presenting in local hospital to ensure better facilities, early diagnosis and better treatment options.

Methods: In this descriptive study all breast cancer patients, over a period of two years were included.

Triple assessment of patients done for diagnosis and treatment given all were included in data.

Results: Total number of patients who presented were 1982. Benign breast disease patients were 1746 (88.0%). Breast cancer were 236(11.90%). Five hundred and two mammographies were done, 197



were BIRAD 5. Preferably confirmation was done through trucut biopsy (35), FNAC was done in 74 and where needed incisional biopsy in fungating tumors (n=15) and excisional biopsy where in spite of all modalities diagnosis was not confirmed (n=11). Age varied from 24 to 75 years. Majority (126) were in stage 3. Forty two patients received neoadjuvant chemotherapy. Modified radical mastectomy (n=114), Breast conservation (n=13) and simple mastectomy (n=17) were performed. Receptor status was determined.

Conclusion: The most common stage of presentation is stage 3. Such patients need down staging and then surgery. They required proper counselling and support for their treatment. Females usually present late due to domestic issues. Early diagnosis, treatment and full support is required to treat breast cancer. This study will help to provide better facilities for early diagnosis and treatment.

Keywords: Breast Cancer, Triple Assessment, Modified Radical Mastectomy.

RRF-118: Newborn Care Practices among Mothers in Tertiary Care Hospitals of Rawalpindi

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Holy Family Hospital

Introduction: To assess newborn care practices among females reporting in immunization center of a tertiary care hospital of Rawalpindi and to determine the association of newborn care practices with different socio-demographic variables.

Methods: In this Cross-sectional study, 232 mothers accompanying their newborns for BCG vaccination were interviewed through a structured questionnaire. The questionnaire included 15 questions on newborn care practices with 2 options each. For each correct response, 1 point and for each incorrect response 0 point was allotted. Practice was categorized as Bad (score 0-7), Average (score 8-11) or Good (12-15).

Results: 69.4% mothers had average practices, 19.8% had good practices while 10.8% had bad practices. 92.7% mothers reported at least one antenatal care visit. Tetanus Toxoid coverage was 93.5%. 80.6% reported applying various substances like oil, spirit, pyodine to the cord stump. Proper skin and eye care providence was 71.1% and 93.5% respectively. 88.4% reported first bath after 24hrs of birth. 15.9% mothers initiated breastfeeding within 1st hour of delivery. Colostrum was given by 65.5% and pre-

lacteal feeds given by 64.2%. Exclusive breast-feeding rate was 38.4%. People living in urban areas was found to be significantly associated with good practices (p=0.006). Higher education level was found to be associated with good hand hygienic practices prior to handling baby (p=0.048), and washing baby with every episode of stools (p=0.026)

Conclusion: Practices regarding newborn care were average. The culture and tradition played a significant role. The mothers' knowledge regarding newborn care practices can be improved by health education.

Keywords: Newborn, Cord Care, Prolacteals.

RRF-119: Level Of Birth Preparedness Among Pregnant Women In Allied Hospitals Of RMU

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Introduction: Early identification of antenatal risk factors and early preparation for dealing with them is necessary for both maternal and neonatal survival. Despite of several global efforts, death of mother during childbirth remains an unresolved challenge for developing countries. Birth preparedness is defined as a comprehensive and extensive approach aimed at promoting the timely utilization of skilled maternal and neonatal health care

Methodology: This cross-sectional study was conducted among pregnant women of 3rd trimester of allied hospitals of RMU either visiting gynae OPD or admitted in hospitals from April to oct, 2022. A total of 270 pregnant women fulfilling the inclusion criteria participated in this study and these participants were interviewed on the basis of self-structured questionnaire. The responses were recorded, and data was analyzed using SPSS version 25. Frequencies and percentages were calculated for categorical variables. Chi-square test was applied to determine the association between birth preparedness and various factors, p value of less than 0.05 was significant.

Results: Of the total 270 pregnant women, 40.7% were assessed on the basis of total 12 components. The factors to be prepared for birth. Birth preparedness was factors which were found to be significantly associated with birth preparedness are education of mother (p=0.045), occupational status of the husband (p=0.012), family income (p=0.000), increasing age of the women (p=0.004), last place of child



birth($p=0.016$). Other factors which were found to influence but not significantly were parity and residence. The level of newborn care was found to be 60.4%.

Conclusions: Overall, the level of birth preparedness was found to be low i.e. 40.7% in Rawalpindi, Punjab. Various interventions can be made to improve this level such as educational strategies, awareness programs, women empowerment, spread of knowledge regarding birth preparedness by community health workers. By increasing the level of birth preparedness, both the maternal and neonatal mortality rate can be reduced.

Keywords: Antenatal, birth preparedness, healthcare

RRF-120 Renal Extra Skeletal Mesenchymal Chondrosarcoma (REMC): A Case Report Of Very Rare Disease And Diagnostic Dilemma

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Introduction: Mesenchymal chondrosarcoma is a very rare variety of chondrosarcomas. It represents 2% of the chondrosarcomas and is one of the rarest forms of tumour of extra skeletal origin¹. Only few cases arise from the kidney². There are only nine cases reported previously according to the literature³. According to the available data, our case is 10th one. This case was a diagnostic dilemma. The patient remains undiagnosed till she was operated.

Case Report: A 22-year-old female from Afghanistan presented with history of pain right lumbar region along with feeling of heaviness and weight loss. The abdominal examination revealed a mass approximately 10 x 10 cm in the right lumbar region which was bimanually palpable. The diagnosis of Right lumbar mass was made on ultrasound. Final CT scan confirmed its origin from right kidney along with metastasis in lung. The ultrasound guided biopsy turned out to be spindle cell tumour of kidney. Right sided nephrectomy along with removal of proximal ureter was performed. Histopathology confirmed the diagnosis of mesenchymal chondrosarcoma of right kidney. Postoperative outcome of patient was uneventful.

Conclusion: Renal extraskeletal mesenchymal chondrosarcoma is one of the rare disease. The surgical resection of the tumour with clear margin is the most optimal treatment. It is metastatic disease with poor prognosis. The role of chemotherapy and radiation is yet to be established.

Key Words: Extra skeletal Mesenchymal Chondrosarcoma, Renal Mesenchymal Chondrosarcoma.

RRF-121: Development And Validation Of A Self Assessment Tool To Measure Non-Technical Skills In ICU

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Objective: The aim of the study is to develop a self-assessment tool to measure non-technical skill in ICU residents and to validate a self assessment tool to measure non-technical skill in ICU residents

Methodology: In Pakistan's acute care centers within six months after Riphah International University's accreditation (ICUs). This mixed-method study was conducted in two stages. Phase 1 of the ICU-NTS questionnaire's development involved qualitative literature analysis. Phase 2 involved development of questionnaire's validity and reliability. SPSS vs 26 is used for analysis. Reliability and Exploratory factor analysis are performed.

Results: After doing a literature study, we created an 18-item questionnaire and distributed it to ten subject-matter experts for expert content validation. The scale validity index as a whole is 93. The resulting ICU-NTS was corrected for response process validity after cognitive validity. The final version of the 18-item ICU-NTS was reduced to 16 items after exploratory factor analysis. A Cronbach's alpha of .96 was discovered for the ICU-NTS questionnaire.

Conclusion: In this work, a self-assessment tool for intensive care residents' non-technical abilities using the ICU-NTS taxonomy was established. It can be utilized at the postgraduate level in training program



to enhance the delivery of healthcare and avoid adverse events.

Keywords: Non-technical skills, NTS taxonomy, ICU residents, behavioral marker system.

RRF-122: One Month Statistical Analysis Of Patients Managed In Red Zone Of Medical Emergency Holy Family Hospital, Rawalpindi

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Holy Family Hospital, Rawalpindi

INTRODUCTION: One of the most important building blocks of the health delivery system is the Hospital Emergency Department (ED). The growing numbers of patients who have a variety of problems of variable urgency, from mild to life-threatening are reportedly being served by Emergency Departments globally. All patients coming for emergency care need to be evaluated and categorized in accordance with clinical severity and time urgency. Triage system in medical emergency of Holy family Hospital includes red, yellow and blue zones.

OBJECTIVE: To review patients managed in red zone of medical emergency of Holy Family Hospital with reference to age, gender, diagnosis and outcome.

MATERIALS AND METHOD: A cross sectional study was conducted on 301 patients. A non-probability convenient sampling of all incoming patients in red zone over the duration of one month was done. Patients who were 12 years of age or older of both genders who need immediate medical intervention presenting with diagnosis of poisoning, shock, respiratory failure, encephalopathy, status epilepticus, snake bite, myocardial infarction, Supraventricular tachycardia (SVT), Diabetic ketoacidosis (DKA), Hyperglycemic hyperosmolar state (HHS), sepsis, cerebral vascular accident (CVA) drug reaction, AKI on CKD, Acute febrile illness were studied. Data was analysed by using Microsoft Excel.

RESULTS: Total patients were 301. Out of 301 patients 153(51%) were males and 148(49%) were females. The mean age for male participants was 45.48 ± 20.02 years and females had an average age of 41.05 ± 20.90 . The highest number of patients were in 21-30 age group. LRTI (Lower Respiratory tract Infection) was the most prevalent disease reported followed by septic shock and CVA (Cerebrovascular accident). Male patients showed highest frequencies

of LRTI and CVA followed by septic shock. Female patients exhibited highest frequencies of septic shock followed by LRTI and CVA. Poisoning case was the most frequent among the cases reported, with wheat pill poisoning being the most common followed by OP poisoning and Rat pill poisoning. Among patients of both genders, the most common outcome was admission for treatment, followed by discharges. The number of patients who expired during treatment was considerable, equal among males and females.

CONCLUSION: Study showed slight predominance of male cases. The most common reported cases were of poisoning. The most prevalent diseases reported were LRTI (Lower Respiratory tract Infection) followed by septic shock and CVA (Cerebrovascular accident). The most prevalent outcome was admission followed by discharges and equal occurrence of expiries among both genders.

Keywords: Emergency, CVA, DKA, Shock

RRF-123: Estimation Of Risk Of Stroke In Middle Aged And Elderly Indoor Patients Of Medical Unit-Ii

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Introduction: Stroke/ cerebrovascular accident is a physical manifestation of blockage or bursting of blood vessels supplying oxygen and nutrient to the brain. Several non-preventable and preventable risk factors have been associated with increasing the chances of stroke. The ASA (American Stroke Association) Stroke Risk Assessment Tool has been utilized to detect frequency of risk factors and calculation of the overall risk in indoor patients of MU-2 with established stroke.

Objectives: To estimate risk factors of stroke in middle aged and elderly stroke patients admitted in MU-2.

Materials and Methods: This cross sectional observational study was conducted at Medical Unit-II, Holy Family hospital in 2022. 75 patients of either gender, aged between 45-80 years admitted in unit with stroke were inducted consecutively. Stroke risk assessment tool by American stroke association that focuses blood pressure, diabetes mellitus, smoking, age, atrial fibrillation, body mass index, blood cholesterol levels, diet, physical activity, family



history was used to look for estimation of stroke risk factors

Results: Thirty eight patients were female and 37 male. Mean patient age was 62.8 ± 9.6 years. Mean BMI was 27.2 ± 2.6 kg/m². 68% of the patients were hypertensive, 52% diabetic, 45.3% smoker, 40% suffered from atrial fibrillation, 52% patients had BMI >25, 48% had dyslipidemia, 48% patients had family history of stroke, 56% patients lived sedentary life style, and 41.3% patients consumed diet rich in fats. Upto 5 risk factors were noted in 25.3%, 6-9 risk factors in 29.3%, and ≥ 10 risk factors were noted in 45.4% of patients.

Conclusions: Hypertension, diabetes, sedentary life style and BMI >25 kg/m² are major (>50%) risk factors in stroke patients.

Keywords: Stroke, Hypertension, Diabetes.

RRF-124: Outcome Of Ventricular Shunt By Freehand Technique, In Patients With Pseudo Tumor Cerebri (PTC) Or Idiopathic Intracranial Hypertension (IIH); A Case Series

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Introduction: The syndrome known as pseudotumor cerebri (PTC) is generally thought of as a condition characterized by increased intracranial pressure (ICP) without evidence of dilated ventricles or a mass lesion by imaging, normal cerebrospinal fluid (CSF) content, and papilledema occurring in most cases. In latest nomenclature this condition is called as Idiopathic Intracranial Hypertension. Occasionally, the condition is asymptomatic and discovered during a routine ophthalmic examination when papilledema is found; however, the most common symptom, as well as most often the initial symptom, is headache, which occurs in approximately 90% of cases. The second most common symptom of PTC is transient visual loss.

Methods: In case of failure of medical treatment, in the past, most neurosurgeons preferred to perform a lumboperitoneal shunt procedure for patients in whom surgery was thought to be warranted. The results are generally quite good with respect to visual preservation or improvement and resolution of headache; however, these shunts often malfunction, with at least one revision required within a year after placement. Now that stereotactic devices are available for the placement of intracranial devices, many surgeons prefer to perform either a ventriculoperitoneal or a ventriculoatrial shunt procedure for PTC because both are quite effective in relieving headache and lowering ICP in patients with PTC and have less likelihood of failure.

In our case series, we have done ventriculoperitoneal (1) and ventriculoatrial (5) shunts, in a total of 6 six patients, since 2018. All cases were operated by freehand technique, ventricular cannulations were done at Keen's point

Results: All six patients had an uncomplicated course, ventricular cannulations were done in first pass in all cases and no case has to undergo shunt revision procedure as yet. All patients showed significant improvement in symptoms i.e. headache and visual impairment.

Conclusions: We conclude that a ventricular shunt offers a better and successful treatment option as compared with a lumbar shunt, both in terms of less chances of complications and better chances of cure of symptoms.

RRF-125: Neutrophil To Lymphocyte Ratio (Nlr) As A Predictor For Severity Of Covid-19 Infection

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Holy Family Hospital, Rawalpindi

Introduction: COVID-19 started as an epidemic in China in 2019, and within a space of few months, rapidly became a pandemic. Different biomarkers have been studied for predicting morbidity and mortality in this illness. Amongst these, Neutrophils to Lymphocyte Ratio (NLR) has been suggested to predict clinical disease spectrum.

Objectives: To note NLR ratio on first presentation in COVID-19, PCR patients and to correlate it with severity of COVID-19 illness.



Materials and Methods: This cross sectional study include 212 consecutive confirmed COVID-19 patients managed at RMU Attached Hospitals. NLR was calculated from baseline blood complete picture. Patients were divided into three groups; mild moderate and severe disease on basis of clinical disease spectrum. Mean NLR of three groups was compared using ANOVA test. P value <0.05 was regarded as significant.

Results: Mean NLR of mild illness group was 3.2, those with moderate illness spectrum was 6.5, while severe COVID 19 clinical severity patients had mean NLR of 9.7. The difference between the mean NLR among three groups was statistically significant with a p value<0.001.

Conclusion: NLR is raised in patients of severe COVID clinical illness as compared to patients with milder spectrum of disease.

Keywords: COVID-19, Neutrophil to Lymphocyte Ratio, Clinical severity

RRF-126: A Rare Presentation of Triplegia Resulting from Penetrating Brain Trauma by a Hand-Held Dagger

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Introduction: Penetrating-brain-trauma (pTBI) is a major cause of neurological debility & death worldwide. While blunt neurosurgical injuries outnumber the mentioned, with advanced warfare, the dynamic is shifting . It carries a significantly worse prognosis with a mortality rate upto 92% reported. This penetrating subset is mostly seen due to High velocity projectiles such as missiles & firearms & low velocity injures with sharp objects such as knives & drills remain relatively rare reported mainly in small series of patients. The neurological outcome is varied & runs the gamut from disability to immediate mortality. Trilpegia is a neurological deficit that is mostly seen with medical causes. Occurrence after a low velocity brain injury with a knife is unlikely & never before been reported.

Case Presentation: A 25-year-old patient presented to ED with history of penetrating injury to his head two hours back via a dagger. On presentation, he was hemodynamically stable & GCS was 14/15. The dagger was embedded in right parietal region of the skull & he had triplegia in form of paraplegia &

hemiplegia of contralateral upper limb. After imaging via CT, he was operated with removal of foreign body & debridement of wound done. Per-op foreign body (knife) of approximate size 4*5 cm was found. The object penetrated right parietal lobe, extended across midline & damaged opposite medial side of motor strip. Post-op patient remained stable but with no recovery of motor function. At follow-up at 3 months, showed no progress & he is being treated conservatively.

Discussion: Unlike solid organ injuries whose extent can be graded & quantified to a degree, our experience implies that devising such algorithms for Ptbi would be an oversimplification. The trajectory of the object in such cases is varied & depth of penetration dictates clinical outcome.

Conclusion: Contrary to Blunt & high velocity pTBI , type inflicted as reported here is under-recognized & wanting of further literary deliberation. The microscopic trajectory of the injury rather than its magnitude is decisive in such presentations

Keywords: Triplegia, penetrating brain trauma

RRF-127: Evaluation Of Chronic Liver Disease Patients Managed At Medical Unit

Muhammad Abid

Holy Family Hospital

Introduction: Chronic liver disease is responsible for 2 million deaths per year worldwide. At this stage the liver parenchyma is replaced by a fibrous tissue termed as liver cirrhosis. Once decompensated chronic liver disease markedly increases morbidity as well as mortality. Pakistan has the second highest prevalence of hepatitis C infection in the whole world. In this pursuit, the aim of this statistical analysys is to give an insight of the demographic characteristics of the patients presenting with chronic liver diseasd along with their underlying cause and mortality.

Objective: To note demographics, etiology, stage, and outcome of chronic liver disease patients managed at Medical Unit.

Materials & methods: This study focused data of 30 consecutive patients who were managed for chronic liver disease (cirrhosis) at Medical Unit-II, Holy Family Hospital, Rawalpindi from June to August of 2023. Age, gender, socioeconomic status, marital status and occupation, stage of liver disease, duration



of hospitalization and outcome for each patient were noted. Quantitative variables were represented as mean and standard deviation. Qualitative variables were presented as frequency and percentage. P-value were calculated as part of inferential statistics to determine the significance of the data (chi square test and t-test were used).

Results: Of the 30 patients, 18 were male and the rest female. Mean patient age was 49.8 +/- 6.1 years. 20 patients had chronic hepatitis C virus infection, 7 had hepatitis B infection, and 3 had alcoholic liver cirrhosis. 3 patients were in Child Class A, 17 in Child B, and 10 in Child C. 11 patients expired, of these 3 were in Child Class B, and 8 in C. Mean duration of hospital stay was 11.2 +/- 3.1 days. Statistically significant association was noted between outcome and advancing Child Class, p value <0.05

Conclusion: Majority of cirrhosis/chronic liver disease patients have Hepatitis C related etiology. Outcome in these patients correlates with Child Class.

Keywords: Chronic liver disease, Hepatitis C, Hepatitis, B, Alcohol, Child Class, Outcome

RRF-128: Comparison Of Primary Simple Closure And Limberg Flap Technique In Treatment Of Pilonidal Sinus

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Holy Family Hospital

Introduction: Pilonidal sinus is a disease affecting the inter gluteal region. Many surgical techniques have been described for the treatment of this condition. The objective of this study was to compare Limberg flap technique and primary simple closure in terms of postoperative discharge.

Materials and Methods: It was a randomized prospective study conducted at the Department of Surgery from December 2018 to June 2021. Sixty male patients aged 15-30 years presenting with pilonidal sinus for the first time were included in the study. Patients with comorbidities and the American Society of Anesthesiologists (ASA) class three and above were excluded from the study. Patients were divided into two groups by lottery method. Data was entered and analyzed using Statistical Package for Social Sciences (SPSS) version 23.0. Chi-square tests

were applied. A p-value of ≤ 0.05 was considered significant.

Results: The postoperative discharge was found in just five (16.3%) of the patients in group A (Limberg flap technique), while the discharge was present in 12 (40%) of the patients in group B (primary simple closure; p = 0.045).

Conclusion: Limberg flap technique is superior to primary simple closure in terms of postoperative discharge.

Keywords: Limberg Flap, Pilonidal sinus, primary simple closure

RRF-129: Disease Statistical Report on Incidence of Intravenous Propofol Induced Skin Rash, Department of Anesthesia, Holy Family Hospital, Rawalpindi

Dr Kashif, Dr Komal
Holy Family Hospital

Introduction: An allergic reaction to anesthetic drugs including anaphylaxis reaction is a serious Perioperative complication. The majority of cases of Perioperative hypersensitivity are thought to be allergic, ranging in severity from mild reaction like rash, urticaria, to severe anaphylaxis. Propofol has always been avoided in patients with reported allergies to egg, soy or peanut. To avoid an allergic reaction, anesthesiologists refer to the patient's allergic history when selecting the anesthetic agent. Prompt recognition and treatment is of utmost importance to the patient's prognosis, since clinical deterioration can develop rapidly. This study aimed to investigate the incidence of development of skin rash in patients with infusion of IV propofol perioperatively.

Methods And Design

Study design: Statistical review of 35 patients.

Study setting: Department of Anesthesia, Holy Family Hospital, Rawalpindi.

Study duration: 1st April - 30th May, 2023.

Sampling techniques: Simple random sampling.

Population included: All the patients anesthetized with IV propofol in operation theatre at Holy Family Hospital, Rawalpindi

Statistical analysis: The data was collected, entered and analyzed in IBM SPSS version 28.0. Qualitative data represented in frequency, percentages, pie, and bar graphs and quantitative data represented as mean



and standard deviations. The p-value of <0.05 was considered significant.

RESULTS AND CONCLUSION: A total of 35 patients were observed for the appearance of rash as a reaction to IV propofol. Out of 35 only 05(14.2%) patients developed rash while 30 patients (85.71%) showed no signs of skin rash after injection of IV propofol, with female to male ratio 3:1. The rash appeared on face in most cases

Keywords: PROPOFOL, SKIN RASH, ALLERGIES, INDUCTION, INJECTIONS

RRF-130: Incidence Of Post-Operative Nausea And Vomiting And Its Various Risk Factors In The Patients Undergoing Laparoscopic Cholecystectomy

Zainab Tayyab

Holy family hospital

Introduction and Objectives: Post-operative nausea and vomiting is defined as any nausea, retching or vomiting occurring during the first 24-48 hours after surgery in inpatients. PONV predictors are mainly divided into patient, anesthetic and surgery related factors. The study aimed to investigate incidence of post-operative nausea and vomiting in the patients undergoing laparoscopic cholecystectomy.

Material and Methods:

This study was done on admitted patients of surgical unit 1 and 2 of holy family hospital Rawalpindi.

A. Inclusion criteria: Both males and females of age 20 to 60 years were included. ASA I & II patients were included.

B. Exclusion criteria: Geriatric age group was excluded. ASA III & above patients were excluded.

Results and Conclusion: Total 44 patients were included between the ages of 20-60. 36% were between 20-30 years. 18 % were between 30-40 years. 23% were between 40-50 years. 23% were between 50-60 years. 36% patients experienced post-operative nausea and vomiting irrespective of gender and age group. 45% females reported post-operative nausea and vomiting. Whereas 27 males experienced post-operative nausea and vomiting. Long duration of surgeries are associated with increased risk of PONV. IN our study 16 patients who reported PONV, 11 were those who had duration of surgery greater than 30 minutes. Hence, 69% of patients having PONV

had surgery duration greater than 30 minutes. Non-smokers are more prone to PONV. Nicotine desensitizes chemo receptor trigger zone thus, decreasing overall incidence of PONV in smokers. In our research all 22 females were non-smokers and 4 out of 6 males, who reported PONV were smokers. Overall 67% of the patients were non-smokers and 33% were smokers.

Post-operative nausea and vomiting with its distressing complications is the major concern for patients (36%) undergoing laparoscopic cholecystectomy.

Keywords: Nausea, Vomiting, Complications

RRF-131: Effect Of Phenylephrine Co-Administration On Prevention Of Oxytocin-Induced Hemodynamic Effects

Dr farwa Javaid

Holy family hospital

Objective: Oxytocin is used in the obstetric patient for enhancing uterine contraction to prevent postpartum hemorrhage, but its use is associated with hemodynamic changes, especially tachycardia and hypotension Our objective is to determine the effectiveness of co-administration of phenylephrine in preventing the hemodynamic effects of oxytocin administration in female patient undergoing elective cesarean section under spinal anaesthesia.

Methodology: This randomized controlled trial was conducted from March 2023 to Sep 2023 in the Holy family hospital Rawalpindi. We enrolled 40 pregnant females of age 20 to 40 years with single pregnancies who were planned for elective cesarean section under spinal anaesthesia. Baseline heart rate and blood pressure were noted. In group p, 50 micrograms of phenylephrine was given, followed by 3 units of oxytocin diluted in 5 ml of normal saline. In group n, 5 ml of normal saline was given. Mean heart rate and blood pressure were noted and calculated again after 3 minutes of oxytocin administration.

Result: There was a reduction in heart rate and hypotension in the phenylephrine group while there was a significant increase in heart rate and hypotension in group n mean change in heart rate was -08.11 ± 4.30 beat /min in group p and -11.23 ± 13.2 beat /min in group n mean change in Map was -0.70 ± 8.30 and -6.45 ± 10.01 in group n



Conclusion: Phenylephrine co-administration is very effective in reducing the risk of hypotension and tachycardia associated with oxytocin administration in patients undergoing cesarean section in spinal anaesthesia.

Keyword: Oxytocin, phenylephrine, hemodynamic changes, cesarean section, spinal anaesthesia.

RRF-132: Our Way Into The Future –Artificial Intelligence In Categorization Of Breast Pathology

Dr. Summaya Sohail Chaudry
Holy Family Hospital

INTRODUCTION: Man and machine essentially complement each other. The alarming rise in breast cancer in our part of the world, has essentially startled health care providers, so much so: that it has been labelled as “looming epidemic “. The need of the hour is to utilize our available resources in cost effective way, in order to provide accessible and timely diagnosis to our patients.

The rationale of this study is to establish a digital microscopic static image based portal / Mobile app for diagnosing breast pathology at its basic level. We categorized our digital images into two main categories benign and malignant and applied Deep learning methods in collaboration with AI team in COMSAT university

This study is the first of its kind in our country, main objective of this study is to lay a milestone in developing digital pathology and AI platform in Pakistan. While the horizons of digital pathology are ever - expanding globally including Whole Slide Imaging scanners, we are in the preliminary stages of establishing algorithm and validating its utility for our patients

MATERIALS AND METHODS: This is a prospective study conducted in Pakistan Institute of Medical Sciences (PIMS –SZABMU), Pathology department in collaboration with COMSAT University Islamabad (CUI) artificial intelligence department, 25th May to 25th September 2022.

We included adequate breast biopsies of female, age 16-70 years. All autolyzed, non-representative biopsies were excluded from study. Benign and malignant annotated foci on glass slides were selected for digital images. The microscope and software used for acquisition of digital images was

Olympus BX 43F and infinity analyzer respectively. They were verified by qualified histopathologist and shared with AI team through google drive. The AI team utilized Deep learning based models employing Image recognition modality

RESULTS:

1. Study performed on 992 Histopathology Images.
2. State-of-the-art deep learning based models are trained on these images.
3. Normalization techniques are applied in the preprocessing stage for better convergence.
4. Overall 87.40 % accuracy, 90.22 % sensitivity and 80.01% specificity achieved by the model on testing data.

