BLDE

(DEEMED TO BE UNIVERSITY)

RESEARCH & DEVELOPMENT CELL

MT 2023

Three Minute Thesis Competition

3MT 2023

THREE MINUTE

THESIS COMPETITION

07TH MAR, 2023 | 3.00 PM

MEDICAL EDUCATION HALL,
BLDE(DU)

MT 2023

Three Minute Thesis Competition

LAST DATE FOR ENTRIES: 15TH FEB, 2023

Contact for more info
Email: deanrd@bldedu.ac.in
Phone: +91-8861040778/8310089978

BLDE

(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

Accredited with 'A' Grade by NAAC (Cycle-2)

The Constituent College

SHRI B. M. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE, VIJAYAPURA

RESEARCH AND DEVELOPMENT CELL

06-02-2023

CIRCULAR

BLDE (Deemed to be University) Research and Development Cell is organizing a unique 3MT (3 Minutes Thesis) presentation for Postgraduates and Ph.D. Scholars on 25th February 2023, 3 PM onwards at Academic Council Hall.

All the HoD's/PG Guides and Ph.D. Guides are informed to encourage their PGs/ PhDs to participate in the same.

The entries should be emailed in the format given below before 15th February 2023, 5.00 PM to deanrd@bldedu.ac.in.

Please find the instructions for the competition attached for your information.

PRINCIPAL.

PRINCIPAL
BLDE (Deemed to be University)
Shri B. M. Patil Medical College
Hospital & Research Centre,
VIJAYAPUR-586103

3MT (3 Minute Thesis) presentation

The three-minute thesis (3MT) is a new format of research presentation wherein the challenge is to explain your research to an intelligent non-specialist audience in under 3 minutes with limited visual aids.

Eligibility:

- PG Students who have successfully submitted their dissertation
- PhD scholars who have not yet completed their viva are eligible to participate.

Rules:

- One single static PowerPoint slide is permitted
- No slide transitions, animations or 'movement' of any description are permitted;
- Slide is to be presented from the beginning of oration;
- No additional electronic media (e.g. sound and video files) are permitted.
- No additional props (e.g. costumes, musical instruments, laboratory equipment) are permitted
- Presentations are limited to 3 minutes maximum and competitors exceeding 3 minutes are disqualified.
- Presentations are to be spoken word (eg. no poems, raps or songs).
- Presentations are to commence from the stage.
- Presentations are considered to have commenced when a presenter starts their presentation through either movement or speech.
- The decision of the adjudicating panel is final.

Judging Criteria:

The following criteria will guide the judges' decisions. Each criterion is equally weighted and has an emphasis on audience.

A. Comprehension and content

- Presentation provided clear background and significance to the research question
- Presentation clearly described the research strategy/design and the results/findings of the research
- Presentation clearly described the conclusions, outcomes and impact of the research

B. Engagement and communication

- The oration was delivered clearly, and the language was appropriate for a non-specialist audience
- The PowerPoint slide was well-defined and enhanced the presentation
- The presenter conveyed enthusiasm for their research and captured and maintained the audience's attention

<u>Tips for preparing your 3MT presentation:</u>

1. **Introduction**
    a. Capture the audience's attention at the start with a hook (e.g. ask a question, tell astory, and give a contemporary example).
    b. Introduce yourself briefly after your hook.
2. **Body (your research)**
    a. Provide context/background of your research.
    b. Keep the messages simple.
    c. Articulate the significance of your research for society.
    d. Use examples that the audience will relate to.
3. **Conclusion**
    a. Return to your introduction to close your talk.
    b. End on a high note.
    c. Thank the audience!
    d. Remember to keep it under 3 minutes or you will be eliminated from the competition – practice
4. **Revise**
    a. Proof your 3MT presentation by reading it aloud, firstly to yourself and then to an audience of friends and family.
    b. Ask for feedback.

Suggestions

You may like to consider some of the following suggestions:

- **Less is more**: text and complicated graphics can distract your audience – you don't want them to read your slide instead of listening to your 3MT.
- **Personal touches**: personal touches can allow your audience to understand the impact of your research.
- **Creativity drives interest**: do not rely on your slide to convey your message – it should simply complement your oration.

- **Work your message**: think about how your slide might be able to assist with the format and delivery of your presentation – is there a metaphor that helps explain your research?
- An engaging visual presentation can make or break any oration, so make sure your slide is **legible, clear and concise**.

Further resources

There are many resources available online for further help. Useful ones might include:

Presenting your research effectively and with confidence - By previous 3MT finalists (Taylor & Francis resource)

How a competition changed my academic life - By Jamie Khoo, 2018 UK People's Choice winner

Is it worth doing the three minute thesis? - By Mary Woessner, Victoria University

How to win the 3 minute thesis - By Dr Inger Mewburn (aka @thesiswhisperer)

Making the most of your 3 minutes - Simon Clews, University of Melbourne

Talk nerdy to me - Melissa Marshall's TED talk

Vitae's 3MT webpages

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RESEARCH AND DEVELOPMENT CELL

REGISTRATION FORM

S.NO	Particulars	Details	
1	Name of Student/Scholar		
2	Name of Guide		
3	Department		
4	Title of the Thesis		
5	Abstract	○ Attached	○ Not Attached

Note: Please attach abstract of your thesis (Max 300 words)

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.

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ABSTRACT

Introduction: Cilnidipine is a 4th generation calcium channel blocker (CCB). It inhibits both L/N type calcium channels. Vascular smooth muscle contains L-type CC, while presynaptic nerve terminals contain N-type CC. Very few research studies have been done to clarify how N-type CCB affect nitric oxide suppressed hypertensive rats.

Aim and objectives: The purpose of our study was to show protective effect of cilnidipine on L-NAME (N^G-nitro-L-arginine methyl ester hydrochloride) and L-NAME plus salt (4% NaCl) induced hypertension rats. Objectives of our study are to develop experimental hypertensive rat model, to asses the cardiovascular electrophysiology parameters (BP, HRV), Serum and kidney tissue molecular biology parameters (eNOS, ACE, VEGF), Renal injury parameters (24hr protein, creatine clearance).

Material and methods: Six sets of 36 male Albino Wister rats were collected from an institutional animal house (six rats in each group). Group1(control), group2 cil (cilnidipine-2mg/kg body weight/day), group3 L-NAME (40 mg/kg body weight/day), group4 treated with L-NAME and cil, group 5 treated with L-NAME and 4% NaCl, group 6 L-NAME, cil and salt treated. All experimental animals underwent gravimetry before and after intervention. Blood pressure (BP) were monitored weekly for 28 days by non invasive method. Serum and kidney tissue MDA levels were estimated as oxidative stress markers. Serum and kidney tissue nitric oxide levels were measured. Proteinuria and creatinine clearance were measured. Serum eNOS, Ang II and urinary Ang II levels were quantitatively measured by ELISA technique. Relative expression of serum and kidney tissue NOS3, ACE and VEGF protein levels were done by Western Blotting. Histopathological examination of the Aorta and kidney tissue was done.