CONCLUSION: The results are promising and expected to improve with increasing data input. It will definitely be an adjunct to histopathological services The extrapolated plan of study is to work with more images, mobile phone based and whole slide image scanner based images and convert it into a mobile app readily available to pathologist

RRF-133: Titanium Cage Replacement With Dynamic Compression Plate (Dcs) In Spinal Tuberculosis

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Benazir Bhutto Hospital

Introduction: This is a case of spinal Tuberculosis affecting a female in her mid 30s. She initially underwent posterior laminectomy of T5 vertebra by the neurosurgery department. Following surgery, she presented with worsening neurological symptoms along with development of kyphosis of thoracic spine, loss of all power in lower limbs and complete sensation loss till mid chest. Radiological review showed a para-vertebral abscess with partial destruction of T5-T6 vertebrae leading to ASIA grade A. They were debrided through anterolateral trans-thoracic approach and spinal cord was decompressed. Stabilization of column was achieved through titanium cage. Patient recovered to ASIA grade D over 3 months and was ambulatory without support at 4 months.

The following case report documents a patient suffering from spinal tuberculosis who was initially treated by neurosurgery department through posterior laminectomy. The patient had deteriorating



neurological symptoms following this surgery, her MRI showing severe spinal cord compression and spinal instability. The subject was at ASIA grade A at presentation. In light of the above, she was treated with anterior debridement along with titanium cage graft and DCP. On follow-up, The subject was able to restore ASIA grade D motor functions.

The most prevalent and destructive form of musculoskeletal tuberculosis is tuberculosis of spine. Being more common in children and young adults, it has been linked with genetic heredity. With an insidious onset and slow disease progression, clinical presentation of spinal TB is extremely variable. Spinal TB can have complicated or uncomplicated patterns with backache being the most common of all symptoms.

The primary infection site is mostly a pulmonary lesion. In spine, mostly (84 %) involves the paradiscal region of the vertebral body. For anterior disease, the standard approach was anterolateral approach; however, the preferred approach according to recent guidelines is debridement of diseased vertebrae along with interbody fusion through posterior approach only. Laminectomy is the treatment of choice for posterior complex disease and of caries spine. However, the decompressive laminectomy can complicate with increasing kyphosis, and neurological deterioration and may require surgical stabilisation.

This case report represents such a patient with neurological and mechanical complications of the decompressive laminectomy performed for spinal tuberculosis.

The instability associated with mechanical compression and inflammation can ultimately lead to paraplegia, reducing the motor functions to ASIA grade A, as documented in this case report. The MRI scans usually reveal global destruction of the vertebral body. In these patients, anterior decompression and spinal stabilization are indicated.

In light of the above, it is of great value that our study demonstrated recovery to the normal ASIA grade D functions of the subject using anterior debridement and titanium cage replacement comparable to the studies conducted before.

CASE PRESENTATION: We elucidate an interesting case of a female in her early thirties presenting to our outpatient department with the complaints of pain

in the upper thoracic region and weakness of lower limbs for 1 year associated with sensory loss till mid chest level for 11 months. She was bed ridden for last eleven months.

Regarding her treatment history, she had been using anti-tuberculosis treatment for the past 10 months. She underwent posterior spinal cord decompression with laminectomy of T5 vertebra by neurosurgery department 8 months back. Following the surgery, there was worsening of neurological symptoms along with increasing pain and kyphotic deformity of thoracic spine.

On examination, the bilateral power of the lower limbs was zero along with absent sensation up till mid chest level. A well healed post surgical scar in mid-line over mid thoracic spine region and kyphosis were present. Severe spinal cord compression was suspected causing her to reach ASIA grade A.

On radiological review, her X-rays and MRI conducted before the laminectomy indicated a paravertebral abscess with partial destruction of T5-6 vertebra. She was admitted and optimized for surgical debridement. The surgery was performed through the anterolateral trans-thoracic approach followed by complete debridement of T5-T6 vertebrae along with anterior decompression of cord and stabilization of vertebral column through titanium cage filled with iliac crest graft and dynamic compression plate with cancellous screw applied to healthy vertebrae above and below.

Post-operatively, she was given a plaster of Paris jacket for 3 months. She was mobilized after a period of 6 weeks and the jacket was replaced with a BOSTON brace for a further 6 month period.

She had a gradual recovery of neurological status from ASIA grade A to ASIA grade D over a period of 3 months and was ambulatory without support for 4 months.

DISCUSSION: Most developing countries face bone and joint tuberculosis as a major health burden. One specific cause of such humongosity of the disease lies in the delay of its diagnosis.⁸ With early detection, institution of chemotherapy, and improved surgical techniques, patients developing kyphosis can be reduced to a minimum. Alternatively, patients with spinal tuberculosis who present with paraplegia and no deformity usually have a good prognosis. Often the history and clinical presentation of such cases



indicate cold abscesses causing mass effect, early or late neurological deficit, and kyphotic deformity of the spine caused by anterior vertebral body destruction

The vertebral body is primarily affected in tuberculosis; therefore, decompression has to be anterior.

As mentioned above, Laminectomy is advocated in patients with posterior complex disease and spinal tumor syndrome. However, the case under discussion was initially treated with a laminectomy without properly addressing the anterior location of the disease. Subsequently, the laminectomy performed lead to further complications.

RRF-134 Vonoprazan vs Lansoprazole in Gastrointestinal Tract Ulcers : A ystematic Review and Meta-Analysis

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Introduction: Vonoprazan , a potent inhibitor of gastric acid secretion is a recently introduced drug. It is debated to be better than or equal to PPIs in the treatment of acid based disorders and Endoscopic Submucosal Dissection (ESD) induced ulcers. However, its efficacy regarding bleeding control, healing, and GI perforation after ulceration is not sufficiently studied upon.

PURPOSE/ OBJECTIVES: The purpose of this study is to:

- To determine the efficacy of vonoprazan vs lansoprazole
- To compare the side effect profile of both drugs

Study design: Systematic review and Meta analysis

Data sources: PubMed, Google Scholar, Cochrane databases using MeSH terms. Two reviewers independently screened the search results.

Eligibility criteria: PICOTS criteria (Age>16 and <70, any kind of ulcers in GIT, Vanoprazan/Lansoprazole, control of these drugs on disease progression, minimum follow-up of 7 days, RCTS)

Study duration: two months

Sampling technique: Systematic random sampling

Data synthesis and analysis: CADIMA online tool for systematic review and application of PICOS criteria. Review Manager 5 for constructing Prisma flow chart, Forest plots and funnels plot.

RESULTS: The initial search revealed a total of 51 studies. After exclusion, 9 were included.

All included studies were RCTs covering Post-ESD treatment with Vonoprazan vs Lansoprazole over a period of 7 years (2016 to 2022) with sample size ranging from 14 to 250 subjects. Mean age of subjects was 65.02 years. Diagnostic modality was endoscopy. Dosage of drug regime was Vonoprazan 20mg and Lansoprazole 30mg. Study Quality was calculated using the Modified Jadad or Oxford Scale.

The pooled Odds ratio of vonoprazan vs lansoprazole for ulcer healing rate was 1.34 (95% CI, 1.00-1.79, I²=50%) with a statistically significsnt p-value of 0.05.

The pooled Odds ratio of vonoprazan vs lansoprazole for bleeding control was 0.55 (95% CI, 0.24-1.27, I²=12%) with a p-value of 0.16

The pooled Odds ratio of vonoprazan vs lansoprazole for perforation was 1.49 (95% CI, 0.44-5.02, I²=0%) with a p-value of 0.52.

CONCLUSION: Our study concluded that lansoprazole has better ulcer healing rate than vonoprazan, while both have comparable bleeding and perforation control.

LIMITATIONS: Only 9 RCTs fulfilled the inclusion criteria of this study and majority of them were conducted in Japan so our results cannot be generalized globally. Larger number of RCTs in other populations may elicit different outcomes (2) The study might yield different results due to varying sizes of ulcers in our subjects. (3) When lansoprazole and Vonoprazan are compared in subjects using anticoagulants, anti-platelets and steroids, they may elicit responses different to those not using these drugs.

KEYWORDS: Vonoprazan, Lansoprazole, ESD



RRF-135: Fracture Dislocation Of Hip, Rare Presentation Of Dash-Board Injuries

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INTRODUCTION: Hip joint is inherently a stable joint and very high energy trauma is required to destabilize it¹. The usual mechanism is dashboard injury, such that the front seat passenger with flexed knee is hit by dashboard, transmitting force through tibia, patella, femur and high up to the femoral head causing posterior hip dislocation.

Posterior hip dislocations are commonly associated with posterior acetabular wall fractures, femoral shaft fractures and, femoral head and neck fractures. Commonly these types of fractures are classified according to Thompson and Epstein along with its subset Pipkins⁶. However, above mentioned classifications of fractures don't include posterior hip dislocations and ipsilateral intertrochanteric fractures associated with such complex ipsilateral fracture patterns. We report our two cases which include these peculiar patterns of fractures due to dashboard injuries and their management. Reason to write about this pattern of fractures is to invoke society of orthopedic surgeons for delineating new classification to include such rare pattern of fractures and to define treatment guidelines for these complex injuries.



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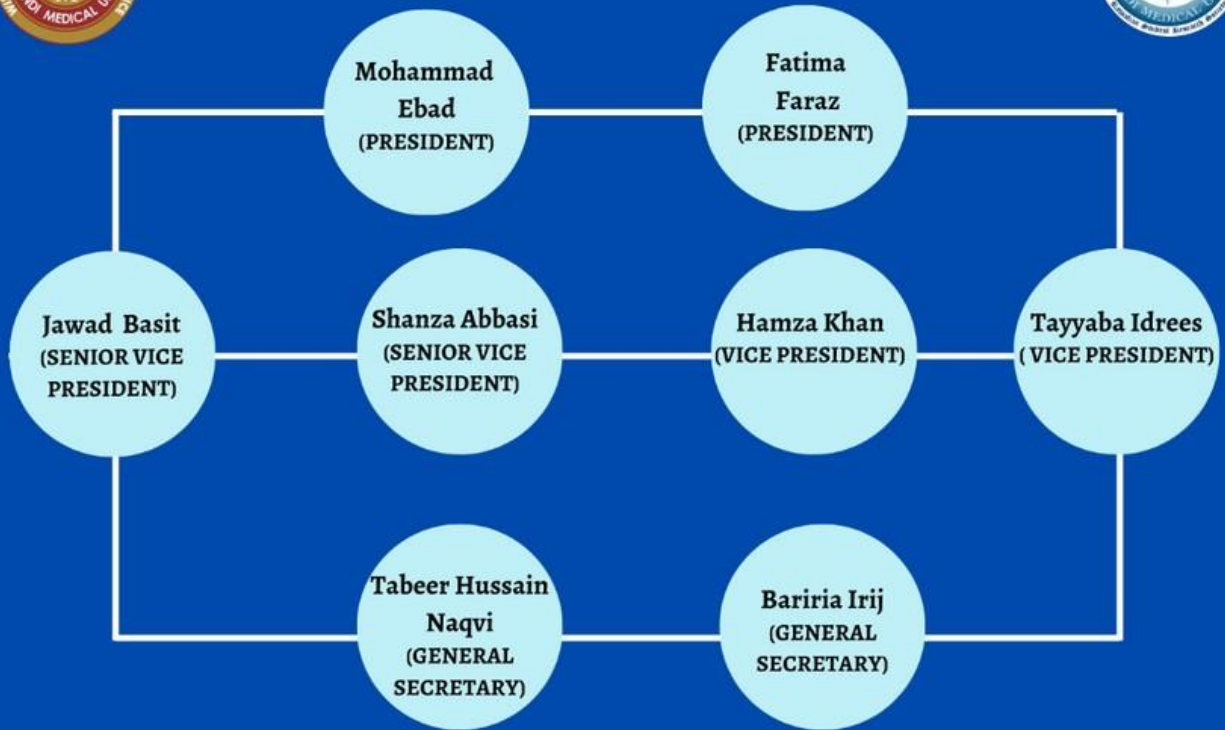




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RSRS-90 Effect of Exercise on Sleep Quality and Its Relationship with Academic Performance of Non-Obese Male as Well as Female Medical Students of Punjab

RSRS-91 Cross Sectional Study on TB Awareness and Prevention in Allied Hospitals of Rawalpindi



RSRS-92 Emotional Intelligence: A crucial component to Medical Education?

RSRS-93 A Socio-Economic Inequality In Prevalence Of Non-Communicable Diseases In Low Middle Income Countries A Systematic Review

RSRS-94 Frequency of disrespect and abuse during childbirth and its impact on choice of mode and place of delivery in subsequent pregnancies in a tertiary care hospital in Pakistan



RSRS-01 Frequency of hypochondriac pain on ultrasound

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Introduction: Pain in the right hypochondrium can be caused by a wide variety of diseases. The age, sex and general condition of the patient will affect the diagnosis. History and examination will also focus the differential diagnosis. Features such as acute or chronic onset, weight loss, pyrexia, general malaise, and urinary or bowel symptoms may all help point to a diagnosis. In US, the right hypochondrium and its contents are examined with patient in supine position using a sector or curvilinear probe. It is mandatory to obtain additional views in left lateral decubitus, oblique, prone or upright position because stones may be missed if only supine views are obtained. The main objective of this study is to find out the causes of acute pain in right hypochondrium on ultrasound and also to see the frequency in patients. The study is conducted to find out the causes of acute pain in right hypochondrium diagnosed on abdominal ultrasound. This study will provide the quick and early diagnosis of acute pain in right hypochondrium on ultrasound.

Methodology: The descriptive study was conducted at Radiology Department of Holy Family Hospital, Rawalpindi and Islamabad Diagnostic Centre, Islamabad. Total 250 patients were included in the study under 75 years. A performa was used for each patient which was filled on the basis of history, ultrasound findings and clinical presentations.

Results: Ultrasound findings of acute pain in right hypochondrium were analyzed by using frequencies and percentages. Results indicated that ultrasound is safe and significant to diagnose the cause of acute pain in right hypochondrium for its treatment. Out of 250 patients, 126 were male and 124 were female. Out of 250 patients, cholelithiasis was present in 103 patients (41.2%) and choledocholithiasis was found in 9 patients (3.6%), gallbladder wall thickness was found in 73 patients (29.2%), gallbladder sludge was found in 10 patients (4.0%) and gallbladder pericholecystic edema was found in 15 patients (6.0%). Out of 250 patients, 17 patients (6.8%) were of liver abscess, 10 patients (4.0%) were of hepatic mass and 8 patients (3.2%) were of liver metastasis, 27 patients (10.8%) were having pleural/lung pathology and 23 patients (9.2%) were having nephrolithiasis

Conclusion: The result of the study concluded that the main causes of acute pain in right hypochondrium are cholelithiasis and gallbladder wall thickness and ultrasound is a safe and accurate modality for diagnosis of acute pain in right hypochondrium.

Keywords: Acute pain, Right hypochondrium, Ultrasound

RSRS-02 Medical Doctors' Awareness Of Radiation Exposure In Diagnostic Radiology

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Introduction: Diagnostic investigations using radiation have become a critical feature of medical practice in recent times. However, the possibility of doctors' underestimation of risks of over-exposure of patients to diagnostic radiation still warrants further evaluation. The study aimed to assess the level of knowledge about radiation doses in common radiological examinations among doctors at Holy Family Hospital, Rawalpindi

Methodology: A cross-sectional study was conducted on a sample of 60 Physicians in Holy Family Hospital, Rawalpindi. Using the simple random technique with the help of a questionnaire, the data were processed using SPSS (version 22).

Results: Of the participants, 56.7% had no formal training on radiation exposure and 43.3% of them correctly estimated natural background radiation. Quantity of radiation of a single-phase computed tomography (CT) abdomen by 30.3% and dosage from a two-view unilateral mammogram by 23.3% of the participants. Dosage and risk of inducing fatal cancer from common but more complex imaging procedures were poorly understood. Only the doctors of the radiology department showed a statistically significant association with regards to their radiation awareness.

Conclusion: Because of the high rate of poor awareness of radiation risks observed in this Study, it is important to initiate, early in the medical curriculum for medical students, the need for a rotation in the Department of Radiology, similar to such rotations in other medical specialties.

Keywords: radiation exposure, awareness, diagnostic radiology



RSRS-03 Study On The Transgender Community Facing Health Issues And Challenges To Medical Care Provisions

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Introduction: The trans. community is a term that includes individuals whose gender identity and expression don't align with their assigned sex at birth. Transgender faces many problems worldwide by family and society and are being subjected to gender-based violence. They also often feel marginalized and different from society. They face numerous challenges worldwide, especially health disparities# such as physical and emotional breakdown, sexual violence, and STIs. Transgender individuals encounter obstacles when trying to access healthcare professionals. These professionals lack knowledge about transgender issues. These challenges can result in delays in receiving the necessary medical care.

Methodology: A study was conducted in Islamabad. It included 200 participants from different areas. SNOWBALL TECHNIQUE and a questionnaire were used in conducting this study. The result was produced using tables and graphs. To find out the link between the transgenders and healthcare professionals facing the challenges Fischer's exact test was used

Results: Out of 200, 68.4% of transgender were females and 31.6% were male and health problems faced by them were anxiety, Genital tract ulcers, and STDs. 40% claimed that the health facilities provided to them are of poor quality and they are not well treated by many professionals. Issues faced are unavailability of CNIC, Feeling ashamed during treatment, and non-acceptance.

Conclusion: Transgender individuals face health issues and barriers when it comes to their physical, mental, social, and reproductive health. It is unfortunate that around 40% of transgender individuals receive poor-quality treatment by professionals. Non-acceptance, feelings of shame, lack of identification of documents, and financial constraints are major barriers that prevent them from accessing the healthcare they need. It is crucial to address these issues and ensure that everyone has equal access to quality health care.

Keywords: Healthcare professionals, Sexually transmitted diseases, Transgender individuals, Snowball technique

RSRS-04 Determinant Factors in Choosing a Career, Career Exploration, Awareness, and Counseling Through the Eyes of High School Students

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Introduction: Choosing a career is a critical and complex decision for high school students, significantly impacting their future prospects. Determinant factors, career exploration, awareness, and counseling play vital roles in shaping their decisions. This cross-sectional study aims to investigate these factors from the perspective of high school students.

Methodology: A questionnaire-based cross-sectional survey was conducted among 322 high school students with an average age of 16 years (range: 15–21). Ethical approval was obtained from the institutional review board. Both public (39.7%) and private (60.3%) schools' students were enrolled, with a nearly equal gender distribution of 51.7% male and 48.3% female students. Moreover, parents' and siblings' education levels, as well as overall family incomes, were taken into consideration during the study

Results: Among the participants, 92% had made career choices, with the most common choices being MBBS (41.1%), Army (10%), Engineering (9.4%) and CSS/PMS (6.6%). Various factors influenced career decisions, with parental influence (83.2%), general interests (75.5%), knowledge of careers (82.6%), skills, abilities, and talents (74.5%), and future opportunities (81.6%) being the most significant. Teachers and peers also played some influential roles in career choices. For the 8% of participants who had not made career choices, reasons included perceiving career planning as a waste of time (67.8%), financial constraints (47.8%), lack of guidance and motivation (77.2%), reliance on grades (70.8%) and friends' plans for future decisions (35%). Regarding career counseling, a mere 9.7% of students reported having attended a counseling seminar organized by their college, where professional career counselors were invited, and only 9.1% confirmed their participation in such seminars.

Surprisingly, the vast majority of students (>90%) expressed that no career counseling seminars or discussions on career planning were arranged for them, and consequently, they had not attended any such sessions. In contrast, a substantial portion of students (68.6%) acknowledged seeking career guidance through online resources. Furthermore, an impressive 80.9% of students reported receiving valuable advice from their parents and relatives regarding their career choices.

Conclusion: The study underscores the multifaceted factors influencing high school students' career choices, such as parental influence, personal interests, career knowledge, and future prospects. It recommends enhancing career counseling through professional seminars, increasing access to trustworthy online career guidance, and integrating career exploration into the curriculum.

Keywords: Career choices, career exploration, career counseling, high school students, online guidance.

RSRS-05 Medical Students Career preferences and Attitude Towards Psychiatry: A Cross-Sectional Study on Influences and Educational Impact in Peshawar

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Introduction: Mental health in Pakistan is neglected despite a considerable population experiencing psychiatric illnesses. Scarcity of mental health professionals worsens the situation, with only one psychiatrist available for every 10,000 individuals with mental disorders. The shortage is more severe for children, with one child psychiatrist for approximately four million children in need. Consequently, over 90% of individuals with common mental disorders lack adequate care, leading to a significant treatment gap.

Methodology: A cross-sectional questionnaire-based survey was conducted among 415 medical students from various colleges in Peshawar, ethical approval was obtained from institutional review board. The mean age of the participants was 21.5 years, with a gender distribution of 54.9% male and 45.1% female. Participants were categorized based on their colleges and year of study.

Results: The majority of participants (89.2%) considered psychiatry a noble medical specialty and

equally important (89.9%) as other medical specialties. However, only 15.2% expressed an intention to pursue a career in psychiatry. Among those interested, motivations included a desire to help individuals with mental illness (28.1%), personal or family experience with mental illness (23.7%) and exposure to psychiatry during medical education (21.9%). Conversely, lack of interest in mental health (34.4%) and less financial rewarding field (15.9%) were the primary reasons for not considering psychiatry as a career option. Apart from psychiatry cardiology emerged as the top choice, followed by neurology and surgery. Obs & Gynae was particularly popular among female participants. Factors influencing career choices included positive impact on society (93%), professional growth potential (90.5%), financial compensation (90%), job security (89.75%), work-life balance (87%), and the desire to help individuals with mental illness (63.5%). Approximately 59.75% of participants believed in the media's role in shaping perceptions. A significant number of participants (57.8%) received formal education in psychiatry, 38.3% had exposure to informal education. Only n=123 (29.6%) participants participated in various psychiatry-related activities, 84.5% of which expressed a positive impact. Interestingly, even among the 292 (70.4%) participants who did not engage in such activities, a considerable portion believed that participation would have resulted in a positive impact.

Conclusion: Medical students acknowledge the significance of psychiatry, but a relatively low percentage express an intent to pursue it as a career. Exposure to psychiatry-related activities during medical education positively influences students' perceptions of this field.

Keywords: Medical students, psychiatry, career path, medical education, medical specialties

RSRS-06 Exploring Factors Associated with excessive daytime sleepiness (EDS) in Medical Students: An Analysis using the Epworth Sleepiness Scale (ESS)

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Introduction: Excessive daytime sleepiness (EDS) has emerged as a prevailing concern among medical students, attracting considerable attention in recent years. EDS manifests as a persistent and

overwhelming sensation of sleepiness during waking hours, compromising cognitive function, productivity, and overall well-being

Methodology: A cross-sectional study was performed on total of 323 Medical students from all years of various medical colleges in Peshawar. The Epworth Sleepiness Scale (ESS) was used to assess EDS, while self-report questionnaires were employed to collect demographic data and various factors that can influence EDS, Questions regarding attentiveness while lectures, wards and doing homework were also asked.

Results: Findings revealed 69.03% had 5-8 hours of sleep, 24.15% slept <5 hours, and 6.81% >8 hours. Daytime naps were common (44.58%). Stress was occasional or frequent for 61.92%, rare or none for 38.2%. Only 23.53% had mental health issues. 52.63% managed stress, 47.63% did not. 13.62% used no caffeine, 55.42% had 1-2 times/day, others more. Only 29.41% exercised vigorously; most were less involved. ESS scores correlated positively with daytime naps and stress, negatively with sleep duration. Effective stress management, moderate caffeine, and exercise also negatively correlated with ESS score. ESS scores also correlated positively to difficulties staying awake during classes, homework, and wards.

Conclusion: This study emphasizes the link between EDS and sleep-related factors in college students. It highlights the importance of healthy sleep habits, stress management, and physical activity to reduce EDS and enhance well-being.

Keywords: Excessive Daytime Sleepiness, medical students, Epworth Sleepiness Scale (ESS)

RSRS-07 Housing Status and COVID-19 Prevention Recommendations among People Who Use Drugs

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Introduction: Housing conditions can increase health risks for people who use opioids (PWUO). Little research documents the influence of housing on PWUO's ability to practice disease prevention methods. This study examines associations between housing status of PWUO in NYC and their ability to

practice COVID-19 prevention recommendations during the initial wave of the pandemic.

Methodology: Participants were recruited via convenience sampling and administered a survey. Eligibility required age ≥ 18 years, using opioids ≥ 3 times in the prior 30 days, and accessing a health-related service in the prior year. Descriptive and bivariate statistics assessed relationships between housing and the ability to practice social distancing, access soap and running water or hand sanitizer (soap), and access face masks. Multivariable Poisson regression was used to examine relationships between housing and the potential to practice COVID-19 prevention recommendations. The 329 participants were grouped into stable housing (34.3%), unstable/shelter housing (31.9%), and street homeless (33.7%) categories.

Results: Street homeless PWUO were significantly less likely to have access to soap and face masks than those stably housed. There were no significant differences between PWUO experiencing unstable and stable housing. PWUO experiencing street homelessness may have had increased vulnerability to COVID-19.

Conclusion: Providing low-threshold health-related resources and increasing linkages to housing opportunities could promote health of PWUO experiencing street homelessness during future emergencies.

Keywords: COVID-19; opioid epidemic; social determinants of health; socioeconomic factors; housing instability; homelessness; physical distancing; hand disinfection; masks

RSRS-08 Association Between Diabetes Mellitus Type 2, Its Complications and Depressive Symptoms in Patients Visiting Diabetic Clinic of Benazir Bhutto Hospital Rawalpindi; A Cross-Sectional Study

Muhammad Tayyab Khalid and Tayyab Rasool

Introduction: Diabetes Mellitus is a chronic metabolic disease characterized by elevated blood sugar levels which causes serious damage to the eyes, kidneys, nerves, and cardiovascular system which ultimately leads to psychiatric illness

Methodology: A cross-sectional study was conducted in Diabetic Clinic of Benazir Bhutto Hospital, Rawalpindi, from September 26, 2022, to February

21, 2023. Data was collected from diabetic patients above 40 years of age through interview-based

questionnaires. Patient Health Questionnaire - 9 (PHQ-9) was used to determine current depressive symptoms in patients. Multiple linear regression analysis was performed to identify possible predictors of the PHQ-9 score. The statistical significance was stated at $p < 0.05$ with a 95 % confidence interval.

Results: Out of 300 diabetics, 83 (27.7%) patients had moderate depression, 76 (25.3%) patients had moderately severe depression and 18 (6%) patients had severe depression. Common complications included visual problems, neuropathy, nephropathy and circulatory problems. Depressive symptoms were significantly higher in females, patients with positive family history of diabetes, and patients using insulin. Obese patients and patients having age 61-70 years had significantly higher mean PHQ-9 scores than others. A multiple linear regression revealed visual problems, neuropathy, nephropathy, amputation, diabetic foot and circulatory problems as significant predictors of PHQ-9 scores in diabetic patients. $F(6,293) = 12.57$, $p < .01$, $R^2 = .205$

Conclusion: Interventions to limit diabetic complications and to improve depressive symptoms should be prioritized in diabetic patients particularly females, older, married, obese, uneducated and urban population.

Key words: Type II Diabetes Mellitus, Depression, Diabetes-related complications

RSRS-09 Assessing Circadian Preference and Sleep Disturbance in Adults with Attention Deficit Hyperactivity Disorder

Mahnoor Junaid and Nabeeha Ahmed

Introduction: Inattention is a core symptom of attention deficit hyperactivity disorder (ADHD) and one of the main impairments resulting from insomnia disorders. These disorders have also been reported to be linked with disturbances in circadian rhythms and with increased eveningness. Our study aimed to find the prevalence of both conditions and the potential association between these disorders and ADHD. In our region, there are very less evidence-based studies in this regard and a dearth of literature is observed. Insights into the underlying mechanisms, treatment

strategies, and a holistic understanding of ADHD can be gained by comprehending this relationship.