Results: Cilnidipine treatment was able to 1) reduce MAP and HR) reduce sympathetic activity 3) decrease serum and kidney tissue MDA levels 4) increase the bioavailability of NO 5) decreased proteinuria and improvement in creatinine clearance value 6) increase in

eNOS/NOS3 protein expression in serum and kidney tissue 7) decreased in ACE and VEGF protein expression 8) decreased in serum and urinary angiotensin II levels 9) reduced renal glomerulosclerosis and tubular degeneration 10) ameliorate vascular and kidney remodelling resulting from L-NAME induced hypertension.

Conclusion: The present study demonstrates that L-NAME induced hypertension in rats, cause systemic and kidney tissue oxidative stress and increased sympathetic activity causing alteration in the sympathovagal balance. These alterations further proceed to activation of renin angiotensin system (RAS) and further enhances oxidative stress in kidney tissue leading to renal injury. As a dual L/N type calcium channel blocker with added antioxidant capacity, cilnidipine presumably has a helpful function in reducing the pathophysiology of the vascular and renal systems in hypertensive rats. These findings suggest that cilnidipine may act as renal protective agent and reduces glomerular injury in NO deficient hypertensive rats.

Predictive Power Of CRIB-II And SNAPPE-II In Mortality Risk Of Preterm And/Or Low Birth Weight Neonate

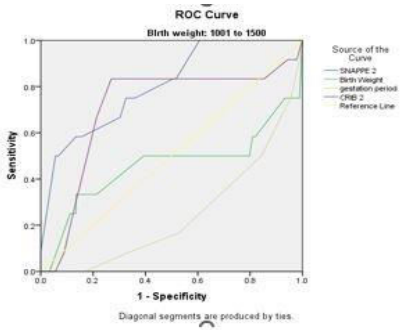
Dr Anju T
Department of Paediatrics ,BLDE Deemed to be University Shri.B.M.Patil Medical College and research center

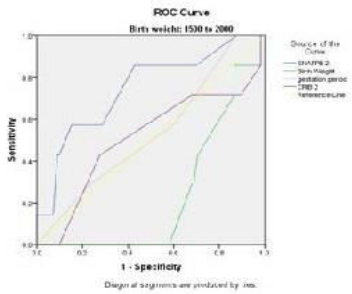
Background

In the recent of era of high risk pregnancy ,preterm & LBW neonates have increased. Improved NICU care has high outcome of these neonates.
Scoring systems have helped in intensification of treatment and counselling

Objective

- Predictive power of CRIB-II & SNAPPE-II neonates in preterm and LBW

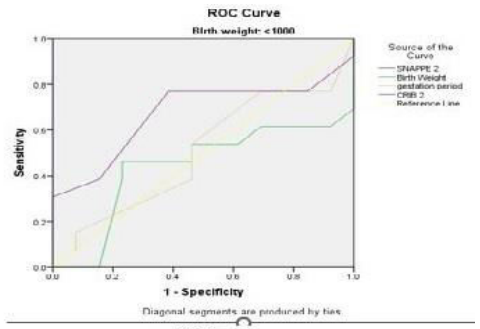


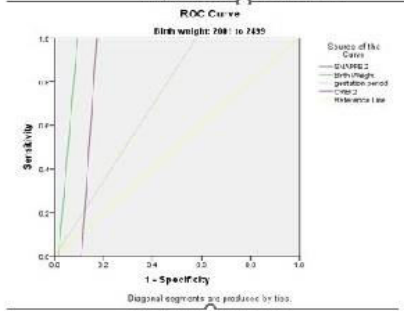


Methodology

STUDY DESIGN: Prospective cohort study. 324 neonates enrolled for a period of 18months. IEC clearance taken.

CRIB II and SNAPPE II parameters like birth weight, gestational age, gender, temperature, APGAR @ 5min, seizures, and urine output were documented.





Results

Comparison on birth weight between CRIB II and SNAPPE II

Weight	CRIB II			SNAPPE II		
	AUC	Sensitivity	Specificity	AUC	Sensitivity	Specificity
ELBW	0.672	76%	62%	0.95	84%	**95%**
VLBW	0.708	66%	79%	0.805	75%	68%
LBW	0.509	72%	34%	0.745	85%	58%

Comparison of Gestational age between CRIB II and SNAPPE II

POG	CRIB II			SNAPPE II		
Weeks	AUC	Sensitivity	Specificity	AUC	Sensitivity	Specificity
26 – 28	0.540	44%	64%	0.798	66%	**95%**
28 – 32	0.737	61%	**80%**	0.854	78%	**79%**
32 – 34	0.679	**80%**	**40%**	0.894	66%	**90%**

Discussion

- The SNAPPE II results of our study similar to Vardhelli *et al.*, with gestational age of.≤ 32 weeks and found good predictive ability for in-hospital mortality with SNAPPE-II (AUC: 0.78)
- Our observations are in agreement with Eldin et al., dCRIB II score had the best extremely low birth neonates (86.7%).

Conclusion

- SNAPPE II score has better predictivity in all LBW neonates CRIB II has a good predictive ability in ELBW neonates and <32 weeks gestation neonates.
- CRIB-II and SNAPPE II, both individually, are superior predictors of neonatal mortality, compared to birth weight and gestational age taken independently

Novelties

- Application of scoring system to LBW neonates universally.
- SNAPPE II is more apt to predict and prognosticate morbidity and mortality in LBW neonates.

Utility for health care system

- Training of HCPs to score LBW neonates at birth/arrival for early referral and intact neurodevelopmental outcome.
- Transport services can be better utilized with this scoring systems.

ASSESSMENT OF COGNITIVE FUNCTIONS IN COVID 19 RECOVERED PATIENTS-AN ICMR FUNDED STUDY. Dr.M.BHARGAVA SWARAJ DEPT OF PSYCHIATRY

- This SARS COV -2 is known to cause Microvascular and Macrovascular thrombotic phenomena in the vascular system.
- Microvascular subclinical thrombotic phenomena, which occur because of this COVID19 leads to impairment, in cognitive functions, has not been studied much so far in this pandemic.