Methodology: A cross-sectional survey was conducted from April 2023 to September 2023 among 554 medical students from 32 medical institutions across Pakistan. A standardized self-reported questionnaire was used consisting of ADHD Self-Report scale (ASRS), Sleep Disorders Questionnaire (SDQ) and Composite Scale of Morningness (CSM). Data was analyzed using SPSS version 26 while T tests, ANOVA and Chi square tests were applied.

Results: Using ASRS and the proposed cut-off points we identified 46 (8.3 %) participants (aged 23.93 (10.14), most of them women ($N = 32$, 69.6 %)), who were likely to meet the DSM-IV criteria for ADHD. Based on responses in SDQ, 73 (13.24 %) participants met the criteria for chronic insomnia, while 327 (59.3 %) reported sleeping soundly. A minority ($N = 35$, 6.4 %) complained of acute symptoms and chronic insomnia had a prevalence of 11.3 %. From those likely to suffer from ADHD, 21.7 % ($N = 10$) met the criteria for chronic insomnia, another ten (21.7 %) for sub-threshold insomnia and six more (13.0 %) for acute insomnia, meaning that more than a half-reported insomnia problems ($N = 26$, 54.5 %). Evening typology was significantly more frequent in the ADHD group (23.9 %, $N = 11$) than in the control one (4.3 %; $N = 2$), while there were significantly fewer morning types (10.9 %, $N = 5$ in ADHD group, 19.6 %, $N = 9$ in non-ADHD one).

Conclusion: Subjects with probable ADHD complained more frequently of sleep disturbance of the insomnia type (more than 50 %). These findings highlight the reciprocal links between ADHD symptoms, sleep and diurnal preference.

Keywords: attention-deficit/hyperactivity disorder, circadian rhythm, morningness- eveningness, sleep duration, sleepiness

RSRS-10 Barriers to physical activity among female medical students of RMU: A Cross-Sectional Study

Maha Iftikhar and Maryam Mukhtar

Introduction: Importance of physical activity is widely recognized but, female medical students may encounter certain barriers to physical activity which adversely affects their health and overall performance. To determine level of physical activity among undergraduate female medical students of RMU. To determine barriers to physical activity among study

Methodology:

Study design: Observational cross sectional study
Study setting: Rawalpindi Medical University
Study population: Female Medical Students of RMU
Inclusion criteria: Female Medical Students of RMU from all years of education
Exclusion criteria: Students with disability i.e, polio Pregnant students
Students having medical or health related events during past 3 months
Tools: Self-designed items were used to determine the levels of activity during the past 7 days.
CDC Barrier to Being Active Quiz(BBAQ) was used for determining barriers.
Study duration: April 2022-Oct 2022
Sampling technique: Non probability convenience sampling
Data analysis: Statistical analysis was done using SPSS version 25.

Results: Only 26% students had level of physical activity that met WHO criteria. Main barriers to physical activity were lack of willpower(75.8%),lack of energy(74.80%), lack of time(69.40%),lack of resources(62.90%) In our study we found that students who managed to go to outdoor places have significantly less barriers: lack of time(Chi square $p=0.00$),social influence($p=0.031$),lack of resources($p=0.02$) as compared to those who donot go to outdoor.

Conclusion: Nearly three fourth students didnot meet WHO criteria for being physically active. More commonly perceived barriers were lack of willpower, energy, time and resources.

RSRS-11 Factors Associated With Awareness Regarding Prenatal Diagnosis of Thalassemia Major; Cross-Sectional Study of Rawalpindi, Pakistan

Noor ul Ain Fatima and Sauliha Jabeen

Introduction: Thalassemia is the second most common hemoglobinopathy after sickle cell disease in the world. The high prevalence of consanguineous marriages has led to an increase in the number of thalassemia carriers and symptomatic cases in Pakistan. Prenatal diagnosis can lead to prompt detection of the condition and management. This research aims to investigate the awareness regarding prenatal diagnosis of thalassemia among parents. We also investigated the predictors which can influence the knowledge of prenatal screening.

Methodology: A descriptive cross-sectional study was conducted among 187 parents who visited Holy Family Hospital and Razia Sultana Thalassemia Foundation for blood transfusions of their children suffering from thalassemia major from June 2023 to 20 July 2023. Participants' data and opinions were collected by trained interviewers using a pre-coded questionnaire. Awareness was based on participants' self-report.

Results: More than two quarters (68%) of the participants were unaware about the prenatal screening services. Education level and age were found to be the significant predictors associated with knowledge of screening services ($p < 0.05$). Men (AOR: 3.17, 95% CI: 1.1 to 8.9), parents with no formal education (AOR: 6.5, 95% CI: 1.50 to 28.44) and primary education (AOR: 4.2, 95% CI: 1.44 to 12.68) were more likely to be unaware about the availability of screening services. The majority of participants (>80%) were aware of the increased risk of thalassemia in new generations after consanguineous marriages but less than two quarters were against cousin marriages (56%). Most people knew that thalassemia is a genetic disease (84%). Participants responded that premarital screening for thalassemia should be made compulsory and they would recommend others to get screened for thalassemia trait before marriage (>90%). A large fraction expressed the opinion that the government needs to provide more awareness of thalassemia to the general public (>89%).

Conclusion: Men, parents with no formal education and primary education are more likely to be unaware

of prenatal screening services. Although the majority of the participants were aware that consanguineous marriages increase the risk of thalassemia transmission, but only few were against cousin marriages.

Keywords: Thalassemia, Prenatal, Diagnosis

RSRS-12 A Traditional Educational System Loses The Need Of Standard Textbooks

Ayesha Maqbool

Introduction: The current educational system of ours is teacher-centered, eliminating the need for a standard text. Teachers and facilitators are self-oriented, lack the motivation to deliver the knowledge effectively, and stick to the inapplicable and outdated curriculum and obsolete evaluation methods, which hamper our progress towards a better educational system. To demonstrate that the current educational methods impede the use of standard textbooks in medical colleges.

Methodology: For this cross-sectional study, 60 students of first and second-year MBBS were selected from Nishtar Medical University, Multan through convenience sampling, who filled out a System Evaluation Survey Questionnaire. The study was carried out during the second week of March 2022.

Results: 48% of the medical students believed that the current educational methods are not good enough while 61% agreed that the current educational methods are not student-centered. Moreover, 72% of the medical students disagreed that teachers stick to standard texts during their lectures, at the same time, 69% of the students believed that medical educationists stick to their notes/handouts during lectures. In addition, 77% of the students disagreed that the exams set by current medical educationists are based on standard texts while 81% believed that they can pass the exams by going through the notes/handouts of the medical educationists alone, with only 12% disagreeing with it.

Conclusion: Traditional teaching practices eliminate the need for standard textbooks in medical education, and hence increase reliance on the study materials provided by the educators, further diminishing the importance of standard studying techniques, which in turn affects the quality of education in a negative manner.

Keywords: Medical education, standard texts, traditional educational system, nonstandard education.

RSRS-13 Predictors Of Nomophobia And Its Association With Personality Traits: A Cross-Sectional Survey Among Undergraduates

Arshia Kanwal and Muhammad Hamza Shoaib

Introduction: Mobile phones have become an essential part of modern life and make our lives easier. However, for some people, they are a source of stress. Nomophobia is a psychological condition in which a person experiences fear or anxiety if they do not have their mobile phone.

Methodology: This descriptive, cross-sectional study was carried out in various educational departments of Riphah International University from February 2022 to October 2022 with a sample size of 784. Two validated questionnaires, the 20-item Nomophobia Questionnaire (NMP-Q) and the 44-item Big Five Inventory (BFI) were circulated via Google form and analyzed using SPSS version 26.

Results: The prevalence of nomophobia was 95.8% among students. 7.0% of students had a severe level of nomophobia, 53.1% had moderate nomophobia, and 35.7% of students had mild nomophobia. There was no significant difference in the nomophobia scores (NMP-Q) of male and female. The age group 21- 23 years was observed to have the highest nomophobia scores. Neuroticism and openness scores were directly proportional with nomophobia scores ($p < 0.01$). The results showed that neuroticism ($\beta = 0.295$; $t = 8.055$, $p < 0.001$), extraversion ($\beta = 0.076$; $t = 2.127$, $p = 0.03$) and openness ($\beta = 0.117$; $t = 3.07$, $p = 0.002$) positively and significantly predicts nomophobia.

Conclusions: Nomophobia is a prevalent issue among youth affecting majority of participants moderately and severely. Personality traits of a person, particularly neuroticism, affect nomophobia score. Neuroticism is also the most significant predictor of nomophobia. It is concluded that as nomophobia is adversely affecting the mental health of the youth. Further research and multi-centric studies are required to investigate the psychological aspects and solutions for nomophobia.

Keywords: Nomophobia, Neuroticism

RSRS-14 Medical Students; Preference for Specialty and Factors Influencing It

Sadia Aziz and Samrah Tahir

Introduction: Medical students are the future of country's healthcare system. In order to assess the cause of imbalanced distribution of doctors among different specialties, it is important to determine the factors that influence undergraduate medical students' specialty choices for post-graduation.

Methodology: This is a cross-sectional study carried out at Rawalpindi Medical University. The study included medical students of all five years of MBBS excluding foreigners and those who were preparing for foreign exams. The study duration was 6 months (May- Oct 2022). Non-random convenient sampling technique was adopted. Sample size was 361. A self-administered online questionnaire consisting of demographic details and questions about specialty preferences and factors influencing them was used and answers were recorded on Google forms. Data was analyzed by using SPSS and basic statistics, chi square and logistics regression were applied.

Results: Total 361 questionnaires were filled by the respondents Among which 241 were females and 114 were males. Only 158 participants had decided their future specialty while 203 hadn't. Most preferred fields among Surgery were General Surgery (12%,n=19) Cardiac Surgery(11.4%,n=18)and Neurosurgery(11.4% n=18).Cardiology (9.6%,n=15) and Paediatrics(8.8%,n=14) were most frequently preferred specialties among Medicine and Allied. Students showed least interested in the fields of Nephrology(n=1), Urology(n=0), (n=0), Cardio thoracic (n=1),Public Health(n=2), Paediatrics Surgery(n=2),Psychiatry(n=2), Emergency Medicine(n=0) and Family Medicine(n=0).

Conclusions: Our study concluded that most of the students were interested in the fields of General Surgery, Cardiac Surgery, Neurosurgery and Cardiology while Family Medicine, Emergency Medicine, Nephrology and Urology were among the least preferred careers of choices. Most frequently indicated influencing factors were "less workload", "liking for hard work", "gender influence".

Mesh keywords: Medical students, preferences, specialty, factors.

RSRS-15 Mitigating Cardiotoxicity Associated with Anticancer Drugs - An Updated Systematic Review

Zobia Farooq and Khansa Mehmood

Introduction: Anticancer drugs have benefits for treating cancer but they have many adverse effects such as cardiotoxicity. Especially anthracyclines are known for their cardiotoxic effects. So, there is a need for evidence in this regard as to how we can prevent these side effects for better management and care of patients receiving chemotherapy. The previous literature described the effectiveness of exercise and ACE inhibitors in this regard. Our research complements these findings by further investigating the effectiveness of candesartan and carvedilol in reducing early cardiotoxicity. Additionally, our study introduces the novel perspective of using SGLT-2 inhibitors, a facet not previously covered in the European Society of Cardiology Guidelines on Cardio-oncology (2022). These comparisons highlight the evolving landscape of cardiotoxicity prevention strategies and the contribution of our research to this dynamic field. This systematic review investigated strategies to mitigate cardiotoxicity induced by anticancer medications with an emphasis on exercise and pharmacological interventions.

Methodology: We conducted a systematic review of three randomized controlled trials (RCTs), one ATOPEtrial, and one retrospective cohort study following PRISMA guidelines 2020.

Results: Among 448 patients, exercise interventions, particularly in breast cancer patients, demonstrated significant improvements in left ventricular ejection fraction (LVEF) and cardiotoxicity prevention. Pharmacological interventions, including candesartan and carvedilol, have shown potential in reducing early DOX-induced subclinical cardiotoxicity (DISC). Combination therapy with lisinopril and bisoprolol effectively preserved the LVEF. A retrospective cohort study demonstrated the cardioprotective potential of SGLT-2 inhibitors in reducing cardiovascular events.

Conclusion: This systematic review underscores the promise of exercise and pharmacological interventions for preserving cardiac function in cancer patients receiving chemotherapy. These findings have significant implications for enhancing the quality of care for patients with cancer.

Keywords: Cardiotoxicity, anticancer drugs, anthracyclines, antineoplastic agents.

RSRS-16 Unveiling The Secrets Of Acute Preoperative Pain: A Cross-Sectional Study In Rawalpindi & Allied Hospitals

Zainab Batool and Afras Nayab

Introduction: Surgical fear, also known as surgery-related anxiety or preoperative anxiety, is a common phenomenon that can have negative impacts on patients' well-being. This study aimed to investigate various risk and protective factors for acute pre-surgical pain in patients of allied hospitals of Rawalpindi, Pakistan.

Methodology: A cross-sectional study was conducted from June to August 2023 at the Allied Hospitals of Rawalpindi Medical University (RMU) in Rawalpindi. A total of 114 patients were selected using Non-random convenience sampling from all patients who have surgery scheduled in the next three days. Patients who did not provide consent and had a language problem were excluded. Data collected via Interview-based Questionnaire consist of the Pre-Operative. Evaluation Form, which consisted of a demographic sheet along with various assessment tools. Data will be analyzed using SPSS v.28. Chi square test will be used.

Results: The mean pain score on Numerical Pain Rating Scale was 5.14 ± 0.37 , $SD=3.98$. We found a significant positive relationship between fears of long-term consequences of surgery and preoperative pain ($p = 0.031$). We also found a significant positive relationship between depression severity and preoperative pain ($p = 0.009$). Finally, we found a significant positive relationship between degree of optimism in life and preoperative pain ($p = 0.009$).

Conclusions: This study provides preliminary evidence that psychological factors may play a role in the development of preoperative pain. Further research is needed to confirm these findings and to develop effective interventions to reduce preoperative pain.

MeSH Keywords: Postoperative Pain, (D010149), Surgical Procedures (D013514), Depression (D003863), Optimism (D000067656), Anxiety (D001007), Fear (D005239)

RSRS-17 A Comprehensive Study of Adverse Effects of Chemotherapy on Female Breast Cancer Patients in NORI Cancer Hospital, Islamabad in Developing Country

Uswa Iftikhar and Humza Saeed

Introduction: Chemotherapy is one of the crucial treatments for improving disease-free survival in patients with breast cancer, which ranks among the top three malignancies worldwide. Radiotherapy, HRT and chemotherapy are possible treatments but chemotherapy induce adverse effects in all systems which hinders daily life activities of the patients.

Methodology: A Cross-sectional study on 253 female breast cancer patients receiving chemotherapy at NORI Cancer Hospital from July 2018 to Aug. 2023 was conducted. Standardized questionnaires (NCI-PRO-CTCAE) and medical records of each patient were data collection tools. Descriptive statistics, T-tests and Chi-square tests were applied for analysis.

Results: Out of 253 patients, 41.4% belonged to age group 41-50. Significant weight changes ($p=0.034$) were observed with no. of cycles ≥ 3 . Significant associations between increasing no. of chemotherapy cycles and adverse effects of GIT system {severity of mouth/throat sores($p=0.031$) & vomiting($p=0.021$)}, Respiratory system {severity of cough($p=0.04$)}, CVS {severity of arm & leg swelling($p=0.007$) & palpitations($p=0.052$)}, Integumentary system {hair loss($p=0.000$), severity of skin dryness($p=0.054$)}, musculoskeletal system {severity of fatigue($p=0.002$)} were recorded. Significant association between severity of adverse effects and positive family history as well as adverse effects and age group 18-30 was also observed. The stage of disease had significant influence on the nervous system {stage 2 ($p=0.007$), stage 3 ($p=0.01$)}.

Conclusion: The severity of adverse effects in different systems has shown variability among different age groups depending upon severity of disease (staging), genetics (family history of disease) & duration of treatment (no. of chemotherapy cycles). These Patient Reported Outcomes call forth the need to plan better management strategies while considering the prognostic factors & adverse effects of treatment.

RSRS-18 Immunosuppression For Aplastic Anemia In Children, A Systematic Review And Meta-Analysis

Taha Zahid Chaudhary and Usama Tanveer

Introduction: Aplastic anemia (AA) is a medical condition that clinically manifests as fatty replacement of the bone marrow (BM) with a near absence of hematopoietic precursor cells and peripheral blood pancytopenia. It is broadly classified as either 'constitutional' or 'acquired' based on etiology. Acquired aplastic anemia (AA) is a rare, potentially fatal disorder of bone marrow failure (BMF) affecting patients of all age groups. Age at which this condition peaks is childhood (2–5 years), adolescence/young adulthood (15–25 years), and older adulthood (>60 years). Aplastic anemia is a significant threat to human health and can be fatal if left untreated. Nowadays, we treat most patients effectively and expect long-term survival owing to the improvement of therapeutic modalities. The treatment approaches for SAA involve immunosuppressive therapy (IST) and hematopoietic stem cell transplantation (HSCT). For patients with aplastic anemia (AA) who are not suitable for allogeneic stem cell transplantation from HLA-matched siblings due to donor unavailability, advanced age, or comorbidities, immunosuppressive therapy (IST) has proven to be the most successful therapeutic approach.

Methodology: To ensure the quality of reporting, this study has been written in line with the (PRISMA) guidelines. Cohorts, Case controls and Randomized clinical trials were included in the study. Those studies were included that studied the complete response (CR) and partial response (PR) as their primary or secondary outcomes. Patients with aplastic anemia and age less than 18 years were included who were treated with either standard immunosuppression therapy (IST) or immunosuppression therapy with Eltrombopag (EPAG) in one of the two arms of the study. Studies with patients more than 18 years old were excluded, so were the studies that had only one treatment group. Review articles and case reports/series were also excluded from the Systematic Review and Meta Analysis. This study includes the articles retrieved from searching multiple databases. A systematic literature search was performed in PubMed, Cochrane and Clinical trials, without any language restrictions from inception till August, 2023.

Results: Complete response analysis at 6 months included 5 studies which included a total of 131 patients in the EPAG plus IST group and a total of 236 patients in the IST group showed an OR of 2.336 (95% CI 1.422,3.839, $p=0.001$). It showed that complete response was higher in the EPAG plus IST group with a statistically significant p-value. Complete response analysis at 12 months included 5 studies with 131 patients in the EPAG plus IST group and 236 patients in the IST group favored EPAG plus IST clinically with a statistically insignificant OR value of 1.536 (95% CI 0.770, 3.063, $p=0.223$). Partial response analysis at 6 months showed no difference between the EPAG plus IST group and the IST group, OR=0.758 (95%CI 0.432, 1.330, $p=0.334$). Partial response analysis at 12 months showed no difference between the EPAG plus IST group and the IST group, OR= 0.738 (95%CI 0.315, 1.727, $p=0.484$). All 4 of the above mentioned results are consistent with older meta analysis on a similar topic studied in adults.

Conclusion: We were able to find out values of CR and PR over 6 months and 12 months which were in line with previous researches and our expectations.

Keywords: Eltrombopag, Aplastic anemia, Complete response, Partial response.

RSRS-19 Effect of Abdominal breathing exercises on Gastroesophageal Reflux Disease, a randomized controlled trial

Maryam Sadiq and Muniba Zafar

Introduction: Gastroesophageal reflux disease usually presented with symptoms of heartburn, regurgitation, globus sensation, dysphagia, chest pain, and belching, is one of the most frequent diseases encountered by primary care providers. A functional (frequent transient LES relaxation) or mechanical (hypotensive LES) problems of LES is the most common cause of GERD. Inspiratory muscle training (IMT) through abdominal breathing exercises has the potential to increase diaphragm thickness and increase the LES pressure reducing the chances of gastric reflux and improving symptoms of GERD.

Methodology: With a randomized controlled study design, a total of 22 (11 in each group) clinically diagnosed patients of GERD presenting in gastroenterology opd at Holy Family Hospital were assessed using GERD related quality of life index questionnaire and their on- demand PPI usage. Random sampling technique was used. Every

participant was assigned a unique number. Then, a lottery method to randomly assign each number to a control or experimental group was used. Single blinding technique will be used. 18 to 60 years patients of GERD were included excluding the ones with hiatal hernia greater than 2cm, previous operation on LES and conditions preventing patient from training like respiratory tract pathologies. The data was collected via interviews. Group 1 consisting of 11 participants was taught about the abdominal breathing exercises and advised to perform these 5 times daily for 5 minutes for continuous 4 weeks along with on demand PPI usage. While group 2 (control group) only used on demand PPIs. Group 2 participants were taught about deep breathing not affecting the LES in order to maintain blinding. After 4 weeks the data was collected again and group 1 participants were compared to control group for their quality-of-life index and PPI usage. Data was retrieved and analyzed using SPSS version 22. Descriptive analysis was used for describing the study variables. Paired t-test was used for in group comparison before and after intervention and independent t test was used for between group comparison, p value of <0.05 was taken significant. Mean PPI usage of the two groups was also compared.

Results: Paired t test for the control group showed significant difference before and after 4 weeks of on demand PPI use. Paired t test for training group was also significant. However, the independent t test comparing the training group with the control group after 4 weeks of PPI use and abdominal breathing exercises, showed significant difference as well i.e., p value <0.01 . Linear regression test showed that $F(1,20) = 32.822$, $p = 0.000$. Adjusted R value is 0.603. $y = 13.182x + 2.812$. The beta value is 0.789 and p value is 0.000. The results show a positive effect of abdominal breathing exercises on reducing the symptoms of GERD.

Conclusion: Treatment options available for GERD include; life style modifications, over the counter and prescription medications (antacids, PPIs, H2 blockers) and surgical treatment. Safety issues associated with PPIs and lower efficacy of over-the-counter medications for complete cure of the disease have recently attracted widespread media and lay attention. The surgical approach can be accompanied by considerable side effects and endoscopic measures have largely failed to treat GERD. Abdominal breathing exercises serve as an alternative treatment

option for GERD patients with more efficacy and less side effects leading our way towards revolution in medicine providing more effective and less invasive treatment options to facilitate our patients.

Keywords: GERD, Abdominal breathing exercises, GERD related quality of life index.

RSRS-20 Analgesic Efficacy and Safety of Erector Spinae Versus Serratus Anterior Plane Block in Managing Pain Following Breast and Thoracic Surgery, a Systematic Review and Meta-Analysis Qurat ul Ain Muhammad and Noor Mahal Azam

Introduction: Erector spinae plane block (ESPB) and serratus anterior plane block (SAPB) are regional anaesthesia techniques that have shown promising results in managing pain following thoracic and breast surgeries; however, their relative superiority is unclear.

Materials and Methods: PRISMA guidelines were followed for this meta-analysis. We conducted a literature search across PubMed, Google Scholar, and Cochrane Library to identify randomised controlled trials (RCTs) and observational studies from inception to May 2023, comparing ESPB and SAPB in thoracic and breast surgeries. Review Manager 5.4.1 was used to calculate mean difference (MD) for continuous variables and risk ratio for dichotomous variables in random-effects model. Bias assessment employed the Cochrane Collaboration Risk-of-Bias 2.0 tool and Newcastle-Ottawa scale. The strength of evidence was assessed using the guidelines from GRADE working group.

Results: Nine RCTs (558 patients) and two observational studies (186 patients) were included. The postoperative oral-morphine-equivalent (mg) consumption in 24 hours was significantly lower in the ESPB group as compared to the SAPB group (MD = -12.82 [-19.20, -6.44], $p < 0.0001$). However, on subgroup analysis, the results for subgroup 'mastectomy' did not remain consistent. Postoperative pain scores (static) at 24 hours were also lower in patients receiving ESPB (MD = -0.33 [-0.55, 0.12], $p = 0.002$). The time to request the first dose of postoperative analgesia was longer in the ESPB group than in the SABP group (MD = 4.51 [2.13, 6.89], $p = 0.0002$). No significant differences were observed in the hospital stay duration, percentage of successful block in the first attempt, and adverse effect outcomes.

Conclusion: Our results suggest ESPB has superior analgesic efficacy, especially in thoracic surgeries. In contrast, SAPB is associated with lower opioid consumption following breast surgery. However, this difference is insignificant, necessitating more extensive trials.

MeSH Keywords: Mastectomy (D008408), Nerve Block (D009407), Post-operative Pain (D010149),

Thoracotomy (D013908)

RSRS-21 Association of comorbidity with the severity of dengue in Rawalpindi, Pakistan

Fizza Maryam and Kashaf Maheen

Introduction: Dengue fever was first reported in Pakistan in 1994 and appeared as a major health problem in the past few decades due to major factors like urbanization, global population growth, and extreme climate changes. This retrospective study is conducted to find the relationship between comorbidities and the risk of having dengue complications like Dengue Hemorrhagic Fever (DHF) or Dengue Shock Syndrome (DSS).

Methodology: This retrospective study was conducted in Rawalpindi, Pakistan. It includes a total of 771 dengue patients recruited from different hospitals in Rawalpindi, which includes 103 patients with comorbidities. Out of 103 dengue patients, 58 patients suffering from DHF and 34 patients suffering from Dengue Fever (DF) were compared based on demographics. SPSS was used for all the statistical analysis. Odd ratios and risk estimates for all four comorbidities were analyzed.

Results: The WBCs, hemoglobin, and platelet count of the comorbid and non-comorbid did not differ significantly on days 1, 2, 3, and 4 of hospitalization, whereas the WBC count of DHF patients having diabetics and hypertension differ significantly at day 3 and 4. A strong relationship between age and severity of disease was found, whereas gender has no significant dependencies. The odds of patients having DHF among hypertension and smokers are higher than in patients suffering from DF. (OR. 2.105; 95% CI. 0.88–5.03 and OR 1.026; 95% CI. 0.229–4.590). In comparison, the Odds and risk estimates of DHF among asthma and diabetes mellitus are found insignificant. (OR 0.640; 95% CI. 0.184–2.225 and OR. 0.720; 95% CI. 0.300–1.726 respectively).

Conclusion: In this research, we found that the WBC count of DHF patients having comorbidities, diabetes, and hypertension differ significantly at 3rd and 4th day of hospitalization. Whereas no significant association was found between DHF non-comorbid and comorbid patients.

Keywords: Comorbidity, Dengue virus, Severe dengue

RSRS-22 The Evaluation of Prognostic Factors of Early Mortality in Patients with Acute Pancreatitis

Faizan Shahzad and Zara Ahsan

Introduction: Early and accurate assessment of the severity of acute pancreatitis (AP) is of great importance to provide effective disease management and prevent mortality.

Methodology: This prospective cohort was run at the Medicine Departments of BBH and HFH from March 2023 to September 2023. The sample size was calculated to be 112. Pancreatitis is diagnosed based on the revised Atlanta classification. Patients with post-endoscopic retrograde cholangiopancreatography, suspected malignant biliary and pancreatic diseases, nonpancreatic infection or infection caused by other diseases, and pancreatitis diagnosed in surgery as well as patients with a history of immunodeficiency were excluded from the study.

Results: There were a total of 200 of which, 25 patients did not survive the disease. Multivariate logistic regression was used which showed that red cell distribution (RDW) (OR = 2.565, P = 0.002) and creatinine (OR = 1.25, P = 0.003) were early independent risk factors of AP mortality while albumin (OR = 0.820, P = 0.036) levels reduced AP mortality. The positive predictive values of the AP mortality were 78.1%, 59.5%, and 67.5%. In combined measurement, the area under the curve of RDW, creatinine, and albumin was 0.944 (95% CI: 0.904 to 1.000, P < 0.001). RDW \geq 13.45%, creatinine \geq 122.5 $\mu\text{mol/l}$, and albumin \leq 33.95 g/l indicated a good predictive value for mortality in AP patients with a sensitivity of 98% and specificity of 65.2%.

Conclusion: Our study showed that RDW, creatinine, and albumin can serve as early indicators for AP mortality which warrants further clinical investigation.

Keywords: Acute Pancreatitis, mortality, Creatinine

RSRS-23 Title of the Study: Comparison of the Efficacy of Cisplatin/Paclitaxel Versus Carboplatin/Paclitaxel in Improving Survival and Quality of Life in Advanced Ovarian Cancer Patient Population; A Systematic Review and Meta-Analysis of Randomized Control Trials
Alishba Shahzad Ali and Fatima Shahid

Introduction: Ovarian Cancer, the third most prevalent gynaecological cancer, necessitates an efficacious and well-tolerated therapeutic intervention. After extensive drug testing, combination regimens including platinum-based agents such as Cisplatin/Carboplatin and taxanes, namely Paclitaxel, demonstrated promising results for advanced ovarian cancer. To compare the efficacy of two treatment regimens for advanced ovarian cancer: Cisplatin/Paclitaxel and Carboplatin/Paclitaxel.

Methodology: We enrolled people in double-arm randomized controlled trials (RCTs) with histologically proven stages IIB to IV ovarian cancer who had not previously undergone chemotherapy. EndNote Reference Library was used to delete duplicate articles. Continuous and Dichotomous outcome data were extracted. The tool Review Manager 5.4 was used to conduct data analysis. The 5 RCTs chosen for this statistical analysis consisted of a total of 2239 participants, with 1109 receiving paclitaxel/cisplatin for treatment and the remaining 1130 receiving paclitaxel/carboplatin.

Results: Among all included outcomes, these reported non-significant findings: PFS time p-value = 0.44, OS time p-value = 0.44, Complete Response Rate p-value = 0.43, Partial Response Rate p-value = 0.65, myalgia/arthralgia p-value = 0.02, neutropenia p-value = 0.08, leukopenia = 0.17 and anemia p-value = 0.32. The significant outcomes included QoL p-value = 0.0002, neurotoxicity p-value = 0.003, nausea/vomiting p-value < 0.00001, and thrombocytopenia p-value = 0.00001.

Conclusion: The Carboplatin/Paclitaxel doublet endows a better quality of life (QoL) to patients along with significantly less gastrointestinal and neurological toxicities when compared with the Cisplatin/Paclitaxel treatment regime. The myelosuppressive effects of Carboplatin/Paclitaxel

remain a point of concern and may require clinical management.

Keywords: meta-analysis, advanced ovarian cancer, paclitaxel, carboplatin, cisplatin

RSRS-24 Association Between Predictors and Menstrual Hygiene Management Practices Among Women in Pakistan: A Cross-sectional Study
Amina Khan

Introduction: Menstrual Hygiene Management (MHM) is an important aspect of women's health from menarche to menopause. Many significant factors are an obstacle to maintaining hygienic measures during menses. This study aims to assess the association between Predictors and Menstrual Hygiene Management Practices (MHM) Among Women in Pakistan.

Methodology: It is a cross-sectional study carried out at the Allied hospitals of Rawalpindi Medical University from July to September 2023. Non-random convenience sampling was used. The sample size was 290 with a population proportion of 75%. Females under sixty years with informed consent were included in this study. A validated MHMP Indicator Scale was used. SPSS version 26 was used to apply descriptive statistics, chi-square test, and binary logistic regression analysis between MHMP and determinants.

Results: Around 52% of the females followed 'poor practices' while 48% opted for 'good practices' for menstrual hygiene. Perceived socioeconomic status (p= 0.00), education level of the female (p= 0.00), maternal (p= 0.00), and paternal education (p= 0.01) all have significant associations with MHMP. Low perceived socioeconomic status (OR= 0.038; 95% CI= 0.003- 0.500; p= 0.013), illiteracy in mothers (OR= 0.207; 95% CI= 0.060- 0.709; p= 0.012) have 0.038- and 0.207-times less odds to opt for hygienic measures. Fathers with a primary level of education (OR= 3.03; 95% CI= 1.074-8.547; p= 0.036) have 3.03 times the odds of their daughters having 'good practices' of menstrual hygiene.

Conclusion: Poor practices of menstrual hygiene are prevalent in Pakistani Women. Low perceived socioeconomic status, self, and parental level of education all have a significant association with MHMP. Destigmatizing menstruation and educating women is the only way to overcome this gap.

Keywords: menstrual hygiene management, menstrual hygiene; menstrual management; female; hygiene

RSRS-25 Attitude of Females Coming to Obstetric and Gynae Wards of Allied Hospitals Regarding Family Planning and the Use of Contraceptive Methods

Qandeel Khurshid and Ayesha Touqeer

Introduction: Family planning is defined by WHO as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples, to promote the health and welfare of family groups and thus contribute effectively to the social development of a country. The concept of “family planning” is valuable as it improves health through adequate spacing of birth, avoiding pregnancy at high-risk, maternal age and high parity. Awareness among women should be created about their rights and opinions about the size of their family. There is a need to create awareness among males as well.

Methodology: A cross sectional study was conducted at the Allied hospitals of Rawalpindi medical University, i.e. Holy Family Hospital, Benazir Bhutto Hospital and District Headquarters Hospital from March 2022 to May 2022. Consecutive non random sampling technique was used. People were interviewed. Data was collected using a self-structured questionnaire. Data collected was analyzed using SPSS V 22.

Results: A total of 162 people were interviewed. Out of the total population, 50% (n=81/162) responded when asked whether pill protects against HIV with “Maybe”, 38.3% responded with “No” and 11.7% responded with a “Yes”. A majority of 52% (n=85/162) also responded with a Maybe when asked whether pill protects against vaginal infections followed by 33.3% with “No” and 14.2% with “Yes”. A majority of 32.1% (n=52/162) responded that the possibility of baby to become infected with HIV is also important to keep in mind while making the decision of whether or not to have a baby. A Majority of mothers 72.2% (n=117/162) also responded that their own health is the most important thing while making this decision.

Conclusion: After we assessed the awareness and practice of mothers coming to obstetrics and gynecology wards of allied hospitals regarding family planning and the use of contraceptive

methods; sadly the situation was so alarming that 54% of the mothers had never used any contraceptive technique. The data indicates a huge number of unplanned pregnancies and the overall situation is compounded by a cultural attitude of religious and medical superstition. To improve contraceptive use in Pakistan, multiple media sources should be used to educate the couples and their parents regarding contraceptive services, and strengthen the perception that religion not only allows but also recommends family planning.

Keywords: Family Planning, Contraceptives, Knowledge

RSRS-26 Knowledge and Practice of Adolescent Females about Menstruation and Menstruation Hygiene in Rawalpindi

Areeba Ghaffar and Aiza Iqbal

Introduction: Menstruation being an underplayed subject is seldom given voice. Adequate knowledge about safe menstrual hygiene practice is necessary as women practising good hygiene during their periods are less at risk for developing reproductive tract infection.

Methodology: A descriptive, cross-sectional study was conducted on adolescent females visiting the Outpatient Departments (OPD) of three of the Allied hospitals of Rawalpindi Medical University; Holy Family Hospital, Benazir Bhutto Hospital and District Headquarter Hospital, along with female students of Punjab College for Women, Rawalpindi. Using convenience sampling, a validated questionnaire was used to collect data from 263 respondents over a duration of May 2023 to September 2023.

Results: Demographic characteristics revealed that the mean age of the respondents was 16.89±1.31 years. 11.8% of our participants hadn't been given any information on menstruation before menarche. And only 22.1% of them had a proper session at school regarding menstruation before their menarche. Majority (67.3%) of our respondents had good knowledge regarding menstrual hygiene practice, still most respondents (70.0%) have poor practices. 52.0% respondents had a discomfort reaction to their first menstruation. 74.9% respondents use commercially made pads.

Conclusion: Our research findings indicate a good level of knowledge and poor practices among

adolescent females and they hold misconceptions regarding menstruation due to limited access to accurate menstruation related information. There should be incorporation of reproductive health education in the school curriculum that would equip the students with accurate knowledge to dispel unhealthy practices.

Keywords: adolescent, hygiene, menstruation

RSRS-27 Association Between Predictors and Menstrual Hygiene Management Practices Among Women in Pakistan: A Cross-sectional Study

Barira Afzal and Sanabil Gul

Introduction: Menstrual Hygiene Management (MHM) is an important aspect of women's health from menarche to menopause. Many significant factors are an obstacle to maintaining hygienic measures during menses.

Methodology: It is a cross-sectional study carried out at the Allied hospitals of Rawalpindi Medical University from July to September 2023. Non-random convenient sampling was used. The sample size was 290 with a population proportion of 75%. Females under sixty years with informed consent were included in this study. A validated MHMP Indicator Scale was used. SPSS version 26 was used to apply descriptive statistics, chi-square test, and binary logistic regression analysis between MHMP and determinants.

Results: Around 52% of the females followed 'poor practices' while 48% opted for 'good practices' for menstrual hygiene. Perceived socioeconomic status ($p=0.00$), education level of the female ($p=0.00$), maternal ($p=0.00$), and paternal education ($p=0.01$) all have significant associations with MHMP. Low perceived socioeconomic status (OR= 0.038; 95% CI= 0.003- 0.500; $p=0.013$), illiteracy in mothers (OR= 0.207; 95% CI= 0.060- 0.709; $p=0.012$) have 0.038- and 0.207-times less odds to opt for hygienic measures. Fathers with a primary level of education (OR= 3.03; 95% CI= 1.074-8.547; $p=0.036$) have 3.03 times the odds of their daughters having 'good practices' of menstrual hygiene.

Conclusion: Poor practices of menstrual hygiene are prevalent in Pakistani Women. Low perceived socioeconomic status, self, and parental level of education all have a significant association with

MHMP. Destigmatizing menstruation and educating women is the only way to overcome this gap.

Keywords: menstrual hygiene management, menstrual hygiene; menstrual management; female; hygiene

RSRS-28 Awareness Of Mothers Coming To Obstetric Wards Of Allied Hospitals Regarding Neonatal Care And The Working Of Community Health Workers In Their Districts

Iqra Munir and Fatima Hassan

Introduction: Neonatal mortality remains a significant challenge not only to the world, but especially to a developing country like Pakistan. It can be majorly attributed to the sub-par healthcare, insufficient and under-recognized community health workers, and the lack of knowledge of proper newborn care on the part of the parents. This study targets the level of knowledge of the mothers and the services provided by community health care workers as the main factors determining neonatal care.

Methodology: A cross-sectional study was conducted in the OBS (obstetrics) wards of Hospitals affiliated with Rawalpindi Medical University from January 2022 to June 2022. The sample size was 138. Data was collected by one-on-one interviews, using a standardized USAID Community Health Worker Assessment and Improvement Matrix questionnaire. The sampling technique used was non-probability convenience sampling. Data analysis was done using SPSS v28. Chi-square test was applied to check for significance.

Results: Out of the total 138 participants, 47.8% ($n=66/138$) were between the ages of 21–25. Results showed that women between the ages of 21–25 ($P=0.000058$) and women who had their first child between the ages of 23–27 had good knowledge about neonatal care. 45% ($n=62/138$) of the participants had poor knowledge of neonatal care, whereas 55% ($n=76/138$) had good knowledge ($P=0.000002$). As for the role of community health workers, only 20–30% of the participants were being provided with their services; hence their performance was not found to be adequate.

Conclusions: The world of medicine is moving rapidly toward a new framework of the health systems in which the real foundation will be based on what actually takes place in the community, therefore, community health workers can play an

important role in improving maternal and neonatal care. Family-centered care, appropriate age of first conception and motherhood, and proper guidance to first-time parents can ensure significant improvement in neonatal care in the future.

Keywords: Community health workers; Mothers; Neonatal health; Neonatal screening; Neonate.

RSRS-29 Evaluation of Prevalence of Premenstrual Syndrome and its impact on Quality of Life among Future Health Care Professionals

Kamilah Qamar and Zeeshan Hayder

Introduction: Premenstrual syndrome (PMS) is a pervasive condition characterized by distressing physical, behavioral, and psychological symptoms that manifest in the latter half of the menstrual cycle, significantly affecting daily functioning. This study endeavors to comprehensively assess the prevalence of PMS among medical students, elucidate its potential correlation with body mass index (BMI) and dietary habits, and unveil its intricate relationship with the overall quality of life (QoL).

Methodology: Executed at Riphah International University from January to October 2023, this cross-sectional study enrolled a robust cohort of 613 participants. Employing a convenience sampling approach, data collection hinged upon the administration of two pivotal questionnaires: the 36-Item Short Form Survey and the Premenstrual Syndrome Scale. Subsequent analysis was meticulously conducted through SPSS version 26.

Results: The findings of this study are both compelling and concerning, revealing a staggering PMS prevalence of 95.7% among the participant pool. The spectrum of symptom severity was distinctly delineated, with 21.6% encountering mild manifestations, 38.6% grappling with moderate symptoms, while 31% and 4% endured severe and very severe symptoms, respectively. Impressively, a statistically significant correlation emerged between BMI and the intensity of PMS symptoms ($p < 0.001$). Furthermore, noteworthy associations were discerned between PMS and daily consumption of soft drinks and chocolate ($p < 0.001$). Of paramount significance, the intricate interplay between PMS and QoL was unmistakably underscored, with all nine QoL domains displaying significant correlations with PMS severity ($p < 0.001$).

Conclusion: The implications of this study resonate powerfully, spotlighting PMS as a formidable health challenge detrimentally influencing the quality of life for a significant proportion of individuals. The data underscore the urgency of providing specialized support mechanisms to students navigating the complexities of PMS. This study bears substantial implications for international discourse, urging a comprehensive exploration of interventions aimed at mitigating the multifaceted burdens posed by PMS.

Keywords: premenstrual syndrome, reproductive age group, quality of life

RSRS-30 Factors Influencing Delayed Diagnosis and Treatment Initiation of Breast Cancer among Women in the Potohar Region

Muhammad Burhan and Aamnah Tariq

Introduction: Breast cancer is a significant public health concern in Pakistan, with high incidence rates and delayed diagnoses. This study is focused on understanding the reasons behind the delayed diagnosis of breast cancer in women of the Potohar Region. Objective is to identify factors that contribute to this delay, particularly from the patient's perspective, to improve breast cancer prognosis.

Methodology: This is a retrospective cohort study being conducted within the setting of Nuclear Medicine, Oncology, and Radiotherapy Institute (NORI) hospital. The study population consists of breast cancer patients, and the research will be conducted over six months. Data will be collected from a sample of 207 individuals using convenience sampling. "The breast cancer questionnaire delay" was used to collect data from breast cancer patients, which is a validated questionnaire, along with the extraction of pertinent information from patients' medical records. To evaluate the relationship between the studied factors and delayed presentation, we employed a stepwise descending binary logistic regression model to compute unadjusted (crude) and adjusted Odds Ratios.

Results: A total of 207 patients are expected to be included. The mean age of the patients was 50.1 ± 10.9 years. Less than half of patients are expected to have primary education (48.8%). The majority of patients are to be married (86.3%) and unemployed (90.4%). The median of Patient Interval (PI) and Health System Interval (HSI) is expected to be 31 days [IQR: 12.5-151.5] and 53 days [IQR: 33.0-88.7] respectively. About three-quarters of patients (76.4%)

are to be presented with a healthcare system delay (HSD). After univariate analysis, factors significantly associated with Patient Delay are expected to be the low level of education (illiterate/primary) (RR: 2.7; 95% CI [1.1-6.4]; $p=0.02$) and the lack of knowledge about BC symptoms by patients (RR: 15.0; 95% CI [6.0-37.4]; $p<10^{-3}$). The only variable that will remain to be associated with PD after multivariate analysis is lack of initial knowledge of symptoms (OR: 15.0; 95% CI [6.0-37.4]; $p<10^{-3}$).

Conclusion: The predominant factor contributing to delayed presentation among women with breast cancer was the absence of symptom awareness.

Keywords: Breast cancer- delayed presentation- risk factors-Pakistan

RSRS-31 Post Mastectomy Seroma Formation: Scalpel v/s Ligasure TM Dissection in Modified Radical Mastectomy

Muhammad Khubaib Arshad and Muhammad Uzair Shahid

Introduction: Breast cancer is one of the most common cancers worldwide and one of the leading causes of mortality among female population. Modified radical mastectomy (MRM) with Level II axillary lymph node dissection (ALND) is considered as the gold standard treatment. The most common post-operative complication of MRM with ALND is seroma formation. This study aimed to compare the efficacy of scalpel and LigaSure dissection with respect to seroma formation in the flaps.

Methodology: This randomized controlled trial was conducted in the department of surgery, Federal Government Polyclinic Hospital (FGPC), Islamabad from October 2020 to October 2021. A total of 60 patients were recruited in the study, divided into 2 groups of 30 patients each; Scalpel Dissection Group and LigaSure Dissection Group. Data was gathered, entered and analyzed on SPSS version 22.

Results: Mean age in group I patients was 38.3 ± 11.4 years and it was 39.8 ± 9.4 years in group II patients ($p=0.566$). Mean duration of surgery in group I patients was 109.9 ± 7.9 minutes and it was 105.1 ± 8.3 minutes in group II patients ($p=0.027$). Seroma formation observed in both groups was statistically insignificant.

Conclusion: In comparison to the group that had scalpel dissection, the LigaSure group's mean

surgical time was shorter. Mean volume of flap drain, mean duration of flap drain, frequency of post-surgery seroma formation, and mean duration of hospital stay was similar in both treatment groups.

Keywords: Seroma Formation, Radical Mastectomy

RSRS-32 Experience of Married Population about Different Contraceptive Methods, their Usage, and Effectiveness in Terms of Success and Failure

Shehla Nosheen and Rimsha Shahid

Introduction: Contraceptives are the agents used to prevent unplanned pregnancies. Family planning is a preventive measure for unintended pregnancies which helps to lower maternal ill health and the number of deaths due to pregnancy. There are various methods of contraception but the choice of the right contraceptive for each couple is necessary to promote maternal and child health. This could be done by improving contraceptive use in the community. The objectives of this study are to determine the prevalence of different contraceptive methods and to investigate the effectiveness of various contraceptive methods to determine the satisfaction of couples with different contraceptive methods.

Methodology: A cross-sectional study was conducted for 7 months in the OPDs of Allied Hospitals of RMU. Married couples with both spouses above the age of 18 were included in the study while the exclusion criteria was: (1) Women who have reached menopause or have any fertility disorder (2) Men with impotence or any other fertility disorder (3) People who have undergone permanent surgical procedures. 360 people were interviewed through Consecutive Sampling. Data was analyzed through SPSS version 22. Descriptive and inferential statistics were used. P value of less than 0.05 was considered significant.

Results: Of these 360 couples, 66 % females and 33% males used contraceptive methods. The most frequent method of contraception is the barrier method (47.8 %). Most of the contraceptive methods were used for 1 to 3 years (32.7%) with an 87.1% satisfaction rate. 77.3% of the couples were consistent with the use of contraception while 21.4 % of couples were not consistent. Most of the methods were changed due to side effects (80.5%) and 19.5% of methods were changed due to unplanned pregnancies.

Conclusions: Our study shows that contraceptives are mostly used by educated women who are housewives. Contraceptive use is more prevalent among the urban population. Barrier method is the most commonly used method but it has the highest failure rate. The most effective method is subdermal implant followed by IUCD.

Keywords: Contraceptive Methods, Effectiveness, Satisfaction, Success, Failure

RSRS-33 Prevalence of Hepatitis C Virus (HCV) Infection in Patients with Communicable and Non-Communicable Diseases in Rural Punjab, Pakistan

Moosa Usman Saeed

Introduction: Hepatitis C virus (HCV) infection is a significant public health concern, especially in developing countries such as Pakistan. This study aimed to estimate the prevalence of HCV infection by detecting serum antibodies among patients with various communicable and non-communicable diseases in rural Punjab, Pakistan.

Methodology: This was an observational, descriptive, cross-sectional study conducted at the Institute of Public Health, the University of Lahore, from January 1, 2022, to December 31, 2022. A total of 3,830 patients from Southern, Central, and Northern regions of Punjab were randomly selected using probability-based random sampling. 5ml blood samples were collected from the patients, and the serum was separated for HCV antibody testing. Patients were categorized into communicable disease groups, including malaria, dengue fever, and typhoid, and non-communicable disease groups, such as cardiovascular diseases, diabetes mellitus, dental issues, surgical interventions, gynecological and obstetrical cases, blood transfusion, accidental wounds, and injectable treatments with glass syringes.

Results: The study found the highest seropositivity rates of 46% among patients receiving injectable parenterally with non-disposable glass syringes and 43% among dental patients. Obstetrical and blood transfused patients exhibited a seropositivity rate of 39%. The study also observed seropositivity rates of 37% and 34% among surgical and cardiovascular disease patients, respectively. The seropositivity rates in other categories followed a descending order, with rates ranging from 30% to 10% for minor surgery, diabetes, malaria, gynecological, typhoid, and dengue fever patients.

Conclusions: The study revealed a high prevalence of HCV infection among patients in rural Punjab, Pakistan, especially among those who had received injectable treatments with non-disposable glass syringes and dental patients. These findings underscore the need for better healthcare practices and awareness campaigns to control the spread of HCV in rural areas.

Keywords: HCV, hepatitis C virus, seropositivity, prevalence, rural Punjab, communicable diseases, non-communicable diseases, healthcare practices.

RSRS-34 Slow-release self-emulsifying drug delivery system comprising of Eudragit-metronidazole complex for ocular delivery Muhammad Ahmad Raza

Introduction: This project was aimed to develop metronidazole sustained release self-emulsifying drug delivery system to treat ocular infection caused by anaerobic bacteria.

Methodology: Eudragit S100 (EU) was ion paired with metronidazole (MTZ) [F MTZ+EU] to develop slow-release formulation. F MTZ & F EU contains MTZ-10mg/mL and EU-2mg/mL of SEDDS formulations respectively, having same proportion of excipients as F BLANK . F MTZ+EU contains MTZ+EU complex of same quantity and proportion of excipients as well. SEDDS formulation was developed using oleic acid (150 μ L/mL) as oil, Cremophor EL (350 μ L/mL), Tween 80 (200 μ L/mL) as surfactants, polyethylene glycol 400 [PEG 400 (200 μ L/mL)] as co-surfactant and ethanol as co-solvent (100 μ L/mL). Hemolytic toxicity assay, In-vitro mucus diffusion, ex-vivo corneal permeation studies and anti-microbial assay were performed.

Results: Results demonstrated the safety profile of all of the formulation having $\leq 10\%$ on human erythrocytes. In-vitro diffusion studies shows the diffusion rate of F MTZ+EU was 2-folds greater than control (MTZ in phosphate buffer) and 2.25-folds less than the F MTZ meanwhile ex-vivo permeation studies showed 3-folds more permeation than control and 1.5-folds less than F MTZ . %Age growth of E. coli showed 5-fold and Staph. aureus showed 3-folds less growth in case of F MTZ+EU than Control respectively. While for time kill assay F MTZ+EU kill bacterial colonies of E. coli and Staph. aureus 4-folds more quickly than Control. Hence, F MTZ+EU showed slow-release of Metronidazole and more

effective anti-microbial effect than rest of the formulations.

Keywords: self-emulsifying system, metronidazole, ophthalmic preparation, slow-release.

RSRS-35 Evaluation of demographic, clinical, para-clinical, radiological findings and short term outcomes in COVID-19 patients who received low and high doses of corticosteroids and methylprednisolone pulse

Muhammad Ali Rasheed

Introduction: Corticosteroids are used to treat respiratory diseases for a long time. Evidence shows the promising effects of high as well as low dose pulse steroid therapy in the improvement of clinical outcomes in COVID-19.

Methodology: This is a cross-sectional retrospective study conducted in a clinical setting on a population of 163 confirmed cases of COVID-19 receiving pulse during their hospital stay in the first half of the year 2021. Confirmed COVID-19 cases who received pulse corticosteroid were included. Patients who did not receive the therapy were excluded. The statistical analysis was performed using the SPSS® software version 24.

Results: After comparing the means of clinical markers like SpO₂, Respiratory rate, body temperature and laboratory markers like CBC diff, ESR, CRP and D-dimer on the days of admission and discharge, we noticed a significant improvement in all 4 groups on corticosteroids. Particularly, low dose dexamethasone showed comparatively quicker treatment response in terms of early discharge (92.3% of the patients were discharged in first 6 days (p value: <0.001)), clinical improvement – {SpO₂: (90.8-94.4%) (p value: <0.001), respiratory rate: (22-19 b/min) (P value: <0.001), body temperature: (37-36.6 C) (p value: <0.001)}, laboratory markers improvement (ESR: 51.29-38.79) (p value: 0.001), (CRP: 99.54-37.5) (P value: <0.001) and short term outcomes such as re-hospitalization (0.6%) and GI-bleeding, mortality and opportunistic infections (0% each) than other groups.

Conclusion: Low dose dexamethasone was a better treatment choice than high dose dexamethasone and methylprednisolone pulse because clinical improvement seen in the former group was much quicker and promising. Moreover, poor clinical improvement, total mortality (1.8%) and re-

hospitalization (1.2%) was higher in methylprednisolone pulse.

Keywords: COVID-19, Treatment outcome, Drug pulse therapy.

RSRS-36 Assessment Of Physicians For Adherence To Management Guidelines Of Diabetes Mellitus

Muhammad Athar Rauf

Introduction: Diabetes mellitus is a chronic disease that is increasing globally and leads to several morbidities. Early detection, diagnosis, and management of diabetes can reduce the associated co-morbidities and increase the quality of life of patients. The care and examination of diabetes must be according to recent diabetes guidelines, adherence of physicians to such guidelines on examination, testing and management is varied among different countries. This study was done to review the level of adherence of primary healthcare physicians to the diabetic guidelines.

Methodology: This cross-sectional study was conducted in Jinnah Hospital Lahore (JHL) from June to September 2021. A self-administered questionnaire based on the American Diabetes Association's standard of care was administered to 103 physicians, and the data were collected for further analysis. Adherence of physicians to management guidelines for diabetes mellitus patients is determined.

Results: As many as 60-70% of respondents were aware of the guidelines. Most of the respondents consulted their patients and focused mainly on prescription of medicines and regular use of medicines and didn't consult regarding food and healthy lifestyles, exercise, obesity control, having self-confidence, being positive to themselves, having good relations with friends and family and to remain active and avoid laziness.

Conclusions: This study demonstrated that physicians were not fully aware of the latest guidelines about diabetes mellitus (DM). This lack of knowledge may result in less adherence to the guidelines and might have a negative impact on quality of care.

Keywords: Blood glucose levels; Diabetes Mellitus; Guidelines; Primary care physicians; Quality of care.

RSRS-37 Effect Of Cola And Energy Drink Consumption On Blood Glucose Levels Of Non Obese And Obese Medical Students Of South Punjab

Presenters: Muhmmad Ayhan Murtaza and Muhammad Salman Nadeem

Introduction: Cola and energy drinks disturb glycemic index.

Methodology: This study consisted of 108 medical students with ages between 18-24, categorized into non-obese males (NOMs-Group A), non-obese females (NOFs-Group B), obese males (OMs-Group C) and obese females (OFs-Group D) with each group having 27 individuals. Adiposity as well as fasting glycemic status of the study individuals was established through standard WHO guidelines for BMI, WHR and Fasting Blood Glucose (FBG) respectively. To observe effect of cola drink intake on postprandial glycemic index, 250 ml of coca-cola was administered to all study groups in a fasting status while same quantity of sting was used to observe the effect of energy-drink at another occasion. Glucose levels, measured through Accu-check-Performa, were compared between study groups through ANOVA in combination with Post-Hoc Tukey's test while Pearson's correlation coefficient was used to correlate them with BMI and WHR.