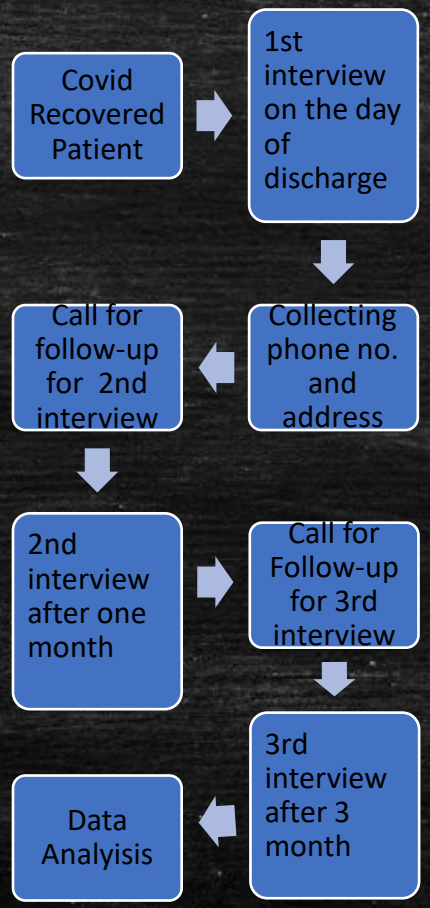
OBJECTIVES:

1. To assess the cognitive functions in covid-19 recovered patients.

2. To assess the progress of the cognitive changes over a period of three months.

METHODOLOGY:

- This is a Prospective Longitudinal Study.
- **Data collected** :Subjects who have been tested positive for covid-19 and got admitted at Shri B.M. Patil Medical College, Hospital and Research Centre between November 2020 to November 2022.
- **Inclusion criteria :** People in the age group of 18 to 60 years and who are diagnosed as Covid-19 Positive , is interviewed at the time of discharge, after one month and after 3 months.
- **Exclusion criteria** : Any patients with a Pre-existing mental illness or cognitive impairment or patient with mental retardation.
- Previous history of Stroke.



RESULTS:

- The main findings in this study were that COVID-19 patients exhibited cognitive dysfunction in sustained attention domain .
- The present results are consistent with currently available data on patients with viral infection.
- Cognitive dysfunction in patients with viral infection has been commonly reported in prior studies.

CONCLUSION:

- In the long-term period, there is going to be an influx of patients with psychiatric and cognitive problems who were otherwise healthy prior to COVID-19 infection.

LIMITATION:

- In this study we have evaluated the immediate effects of SARS-CoV-2 infection on cognitive function , since the certain neuropsychological assessments were done only for a short period after the COVID-19 patients recovered.
- we did not assess the influence of antiviral therapy and steroidal therapy on cognitive functions.

OXIDATIVE STRESS IN ASPHYXIATED NEONATES IN CORRELATION WITH MATERNAL RISK FACTORS AND LEVELS OF RESUSCITATION AT BIRTH –A PROSPECTIVE COHORT STUDY

Dr. Lavanya Pidikiti*
Dept. of Pediatrics, BLDE (DU) Shri B M Patil Medical College Hospital and Research Centre, Vijayapur

BACKGROUND

Prediction of outcome of asphyxiated neonates is imperative. Timely intervention and effective resuscitation is beneficial for intact neurodevelopmental outcome. In this study we assess the **oxidative stress levels in neonates and impact of maternal complications on the resuscitation level required at birth.**

OBJECTIVES

- ❑ Assess the MDA level in all newborns and correlation with resuscitation levels and outcome.
- ❑ To assess the level of resuscitation in correlation with maternal risk factors.

STUDY DESIGN

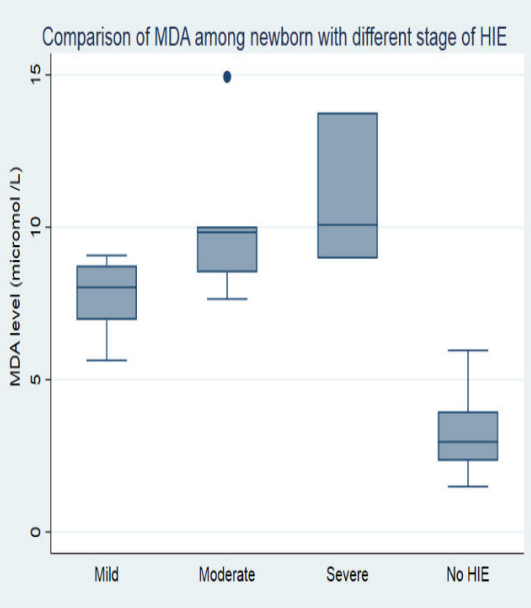
- ❑ Prospective Cohort Study .

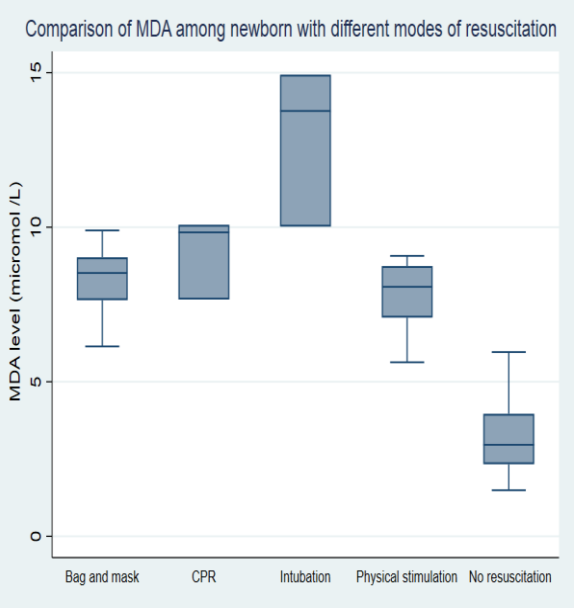
Duration 18 months (JAN2021- MAY2022)

- ❑ All neonates requiring resuscitation at birth are taken as cases and normal newborns as controls and Malondialdehyde(MDA) level assessed in all the neonates in cord blood. Institutional ethical committee clearance taken.

RESULTS

Pregnancy related Complications	Newborns with Birth Asphyxia(N=29)	Newborns without Birth Asphyxia(N=73)	p-value
Pre-eclampsia	6 (54.5%)	5 (45.5%)	**0.042**
Placenta Previa	7 (77.8%)	2 (22.2%)	**0.001**
Prolonged II stage	9 (64.3%)	5 (35.7%)	**0.001**





Type of Resuscitation/MDA level	MDA level Mean (SD)
No resuscitation	3.18 (1.04)
Physical stimulation	7.79 (1.13)
Bag and mask	8.21 (1.19)
CPR	9.18 (1.33)
Intubation	12.90 (2.56)
p-value	**<0.001**

CONCLUSION

Neonates with high oxidative stress due to maternal risk factors and low APGAR scores required advanced resuscitation. **MDA levels above 7.64 mm/L have 100% sensitivity and 81.4% specificity with respect to severity and mortality in asphyxiated newborns.** Hence cord blood MDA can be a marker of oxidative stress to predict outcomes in asphyxiated newborns.