Results: Though FBG level of NOMs and NOFs were not significantly different from their obese counterparts ($p=0.054, p=0.061$ respectively), glucose levels later to cola/energy drink intake were significantly different [$p=0.041, p=0.001$] and [$p=0.021, p=0.030$] respectively] with energy drink leading to more marked hyperglycemia specifically within obese subjects. Also, post cola/energy intake glucose levels within OMs and OFs showed a significant positive correlation with both BMI and WHR [$r=0.390, p=0.001, r=0.460, p=0.002$] and [$r=0.610, p=0.012, r=0.590, p=0.000$]/ $[r=0.412, p=0.000, r=0.513, p=0.000]$ and [$r=0.672, p=0.000, r=0.710, p=0.000$].

Conclusion: Energy drinks induce marked hyperglycemia predominantly in obese individuals.

Keywords: cola drink, energy drink, hyperglycemia, BMI, WHR.

RSRS-38 Gastrointestinal Manifestations of Dengue Infection: A Cross-Sectional Study at Holy Family Hospital

Muhammad Ibrahim and Hadia Eiman

Introduction: Dengue fever, a mosquito-borne viral illness caused by distinct serotypes is characterized by symptoms such as headache, myalgia, and rash. However, dengue has exhibited a growing range of manifestations, including gastrointestinal (GI) symptoms like nausea, vomiting, diarrhea, abdominal pain, and bloody stools. Additionally, elevated AST, ALT, amylase, and lipase levels suggest potential involvement of the liver and pancreas, hinting at acute hepatitis and pancreatitis as possible symptoms.

Methodology: This cross-sectional study, conducted at Holy Family Hospital, involved 245 confirmed dengue cases. Data was collected from patient files and via elaborate history-taking. Data encompassed patient demographics, clinical presentations such as headache, abdominal pain, diarrhea, and laboratory results such as CBC and serum ALT, AST, ALP, Lipase, and Amylase.

Results: There was a predominance of classic dengue fever cases (57.1%), followed by dengue hemorrhagic fever (41.6%), and dengue shock syndrome (1.2%). The most common symptoms were fever, nausea/vomiting, myalgia, headache, arthralgia, and bleeding manifestations. Strikingly, 88.2% of patients exhibited GI symptoms, with abdominal pain (48.2%) and increased gallbladder thickness (35.5%) emerging as prominent manifestations. Additionally, peritoneal free fluid (24.9%), diarrhea (21.2%), hepatitis (14.3%), and pancreatitis (7.3%) were identified. Notably, statistical analyses using chi-square tests and logistic regression demonstrated significant associations between the type of dengue fever and specific GI manifestations. Furthermore, the minimum platelet count emerged as a predictive factor for gallbladder wall thickness, bloody diarrhea, and abdominal pain.

Keywords: Gastrointestinal Manifestations, Dengue Infection

RSRS-39 A Randomized Controlled Trial Investigating the Role of L-Carnitine Supplementation on NT-pro.BNP Levels and Intradialytic Hypotension Among Patients Receiving Maintenance Hemodialysis

Muhammad Raza Sarfraz

Introduction: Our study aims to determine the effect of L-Carnitine supplementation on BRAIN NATRIURETIC PEPTIDE (NT- Pro BNP) levels and intradialytic hypotension in patients receiving maintenance hemodialysis. *Study Significance:* Our findings signify that L-Carnitine supplements can reduce morbidity and death in hemodialysis patients due to cardiovascular problems, if provided early in the course of the disease.

Methodology: In partnership with the University of Karachi, this randomized control trial was carried out at the Jinnah PostGraduate Medical Center Karachi's hemodialysis center after obtaining ethical approval. Applying inclusion and exclusion criteria, 60 people on maintenance hemodialysis were recruited in our study and divided into two groups: Group A included 50 participants who were given L-Carnitine orally, while Group B included 10 participants who were given L-Carnitine intravenously for the duration of 5 months, L-carnitine tablets 500 mg thrice day were administered orally under close supervision while Group B received 20 mg/kg IV bolus delivered over 2-3 minutes after each hemodialysis session (thrice a week) for 5 months. Data was analyzed using SPSS 23.0.

Results: Our study include twenty-nine males and thirty-one females with mean age 43.9 ± 8.6 and BMI 25.7 ± 5.1 . Occurrences of intradialytic hypotension and NT-pro BNP levels decreased dramatically in both the intravenous and oral treatment groups, although BMI did not alter appreciably.

Conclusion: L-carnitine supplementation has been shown to improve intradialytic hypotension and lower NT-pro BNP levels. As a result, L-carnitine has a high potential for treating cardiac problems in hemodialysis patients.

Keywords: L-carnitine, BNP, Hypotension, Hemodialysis

RSRS-40 The Effect of Increased Lipid Peroxidation on Carotid Artery Intima Medium Thickness Ratio in Patients on Maintenance Hemodialysis

Muhammad Raza Sarfraz

Introduction: The aim of this study is to investigate the effect of increasing lipid peroxidation on the carotid intima-media thickness ratio in individuals undergoing hemodialysis. Our study signifies the effect of lipid peroxidation, and its results on the intima-media thickness of the Right carotid artery.

Methodology: It was a Comparative prospective study carried out From January to December 2018 among 120 subjects, at Jinnah PostGraduate Medical Center Karachi in partnership with the University of Karachi, Pakistan. After obtaining ethical approval and securing consent. Participants were divided into control (group A) and cases (group B) using the study's criteria, a non-probability consecutive sampling technique was used for the recruitment of study subjects. The Doppler ultrasonography method was used to determine the intima-media thickness (IMT) ratio of the common carotid artery in study participants and controls whereas Serum oxidized LDL (ox-LDL) levels were used to measure lipid peroxidation and the data was analyzed using SPSS 23.

Results: The mean age in the control group was 34.67 ± 7.73 as compared to cases 43.20 ± 4.66 having BMI 23.47 ± 3.26 and 20.21 ± 4.21 , respectively. In group A the mean level of Ox-LDL was 24.87 ± 5.23 U/ml while it was 63.77 ± 6.77 U/ml in group B. Among the control group, the mean intima-media thickness of the Right common carotid artery was 0.45 ± 0.04 mm while in cases it was 0.93 ± 0.09 whereas the mean thickness of the left common carotid artery among controls was 0.42 ± 0.01 mm and 1.07 ± 0.14 mm in cases.

Conclusions: This study explains the causes of increased lipid peroxidation and increased carotid artery intima-media thickness ratio that will lead to the development of atherosclerosis in hemodialysis patients.

Keywords: Ox-LDL, Carotid artery, Lipid Peroxidation, Atherosclerosis, Hemodialysis

RSRS-41 R-CHOP Versus R-EPOCH in Diffuse Large B-cell Lymphoma: A Systematic Review and Meta-Analysis

Muhammad Usama and Hamza Tariq

Introduction: Diffuse large B-cell lymphoma (DLBCL) is a heterogeneous disorder with multiple subtypes that differ in terms of genetic expression and clinical outcomes. Rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone (R-CHOP) have remained the standard of care for DLBCL for nearly two decades, but attempts have been made to develop a regimen to improve outcomes, particularly in high-risk subgroups. One such regimen is rituximab, etoposide, prednisone, vincristine, cyclophosphamide, and doxorubicin (DA-R-EPOCH). Our study compares the efficacy and safety of R-CHOP and R-EPOCH in DLBCL patients.

Methodology: A systematic literature search was conducted on PubMed, Embase, Cochrane and Clinicaltrials.gov using MeSH terms and relevant keywords for DLBCL, R-CHOP and R-EPOCH, including trade names and generic names, from inception to July 2022. Efficacy was assessed in terms of overall response rate (ORR), complete response (CR), overall survival (OS), progression-free survival (PFS) and relapse. Safety was assessed in terms of grade \geq 3 neutropenia, grade \geq 3 anemia, grade \geq 3 thrombocytopenia, grade \geq 3 neurotoxicity, and infections of any grade. Estimates of risk ratio (RR) with 95% confidence intervals (95% CI) for dichotomous outcomes were pooled using the random effects model with the Mantel-Haenszel method in Revman version 5.4.1. Heterogeneity was estimated using the I² statistic.

Results: The initial search revealed 347 articles. After exclusion of duplicates, reviews and non-relevant articles, we included 17 articles (2 clinical trials, 3 prospective cohorts and 12 retrospective cohorts) which compared outcomes following R-CHOP vs R-EPOCH in DLBCL. R-CHOP and R-EPOCH were evaluated in 1215 and 938 patients, respectively. The median age ranged from 27 to 73 years. The median follow-up was 10.9 to 60.2 months. The two regimens were comparable in terms of ORR (RR 0.96, 95% CI 0.89-1.02; p = 0.18; I² = 38%). However, R-CHOP was associated with significantly worse CR (RR 0.93, 95% CI 0.87-1.00; p = 0.04; I² = 0%), OS (RR 0.83, 95% CI 0.76-0.92; p = 0.0003; I² = 58%), and PFS (RR 0.79, 95% CI 0.71-0.89; p =

0.0001; I² = 54%), compared to R-EPOCH therapy. The risk of relapse was comparable between both regimens. R-CHOP was associated with a lower risk of grade \geq 3 neutropenia (RR 0.67, 95% CI 0.52-0.85; p = 0.0009; I² = 68%), grade \geq 3 anemia (RR 0.66, 95% CI 0.50-0.86; p = 0.002; I² = 0%) and grade \geq 3 thrombocytopenia (RR 0.36, 95% CI 0.24-0.53; p < 0.00001; I² = 0%). The two regimens were comparable in terms of risk of grade \geq 3 neurotoxicity (RR 0.53, 95% CI 0.17-1.72; p = 0.29; I² = 66%) and infections (RR 0.83, 95% CI 0.59-1.18; p = 0.31; I² = 25%).

Conclusion: R-EPOCH demonstrated superior OS, PFS and CR, but the ORR was comparable. R-EPOCH was associated with significantly greater risk of severe hematological toxicity. Thus, R-CHOP remains the standard of care for DLBCL.

Keywords: R-CHOP, R-EPOCH, B-cell Lymphoma

RSRS-42 Does Hormone Replacement Therapy (HRT) Exert a Positive or Negative Impact on Cardiovascular Outcomes in Postmenopausal Women: A Systematic Review and Assessment of Efficacy and Risk

Muneeba Attique and Huma Fatima tu Zara

Introduction: Hormone Replacement Therapy (HRT) is the supplementation of hormones, such as estrogen and progesterone, to alleviate menopausal symptoms. Its implications for cardiovascular diseases (CVDs) led to discussions regarding its advantages and disadvantages. CVDs are the primary global cause of mortality. This highlights the need for preventive strategies, early detection, and comprehensive management protocols. The attempts to prevent CVD in postmenopausal women through HRT continue to be a topic of active discussion. Initially, due to its potential impact on cholesterol levels and arterial function, HRT was hypothesized to offer cardiovascular benefits. However, subsequent investigations have shown inconclusive results. Some studies showed elevation in certain cardiovascular events, such as strokes and blood clots, with HRT usage. Consequently, the decision to use HRT for CVD prevention is based on individual risk factors and thorough consultation with a medical professional.

Methodology: We conducted a systematic literature review on PUBMED, MEDLINE, and GOOGLE SCHOLAR; employed PRISMA Checklist and

Cochrane Bias Tool assessment to check the quality of selected papers. We reviewed 53 articles from reputable journals published between 2018 and August 13, 2023, focusing on 08 selected papers for in-depth analysis. Study Population was postmenopausal women.

Results: Oral HRT is neutral for cardiac disease. Vaginal HRT lowers heart attack and stroke risks. Higher oral/transdermal HRT doses could increase the risk of venous thromboembolism (VTE) and strokes. Using transdermal estradiol alone or with micronized progesterone have lower thromboembolic risk. In contrast to t-E2, o-CEE lessens the negative effects of increasing pericardial adipose tissue on the development of atherosclerosis. The concept of the timing hypothesis suggests that the effects of HRT on mortality and cardiovascular incidents could fluctuate depending on the age of initiation, with potential benefits in younger women.

Conclusion: Oral route of administration and low dose is safer for patients who have increased risk of blood clots and stroke. Transdermal estradiol coupled with progesterone decreases thromboembolic risk. o-CEE decreases the development of atherosclerosis. Moreover, cardiovascular disease risk is decreased if HRT is initiated at a younger age. Nonetheless, the process of personalized decision-making holds paramount importance, and further research is needed to fully recognize the effects of HRT on cardiovascular health in postmenopausal women.

Keywords: “Hormone replacement therapy”, “Cardiovascular disease”, “Stroke”, “Venous thromboembolism”, “Administration routes”, “Postmenopause”.

RSRS-43 Mucormycosis in hematopoietic stem cell transplant recipients: A systematic review

Muntaha Jamil and Fatima Zia

Introduction: Mucormycosis is a life-threatening infection caused by opportunistic fungi belonging to the order Mucorales. High mortality is reported in hematopoietic stem cell transplant (HSCT) recipients who develop mucormycosis in the post-transplant immunosuppressed state.

Methodology: A systematic literature search was conducted on PubMed and Embase from inception to 5 Jan, 2022 using MeSH terms for mucormycosis; and hematopoietic stem cell transplantation;. We

included case reports, case series and observational studies reporting individual patient data. Summary statistics were calculated for patient characteristics by tabulation and percentages. Hazard ratios were calculated using unconditional Cox proportional hazard models. Data analysis was done using SPSS.

Results: The initial search revealed 405 articles. After exclusion of duplicates, reviews and non-relevant articles, data was included from 122 articles (183 patients). The most common sites of infection were lung (36.6%) and rhinocerebrum (7.1%). Disseminated infection occurred in 34 (18.6%) cases. Diagnosis was confirmed using histology, culture or both in 27%, 13% and 34% of cases, respectively. Seven genera of zygomycetes were identified, of which *Rhizopus* was most common (37.2%). The most common antifungals used were liposomal amphotericin B (LAMB) (74%) and posaconazole (27%). Surgical debridement was employed in 64 (35%) cases. Overall survival was 32% with LAMB and 34% with surgical debridement. Sixteen patients did not receive any therapy; none survived. Mortality was reported in 121 patients (68.4%). Death was attributed to mucormycosis in 84 cases (45.9%). Death attributed to mucormycosis was more frequent in *Rhizopus* infections (56%) compared to other species (40%, HR = 1.89, 95% CI 1.13-3.15, p < 0.05). Patients who underwent HSCT due to chronic myeloid leukemia (CML) had greater mortality due to mucormycosis (72%) compared to those with other underlying diseases (43%, HR = 2.31, 95% CI 1.26-4.21, p < 0.05).

Conclusions: Mucormycosis has high mortality in HSCT recipients. Surgery and LAMB therapy can significantly improve survival. Prospective studies need to be undertaken to identify risk factors for mortality and appropriate treatment strategies.

Keywords: Mucormycosis, hematopoietic stem cell transplant.

RSRS-44 Second Primary Malignancy in Patients with Hairy Cell Leukemia: A Population-Based Study

Noor ul Ain Fatima and Sauliha jabeen

Introduction: Purine analogs have improved survival in hairy cell leukemia (HCL), but are also suspected to increase risk of second primary malignancy (SPM). We investigated the site specific incidence, risk factors and prognosis of SPM in HCL patients.

Methodology: We conducted a retrospective cohort study using the Surveillance, Epidemiology and End-Results database. Data of clinically diagnosed HCL patients from 1975-2018 was retrieved. Patients with secondary HCL, diagnosis on autopsy & SPM diagnosis within 60 days of HCL diagnosis were excluded. Overall survival (OS) and standardized incidence ratios (SIRs) were calculated. Multivariate logistic, Cox regression and Kaplan Meier analysis were applied using SPSS version 25.

Results: We included 2891 HCL patients; SPM was reported in 557 (19.3%) patients. The overall risk of developing SPM in patients with HCL was significantly higher compared to the general population (SIR 1.15, 95% CI 1.06-1.25, $p < 0.05$). Site-specific risk was significantly increased for thyroid (SIR 2.67), non-melanotic skin (SIR 2.68) and nodal Hodgkin lymphoma (HL) (SIR 3.90). We performed multivariate logistic regression to identify risk factors for developing SPM in patients with HCL. The median OS was 295 months for patients without SPM and 211 months for patients with SPM ($p < 0.05$). On Cox regression, significantly worse OS was reported in patients with SPM of lung (aHR 2.582). OS was better for patients with latency greater than 120 months (aHR 0.119) and SPM of prostate (aHR 0.528).

Conclusion: HCL patients are at increased risk of SPM, particularly hematological malignancies. SPM is associated with poor prognosis.

Keywords: Leukemia, Hairy Cell (D007943); Neoplasms, Second Primary (D016609); Immunosuppression Therapy (D007165).

RSRS-45 Validating Modified-ANT and Stroop tests for diagnosing covert hepatic encephalopathy patients in Pakistani Population

Saniya Ihsan and Mnahil Asim

Introduction: Hepatic encephalopathy (HE) is a brain dysfunction that is caused by liver insufficiency or porto-systemic Shunting. It is characterized by a wide spectrum of neurological or psychiatric abnormalities ranging from subclinical alterations to coma. HE is classified into 2 broad categories depending upon severity: Overt Hepatic encephalopathy (OHE) and covert hepatic encephalopathy (CHE) (minimal hepatic encephalopathy (MHE)+ Grade 1 HE). Diagnosis of CHE can be made with psychometric tests (computerized and non computerized) and electrophysiological tests (Electroencephalogram

[EEG], Event related potentials, [ERP]), and ANT. The aim of this research is to compare and validate the usefulness of Modified ANT and Stroop test for diagnosing CHE in Pakistani population, so that diagnosis can be made with minimal time consumption and accuracy

Methodology:

Study Setting: Holy Family Hospital, Rawalpindi.
Study Population: Patients With Covert Chronic Liver Disease.

Study Duration: 12 Months

Study Design: Case Control Study.

Sample Size: Using Who Sample Size Calculator, Sample Size Has Been Calculated To Be 98 Patients Per Group.

Sampling Technique: Non Random Convenience Sampling.

Inclusion Criteria: Patients With Covert Chronic Liver Disease

Exclusion Criteria: Patients With Previous Episodes Of Ohe.

Analysis Done Using Spss26

Conclusion: ANT is the most effective method to diagnose MHE both in terms of accuracy and time.

Mesh keywords: ANT; Stroop test; Covert; hepatic encephalopathy.

RSRS-46 Prevalence, Symptom Severity And Risk Factors Associated With Irritable Bowel Syndrome In Mbbs Students Of Nishtar Medical University, Multan

Shahzeen Irshad and Wardah Altaf

Introduction: Irritable bowel syndrome (IBS) is a potentially disabling disorder of gut-brain interactions. As medical education is among the most stressful education programmes, this may predispose to high rates of IBS in medical students.

OBJECTIVE: This study aimed to assess the prevalence, symptom severity, and risk factors associated with IBS among medical students in a public college in South Punjab, as little is known about this issue in our country.

Methodology: This cross-sectional study was conducted among 78 students of Nishtar Medical University, Multan, between July 13 and October 29 of the academic year 2023, selected by simple random sampling. All MBBS students from 1 st to 5 th year were included, excluding those who self-

reported any red flag symptom or organic disease. A self-administered questionnaire was used consisting of socio-demographic and dietary data, Rome IV questionnaire of IBS, Symptom Severity Scale (SSS) of IBS, Pittsburgh Sleep Quality Index (PSQI), Hospital Anxiety and Depression scale (HADS), Childhood trauma questionnaire (CTQ) and Student Stress Inventory (SSI). SPSS v27 was used for statistical analysis of variables. Association between IBS and various factors was assessed using the Chi-square test.

Results: The overall prevalence of IBS was 39.7%. In IBS patients, subtype IBS-Mixed (48.4%) and IBS of Mild form (51.6%) were the most frequent. There was association of IBS with physical stress, academic stress, physical abuse, emotional neglect, anxiety, depression, and poor sleep quality among undergraduates with significance value less than 0.05.

Conclusion: Our study highlights some important findings associated with IBS like stress, poor sleep, anxiety and depression. Understanding these factors may help in proper management of IBS.

Keywords: Irritable Bowel Syndrome, Anxiety, Depression, Medical students, Sleep

RSRS-47 Study the Association between Grades of Esophageal Varices and Serum-Ascites Albumin Gradient (SAAG) in Patients with Chronic Liver Cirrhosis (CLD)

Tayyab Rasool

Introduction: Cirrhosis is a degenerative liver condition. Ascites and esophageal varices (EV) are present at the time of diagnosis. Serum-Ascites Albumin Gradient (SAAG) and serum albumin levels are likely non-invasive indicators of EV in cirrhotic patients. The risk of bleeding and infections due to endoscopy will be decreased by early non-invasive diagnosis. The study aims to determine the association between grades of esophageal varices and serum-ascites albumin gradient (SAAG) in patients with chronic liver cirrhosis (CLD).

Methodology: This cross-sectional study was conducted in the Medical Unit 4 of District Headquarters Hospital, Faisalabad from 31st January 2021 to 30th July 2021. In this study, forty patients with liver cirrhosis aged 18-60 years were included. Patients with non-cirrhotic portal hypertension, CRF, and bleeding disorder were excluded. Endoscopy and Abdominal Ultrasound of the patients fulfilling the

inclusion criteria were performed. Blood and ascitic fluid samples were sent to the hospital pathology laboratory to assess SAAG levels. SAAG and its correlation to esophageal varices are assessed. Statistical Analysis was done using SPSS v26.

Results: Patients between 18 and 60 years of age were included. The mean \pm standard deviation age of the study was 36.0 ± 11.51 years. Most of the patients, 29 (72.5%), ranged from 18-40 years. There were 26 (65.0%) males and 14 (35.0%) females with a ratio of 1.9:1. Spearman's rank correlation revealed a positive correlation between SAAG and EV grades in individuals having liver cirrhosis. $r = 0.775$, $p < .01$

Conclusion: This study provided a positive correlation between SAAG and grades of esophageal varices in patients with liver cirrhosis.

Keywords: Liver Cirrhosis, Esophageal Varices, Serum-Ascites Albumin Gradient (SAAG).

RSRS-48 Effect Of Adiposity On Pulmonary Efficacy Of Apparently Healthy Medical Students Of South Punjab

Tayyab Raza and Muhammad Umer Ishaq

Introduction: Adiposity has a profound impact on Pulmonary Function Tests (PFTs), specifically on FEV1 /FVC ratio through its background pro-inflammatory effects.

Methodology: Study population for this cross sectional study did consist of 132 medical students with ages between 18-24, categorized into non-obese males (NOMs-Group A), non-obese females (NOFs-Group B), obese males (OMs-Group C) and obese females (OFs-Group D) with each having 33 individuals. Adiposity status of the study individuals was established through standard WHO guidelines for BMI and WHR while to record PFTs in terms of FEV1 /FVC ratio the Chest MI made Chest graph Spirometry system Model HI-105 was used. The comparison between various quantitative variables was determined through Kruskal Wallis in combination with Mann Whitney U tests while Spearman's correlation was applied to derive correlational analysis.

Results: FEV1 /FVC ratio of NOMs and NOFs was significantly better than OMs and OFs [($p=0.011$) and ($p=0.000$) respectively] with OFs showing an even poorer ratio as compared to age matched OMs

($p=0.001$). Moreover both within NOMs and NOFs FEV₁ /FVC ratio had a significant negative correlation with WHR [($\rho=-0.551, p=0.012$) and ($\rho=-0.493, p=0.023$) respectively] while OM and OFs had a significant inverse correlation of their FEV₁ /FVC ratio with both BMI [($\rho=-0.571, p=0.017$) and ($\rho=-0.661, p=0.000$) respectively] and WHR [($\rho=-0.632, p=0.000$) and ($\rho=-0.659, p=0.000$) respectively]

Conclusion: Obesity leads to an obstructive lung disease pattern that keeps running in the background, in apparently healthy young adults.

Keywords: Airway hyperactivity; Pulmonary Function Tests, FEV₁ /FVC ratio, BMI, WHR,

RSRS-49 Bio-Profile And Antibiotic Resistance Of Bacteria Isolated From Clinically Positive Patients Of Otitis Media At A Tertiary Care Hospital

Usama Idrees and Sufyan Shahid

Introduction: Otitis media is an infection of the middle ear which if left untreated can cause serious complications including hearing loss. Different microorganisms are the causative agents but the most common are bacteria. Medical physicians in the ENT (ear, nose and throat) department mostly use antibiotics like Amoxicillin, Ceftriaxone, Erythromycin, Fluoroquinolone, and Ciprofloxacin for the treatment of otitis media. Bacterial resistance to these antibiotics is an emerging problem in medical science, thanks to empirical and excessive use of antibiotics. Determining patterns of bacterial prevalence and associated antibiotic resistance and hence prescribing antibiotics accordingly is the most effective way to counter the issue of bacterial resistance development. This study will help to determine the recent bio-profile and susceptibility pattern of otitis media at a tertiary care hospital so physicians may alter their line of treatment according to results.

Methodology: For this research, a descriptive cross-sectional study design was implemented from June 2022 through April 2023 at a tertiary care hospital, in which 52 ear discharge samples were collected from patients of suppurative otitis media. The samples were then cultured to identify bacteria and check the antibiotic susceptibility patterns.

Results: The bio-profile and prevalence of different bacteria that cause otitis media were examined.

Staphylococcus aureus accounted for 32% of total bacterial infections, followed by Staphylococcus epidermidis 31%, Escherichia coli 12%, Pseudomonas aeruginosa 18%, Corynebacterium diphtheria 4%, Klebsiella pneumoniae 3%. Augmentin showed high resistance, while ampicillin was moderately effective. Ciprofloxacin was also moderately effective but resistance was shown by 26% bacteria. Cefradine was moderately effective with 45% sensitivity.

Conclusion: The study highlights proper diagnosis and rational antibiotic therapy to prevent emergence of drug resistance bacteria causing otitis media and related complications.

Keywords: Antibiotic resistance, Otitis media, Antibiotic therapy, prevalence.

RSRS-50 Relationship Between Hydration Status And Migraines In University Students Of Twin Cities

Wajeeda Fahim and Saleha Faheem

Introduction: Migraines are a complex neuro-inflammatory disease of the nervous system, which results in a headache, usually localized to one hemisphere of the head, throbbing in nature, radiating in character towards the back of the eyes, temples and forehead, often associated with nausea, vomiting, aura and sensitivity to light. In the 23 years of the Global Burden of Disease project, headache disorders were classified to be amongst the leading ten causes of disability worldwide (Vos, Barber et al. 2015). According to the ICHD3 (INTERNATIONAL CLASSIFICATION OF HEADACHE DISORDERS) diagnostic criteria, migraines are a primary disabling headache disorder with two major types; with and without aura. Migraines have a well-documented association between occurrence and sleep, diet and stress levels. (Guidetti, Faedda et al. 2016) The sole relation of hydration levels to migraine occurrence in a demographic (university students) is not well documented in this region (Islamabad, Pakistan). The objectives of our research were to assess the hydration status of university students in twin cities, screen university students in twin cities for migraines, assess the association between university students' hydration status and migraines, assess the debilitation & disability of university students having migraines, to see the correlation between migraine and its associated disability.

Methodology: It was an Analytical cross sectional study which included University students of twin

cities (public and private) including FMC during June 2022 to September 2022. Online questionnaires were used to conduct the survey, the responses were compiled onto an excel sheet, and SPSS version 26.0 was used to analyze the data. Undergraduate students in different universities of twin cities suffering from Headaches/Migraines were included in the study. Students who were on medications, suffered from trauma or people who had deliberately increased their hydration levels (e.g. individuals with kidney stones) were excluded. Our sample size was 172 calculated by using WHO online sample calculator with confidence level of 80%. Data was entered and analyzed by using SPSS version 26.0 with margin of error of 5%. Mean and standard deviation was calculated for Quantitative variable like Age and histogram was made for it. For qualitative variables like Hydration levels, Exercise level, Gender and grading of MSQ-5 and MIDAS; percentage were calculated and tables or Graphs were used for presentation. Chi-Square test was used for the categorical variables like (hydration, MSQ, MIDAS). Pearson Correlation was calculated between MSQ and MIDAS scores.

Results: Out of 172 participants, 68.6% were female, 55.23% were day-scholar, 62.21% showed inadequate hydration status, 43.02% used to perform light exercise, 73.08% didn't have migraines, according to MSQ categorization 52.91% showed Grade 1 disability according to MIDAS categorization. No significant association of hydration status found with migraines (p value=0.076)

Conclusion: After analyzing the data gathered from the survey, it is concluded that we found no direct association between hydration status and migraines in university going students. Our research failed to reject the null hypothesis.

Keywords: Migraines, Hydration levels, Hydration status, Hydration.

RSRS-51 Frequency of hyponatremia in Children with Acute Diarrhea in Public Sector Hospital Zabeehullah and Abdullah

Introduction: Acute diarrhea is described as the acute onset of three or more loose or watery stools a day lasting for 14 days or less. Although both treatable and preventable, diarrhea is the cause of death for 2195 children daily around the world, which is more than malaria, AIDS, and measles combined. In the 2000s, two American pediatric nephrologists reported

a series of children with severe hyponatremic fluid-induced severe hyponatremia leading to severe neurological sequelae and death.

Methodology: All, 335 patients who met the inclusion and exclusion criteria and were hospitalized at the Department of Pediatrics at Benazir Bhutto Hospital in Rawalpindi were included in the study. In order to incorporate the children's data in the research, informed permission from the children's parents was first acquired. A demographic profile including age and gender was taken down. Every kid who was experiencing acute diarrhea was given a 5cc venous blood test, which was then submitted to the hospital laboratory with the assistance of the hospital's paramedical personnel in order to determine whether or not they had hyponatremia.

Results: In this study, out of 335 cases, 28.96% (n=97) were between 0-2 years of age whereas 71.04% (n=238) were between 3-5 years of age, Mean \pm S.D. was calculated as 3.29 \pm 1.40 years, 69.25% (n=232) were male and 30.75% (n=103) were females, socioeconomic status reveals that 73.13% (n=245) had lower, 22.99% (n=77) had middle, 3.88% (n=13) had higher socioeconomic status of the patients, frequency of hyponatremia in children with acute diarrhea was recorded in 4.18% (n=14) whereas 95.82% (n=321) had no findings of the morbidity.

Conclusion: We concluded that the frequency of hyponatremia in children with acute diarrhea is not very high, however, other national and international studies are varied and needs early management of this morbidity.

Keywords: Children, acute diarrhea, hyponatremia

RSRS-52 Feasibility And Desirability Check Between 60 Co And 192 Ir Source For HDR Brachytherapy: A Multicenter Study Zenab Javed and Dr. Mansoor Rafi

Introduction: In Pakistan, brachytherapy predominantly employs Co-60 and Ir-192 isotopes. Co-60 offers cost and logistical benefits due to its longer half-life, while Ir-192, despite shorter treatment times, carries increased toxicity risks.

The aim of our study was to evaluate the feasibility and desirability of Co-60 and Ir-192 sources for HDR brachytherapy in the context of cancer treatment,

considering physical, dosimetric with a focus on radiobiological effectiveness and cost-effectiveness.

Methodology: Data was collected through an online questionnaire provided to designated individuals working at institutes where HDR brachytherapy is practiced, by virtue of Google Forms.

Results: This article explores the prevalent use of high-dose-rate (HDR) brachytherapy in cancer treatment within Pakistan, focusing on the radioisotope choices of Cobalt-60 and Iridium-192. A cross-sectional national survey was conducted among tertiary hospitals, revealing that 16 out of 34 radiation therapy centers offer brachytherapy, primarily for gynecological and prostate cancers. An exclusive of 4 institutes carry out interstitial brachytherapy, 11 other care to intracavity cancers while one treatment unit is used for managing eye conjunctivitis. Among these centers, 13 prefer Ir-192, while 3 opt for Co-60, driven by factors such as specific activity and energy spectrum. It highlights the advantages of Co-60 over Ir-192, including its extended half-life and uniform dose distribution for gynecological cancer treatment, making it a cost-effective and radiobiologically efficient choice.

Conclusion: The study underscores the significance of considering patient demand, cost-effectiveness, and radiobiological efficacy when selecting radioisotopes for HDR brachytherapy. While Ir-192 remains the preferred choice in most centers, Co-60 emerges as a promising alternative for specific cancer treatments, offering economic advantages and improved radiobiological outcomes in the context of limited resources in a developing healthcare environment like Pakistan.

Keywords: HDR brachytherapy, Co 60 , Ir 192 , Dosimetric properties, Radiobiological characteristics.

RSRS-53 Evaluation Of The Psychosocial Impact Of Congenital Talipes Equinovarus Using Parental Stress Scale

Abdullah Shafique and Shafy Ur Rehman

Introduction: Congenital Talipes Equinovarus is one of the most prevalent musculoskeletal congenital defects, which is not self-healing. Various studies have been done where different congenital abnormalities and their association with parental stress have been studied but very little data is available when it comes to the spectrum of

psychosocial trauma these patients and their parents go through. The objective of this study was to determine whether the parents of patients with congenital talipes equinovarus were stressed out due to the condition of the child.

Methodology: After approval from the ethical review board of the institution, informed consent was taken, the cross-sectional study design was used with purposive sampling. A quantitative interview study was done at the department of orthopedic surgery, holy family hospital for a duration of 10 months.

Results: Mean age was 12.87 months +/- SD4.7, Mean Pirani Score was 2.8387 +/- SD 1.206, Mean Parental Stress Score is 53.19 +/- 13.420. Side involvement: 35% right-sided CTEV, 9.7% left-sided CTEV, 54% Bilateral CTEV, A significant association was found between Pirani score, and age with parental stress score using regression analysis.

Conclusion: Mean age of presentation is around 12 months with a mean Pirani score of 2.8. 54% bilateral CTEV, 35% right-sided CTEV and 9.7% Left-sided CTEV. Using multivariate analysis, age and Pirani score have statically significant relation with Total Parental stress score.

RSRS-54 Comparison Of The Psychological Distress Among Medical Students Of Government And Private Medical Universities Amid Coronavirus Pandemic

Maryam Sadiq and Muniba Zafar

Introduction: Stress and stress management has always been a great challenge for medical students. COVID 19 pandemic put the entire country into pressure affecting both economic status and social activities. Being a more vulnerable group and at risk of exposure more than general public and due to negative pandemic effect on their studies, medical students are more prone to mental health issues. For those who had mental health problems during pandemic, coping skills play an important role.

Methodology: Using a comparative cross-sectional design, a total of 246 students at RMU and Riphah International University were surveyed using PSS. Their coping skills and role of their respective institutes were also evaluated. Students from 1st to final year were included except those already having psychiatric issues prior to pandemic. Finalized questionnaire was disseminated among the students

of both universities via WhatsApp. Data was analyzed using SPSS and independent t-test and non-parametric test were used for comparison of two groups.

Results: Results showed that greater percentage of Riphah students had high stress (31%) as compare to RMU (19%) whereas most of the RMU students had moderate stress. The p value=0.02 for independent t-test shows a significant difference exist between the stress levels at the two institutes. Their coping skills were varied involving both positive and negative. The Kruskal Wallis test showed a significant difference between the stress levels of those engaging in negative (denial, negative avoidance and emotional focused), positive (positive avoidance, problem focused, social support and religious coping) and mixed coping mechanisms (n= 124, 9, 113). H (2) =13.155, p=0.001. Most of them were satisfied by their institutes response to manage the crises.

Conclusions: Stress is one of the major factors hindering medical student performance and the coping mechanisms adapted for dealing with it also control the final outcome. Resilience is one good option for dealing with stress situations. Developing a resilient attitude towards stress depends upon students' own efforts plus support by their institutes.

Keywords: Stress, COVID-19, Coping Skills

RSRS-55 Association of Academic Stress with Sleeping Difficulties in Students of Pakistani Medical Institutes

Shahrukh Ahmed Khan and Taha Zahid Chaudry

Introduction: Medical students are highly vulnerable to stress due to the demands of their coursework and clinical training. The stress that medical students experience can have serious consequences for their mental health and well-being. This study estimated the prevalence of and the relationship between poor sleep quality and stress among medical students. The Objectives of the study is to assess the prevalence of academic stress among medical students, to evaluate the prevalence of sleeping difficulties among medical students and to explore the correlation between academic stress and sleeping difficulties.

Methodology: This cross-sectional study was conducted in several government colleges of Pakistan which involved students from all over Pakistan predominantly from Punjab. The questionnaire consisted of 3 sections: [1] demographics [2] Kessler

Psychological Distress Scale (K10) [3] Pittsburgh Sleep Quality Index (PSQI). The prevalence of stress was measured along with poor sleep quality and their association with each other.

Results: Total response rate was 94% (n=359). The total prevalence of stress was 69.5% (n = 251). The mean K10 score of the participant was 23.54 ± 7.732 (max = 50, min=10). The prevalence of poor sleep quality (PSQI score ≥ 5) among the students was 84.7% (n = 305), and the mean PSQI score was 8.54 ± 3.03 (maximum = 21). There was a statistically significant association between sleep quality and stress (p < 0.01).

Conclusion: Our study revealed a high prevalence of academic stress and poor sleep quality among medical students of Pakistan. Academic stressors contributed significantly to perceived stress and sleep disorders. Establishing a consistent sleep schedule, creating a relaxing bedtime routine, and managing stress through healthy coping strategies are essential steps to improve sleep quality and academic performance.

Keywords: Medical students, psychological stress, sleep disturbance, K10 scale, PSQI scale.

RSRS-56 Degree Of Self-Esteem Of Medical Students And Its Association With The Indices Of Their Mental Well-Being And Academic Performance

Ahmad Ali Khan and Ayesha Maqbool

Introduction: Social Networking Sites (SNS) addiction affects psycho-psychiatric health and reduces educational productivity. The objective of the study was to link SNS usage with levels of self-esteem and anxiety of medical students, and associate these with their academic performance.

Methodology: For this cross-sectional comparative study 50 medical students addicted to SNS usage, including 25 males and 25 females, were selected through convenience sampling from NMU via Bergen Facebook Addiction Scale (BFAS). Degree of self-esteem (evaluated by Rosenberg Self-Esteem Scale), anxiety (determined by Beck Anxiety Inventory), and the academic performance of the study population (SNS addicted) were compared with that of a control population (similar in structure and sample size but not addicted to SNS) through the application of ANOVA in combination with posthoc Tukey's test. To derive a correlation of SNS addiction

with self-esteem, anxiety, and academic performance, Pearson's correlation was applied to the individual population of each of the four groups. Obese students, as well as those already diagnosed with psychiatric disorders, were excluded from the study.

Results: Self-esteem and academic performance of SNS addicts (males and females) were significantly lower [(p=0.02, p=0.02), (p=0.01, p=0.04)], while the degree of their anxiety was significantly higher [p=0.00, p=0.00] as compared to their non-addict counterparts. Moreover, among male and female subjects of both SNS non-addict and SNS addict populations, SNS usage depicted a negative correlation with both self-esteem [(non-addict: p=0.01, p=0.00); (addict: p=0.06, p=0.00)] and academic performance [(non-addict: p=0.00, p=0.00); (addict: p=0.01, p=0.00)] but a positive one with anxiety levels [(non-addict: p=0.00, p=0.00); (addict: p=0.00, p=0.00)].

Conclusion: SNS usage lowers self-esteem, accentuates anxiety, and deteriorates academic performance.

Keywords: Social Networking Sites, Self-esteem, Anxiety, Academic performance, Medical students.

RSRS-57 A Comparative Study Of Depression And Temperamental Changes In B Thalassemia Major And Normal Population

Presenter: Amna Asif and Rimsha Shahid

Introduction: Thalassemia is an autosomal recessive hemolytic disease in which imbalance occurs in the synthesis of globin genes. β thalassemia major is the severe form of thalassemia characterized by severe anemia and requires repeated blood transfusions. Thalassemia patients have to undergo repeated blood transfusions and chelation therapy and for this they have to attend thalassemia centers regularly. This affects daily routine and normal functioning of life. Recognition of temperamental and behavioral issues among β thalassemia major patients will emphasize provision of psychiatric facilities and necessary interventions for ensuring mental health and safety. The aim of the study is to assess depression and temperamental changes in β thalassemia major patients, to compare behavioral profile of β thalassemia major patients with age matched control group, and to see the effect of frequency and duration of blood transfusion and duration of illness as contributing factors to depression in β thalassemia major patients.

Methodology: A cross sectional study was conducted at Thalassemia center HFH and Pakistan thalassemia center. Non random sampling technique was used. CDRS (Child Depression Rating Scale) was used to assess depression and for temperament TMS(Temperament Measurement Schedule) was used. Detailed interviews were taken from the patients and their parents. Data was analyzed by using SPSS version 22.

Results: Total 200 interviews were conducted ;100 each from thalassemia and control group. Depression was significantly high in thalassemia major group than control group (P<0.001). Mean CDRS score in thalassemia group was 28.57 ± 7.36 which was quite higher than control group CDRS score of 17.28 ± 1.29 . TMS consist of total nine temperamental factors (activity, rhythmicity, approach withdrawal, adaptability, mood, intensity, threshold, distractibility, persistence).TMS scores of all factors except intensity were significantly low in thalassemia group as compared to control(P<0.05) . Intensity score was significantly high in thalassemia group (P<0.01). Child education, parents education and socioeconomic status was significantly low in thalassemia group as compared to control group. No significant association was found between depression and number of blood transfusions . However depression was significantly related to duration of illness and duration of blood transfusion.

Conclusion: β thalassemia major patients have more depressive and temperamental changes than their comparators. Patients with greater duration of illness and duration of blood transfusion suffers from more depression. Depression is not linked with frequency of blood transfusions. This study signifies that timely intervention is necessary to prevent depression and temperamental impairment in thalassemia children. Necessary interventions in the form of behavioral therapy and provision of psychiatric facilities will ensure mental health and safety in thalassemia patients.

Keywords: Thalassemia



RSRS-58 Meta-motivational Strategies of Medical Students: Emerging Research on the Regulation of Motivational States

Arshia Kanwal and Adeela Batool

Introduction: Metamotivation (as described by Maslow) implies the eagerness demonstrated by a person who wants to achieve beyond the basic needs. The goal of metamotivation is to reach their full potential. For medical students, it is imperative to identify their metamotivational strategies to optimize their learning. The study objectives were to assess the common meta-motivational strategies among medical students, to compare meta-motivational strategies across various demographic characteristics; and to determine the role of meta-motivational strategies in achieving higher grades.

Methodology: This cross-sectional study was conducted at Islamic International Medical College-Trust (IIMC-T) from June to October 2023. A total of 333 participants were recruited using convenience sampling technique. A Google form containing the demographics alongside Metamotivational Strategies in Medical Students Questionnaire (MSMQ) was circulated among medical students. Data was analyzed using SPSS version 26.

Results: Regulation of Value (Factor 1) and Promotional Situational Awareness (Factor 4) emerged as the most prevalent, boasting the highest mean scores of 0.80 ± 0.16 and 0.80 ± 0.15 , respectively. Younger cohort (16-18 years) practiced various strategies when compared to older cohort (p -value < 0.001). Students who achieved 80% and above marks showed markedly higher scores across all factors compared to their peers achieving low grades.

Conclusion: For medical students, identifying and understanding their metamotivational strategies will be imperative to reach their full professional potential.

Keywords: meta-motivational strategies, academic performance, medical students

RSRS-59 Assessment Of Relationship Between Anxiety Disorders And Nicotine Practices Among Medical Students Of Rawalpindi Medical University

Ayesha Nighat and Muhammad Ibrahim

Introduction: Anxiety disorders represent the most common mental health issue across many countries and multiple studies have shown that rates of smoking and nicotine practices are increased in individuals with anxiety disorders.

Methodology: A descriptive cross-sectional study was conducted at Rawalpindi Medical University, Pakistan, between February and August 2023. Non probability convenient sampling technique was used and sample size was 232 students. All MBBS students enrolled in the academic year 2023 were eligible for inclusion, while exclusion criteria comprised students suffering from congenital anxiety disorders, or those who opted not to participate. Data was collected through an anonymous self-administered questionnaire covering demographics, anxiety levels, anxiety disorders, and nicotine practices. Tools like the Kessler Psychological Distress Scale, Hamilton Anxiety Rating Scale, and WHO questionnaire were used. Statistical methods included Chi-square tests for quantitative analysis, and T-tests to assess the relationship between anxiety disorders and nicotine practices.

Results: Of the 232 participants, 29.1% of males reported nicotine use, while no female was involved in nicotine practices. Age wasn't significantly associated with nicotine use. Nicotine users showed higher anxiety levels, with 65.5% experiencing moderate anxiety and 9.3% severe anxiety, compared to 28.6% and 2.1% among non-users. Anxiety disorders like fears, insomnia, intellectual difficulties, and depression were significantly associated with nicotine use.

Conclusion: The study identified a significant association between nicotine practices and anxiety levels as well as various anxiety disorders, including fears, insomnia, intellectual issues, and depressed mood.

Keywords: Anxiety, nicotine, disorders, health, smoking

RSRS-60 Anxiety Level of Caregivers of Children with Common Congenital Lower Limb Deformities

Beenish Altaf

Introduction: Congenital lower limb deformities are presents at birth due top aplasia or hypoplasia of bone during fetal development, occurring in either a longitudinal or transverse manner and can be complete or incomplete. They can involve one or more bones and can occur unilaterally or bilaterally. The discovery of the child's deformity may diminish the joy of childbirth with attendant emotional reactions. This study assessed the level of anxiety level of caregivers of children with congenital lower limb deformities.

Methodology: This is cross sectional study and 100 caregivers were recruited through purposive sampling. The demographics were recorded through self-administrated questionnaire and a standardized Hamilton Anxiety Rating Scale (HAM-A) for the assessment of severity of anxiety level was used. The data was collected physically in the hospital using the Hamilton Anxiety Scale. This scale measures mental tension, psychological distress and somatic anxiety. Each item of the scale ranges from 0 to 4(not present to severe symptoms) with a total score of 56. The clarification of the scale was described as a score less than 17 means mild severity, 18-24 means mild to moderate severity and 25-30 means moderate to severe anxiety. After collection of all the responses data was analyzed to generate the results.

Results: The HAM-A anxiety score showed that out of 100 respondents 20 (20%) caregivers were in mild severity category, 67 (67%) were in mild to moderate category, 13 (13%) were moderate to severe category. The Anxiety level of mostly caregivers of children with common congenital lower limb deformities was mild to moderate. The HAM-A anxiety score showed that the majority caregivers were in category of mild to moderate severity.

Conclusion: Majority caregivers had anxiety related with the diagnosis of children with congenital lower limb deformities. Male and female had equal level of anxiety. The majority of parents of children with congenital lower limb abnormalities had mild to moderate anxiety. For parents to have a better quality of life, good education awareness, encouragement, and social support are definitely advised. It is suggested that awareness campaigns and seminars for

parents of children with congenital lower limb abnormalities be organized to provide training in anxiety and stress management.

Keywords: Congenital Talipes Equinovarus, Development Dysplasia of Hip, Leg Length Discrepancy, Pes Cavus and Hamilton Anxiety Scale.

RSRS-61 Beyond the Stethoscope: A Comparative Study of Empathy in Medical Students Throughout Their Education

Beshair Aziz and Farwa Waheed

Introduction: Comparison of levels of empathy in medical students across different years of medical education at Nishtar Medical University. This study aims to compare levels of empathy in medical students across various years of medical education and to identify differences in empathy levels between the various years.

Methodology: Using cross-sectional analysis and Simple random sampling, this study compared empathy among medical students of Nishtar Medical University from the 1st year, 3rd year, final year and internship year, during 6 6-month duration. Students of MBBS 2nd year, and 4th year in Nishtar Medical University, Multan are excluded from the study. A questionnaire in the form of a Google Form will be shared with the students to compare their empathy levels in various years of medical education. The sample Size is 292.

Results: A consistent upward trend as students progressed from the 1st year (75.45) to the 3rd year(80.86)and eventually declined from the 3rd year(80.86) to the final year(80.52) and the internship year(75.65). Empathy declined during undergraduate medical training.

Conclusion: This cross-sectional study in Nishtar Medical University definitively answers the question regarding the comparison between empathy levels in the various years of medical education showing that empathy declines during undergraduate medical training.

Keywords: Medical training, Physician-patient relationship, Empathy,

RSRS-62 Association Of Maternal Stressors During Pregnancy With Postpartum Depression: A Cross-Sectional Analytical Study In 3 Allied Hospitals Of Rawalpindi Medical

Farrukh Abbas and Maryam Mansoor

Introduction: Postpartum depression is a mood disorder in which a mother experiences frequent feeling of loss, crying, sleep disturbances and thoughts of harming herself and the child. Prevalence of PPD in Pakistan is 28%.

Methodology: An analytical cross sectional study was done in the Allied Hospitals of Rawalpindi Medical University comprising of women of age 20 to 45 during their postpartum period (1 week to 6 months). An interview based questionnaire was used including self-structured pre partum stressors and Edinburgh Post Depression scale. Mean, standard Deviation, Frequencies along with Chi square and multivariate logistic regression were used in analysis.

Results: Out of 313 mothers 63.3% of the total had mild pre-partum stress, 32.6% had moderate stress, while 3.8% had severe stress. Most common stressors were inflation (82%), husband's problems (64%), maltreatment at the husband's hands (55%), children's education (53%), and house-work during pregnancy (52%). We found a significant relation between total pre-partum stress score and EPDS score (p value=0.000). As Chi Square test, multivariate logistic regression and odds ratio all showed that the most common stressors predicted PPD and those with high level of stressors were 7 times more likely to develop post-partum depression respectively.

Conclusion: The study highlighted a strong link between pre-partum stress and post-partum depression, emphasizing the significance of addressing common stressors during pregnancy to reduce the risk of PPD.

Keywords: Post-Partum Depression (MeSH ID D019052) , Prenatal Care (MeSH ID: D011295) Maternal Health (MeSH ID: D000068097)

RSRS-63 Locus of Control, Self-efficacy and adherence in Hemodialysis

Fatima Hussain and Aamna Zamurad Khan

Introduction: Patient adherence to dietary restrictions and medication is strongly influenced by an individual's mental state and various behavioral traits. Locus of control and self-efficacy are two such traits that have been shown to significantly influence adherence in patients of several chronic diseases.

Objective: To determine association between internal locus of control, self-efficacy and adherence to medication, fluid and dietary restrictions in dialysis patients

Methodology: An analytical cross-sectional study was conducted in dialysis units of Allied Hospitals from March to August 2021. Patients undergoing dialysis in Allied Hospitals were included and patients undergoing dialysis for less than 6 months and those with diagnosed psychiatric illness were excluded. Descriptive statistics, Kendall tau correlation and logistic regression were applied on SPSS ver 22.

Results: A total of 109 patients were included. Median self-efficacy and locus of control scores were 30/40 and 26/36, respectively. Patients were dichotomized into two groups, i.e. high and low self-efficacy using median as cut-off point. Similarly, two groups were made for high and low internal locus of control. Internal locus of control had significant correlation with fluid ($r = 0.214$), dietary ($r = 0.169$) and medication adherence ($r = 0.129$). Self-efficacy had significant correlation with fluid ($r = 0.213$), dietary ($r = 0.24$) and medication adherence ($r = 0.132$). We adjusted for age, gender, income and education level using logistic regression. Internal locus of control and high self-efficacy are significant predictors of fluid and dietary adherence but not medication adherence.

Conclusion: Individuals with a high internal locus of control and high self-efficacy are more likely to adhere to the strict fluid and dietary restrictions imposed on dialysis patients. Strategies to increase internal locus of control and self-efficacy may improve patient compliance and need to be investigated in future intervention studies.

Keywords (3-5): Hemodialysis, Locus of Control, Self-Efficacy

RSRS-64 Effect Of Illness Perception And Self Efficacy On Self-Care Practices In Type 2 Diabetes Mellitus

Hooriya Fatima and Arooj Kiran

Introduction: Diabetes mellitus is a group of metabolic disorders characterized by chronic hyperglycemia, either due to insulin deficiency or decreased insulin sensitivity. Two important psychological factors that may influence self-care practices among diabetes patients are illness perception and self-efficacy.

Objective: To determine the effect of Illness perception and Self-efficacy on Self-care practices in Type 2 Diabetes patients.

Methodology: An analytical cross-sectional study was conducted in tertiary care Allied hospitals of Rawalpindi Medical University from May 2022 to February 2023. Patients diagnosed with diabetes mellitus and those having more than 18 years of age were included; while those Diabetic patients having type 1 diabetes and pregnant women were excluded. Standard scales like 10 Item Brief Illness Perception Questionnaire(BIPQ),8 Item Self efficacy scale for Diabetes ,16-Item Diabetes Self-Management Questionnaire (DMSQ) were used to evaluate illness perception, self-efficacy and extent of self-care practice, respectively, among diabetic patients. Sampling technique used were Non-randomized consecutive sampling. Descriptive statistics, Pearson correlation and multiple linear regression were applied on SPSS ver 25.

Results: A total of 95 Patients were included in this study. The mean age was 56 years and 61% of the patients were females. There was a significant positive correlation between illness perception and self-care practices ($r = 0.351, p < 0.05$). Self-efficacy also correlated significantly with self-care ($r = 0.334, p < 0.05$). We applied multiple linear regression to adjust for age, years of education, sex, race, marital status, and employment status.

Conclusion: Illness perception and self-efficacy are significant predictors of adequate self-care practices. Patients with low Illness perception and Self efficacy need to be monitored closely. Psychiatric interventions that increase Illness perception and Self efficacy need to be evaluated.

Keywords: Diabetes Mellitus, Illness perception, Self-Efficacy

RSRS-65 Evaluation Of Psycho-Social Environment Of Public And Private Schools In Rawalpindi – A Comparative Study

Hunniya Bint E Riaz

Introduction: The schools provide an ideal platform to achieve both health and educational outcomes. Child-friendly school provides a school culture that is focused on learning and enhancing wellbeing. Policies should be made to promote the healthy school environment.

Objective: The objectives of the study was to determine the existing psychosocial environment of Public and private sector schools; in order to identify the gaps and provide viable recommendations for improvement.

Methodology: The cross-sectional mix-method study was carried out with 486 participants from public and private schools, using universal sampling technique. WHO designed Psycho-social Environment (PSE) questionnaire with Likert scale 1 to 4, covering 7 quality areas was used. Using SPSS version 23 mean and standards deviations for the responses as well as Pearson correlation was used to find the relation between two. P value less than 0.001 was considered significant.

Results: Out of 486 participants, 420 were from public, while 66 from private schools with female to male ratio of 71% to 29% respectively. There was significant difference in quality area 1 - Providing a Friendly, Rewarding and Supportive Atmosphere ($p < 0.001$) with private schools having mean score of 62.56 ± 8.80 , while public schools secured 58.79 ± 7.42 . There was statistically no significant difference between public and private schools in other quality areas.

Conclusion: The findings highlighted a need to improve psychosocial environment of schools in terms of providing friendly, rewarding and supportive atmosphere in school.