NOVELTIES

- ❑ Quantification of Oxidative stress is novel by measurement of MDA levels.
- ❑ Significance of association of Maternal Risk Factors requiring advanced resuscitation.

UTILITY FOR HEALTH CARE SYSTEM

- ❑ Training of HCPs in predicting the need of advanced resuscitation.
- ❑ Cord blood MDA can be a marker of oxidative stress to predict outcomes in asphyxiated newborns.

References:1. Bryce J, Boschi-Pinto C, Shibuya K, Black RE. WHO estimates of the causes of death in children. Lancet.2005 Mar 26-Apr 1. 365(9465):1147-52.[Medline]. 3. Lawn J, Shibuya K, Stein C. No cry at birth: global estimates of intrapartum stillbirths and intrapartum-related neonatal deaths. Bull World Health Organ. 2005 Jun.83(6):409-17. 4. Tabatabaee S, Afjeh A, Radfar M, Fallahi M. Assessment of delivery room resuscitation with different levels and its related factors in preterm neonates. Iranian Journal of Neonatology IJN. 2020;11(3):57-63.

Assessment of mental health & conjugal satisfaction, among spouses of men with alcohol dependence syndrome: A cross sectional study - Dr. Karan Lalwani

Introduction

- Alcohol dependence syndrome is a disorder affecting not only the individual but also its immediate family and most importantly, spouse given their nature of the intimate relationship.
- Alcohol use disorder present in the male partner is associated with poor mental health and marital discord among spouses with them being at greater risk of suffering from psychiatric morbidities

Need for the study

- Till date many Western studies have been conducted on the harmful impact of the consumption of the alcohol on the spouse but not many Indian studies have focused upon the functioning (in terms of coping strategies and resilience) of spouses of alcohol-dependent men in context to their local cultural life

Objectives

- To assess the severity of alcohol dependence
- To assess the mental health and the degree of conjugal satisfaction among the spouses of men diagnosed with alcohol dependent syndrome
- To investigate the association between mental health, conjugal satisfaction in spouses with the severity of alcohol dependence in patients
- To assess the resilience factor and identify the coping strategies adopted by the spouse

Methods

- It was a cross sectional non-interventional study conducted in 71 spouses of alcohol dependent men

Results

- Our study found that 18% of men suffered from mild dependence, 38% had moderate dependence, 44% had severe Dependence.
- Majority of the women were suffering from anxiety and mood disorders
- There was statistically significant association between psychiatric morbidity and severity of alcohol dependence
- Marital satisfaction was found to be inversely proportional to severity of alcohol dependence
- Most common coping strategies employed my majority of the spouses was problem focused and emotion focused engagement strategies
- While assessing resilience we found that majority of spouses in our study scored in lowest quartile range followed by (16%) of women scored in second quartile range, 27% of women scored in third quartile range, and very few (8%) of women scored in top quartile range
- Inverse relationship between the resilience and severity of alcohol dependence

Conclusion

- This study shows us the myriads of psychological problems that spouses of alcohol dependent individuals are going through along with poor marital satisfaction and low resilience. Many a times, due to time constraints clinicians fail to assess the spouses.
- Hence using a holistic approach while treating alcohol dependent individuals will also comprise of looking for psychiatric morbidities along with marital satisfaction, coping skills and resilience in spouses

GENETIC STUDY OF CHEMOKINE RECEPTOR GENE (CCR5) POLYMORPHISM IN ACUTE CORONARY SYNDROME IN VIJAYAPURA POPULATION

SHARAN BADIGER PRASHANTH M.R

Department of General Medicine

BACKGROUND

Acute coronary syndrome is a multifactorial disease with complex pathogenesis, involving regulation of thrombosis, inflammation, cholesterol, and lipid metabolism, but there is a lack of study for the identification of novel genetic markers. Chemokines and its receptor play crucial role in initiation and progression of atherosclerosis. Chemokine receptor 5 (CCR5) is an important mediator of leucocyte recruitment and leukopedesis. Most of the studies conducted on association of CCR5 gene polymorphism and coronary artery disease in different part of world on different population show conflicting results. This influenced us to take up this study in Indian population and observe for polymorphism.

AIM:

To study genetic polymorphism of chemokine receptor (CCR5) genes associated with patient of acute coronary syndrome in Vijayapura population.

MATERIALS AND METHODS:

A prospective cross-sectional study was conducted in Shri B M Patil Medical College Hospital and Research Centre, Vijayapura in patients admitted for acute coronary syndrome. Clinical history and examination, electrocardiographic, laboratory profile and blood samples taken for analysis of CCR5 gene polymorphism as a part of work up.INCLUSION CRITERIA : Patients admitted with STEMI,NSTEMI and Unstable angina.
EXCLUSION CRITERIA : Patients with Diabetes mellitus.

RESULTS:

Total of 100 patients admitted with acute coronary syndrome was taken for study out of which 6 patients with diabetes mellitus were excluded from the study based on exclusion criteria. The most common risk factors were smoking and tobacco chewing. On gene sequencing, out of 81 samples 6 patients had CCR5 gene polymorphism with an incidence of 7.5%($p<0.001$). Out of 6 positive patients in group A had 3 males and 3 females ,1 patient of age 45 year and remaining 5 above 60 years.

DISCUSSION:

Similar studies conducted out of India in Spain, Czech-republic, Germany and Hungary show CCR5 polymorphism has protective role CAD. The two Indian studies done in North Indian population show significant positive association of CCR5 polymorphism and coronary artery disease with no protective role. Our study is the first to be conducted in South Indian population showing causation of CCR5 polymorphism in acute coronary syndrome patients. Maraviroc drug which is anti-CCR5 studied only in HIV population could be studied in coronary artery disease. Thus, CCR5 polymorphism serves as screening tool for two major diseases of India.

CONCLUSION:

CCR5 polymorphism could be considered as one of the etiology and genetic marker for acute coronary syndrome. By screening for CCR5 polymorphism in high-risk individuals, we can provide a better and effective early intervention to the individuals and thereby reduce the social burden, morbidity, and mortality of disease.IT IS THE ERA OF PREVENTIVE MEDICINE RATHER THAN CURATIVE MEDICINE.

"Serum ferritin level as a severity marker in patients with ischemic stroke using modified Rankin Scale"

❑ INTRODUCTION

- Stroke is considered as an important health issue for every individual and society. Ischemic stroke is the third leading cause of death after Acute Myocardial Infarction and malignancy, and it is also one of the leading causes of disability.
- Iron overload load in stroke is poorly documented. However, high serum ferritin on the admission of acute stroke patients (within 24 to 48 h after stroke onset) was reported to predict a bad prognosis suggesting that increased body iron stores before stroke onset can aggravate the cytotoxicity of brain ischemia. (FENTON'S REACTION).
- New type of cell death is described based on this FERROPTOSIS.
- modified Rankin Scale(mRS) is used to grade severity
- Our study was a hospital-based cross-sectional study conducted on **68 patients** admitted in our hospital.