Keywords: psychosocial environment, mental health, schools, psychiatry

RSRS-66 Prevalence Of IBS And Its Correlation With Sleep Quality And Stress Among Medical Students Of Rawalpindi Medical University, Rawalpindi

Iqra Munir and Muntaha Jamil

Introduction: In IBS patients, sleep disruptions are a typical complaint that contributes to several psychiatric illnesses including anxiety and depression that are more common and are linked to poor sleep quality. This study sought to determine the prevalence of IBS and its correlation with sleep quality and stress among medical students of Rawalpindi Medical University, Rawalpindi

Objectives: To find out prevalence of IBS among medical students of RMU and To correlate sleep quality and stress with prevalence of IBS.

Methodology: A cross sectional descriptive study was conducted among medical students of Rawalpindi Medical University from June 2023 to November 2023. The sample size was 280 Standard questionnaires using online google forms were distributed among students sampling technique was convenient sampling. All students of MBBS currently enrolled at RMU from 1st to final year who gave consent were recruited in study. Students having any known depression or anxiety disorders and students having known GIT diseases other than IBS were excluded from study. Participants with IBS were diagnosed on the IBS questionnaire for HCP. Data analysis was done using spss 27. Association between the factors gathered and IB was assessed using the Chi-Square test. Variables with a p-value of less than 0.005 in the univariate analysis were entered into a multivariate analysis model.

Results: The apparent prevalence of IBS was found to be 28.3%, with a predominance of 87(85.29%) females (85.29%) over males (14.71%). The psychological symptoms of anxiety were encountered in 57(55.8%) participants with IBS, among which male's were 15.7% and females 84.2% respectively.

Conclusion: Conclusion: this study suggests that IBS is common among Malaysian medical students. There was a significant association between IBS and depression

Keywords: Anxiety Depression, Irritable bowel syndrome, Medical students, Sleep quality

RSRS-67 Blood And Sorrow; Exploring Depression In Care Providers Of Thalassaemic Children

Jaweria Shafique and Nayab Hafeez

Introduction: Thalassaemia is a group of chronic inherited haematological disorders with an average life expectancy of about 10 years and lifelong healthcare needs. The chronicity of thalassaemia affects the quality of life of victims and their care providers with physical, psychological, and economical problems.

Objectives: The purpose of this project is to assess the prevalence of depression among care providers of thalassaemic patients. This will also help identify some of the factors affecting it. This knowledge will be a step towards alleviating the psychological problems they face.

Methodology: 165 care providers of thalassaemic children were interviewed in the blood transfusion and thalassaemia centers in Rawalpindi, Punjab, Pakistan. The consecutive sampling technique was used for this cross-sectional study. Participants completed the English and Urdu-validated versions of Beck's Depression Inventory. Each individual's data was analyzed based on the depression score. Data was analyzed with the help of SPSS software version 25, where likelihood ratio and Pearson correlation were used for testing its significance. $P < 0.05$ was considered statistically significant.

Results: Majority of the participants were found to be suffering from varying degrees of depression. Mean of BDI score was 17-20 which corresponds to borderline clinical depression. More than 30% of care providers fell in the category of moderate depression. Depression in Care Providers was directly related with the number of thalassaemic wards in family and inversely related with the participants education level. More Mothers were suffering from severe and extreme depression than fathers and siblings. Depression was found to be independent of gender.

Conclusion: A number of thalassaemic Care providers suffered from moderate to extreme depression. Factors like being nonsignificant others, being uneducated and having more thalassaemic children in the family all contribute to higher depression scores. These alarmingly high scores of depression in thalassaemic care providers needs to be highlighted and attended to.

Keywords: blood, BDI, careproviders, cross-sectional Survey, depression, Pakistan, Rawalpindi, thalassemic children.

RSRS-68 Effect Of Social Media Usage On Self Esteem Of Medical Students Of Rawalpindi Medical University

Kinza Javed and Zain Ali

Introduction: Body image is defined as one's perception and thoughts regarding one's own body(1).The idea of body image is generally constructed through media, family and the social community. This study aims to explore the impact of social media use on one's idea about body image. Furthermore, it depicts how body image dissatisfaction leads to a change in one's self-esteem and confidence.

Methodology: Cross sectional study performed at Rawalpindi Medical University. Study Duration: 6 months (May to Oct 2023) Convenience sampling was done. 83 students participated in our study. Rosenberg Self esteem Scale will be used to determine self reported self esteem. It's a Liekert 4 scale with total 10 items. Maximum score is 40. The questionnaire will also include components on demographics and social media use. Details were entered into and analysed by SPSS v 23. Descriptive statistics were used. T test and ANOVA were used for significance. P value of 0.05 will be considered significant.

Results: Total 83 students participated in our research. Out of them,23 were from 1st year,13 from 2nd year,9 from 3rd year,14 from 4th year and 24 from final year. 24 were males and 59 were females. Their ages ranged from 17 to 25. The mean age of the participants was 21.3 years. 32 percent students spent 4 hours per day on social media platforms. The platform of choice was Instagram, used by about 50 percent of the population. 19 percent each listed WhatsApp and YouTube as their prime applications of usage. On average, 2.7 hours were spent on the platform of choice. Half of the population that used Instagram spent 2 hours on it per day.We used Rosenberg Self-Esteem scale to determine the feelings about self of the participants. It is a 4 point Liekert Scale, with 10 items. The maximum score achieved was 40, minimum was 17. Mean score was 28. An independent sample T test between gender and total score of Rosenberg scale yielded no significant results, $t(81)= 1.326$, $p= 1.89$. Linear regression was

run to determine the relation between the total hours spent on social media platforms and Rosenberg Scale score. Again the results were insignificant, with $F(1,78)= 0.929$ at $p= 0.338$.

Conclusion: Social media is extensively used by adolescents and has received a lot of research attention as a possible risk factor for body dissatisfaction.Body image is defined as one's thoughts, perception and emotions revolving around one's own body. It is the depiction of one's body representation, including their mirror reflection, and it reflects social values which depend on a society's culture and norms. This conception is made

RSRS-69 Prevalence of Hypochondriasis in Medical vs Non-Medical Students of Twin Cities– A Comparative Correlational Study in Pakistan Mahnoor Junaid Malik and Sania Saif

Introduction: Hypochondriasis or illness anxiety disorder or somatic symptom disorder are all names related to a person's misinterpretation about bodily symptoms that make him believe of having serious disease. As incomplete knowledge is one of the basic causes of hypochondriasis it may imply that better and complete understanding of things may alleviate the symptoms of this phenomenon.

Objectives: The aim of this study is to determine the year-wise frequency of hypochondriasis among medical students and compare it with that of age and gender matched nonmedical students.

Methodology: A cross-sectional study was conducted from July 2023 to November 2023 among medical students from Rawalpindi medical university whereas the non-medical students were taken from NUML university in Islamabad. A Standard questionnaire of Salkovski, P.M. comprising 18 close format questions was administered and the response to this survey was recorded and analyzed using SPSS version 26.

Results: This study included 409 participants 73.8% of our population generally had normal range ($n=302$), 14.4% ($n=59$) were health anxious and 11.7% ($n=48$) were severely health anxious(clinical health anxiety).Chi square was applied to assess the correlation of gender, field of study and year of study with SHAI scores .About 78.7% males were normal that is had no health anxiety while 70.7% females reported with no health anxiety showing a significant association of health anxiety with gender($p<0.05$, $p=0.02$). The field of study indicated that 8.7% of the

participants (n=11/126) belonging to non medical field suffered from clinical health anxiety in comparison to medical students with 13.1% (n=37/283) having clinical health anxiety. However there was no significant correlation between field of study and health anxiety. ($p > 0.05$, $p = 0.43$). The year of study among the medical students had a significant association ($p < 0.05$, $p = 0.03$). The preclinical years had a higher prevalence of clinical hypochondriac symptoms with maximum frequency in 2nd year MBBS students i.e 22% (n=13/59) followed by 1st year MBBS 14.9% (n=11/74). The clinical years had a relatively decreasing prevalence with 3rd year at 9.6% 4th year 6.8% and final year at 9.8%.

Conclusion: The prevalence of substantial hypochondriac concerns in medical students in Pakistan was substantial with 2nd year students being the most affected.

Keywords: hypochondriasis, health anxiety, medical student syndrome, illness anxiety disorder

RSRS-71 Effectiveness of Cognitive Behavioral Therapy Globally for Improving the Quality of Life among Patients with Irritable Bowel Syndrome: A Systematic Review

Mahnoor Usman and Maira Younis

Introduction: Irritable bowel syndrome is an idiopathic chronic gastrointestinal disorder characterized by abdominal discomfort and altered bowel habits. The quality of life of IBS patients is severely reduced, and many patients do not find relief with traditional pharmacotherapy. The use of cognitive behavioral therapy in treating such patients has increased over the past years. However, few studies have systematically evaluated the effect of CBT on the overall quality of life of IBS patients.

Objectives: This study aimed to evaluate the effect of CBT on IBS symptom severity, psychological status, cost-effectiveness, and overall quality of life of IBS patients.

Methodology: This systematic review included 12 Randomized Controlled Trials evaluating the effectiveness of various kinds of CBT in IBS patients. Online databases were searched to find the relevant articles published in English Language between 2008 and 2023. Inclusion criteria was participants diagnosed with IBS using ROME criteria and studies using CBT as primary intervention. The primary

outcome measure was improved quality of life, while the secondary outcome measures included changes in IBS symptom severity, anxiety, depression, and cost-effectiveness.

Results: 12 studies included a total of 1883 patients in which CBT intervention was provided to 1143 patients in 4-10 sessions for 5-10 weeks. Significant improvements in quality of life, IBS symptom severity, psychological status, and cost-effectiveness were reported. Follow-up assessment of the patients showed consistent results. No adverse effects were reported during short-term or long-term follow-up.

Conclusions: Any kind of CBT intervention can effectively improve the quality of life of IBS patients. However, further studies are needed to evaluate the most cost and health effective form of CBT intervention.

Keywords: Cognitive behavioral therapy, quality of life, irritable bowel syndrome, systematic review, gastrointestinal disorder

RSRS-71 The Correlation Between Parenting Styles and Self-Esteem of Medical Students: A Cross-Sectional Study

Marwah Binte Khalid

Aims and objectives: Among various factors that determine an individual's self-esteem, parenting styles play a very significant role in this regard. Certain parenting styles that are practiced around the globe include authoritarian, authoritative and permissive parenting. The study aimed to investigate the correlation between parenting styles and self-esteem among medical students

Materials and Methods: A cross-sectional study was conducted among the MBBS students of Rawalpindi Medical University, Rawalpindi from December 2020 to March 2021. 255 students took part in this study. An online survey was prepared by using Parental Authority Questionnaire-Short Version and Rosenberg Self-Esteem Scale and students were asked to fill it. Simple Random sampling technique was applied. SPSS version 26.0 was used to enter and analyze data. Pearson Correlation, Logistic regression and Hierarchical regression analysis were applied.

Results: Out of 230, 60% of the sample population experienced authoritative, 29% experienced authoritarian whereas 11% experienced permissive style of parenting. Authoritative ($r = 0.283$, $p <$

0.001) and authoritarian ($r = -0.227, p < 0.001$) parenting styles were significantly correlated with self-esteem. Authoritarian parenting style (AOR = 2.20, 95% CI: 1.17, 4.14) was significantly associated with self-esteem of the participants compared to authoritative parenting style.

Conclusion. Results indicated that authoritative parenting was only parenting style that correlates positively with self-esteem which suggest authoritative parenting is the optimum parenting style in Pakistani culture

Keywords: Parenting Styles , Medical Students, Self-Esteem

RSRS-72 Relationship between Resilience and Personality Traits of Students in an Undergraduate Medical Program

Mujtaba Bashir and M. Ali Kadeer

Introduction: Resilience has been recognized as an essential pivot of well-being in medical education, enabling students to surmount adversities and challenges. Thus, nurturing resilience is imperative for medical students to confront negative stressors effectively. Certain personality traits may be linked to higher or lower levels of resilience in students.

Objectives: This study aims to establish a relationship between resilience and personality traits and to quantify its effects for future practical implications.

Methodology: Descriptive cross-sectional study was conducted across five medical colleges (A, B, C, D, E) in Punjab and Sindh over a span of five months. Colleges A, B, C were public, D and E were private. Participants were MBBS and BDS students. Sample size (356) was determined by WHO Calculator using 95% confidence interval and 5% error of margin. Stratified random sampling method was employed. Data collected via Google forms covered informed consent, demographics, MeRs for resilience, and BFI-10 for personality traits. Anonymity of the data was ensured. Data was analyzed through IBM SPSS 26. ANOVA and t test were used. Correlation and regression analysis were used for determining relation between resilience and personality. P value ≤ 0.05 was considered significant.

Results: A total of 356 undergraduate Medical students from colleges A, B, C, D and E were included. Overall, the correlation between personality and resilience was positively weak to

moderate for Agreeableness ($r=0.156$) and Conscientiousness ($r=0.206$). Extraversion, Neuroticism and Openness had negative correlation with Resilience. In A and C students, Conscientiousness and Agreeableness showed positive correlation with Resilience. B students had negative correlation between all the personality domains and Resilience. However, D and E students showed weak correlation between Resilience and personality dimensions.

Conclusion: Personality traits hold predictive value for identifying medical students with lower resilience, and hence are susceptible to distress amidst demanding workloads. This can help in the introduction of planned psychological interventions for medical students susceptible to mental health issues due to a lack of resilience.

Keywords: Resilience, Personality Traits, Undergraduate students, Mental health

RSRS-73 Assessment of Psychosocial Morbidity in Patients With beta-Thalassemia Major: A Case-control Study

Qurat Ul Ain Muhammad and Barira Afzal

Introduction: Beta-thalassemia, an autosomal recessive blood disorder, causes abnormal beta-globin production and requires lifelong management and blood transfusions. Thalassemia major patients may experience psychological challenges, including emotional distress and depression. Some studies indicate a heightened risk of developmental and behavioural issues in affected children, but research is limited, particularly in Pakistan.

Objective: This study aims to assess the prevalence of psychosocial morbidity among children with beta-thalassemia major, compare it with age-matched controls and correlate it with social and disease-related factors.

Methods: This case-control study recruited 32 children with beta-thalassemia major from a thalassemia centre in Rawalpindi. The control group consisted of 32 age-matched children presenting in the outpatient department of a public hospital with acute illnesses. Data was collected using a structured questionnaire consisting of 3 parts: sociodemographic characteristics, disease-related factors and the Paediatric Symptom Checklist (PSC), a validated screening tool for assessing psychosocial morbidity in children. Data was analysed on SPSS version 25.

Chi-square was used for categorical variables, independent t-test was used to compare means between the two groups and Spearman rank correlation was used to compare continuous variables.

Results: The analysis revealed that there was no significant difference in the socio-demographic characteristics, such as age, gender, type of family (nuclear/joint), family size, and socioeconomic status ($p>0.05$) between cases and controls. A significant association ($p=0.001$) was found regarding PSC scores, with the beta-thalassemia group reporting much higher PSC scores (25.1 ± 9.23) as compared to the control group (18.1 ± 7.5). Comparison of disease severity with PSC scores showed a negative correlation with haemoglobin levels ($r=-0.243$) and a positive correlation with serum ferritin levels ($r=0.42$); however, these results were statistically insignificant ($p\text{ value}>0.05$).

Conclusion: The significant difference in psychosocial morbidity between children with beta-thalassemia major and controls highlights the importance of addressing the psychosocial aspects of disease in the overall treatment of children with thalassemia to prevent the development of clinically manifest psychological disease.

Keywords: beta-Thalassemia (D017086), psychosocial morbidity, chronic disease (D002908)

RSRS-74 Oral Examination Anxiety in Medical Students: A Pre-Clinical Year Perspective

Dr. Ambreen Surti, Muhammad Raza Sarfraz and Syed Shafaat Hussain

Background: Medical School education is demanding and stressful which may lead to depression and anxiety. Anxiety is prevalent in 33.8% of medical students worldwide.

Objective: We aim to investigate the effects of anxiety on oral examination scores among pre-clinical medical students.

Materials and Methods: A descriptive cross-sectional study, conducted at Bahria University Health Sciences among 231 students for the duration of six months after obtaining institutional ethical approval. Students of first year and second MBBS and BDS, and have general good health were included whereas students who refuse to participate, have past medical history of psychiatric illness were excluded from the

study. The Westside anxiety scale was used to assess the levels of anxiety. A structured questionnaire formed using google forms was used to collect data and was analyzed using IBM SPSS version 25.0.

Results: There were majority of female participants in study. The overall mean age of the students was 20.06 ± 1.13 . Most of the students reported moderately high-test anxiety 45 (19.5%). Our findings revealed that students from BDS have extremely high anxiety while students from MBBS have high test anxiety scores. 16 (39%) of those who failed their exams reported extremely high anxiety and 12 (32.4%) reported high test anxiety with $p\text{-value} = 0.000$.

Conclusion: Students' performance during examinations is hindered when anxiety exceeds the minimal level. This study highlights the underscore widespread issue of high-test anxiety among pre-clinical year students and emphasize to provide a pleasant learning experience through multidisciplinary approach to evaluate the viva exam arrangements and offer essential assistance.

Keywords: Anxiety, Oral examination, Exam stress

RSRS-75 Social Media Disorder In Khyber Medical College Students: A Cross-Sectional Survey

Fatima Faraz Rehman, Jawad Basit, Ebad Faraz

Introduction: The emergence of information technology has brought forth a novel concept known as Social Media Disorder (SMD). Despite some preliminary research, there is a notable absence of documented studies focusing on SMD among undergraduate medical students. A recent study indicated a high prevalence of social media addiction among university students (23%, 95% CI: 18%-28%). This study aims to conduct a cross-sectional survey to explore Social Media Disorder and investigate the primary motivations driving social media usage among medical students at Khyber Medical College, Peshawar.

Methods: In this cross-sectional survey, conducted at Khyber Medical College, students from the first to the final year were included. The sample size was determined to be 236, calculated using the open epi sample size calculator with a 95% confidence interval. Systematic Random Sampling was employed, creating 5 intervals of data, each containing 46 students. Within each class, every 5th

and 11th student received an emailed questionnaire link, and their responses were recorded. The questionnaire utilized in this study consisted of a 9-item scale for Social Media Disorder developed by Van Den Eijnden. Additionally, pretested self-administered questionnaires, employing 5-point Likert scale questions, were employed to gauge the individual motivations behind social media usage.

Results: Among the 236 participants, 51.3% were female and 48.7% were male. The predominant social media app used was WhatsApp (30.1%), followed by Instagram (24.6%). The SMD-9 item scale in our study exhibited good reliability with a Cronbach's alpha of 0.73. Notably, 36% of participants reported Social Media Disorder, with varying prevalence across different academic years: 30% among 1st-year students, 36% among 2nd-year students, 39% among 3rd-year students, 35% among 4th-year students, and 38% among final-year students. Regarding motives, information seeking had the highest mean score (3.85), followed by entertainment (3.70), while Convenience and Altruism scored 3.48 and 3.09 mean, respectively.

Conclusion: A substantial proportion of Khyber Medical College students' exhibit pathological addiction to social media. The primary use of social media among participants is for information seeking, closely followed by entertainment purposes.

RSRS-76 Exploring the Nexus: Self-esteem, Gender Disparities, and Academic Excellence among Undergraduates at Rawalpindi Medical University

Fatima Faraz Rehman, Jawad Basit, Ebad Faraz

Objective: This study conducted to assess the relationship between self-esteem and academic performance of undergraduates.

Study design: Descriptive cross sectional study.

Place and duration of study: Rawalpindi medical university, Rawalpindi from June to September 2023.

Materials and methods: A total of 309 students, comprising 113 males and 196 females, participated in the study. To assess their self-esteem and academic performance, we administered the Rosenberg Self-esteem scale and calculated their cumulative grade point average (CGPA), respectively. The data analysis involved using Pearson's Product Moment and t-test to determine statistical significance.

Results: Our findings revealed a significant positive relationship ($r=0.124^*$) between self-esteem and academic performance. Additionally, we discovered significant differences between male and female students in terms of self-esteem and academic performance scores.

Conclusion: female students outperformed their male counterparts in academic achievements and exhibited higher self-esteem levels.

Keywords: Self-esteem, Academic Performance, Grades.

RSRS-77 Prevalence of Red Eye Virus (REV) Infection in Patients with Communicable and Non-Communicable Diseases in Rural Punjab, Pakistan

Summary: Red eye virus (REV) infection poses a significant public health challenge, particularly in developing nations like Pakistan. The objective of this investigation was to ascertain the prevalence of REV infection by detecting serum antibodies among patients with various communicable and non-communicable diseases in rural Punjab, Pakistan.

This was an observational, descriptive, cross-sectional study conducted at the Institute of Public Health, the University of Lahore, from January 1, 2022, to December 31, 2022.

A total of 3,830 patients from Southern, Central, and Northern regions of Punjab were randomly selected using probability-based random sampling. 5ml blood samples were obtained from the patients, and the serum was isolated for REV antibody testing. Patients were categorized into communicable disease groups, including malaria, dengue fever, and typhoid, and non-communicable disease groups, such as cardiovascular diseases, diabetes mellitus, dental issues, surgical interventions, gynecological and obstetrical cases, blood transfusion, accidental wounds, and injectable treatments with glass syringes.

The investigation uncovered the highest antibody positivity rates of 46% among patients who received injectable treatments parenterally with non-disposable glass syringes and 43% among dental patients. Obstetrical and blood transfused patients exhibited an antibody positivity rate of 39%. The study also observed antibody positivity rates of 37% and 34% among surgical and cardiovascular disease patients, respectively. The antibody positivity rates in

other categories followed a descending order, with rates ranging from 30% to 10% for minor surgery, diabetes, malaria, gynecological, typhoid, and dengue fever patients.

The findings of the study unveiled a substantial prevalence of REV infection among patients in rural Punjab, Pakistan, particularly among those who had received injectable treatments with non-disposable glass syringes and dental patients. These results highlight the urgent need for enhanced healthcare practices and awareness campaigns to curb the transmission of REV in rural areas.

Keywords: REV, red eye virus, antibody positivity, prevalence, rural Punjab, communicable diseases, non-communicable diseases, healthcare practices

RSRS-78 Attitudes and knowledge in blood donations of undergraduate students at public sector medical university: a cross-sectional study

Areesha Abid, Abdullah, Humza Saeed, Zabeehullah, Uswa Iftikhar, Tabeer Hussain, Muhammad Uzair Shahid, Muhammad Khubaib Arshad

Introduction: The rise in chronic diseases and life expectancy, as well as technological advancements in medical therapy, have all contributed to an increase in the demand for blood transfusions in recent decades. The current state of voluntary blood donation in Pakistan is incredibly unsatisfactory. The self-sufficiency of voluntary transfusions must be maintained to fulfil the blood needs of both regular medical procedures and emergency situations, which are continuously mounting.

Objectives: This study aims to identify differences in attitudes of undergraduate medical students at Rawalpindi medical university (MBBS and Allied Health sciences) towards blood donation and their knowledge about it and how it has influenced their blood donation practice.

Methods: A descriptive cross-sectional study was conducted among undergraduate medical students at public sector medical university using structured pre-tested previously administered questionnaire (CADS-19) to measure attitudes and knowledge regarding blood donation of all five academic years. A total of 263 students participated in the study. Data was entered into and analysed using SPSS software version 20. Descriptive statistics, T-tests and Correlation tests were applied for analysis.

Results: Only 34.84% (N=92) participants were tested to have adequate knowledge regarding blood donation of which 8.8% were able to score highest. There is a significant association between practice of blood donation and knowledge scores. ($p=0.001$, C.I. -0.37901 to -0.10451). However similar significance could not be ascertained between attitudes of blood donation and the knowledge scores.

Conclusion: Considering that the participants were students pursuing healthcare, the level of their knowledge about blood donation was lower than expected. The goal of strategies should be to raise students' awareness, motivation, and responsiveness to blood donation through targeted instructional programs and educational campaigns.

RSRS-79 Public Private Partnership and Public Governance Challenges Worldwide -A Systematic Review

Asra Amjad, Arham Farooq, Arooj Javaid, Ayesha Farid, Asad Ali Khan, Marina Akhtar, Alishba Rasool, Saira Afzal

Background: Public-Private Partnership in health sector is important to deliver equitable health services with efficiency. Public health institutions face challenges in terms of resource efficiency while private health institutions are driven by profit which raises the cost of healthcare services. Public-Private Partnership can potentially be used to maximize the positive features of both public and private sector while minimizing the negatives of both.

Objectives: The aim of this research is to evaluate how Public-Private Partnership in health sector affects the quality of services delivered to the masses and how these partnerships can be refined.

Methods: A systematic review of original studies evaluating Public-Private Partnership and public governance challenges in health sector was carried out. A sample of 17 original studies was selected based on inclusion and exclusion criteria from databases of Google Scholar, ProQuest and PubMed, and analyzed.

Results: The results show that Public-Private Partnership in health sector improves outcomes in terms of health equity and delivery of healthcare services.

Conclusions: Public-Private Partnerships have shown promising results in improving healthcare delivery.

The implementation of these partnerships should be adjusted according to the regional socio-economic context to maximize the benefit of these partnerships. Moreover, private partner participation can be secured by giving better incentives to private partners, but careful formulation of the partnership is necessary so that the private partner does not acquire overwhelming benefits at the expense of public.

RSRS-80 Metabolic Syndrome and Its Association with the Quality of life in adults Globally - A Systematic Review

Ayesha Ahmed, Anzak Rasheed, Ali Usman, Ayesha Farid, Asra Ali, Marina Akhtar, Alishba Rasool, Saira Afzal

Introduction: Metabolic syndrome (MS) comprises complex health conditions. It is a risk factor of increased cardiovascular problems and it is becoming prevalent globally. To ensure proper management and treatment of metabolic syndrome, it is essential to understand its effect on various aspects of patients' lives.

Aims and Objectives: This systematic review aims to determine the effects of MS on the quality of life (QoL) of affected individuals, involving physical, mental, and psychosocial aspects of life.

Methods: This systematic review was conducted by following PRISMA guidelines and PubMed and Google Scholar were searched for articles published between 2005 and 2023. Inclusion criteria included observational and clinical studies in English, involving the studies on adults with a large sample size, focusing on the association between MS and quality of life.

Results: Initially 335 articles were screened, out of the screened articles 15 met the inclusion criteria. The majority of these studies were observational. The findings indicated that MS was associated with lower overall health-related quality of life scores, impaired physical health, and poor mental health. High blood pressure and abdominal obesity, core components of MS, were linked to reduced quality of life. Moreover, gender-specific patterns indicated a more significant impact on females. Age affected the relationship between MS and quality of life, with some age groups showing different effects. Psychosocial factors, including stress and a sedentary lifestyle, were found to influence the quality of life in MS patients.

Conclusion: This systematic review highlights the deleterious impact of MS on individuals' QoL, including physical, mental, and social dimensions. It emphasizes the need for effective management to deal with the diverse effects of MS on affected individuals and highlights the importance of psychological well-being in the management of MS. Further longitudinal studies are required to establish causal relationships and better understand the precise impact of various factors on QoL in MS patients.

RSRS-81 Knowledge of Nutritional Supplements among University students of Peshawar, KP Pakistan

Introduction: A balanced diet with adequate nutrients is essential for everyone. Nutritional supplements are products taken orally, containing dietary ingredients like vitamins, minerals, herbs, and amino acids, intended to supplement the diet. They can improve overall health, energy, immune system support, athletic and mental performance, and aid healing during illness. In Pakistan, a developing country facing basic health problems, inadequate nutrient intake is a concern. This research aims to evaluate the prevalence of nutritional supplement use among Peshawar university students and understand their perceptions regarding their use.

Objectives:

- To find out the prevalence of nutritional supplements use among the University students of Peshawar.
- To find out the reasons behind Nutritional supplement use.
- To know the knowledge of University students regarding nutritional supplements.

Materials and methods: We conducted a descriptive cross-sectional study on university students residing in Peshawar, KP Pakistan, six months after obtaining approval from IREB. We used convenient sampling to collect data through questionnaires distributed among the students. The sample size was approximately 383, determined using the WHO sample size calculation formula. Our selection criteria included students aged 18-25 years who were willing to participate. For data analysis, we used mean and standard deviation for quantitative variables and employed the Chi-square test to stratify

categorical variables with a significance level of $P < 0.05$.

Results: Our research shows that among university students in Peshawar, 58.5% use dietary supplements. Among the students surveyed, 41.17% of males and 70% of females reported using dietary supplements, with a higher prevalence among females. The reasons for using dietary supplements varied, with 34.46% using them to improve their diet, 19.84% to treat medical conditions, 20.89% to enhance their immune system, and 7.89% for weight management. Additionally, some students believed that dietary supplements were essential for their health (71.28%), while others did not consider them essential (18.02%). The majority of participants agreed that dietary supplements have beneficial effects, such as improving cognitive ability, preventing illnesses like cancer and osteoporosis, aiding in recovery from fatigue, enhancing athletic performance, promoting skin and hair health, building muscle mass, improving appetite, providing stamina and energy, and maintaining normal vision. However, opinions were more mixed concerning regarding other potential effects, such as the role of vitamins and minerals in preventing chronic diseases or promoting weight loss or weight gain.

Conclusion: We examined the prevalence of Nutritional supplements use among university students in Peshawar and found that the use of nutritional supplements among university students, especially females, is high and comparable to the prevalence found in the United States. The primary reasons for using these supplements include improving diet, enhancing the immune system, and treating medical conditions. Additionally, our study found a significant association between supplement use and skin health, hair health, and generalized body aches. Regarding knowledge, majority of participants considered dietary supplements essential for health and believed in their beneficial effects.

RSRS-82 Demographic Profile and Disease Burden in the Emergency Departments of Tertiary Care Hospitals: A Cross-Sectional Study in Rawalpindi

Fatima Faraz Rehman, Jawad Basit, Ebad Faraz

Introduction: Emergency department is concerned with providing immediate medical attention to patients according to triage system which categorizes presenting case as immediate, urgent or non-urgent

this study is aimed to help identify the most common presenting conditions and assess their prevalence.

Objective:

1. To explore the clinical and epidemiological features of diseases found in patients presenting in ED of tertiary care hospitals of Rawalpindi.
2. To assess the burden of different diseases presented in emergency department

Methods: In this cross-sectional study data was collected from 360 patients in the setting of 3 main hospitals of Rawalpindi, Holy Family Hospital, BBH, DHQ Rawalpindi. The sampling technique was consecutive nonrandom. The data collection process involved self-structured questionnaires administered to patients in the ER and SPSS version 28 was used for analysis. Statistical and descriptive methods including frequencies, means and standard deviations were employed. The Chi square test was applied to identify any associations between the time of patient arrival and cases related to medical care, surgery, trauma, pediatric, gynecology and heart diseases.

Results: According to data, the most frequent time of presentation in ER was at afternoon with 119/357 (33.33%) patients and then at morning with 99(27.3%). 256(71.71%) patients in ER were non ambulatory while 101(28.29%) were brought to hospitals by their family members. Cases related to medical care were 205(57.42%) and with trauma were 105 (29.4%). Cases related to pediatric, gynecology and cardiovascular diseases were 10.08%, 0.6%and 2.52% respectively. On application of chi- square test, no significant association was observed between time of arrival of patients in ER and cases belonging to medical care, surgery/trauma, pediatric, gynecology and heart diseases(p value $> .05$ i.e. 0.49);percentages of trauma related cases (p value 0.495); and cases belonging to medicine related complaints(p value 0.693). There was a strong association between age groups and specialty specific patients' presentation(p value <0.001);age and trauma related cases (p value 0.002);age and cases with medicine related complaints(p value <0.001).A strong association was also observed gender and trauma related cases (p value 0.05).

Conclusion: We carried out this cross sectional, descriptive study with the aim to provide important data regarding demographics, time of arrival, most frequent cases presenting in ED of Tertiary hospitals

of Rawalpindi. The data obtained from this study can be utilized to optimize the emergency cases management for patient-specific needs. Further studies should be carried out to explore the different aspects of emergency cases which can contribute to the availability of better health services for the common people of our country.

Keywords: Emergency Department, Epidemiology, Tertiary care hospital

RSRS-83 Do We Know How To Study Well? Effect Of Intervention On Awareness Of Effective Study Techniques Amongst High School Students In Distt. Attock

Introduction: Many students are left behind by an educational system that some people believe is in crisis. As students progress from elementary grades through middle and high school, they adopt several self-devised study plans rather than those shown to be scientifically effective. The application of effective learning approaches can help students better regulate their learning, which is one aspect of the solution to improving educational results.

Objectives: To determine the depth of knowledge high school students have regarding various effective study techniques and the effect of interventional study on them.

Methods: This cross sectional study was conducted amongst FSC students of Fazaia Inter College Minhas (N=250). A highly detailed questionnaire was provided which included sociodemographic variables and questions regarding study habits, existing levels of awareness and various strategies used during self-study.

Results: When students were asked to grade their awareness regarding the knowledge of effective study techniques from 0-10, pre interventional survey showed, majority of the students grading themselves 5/10 i.e 26.8% of the students. After the intervention, most of the students graded themselves as 9 being the most selected grade i.e 37%. Furthermore, pre interventional data also showed that rereading is prioritized by 31% of the students, highlighting by 26% , practice testing by 23% , and distributed practice and recall by just 20%. . The data shows that after intervention, rereading was preferred by 14% of students , highlighting by 15% , practice testing by 25% and distributed practice and recall by 46% of students . Awareness and application were gauged by

making scales and pre and post values compared by paired t test . For the awareness, the test was highly significant with p value <0.001 ($t=-23.155$)and the mean difference (post- pre) is decreased showing increased awareness.

For application, t tests showed the highly significant results $p<0.001$ ($t=12.336$) and mean difference (pre-post) positive showing increase in awareness.

Conclusion:

The intervention proved to be very effective as after it there was a complete change in the priorities of the students. Results showed a decrease in the frequency of usage of low yield study techniques rereading and highlighting. Meanwhile, the high yield distributed practice and recall shows 26% increased priority by the students. By understanding this data students can be better encouraged towards high yield techniques and guided upon how to incorporate them into their study plans.

Keywords: study techniques, intervention, high school, rereading, highlighting, recall, distributed practice

RSRS-84 To Understand the Attitude of Medical Students towards Patient Centered Care over Their Study Years

Objective: The study aimed to assess the patterns of behaviors a doctor should approach while confronting a patient. The best medical care can only be provided to patients when clinicians appreciate the importance of a good doctor-patient relationship. Patient centered care focuses on effective communication, respect, empathy and ensuring the comfort and betterment of the patient. Patients being much more educated about their rights expect their physician to brief them on all aspects of their illness so they can make well-informed decisions about their treatment plan. Thus, it is noteworthy to evaluate the point of view of medical students towards doctor or patient-centered practice during their study years. This study also aimed to investigate how cultural differences affect student attitudes.

Methods: A cross-sectional study was conducted on medical students using a questionnaire based on the Patient-Practitioner Orientation Scale (PPOS) to collect responses. SPSS was used for data analysis. Descriptive analysis, t-tests and multiple regression analysis were done.

Results: A total of 322 students participated in the study. Out of 322 students, 178 were males and 144 were females. The mean PPOS score was 3.60 ± 0.47 , while the sharing and caring sub-scores were 3.23 ± 0.66 and 3.99 ± 0.52 , respectively. The attitude of students overall was slightly patient-centered. Different study years showed variance in patient centered scores. Culture and gender also influenced the overall score. Students living at homes were more patient-oriented rather than those in hostels.

Conclusion: The attitudes of the students leaned slightly towards patient-oriented behavior. We believe that early-on patient exposure alongside teaching empathy and communication skills can do wonders in achieving a hospital setting where each patient's autonomy and feelings are respected, thus fulfilling the principles of patient-centered care.

Keywords: Patient-centered care, PPOS, Doctor-patient relationship, PCC and cultural variation, PCC and living conditions.

RSRS-85 Assessing Air Quality Index And Health Hazards In Lahore, Punjab And Bhimber, Azad Kashmir: Comparative Study Approach

Janu Chhetri, Qurat ul Ain, Mahwish Jabeen, Rida Farooq

Introduction: Air pollution has well established effect on different aspects of health; cardiovascular system, respiratory system, skin disease, allergic diseases, IHD, hematological parameters, cancer mortality and overall mortality. The research aims to fill the existing knowledge gap regarding air quality and health hazards in Lahore and Bhimber. An index for reporting air quality is called the air quality index (AQI). It measures the impact of air pollution on a person's health over a short period of time. Pakistan ranks third in the world in terms of mortality attributable to air pollution, with aerosol mass concentrations (PM_{2.5}) consistently well above WHO (World Health Organization) air quality guidelines (AQG). The findings of this study will contribute to the development of effective strategies to mitigate air pollution, improve air quality, and promote the well-being of the residents in Lahore, Bhimber, and other urban areas facing similar challenges.

Objectives: The main objectives of this research are:

a) To determine and compare the Air Quality Index in Lahore and Bhimber using relevant air quality monitoring data.

b) To assess the health hazards associated with air pollution in both locations.

Materials and methods:

Study Design:

Descriptive, Cross-Sectional Study

Settings

The proposed research was conducted in the regions of Lahore and Bhimber, Pakistan.

Study duration:

The duration of study was from June 2023 to August 2023.

Sample Size:

The sample size was estimated by using proportion (p) =12% and the sample size calculated was 352.

Sampling Technique:

Sampling Technique used in the study was non probability convenience sampling.

Inclusion and Exclusion Criteria:

The criteria for inclusion were:

- Subjects aged 18 to 35
- Area: Lahore and Bhimber
- Both males and females

The criteria for exclusion were:

- Children and Elders
- Subjects aged less than 18 and above 35
- Smokers

Data Collection Procedure:

Data was collected in the form of online questionnaire after obtaining permission from relevant authorities.

Data analysis plan:

Data was analyzed using SPSS software. After clarifying the questionnaire, the mean and standard deviation of factors were calculated for descriptive analysis. Chi-square test was applied to check the association of area with health hazards. The level of significance i.e. p value was taken ≤ 0.05 .

Results: The comparative study of the mean air quality index of Lahore i.e.145 and Bhimber i.e.110 and its associated health hazards showed statistically significant results in four domains. The analysis through chi square test indicated predominance of skin diseases, seasonal flu, allergy and other diseases (conjunctivitis, acute bronchitis, sinusitis, stress/anxiety) among the residents of Lahore and predominance of cardiovascular ailments among the residents of Bhimber whereas the result of respiratory diseases was insignificant. Among 176 participants of Lahore, 34(19.3%) were suffering from respiratory disease while in Bhimber 30(17%) out of 176 had respiratory disease. The incidence of cardiovascular

problems was relatively higher among the residents of Bhimber which was about 13(7.4%) out of 176 while that of Lahore was 5(2.8%) out of 176 participants. Skin diseases were more prevalent among the residents of Lahore that was about 69(39.2%) out of 176 while that of Bhimber was 43(24.4%) out of 176 individuals. The attack of seasonal flu and allergy was 134(76.1%) out of 176 in Lahore and 105(59.7%) out of 176 in Bhimber. Additionally the frequency of other diseases (acute bronchitis, conjunctivitis, sinusitis, stress and dandruff etc) was 111(63%) out of 176 in Lahore and 52(29.5%) out of 176 in Bhimber.(TABLE NO.1)

Conclusion: The comparative study of mean AQI of Lahore i.e. 145 and Bhimber i.e. 110 and its associated health hazards showed statistically significant results. Lahore being an urban city has poor air quality index due to large number of industries, mass transportation burden and compacted buildings so the prevalence of allergic rhinitis, seasonal flu and skin diseases was high. This implies high value of index represents a highest value of environmental pollution and of course a highest health risk. Sensitive groups such as asthmatics and people with heart or lung diseases were at highest risk. On the contrary cardiovascular problems like hypertension, atherosclerosis, myocardial infarction etc were more common in Bhimber which is relatively less urbanized area.

Keywords: Air Quality index, Health hazards.

RSRS-86 Confidence and Knowledge of Emergency Management among Medical Students and House Officers

Introduction: Pakistan has an increasing need for a strong emergency care system as emergency conditions – acute cardiovascular disease, road injuries, and stroke – form the top 10 leading causes of death. The World Health Organization (WHO) Basic Emergency Care (BEC) course trains frontline providers in the management of acute illness and injury but unfortunately medical students in the worldwide and even in Pakistan have demonstrated knowledge gaps in emergency care and acute stabilization.

Objectives: Our study aimed for baseline assessment of knowledge and confidence in emergency management among medical students and house officers and suggest improvements in curricula and training accordingly.

Materials and methods: A validated, cross-sectional survey assessing knowledge and confidence of emergency care congruent with BEC content was electronically administered to 156 house officers and 273 medical students of clinical years graduating from 16 medical institutions of Pakistan from June 2023 to October 2023. Knowledge was evaluated via 15 multiple choice questions and confidence via 13 questions using 5-point likert scale. Mean knowledge and confidence scores were compared across demographics, geography and prior training using Chi-Squared or one-way ANOVA analyses.

Results: The mean knowledge score was $59.9\% \pm 23\%$ (95% CI 57.8-62.0%); the mean confidence score was 29.6 ± 6.7 (95% CI 28.1-31.2). Increasing knowledge and confidence scores were associated with prior completion of emergency management training courses ($p < 0.0001$). Differences in knowledge and confidence scores were also significantly found between geographic regions ($p < 0.0001$).

Conclusion: Knowledge and confidence levels of emergency care management for graduating medical students across Pakistan demonstrated room for additional, specialized training. Higher scores were seen in groups that had completed emergency care courses. Implementation of the BEC as an adjunct to current curriculum may serve as a valuable addition.

Keywords: emergency management, knowledge score, confidence score

RSRS-87 Prevalence of Naegleria fowleri Infection in Patients with Communicable and Non-Communicable Conditions in Rural Punjab, Pakistan

Summary: Naegleria fowleri infection poses a significant public health concern, particularly in developing nations like Pakistan. The objective of this study was to determine the prevalence of Naegleria fowleri infection by detecting serum antibodies in patients with various communicable and non-communicable conditions in rural Punjab, Pakistan. This was an observational, descriptive, cross-sectional study conducted at the Institute of Public Health, the University of Lahore, from January 1, 2022, to December 31, 2022. A total of 3,830 patients from Southern, Central, and Northern regions of Punjab were randomly selected using probability-based random sampling. 5ml blood samples were collected from the patients, and the

serum was separated for *Naegleria fowleri* antibody testing. Patients were categorized into communicable disease groups, including malaria, dengue fever, and typhoid, and non-communicable disease groups, such as cardiovascular diseases, diabetes mellitus, dental issues, surgical interventions, gynecological and obstetrical cases, blood transfusion, accidental wounds, and injectable treatments with glass syringes.

The study discovered the highest seropositivity rates of 46% among patients receiving injectable parenterally with non-disposable glass syringes and 43% among dental patients. Obstetrical and blood transfused patients exhibited a seropositivity rate of 39%. The study also observed seropositivity rates of 37% and 34% among surgical and cardiovascular disease patients, respectively. The seropositivity rates in other categories followed a descending order, with rates ranging from 30% to 10% for minor surgery, diabetes, malaria, gynecological, typhoid, and dengue fever patients.

The study revealed a high prevalence of *Naegleria fowleri* infection among patients in rural Punjab, Pakistan, particularly among those who had received injectable treatments with non-disposable glass syringes and dental patients. These findings emphasize the necessity for improved healthcare practices and awareness campaigns to control the spread of *Naegleria fowleri* in rural areas.

Keywords: *Naegleria fowleri*, seropositivity, prevalence, rural Punjab, communicable conditions, non-communicable conditions, healthcare practices

RSRS-88 Fostering Digital Health in Pakistan: An Interventional study regarding Awareness of Telemedicine among patients of diverse healthcare setups in Islamabad

Shehbano Syed

Introduction: With the rapidly increasing population in Pakistan and shortage of doctors in peri-urban and rural areas Telemedicine has become the need of the time. This research was conducted to create general awareness on Telemedicine using video, assess the difference between pre and post interventional awareness with an aim to provide suggestions for making Telemedicine more accessible and thus reducing the burden of the health care system.

Objectives

- Assess the pre awareness session knowledge, attitude and practices
- Conduct an awareness session about Telemedicine using self-made video and tutorial
- To assess the post awareness session knowledge
- To determine the effectiveness of awareness session in educating the study participants by comparing pre & post session knowledge.

Methodology: We conducted a pre and post interventional study in various health care setups, on adults aged 18 and above who have been residents of Islamabad for over 6 months. Convenient sampling was done with a sample size of 98. Information was collected from the sample population both pre and post-intervention by a self-developed questionnaire filled through interviews. For intervention, an awareness session conducted using a self-made video.

Results: Our pre grand mean score was 6.89 and post grand mean was 9.48. Our findings reject the null hypothesis and p value <0.001 indicates that results are highly significant statistically.

Conclusion: We conclude that the majority of the participants hold a favorable attitude towards telemedicine services. They have the means to assess Telemedicine but are unable to do so due to a lack of awareness; hence, there is a need for education and awareness programs through government-supported programs to encourage the utilization of telemedicine services.

Keywords: Telemedicine, Awareness of telemedicine, Willingness to use Telemedicine

RSRS-89 Assessment of Medical Professionalism in House Officers using Professionalism Assessment Tool (PAT)

Minhal Fatemah

Introduction: Professionalism, a complex concept influenced by social and cultural factors, lacks a standardized assessment method in Pakistan. To address this, Professionalism Assessment Tool (PAT) was developed by RMU's Community Medicine department catering to the country's specific context.

Objectives:

- * To determine the reliability of Professionalism Assessment Tool(PAT) in house officers.

* To assess the status of medical professionalism among house officers.

* To identify the sociodemographic factors influencing professionalism.

Methodology: A cross sectional study was conducted in Allied Hospitals of Rawalpindi Medical University from June 2022 to October 2022. Sample size of 300 was used and data was collected by Convenience Sampling from house officers of Allied hospitals of RMU. House officers suffering from any illness were excluded. Descriptive statistics, independent sample t-test and reliability statistics were applied.

Results: The current study found PAT to be a reliable construct, with a Cronbach's Alpha of 0.941. The internal consistency of the subscales ranged from 0.722 to 0.904. A cut-off score of 48 (out of 96) was used to distinguish between subpar and acceptable professional behavior. House officers were found to be adequately equipped with professionalism, with only 5.7% (n=17) scoring below 48 on PAT. No significant relation between the residence of the participant and their professionalism was observed. The gender and department was seen to slightly impact the professionalism scores.

Conclusion: This study found PAT to be a reliable construct for assessing medical professionalism. Further studies to determine its usability in undergraduate settings, preferably as a means to longitudinally track the professionalism of medical students as well as doctors can be conducted.

Keywords: Professionalism, Medical ethics, Validation study

RSRS-90 Effect of Exercise on Sleep Quality and Its Relationship with Academic Performance of Non-Obese Male as Well as Female Medical Students of Punjab

Hamid Hassan, Qasim Bashir, Momena Quasim, Kubshia Farooq

Introduction: Daily exercise leads to better sleep quality and academic performance.

Objective: To assess the effect of exercise on sleep quality and to correlate it with academic performance.

Materials and Methods: For this cross-sectional comparative study 140 non-obese medical students were equally divided into physically active (PA) (≥ 600 MET/week) and physically inactive (PI) (≤ 600 MET/week) groups through application of GPAQ

each of which was later divided into male and female subgroups on equal basis. The sleep quality of the physically active male and female medical students, analyzed through PSQI scale, as well as their academic performance was compared with their non-active counterparts through application of ANOVA in combination with post-hoc Tukey's test. Moreover, to correlate physical activity of medical students with their sleep quality and to correlate both of these with their academic performance Pearson's correlation was applied to each of the four groups. The study was completed within 6 months of IRB approval and obese students as well as those harbouring endo-metabolic disorders and/or psychiatric illness/es were excluded.

Results: Sleep quality as well as academic performance of PA males and females was significantly better than their PI counterparts [$\{(p=0.002), (p=0.019)\}$, $\{(p=0.010), (p=0.008)\}$ respectively]. Also within physically active male and female medical students, GPAQ depicted a negative correlation with PSQI [$(p=0.006), (p=0.012)$ respectively] but a positive one with academic performance [$(p=0.000), (p=0.003)$ respectively] and so was true for non-active male and female students [$\{(p=0.000) (p=0.021)\}$, $\{(p=0.002) (p=0.000)\}$ respectively]. Moreover, we observed that since active males of our study were considerably more active as compared to their female counterparts ($p=0.000$), hence they experienced a significantly better sleep quality as compared to active females ($p=0.042$).

Conclusion: Sleep quality as well as academic performance of physically active medical students is better than their non active counterparts.

Keywords: Academic performance, Global Physical Activity Questionnaire (GPAQ), Physical activity, Pittsburgh Sleep Quality Index (PSQI), Sleep Quality.

RSRS-91 Cross Sectional Study on TB Awareness and Prevention in Allied Hospitals of Rawalpindi Momina Sagheer

Introduction: Tuberculosis is a widespread disease that affects millions of people and ranks as the second leading cause of death by an infectious disease. TB is a contagious disease that is caused by the bacteria Mycobacterium tuberculosis. Ending the TB epidemic by 2030 is one of the sustainable development goals and countries with high prevalence rates are not on track to meet these goals.

Objectives:

1. To determine the level of knowledge of general public towards tuberculosis
2. To assess the attitude and practice of general population towards prevention of tuberculosis

Material and Methods: A descriptive cross-sectional survey based study was conducted in the Allied hospitals of Rawalpindi medical university during March 2022. Non-random consecutive sampling technique was used. People were interviewed. A standardized self-structured questionnaire was used. Data collected was analyzed using the latest version of SPSS.

Results: A total of 296 people were interviewed. Out of the total population, 109(36.8%) respondents knew that tuberculosis is a bacterial disease. 23(7.8%) Respondents have no definite knowledge about the prevention of Tuberculosis. 282(95.3%) were willing to visit a hospital if they developed Tuberculosis.

Conclusions: The study suggests that we have come a long way in prevention and treatment on TB but we still have many more miles to go. It implies the urgent need to amplify the efforts to further improve the awareness of the populace about the symptoms and prevention of the disease. An increase in monitoring the vaccination program is needed, to ensure prevention of TB at grassroots level.

MeSH Keywords: Tuberculosis, Awareness, Prevention

RSRS-92 Emotional Intelligence: A crucial component to Medical Education?

Sumia Fatima, Tayyaba Idrees, Sidra Hamid

Introduction: Emotional intelligence nowadays is considered an important trait to have in doctors worldwide. Hospitals are a place of great stress. The vulnerability of the patients and their relatives, the uncertainty associated with the treatments, overcrowded hospitals, and overworked health care providers contribute to violent episodes between the doctors and patients. These can be traced back to lack of emotional intelligence among the, Unfortunately, it has not been given due importance in our country, Pakistan.

Objectives:

- To analyse various aspects of EQ of students, and their relation with Intelligence Quotient (IQ), gender, and residence.

- To analyse the student's viewpoint about the importance of Emotional Intelligence in Medical Education and Its Benefits and Risks
- To compare the degree of empathy of public and private sector, and also of different departments in these hospitals

Materials and methods: A cross-sectional study was conducted among the students of 2nd, 3rd, and 4th-year MBBS, in Rawalpindi Medical University from Aug 2021 to May 2022. We used Self Structured Questionnaires and the Leadership Tool kit NHS Emotional Intelligence Questionnaire as the data collection tool. Data were analysed using SPSS v22, and Chi-square test.

Results: The results showed that a very little percentage of the medical students obtained adequate scores on the EQ test (32.5%, 39%, and 32% in 2nd, 3rd, and 4th year respectively). Females generally were more empathic than males. The students who had graduated from government high schools had higher EQ scores. Pediatrics was voted by the students to be the most empathic department of all. Private hospitals were regarded by medical students as being more empathetic than government hospitals.

Conclusions: The dismal scores achieved by the students in the EQ test reflect the low level of empathy and emotional intelligence among our healthcare professionals. There is a dire need to develop and cultivate emotional maturity in the medical students and clinicians, which calls for its inclusion in curricula, and regular checkpoints to determine the emotional intelligence of the residents. Private hospitals and Pediatric Department in both sectors were considered to be more empathetic.

Keywords: Emotional intelligence, Emotional quotient, Intelligence quotient, Medical education

RSRS-93 A Socio-Economic Inequality In Prevalence Of Non-Communicable Diseases In Low Middle Income Countries A Systematic Review

Musnain Khan

Introduction: Non-communicable diseases refer to a group of conditions that are not mainly caused by an acute infection, result in long-term health consequences and often create a need for long-term treatment and care. Major non-communicable diseases worldwide include mainly cardiovascular diseases, cancer, diabetes mellitus and chronic

respiratory diseases like chronic obstructive pulmonary disorder.

Objective: To highlight the relation between socio-economic inequalities and prevalence of non-communicable diseases in low-middle income countries.

Methods: This study is designed to systematically review the prevalence of non-communicable diseases in low middle income countries. Targeted literature was searched using keywords such as “socio-economic inequality” “Non-Communicable Diseases” “Low- and Middle-Income Countries” “poverty” “socio-economic status” and screened following the recommendations of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses).

Results: We identified 13 articles that fit our inclusion criteria. A qualitative assessment of the selected papers was made. All papers pointed towards a positive association between socioeconomic status and NCD prevalence in low-middle income countries.

Conclusion: Our findings emphasize the need for targeted interventions that address both the macro-level socioeconomic determinants and the micro-level factors that contribute to health disparities.

Keywords: socio-economic inequality, Non-Communicable Diseases, Low- and Middle-Income Countries, poverty, socio-economic status

RSRS-94 Frequency of disrespect and abuse during childbirth and its impact on choice of mode and place of delivery in subsequent pregnancies in a tertiary care hospital in Pakistan
Sakina Mansoor

Introduction: Childbirth is a challenging experience which can be made endurable with appropriate care and support. However, studies show that disrespect and abuse is commonly experienced by women during childbirth, being particularly prevalent in developing countries. These negative experiences during labor may influence the patient’s choice to opt for operative delivery in subsequent pregnancies.

Objective: To find the prevalence of disrespect and abuse in females undergoing vaginal birth and any patient-related factors associated with the perceived level of disrespect and abuse at a public sector tertiary care hospital.

Methods: A cross-sectional study was conducted at a public sector tertiary care hospital in Karachi, Pakistan from August 2022 to January 2023 where 284 women who had given vaginal birth in the last 48 hours, were interviewed using a 22-item questionnaire covering the 7 behavioral types of Disrespect and Abuse (D&A) by Bowser and Hill.

Results: There were no significant differences in the D&A experienced by females with respect to sociodemographic factors or other factors including parity, birth outcome, experience of facility-based birth, etc. 97.9% of women reported experiencing at least one disrespectful and abusive behavior. There was no association between the level of mistreatment and the mode or place of delivery opted for in the subsequent pregnancy.

Conclusion: There is a high prevalence of D&A faced by the women during labor in Pakistan—a country that has yet to achieve the target set by Millennium Development Goals. This is an alarming situation which reflects the meager importance placed on ethics-based medical care and measures to rectify this situation must be undertaken.

Keywords: disrespect and abuse, mode and place of delivery, maternal health, respectful childbirth, perinatal care



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