❑ Inclusion criteria:

1. All the patients above 18 years irrespective of sex who admitted in the medicine ward due to newly diagnosed ischemic stroke confirmed by clinical findings and CT&MRI admitted within 24hrs of onset of symptoms.

❑ Exclusion criteria:

1. Patient with a history of recent infection like pneumonia, UTI , anemia, malignancy, recent parenteral iron supplementation In the previous month.

❑ RESULTS

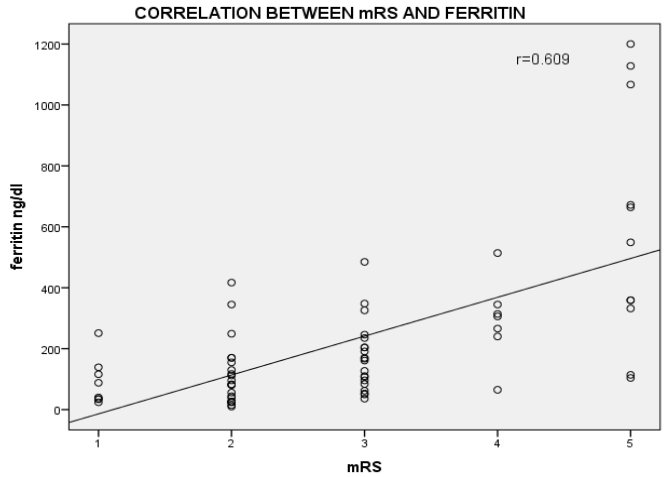
- The study results conducted to evaluate the serum ferritin as severity maker in ischemic stroke using modified Rankin Scale (mRS) in a total 68 patients were,

1. Majority were between 70 -79 years which was 26.5% & oldest patient was 97-year-old male.
3. the most common territory of stroke was most common in MCA territory 85%.
4. In our study the comorbidities in single or combinations of two or more was observed and commonest comorbidity was found to be hypertension 54.4%.
5. Results were plotted using scatter diagram which showed ferritin was in increasing trend as the mRS grading was increasing which signifies higher the ferritin, more the severity of stroke.

- Similar findings were proven by Erdemoglu AK et al, Senthil Kumar PK et al, Maaran AT et al,Koul RK et al, Narayan M et al and Ravinder Garg et al.

❑ CONCLUSION

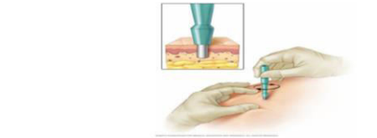
- Our study proves that Patients with higher levels of serum ferritin at admission tend to deteriorate more as compared to those with lower serum ferritin levels.
- Thus, serum ferritin can be used as a severity marker in patients with acute ischemic stroke and iron chelation therapy can be considered for a better outcome but still many studies must be conducted in a large-scale using **iron chelator** in a stroke patient.
- Hence, we conclude serum ferritin is to be evaluated in ischemic stroke patients at admission as a severity and prognostic marker.

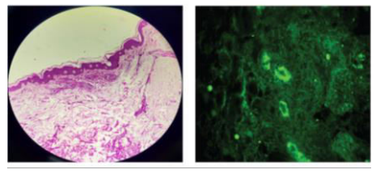


Dermoscopic assessment of Cutaneous small vessel vasculitis and correlation of NLR with clinical, histopathological and dermoscopic findings –A Cross sectional study

KavyaDeepu R M , Keshavmurthy A Adya , Arun C Inamadar

Vasculitides are characterized by inflammation of blood vessel wall.





GOLD STANDARD → INVASIVE DIAGNOSIS

OUR STUDY → NON-INVASIVE DIAGNOSIS

RESULTS

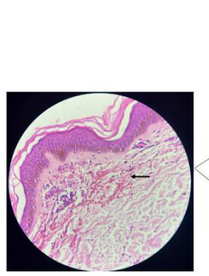
- ✓ Early/evolving lesions (< 48hours) → dull red background, red globules and red dots.
- ✓ Established lesions (> 48hours) → red background, white and yellow structureless areas, red globules and red dots.
- ✓ A statistically significant association between

Red globules and red blood cell extravasation

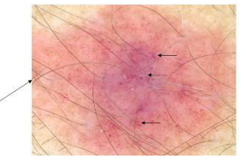
White structureless areas and sparse infiltrate

Yellow structureless areas and dense infiltrate

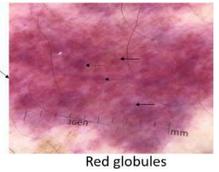
- ✓ The optimum cut-off value of NLR predicting internal organ involvement was 3.615.
- ✓ A statistically significant association between NLR and the dermoscopic finding of white structureless areas was noted



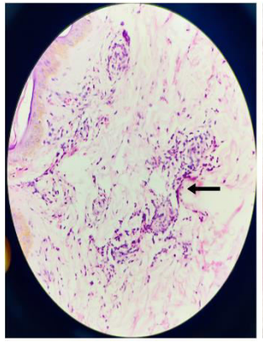
Extravasation of RBCs



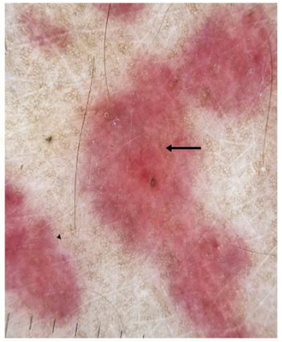
Red dots



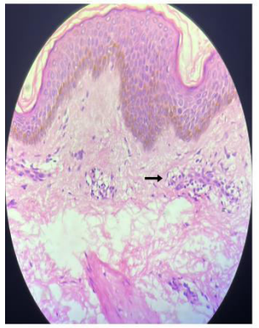
Red globules



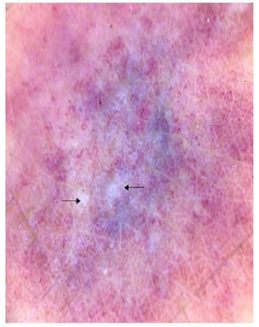
Dilated and congested vessels



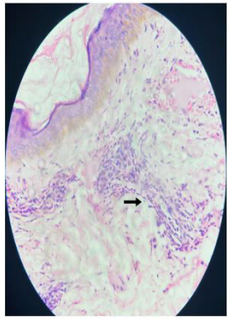
Red background



Sparse perivascular infiltrate



White structureless areas



Dense perivascular areas

Yellowish areas

CONCLUSION

Dermoscopy of CSVV exhibits fairly reliable and reproducible features correlating well with histopathological aspects of the disease.

Positive correlation between dermoscopic findings and severity of the disease was noted

Hence, inclusion of dermoscopy in the clinical diagnostic protocol for CSVV is beneficial both to complement the clinical diagnosis and possibly to non-invasively predict the severity of the disease in terms of systemic involvement.

A HOSPITAL BASED CROSS-SECTIONAL STUDY TO ESTIMATE SERUM LEVELS OF INTERLEUKIN-6 AND HIGH SENSITIVITY C-REACTIVE PROTEIN AND THEIR CORRELATION WITH THE VITILIGO DISEASE ACTIVITY AND EXTENT

By Dr. Bhargavi Uttmani Under The Guidance Of Dr. Keshavmurthy Adya

INTRODUCTION

- Vitiligo is an autoimmune disorder resulting in destruction of melanocytes.
- Interleukin-6 (IL-6) and high sensitivity C-reactive protein (HsCRP) are sensitive markers of inflammation.

AIMS

- To measure serum IL-6 and HsCRP levels in patients with vitiligo.
- To correlate them with the activity of the disease and extent.

NEED FOR THE STUDY

- Indices like Vitiligo Disease Activity Score (VIDA) and Vitiligo Area Severity Score are easy to perform but subjective.
- Objective methods for estimation of activity and severity available but are invasive, expensive, laborious and time consuming.
- Hence, this correlation would have the advantage of being objective whilst being easy and quick to perform.

MATERIALS AND METHODS

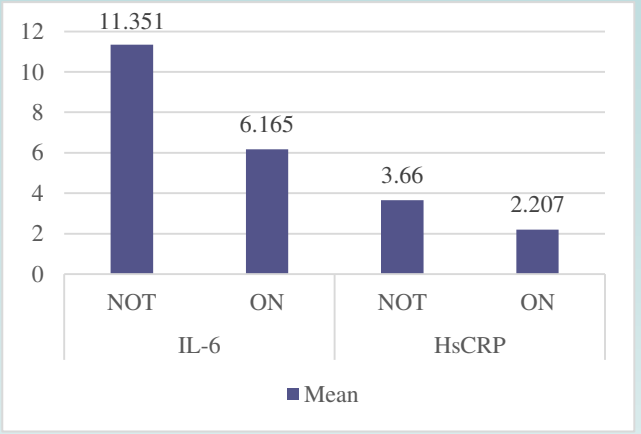
- 58 clinical cases of vitiligo enrolled.
- Treatment history of any immunosuppressive therapy was noted.
- Disease activity was estimated using VIDA ranging from -1 to +4.
- Disease severity was evaluated using VASI from 0 to 100%.
- Serum levels of IL-6 and HsCRP were calculated.

RESULTS

- VIDA correlated negatively with IL-6, in contrast to the previous studies, which shows that patients with a highly active disease had a lower value of IL-6.
- Patients who were on immunosuppressive therapy showed lower values of IL-6 compared to those who were not.

INTERPRETATION

- Patients with a high disease activity are treated with immunosuppressives while those with a low activity are managed on other modalities, hence the inverse correlation.
- Important to consider treatment status of the patient since immunosuppressives are responsible for lowering the levels of inflammatory markers.



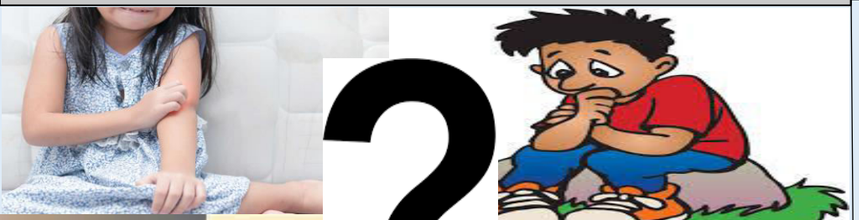
ANALYZING THE PREDICTABILITY OF TIBOT ARTIFICIAL INTELLIGENCE APPLICATION IN THE DIAGNOSIS OF DERMATOLOGICAL CONDITIONS

DR. MARRI SHIVA SHANKAR UNDER THE GUIDANCE OF **DR. ARUN C INAMADAR**

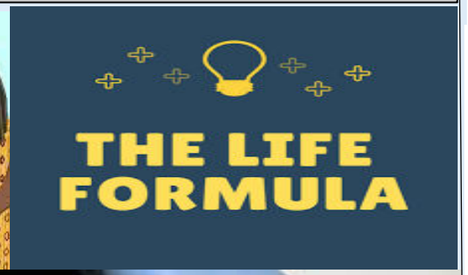
A STUDY TO CORRELATE THE LEVELS OF NLR, PLR AND MPV WITH DURATION & SEVERITY OF THE DISEASE IN PAEDIATRIC ATOPIC DERMATITIS

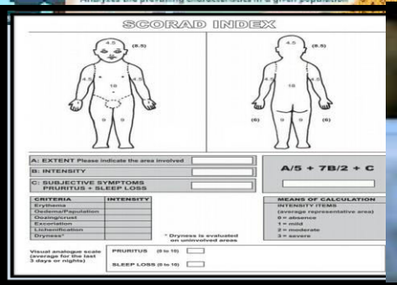
Mohnish Sekar, Arun C Inamadar, Ajit B Janagond

BACKGROUND:

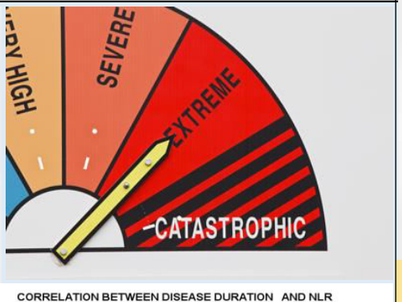


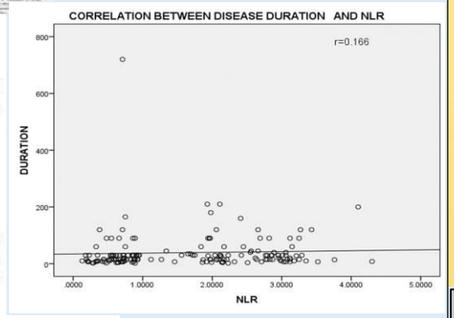
METHODOLOGY:

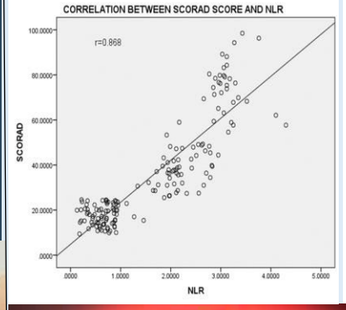


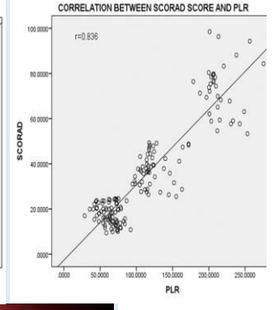


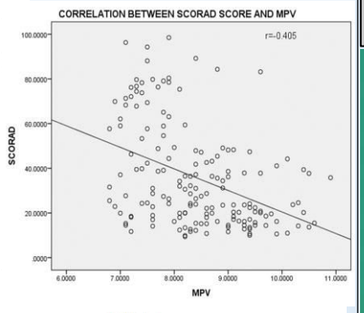
RESULTS

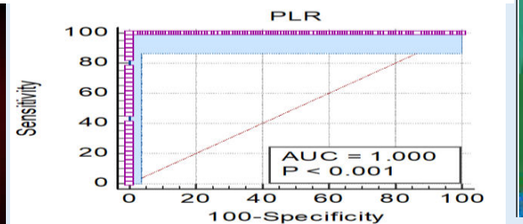










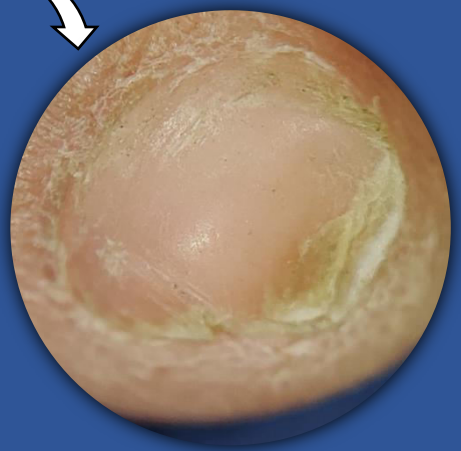


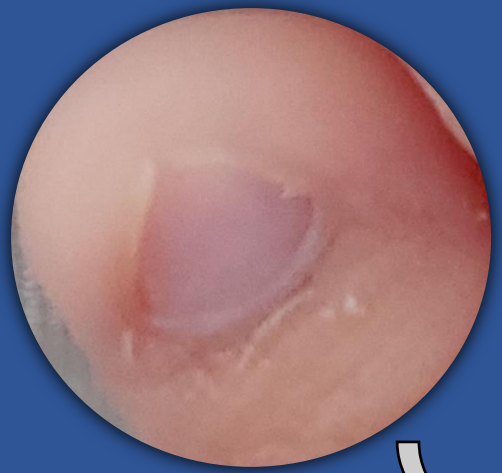
CONCLUSION

OUTCOME

Clinical and dermoscopic nail finding from birth to preschool children

Dr. Ekalavya Bilkhiwal, Dr Arun C Inamadar, Dr. Ajit B Janagond





Correlation of Immunohistochemical Expression of Alpha-Methyl Acyl-Coenzyme A Racemase/p504s with Gleason grade and serum PSA level in Prostate Carcinoma

- Carcinoma of the prostate is the second most common cause of cancer in males. Alpha-methyl-acyl-CoA racemase (AMACR) is a diagnostic marker for prostatic carcinoma.

AMACR Expression	Prostatic carcinoma		Total	p value
	Moderately differentiated carcinoma(5-7 Gleason score)	Poorly differentiated carcinoma (8-10 Gleason score)		
0+	2 (7.1%)	1 (5.9%)	3 (13%)	
1+	8 (28.6%)	1 (5.9%)	9 (34.5%)	
2+	15 (53.6%)	1 (5.9%)	16 (59.5%)	0.0001
3+	3 (10.7%)	14 (82.4%)	17 (93.1%)	
Total	28 (62.22%)	17 (37.77%)	45 (100.0%)	

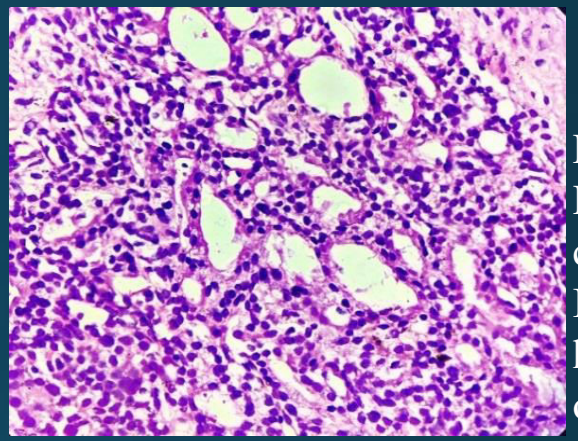


Fig 1. Prostate cancer In histopathology

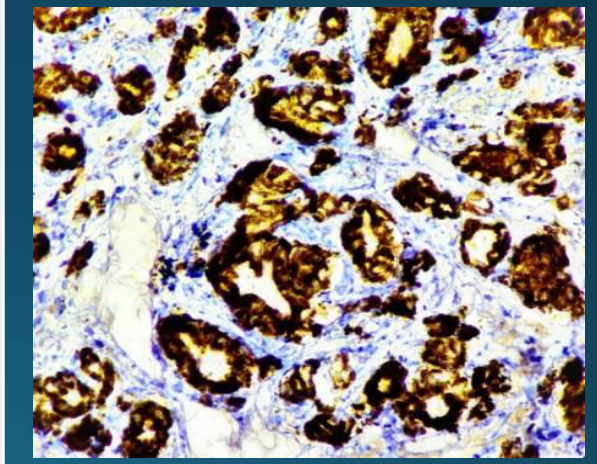


Fig 2. AMACR expression 3+

- ❖ No significant correlation between AMACR expression and serum PSA level of carcinoma of prostate.
- ❖ **Strong immunoexpression of AMACR is a poor prognostic indicator and is associated with high Gleason grade in prostate carcinoma.**

Immunohistochemical Expression of CD10 in Breast Carcinoma and its Correlation with Clinicopathological Parameters

PARAMETERS	CD10 (n=50 cases)		CHI SQUARE TEST	P VALUE
	NEGATIVE	POSITIVE		
	NO OF CASES (%) (n=10 caess)	NO OF CASES (%) (n=40 cases)		
AGE				
≤50 YEARS	5 (50%)	22 (55%)	0.081	0.777
>50 YEARS	5 (50%)	18 (45%)		
HISTOLOGIC GRADE*				
I	10 (100%)	11 (27.5%)	17.262	0.00001
II	0 (00%)	23 (57.5%)		
III	0 (00%)	06 (51%)		
LYMPH NODE STATUS				
NEGATIVE	5 (50%)	12 (30%)	1.462	0.232
POSITIVE	5 (50%)	28 (70%)		
TUMOR SIZE				
T1	1 (10%)	4 (10%)	0.895	0.827
T2	6 (60%)	26 (65%)		
T3	3 (30%)	8 (20%)		
T4	0 (00%)	2 (5%)		
STAGE				
I	0 (00%)	4 (10%)	0.640	0.726
II	6 (60%)	26 (65%)		
III	4 (40%)	8 (20%)		
IV	0 (00%)	2 (5%)		
ER STATUS*				
NEGATIVE	1 (10%)	9 (90%)	3.668	0.045
POSITIVE	17 (42.5%)	23 (57.5%)		
PR STATUS*				
NEGATIVE	2 (20%)	8 (80%)	3.926	0.048
POSITIVE	22 (55%)	18 (45%)		
HER 2 NEU				
NEGATIVE	3 (30%)	7 (70%)	2.424	0.119
POSITIVE	23 (57.5%)	17 (42.5%)		

Fig 1- Photomicrograph showing invasive breast carcinoma showing tubule formation (H&E STAIN, 200X)

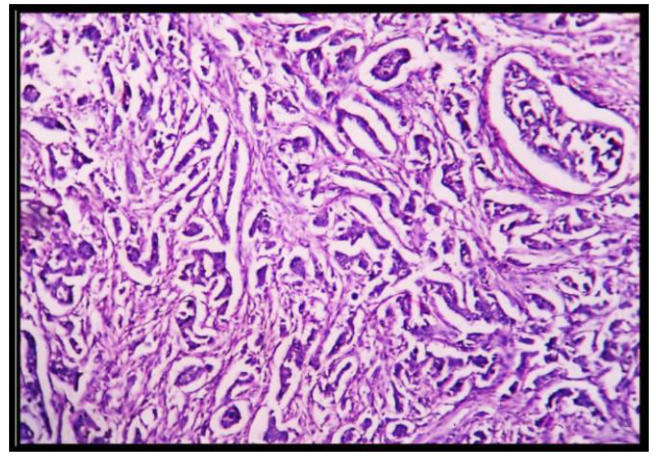
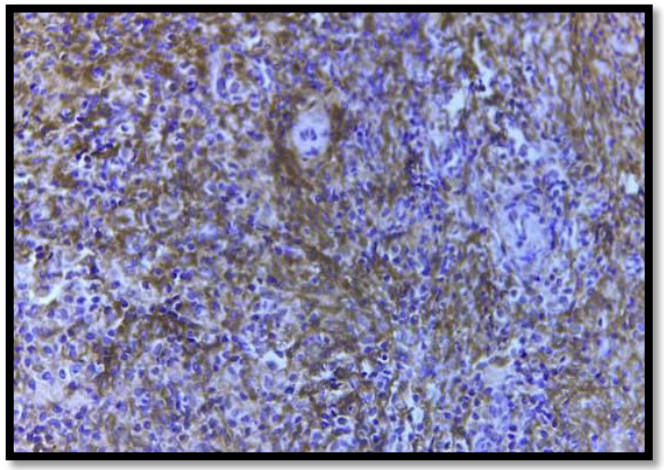


Fig 2- Photomicrograph of IHC marker CD10 showing Strong cytoplasmic expression in stromal cells



CONCLUSION:

- Expression of CD10 by stromal cells was strongly associated with negative prognostic factors like higher tumour grade, ER negativity and PR negative status.
- CD10 should be mentioned in every standard histopathological report because it can be utilised independently as a prognostic marker.

SIGNIFICANCE OF APOPTOTIC INDEX AND P16INK4A PROTEIN EXPRESSION IN CERVICAL NEOPLASMS

Cervical cancer is a leading cause of cancer related death among women. P16INK4A expression correlates excellently with grade of cervical intraepithelial neoplasia (CIN) and squamous cell carcinoma (SCC) & can be used for screening cervical malignancies. Apoptotic bodies aid in accurate grading of dysplasia and plays crucial role in the development and progression of malignancies. AIM was to study apoptotic index (AI) & p16INK4A expression and also to correlate the AI with p16INK4A expression in cervical neoplasms.

Diagnosis	No. of cases	Mean ± SD
Non specific cervicitis	20	0.025±0.05
LSIL	7	0.413±0.145
HSIL	8	1.086±0.29
Poorly differentiated squamous cell carcinoma	19	1.432±0.124
moderately differentiated squamous cell carcinoma	11	1.788±0.124
well-differentiated squamous cell carcinoma	8	1.936±0.143
Total	73	0.866±0.649

Table 1: Mean apoptotic index values in different cervical lesions

HISTOLOGICAL DIAGNOSIS	P16INK4a (nuclear and cytoplasmic staining)	
	POSITIVE CASES	NEGATIVE CASES
Nonspecific cervicitis	0	20 (100%)
LSIL	8(100%)	0
HSIL	7(100%)	0
Carcinoma cervix	38(100%)	0
TOTAL	**53**	**20**

Table 2: P16INK4a expression in different cervical lesions

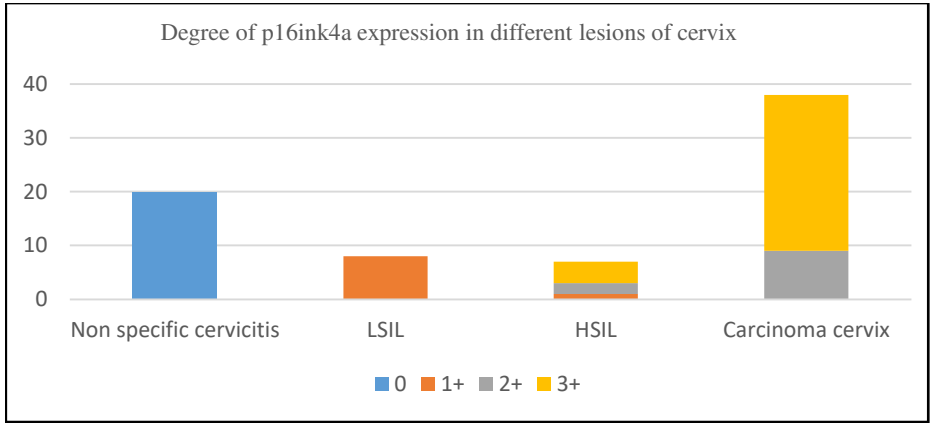


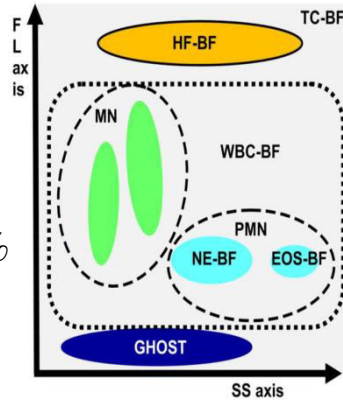
Figure 1: Correlation of degree of p16ink4a expression with histopathological diagnosis

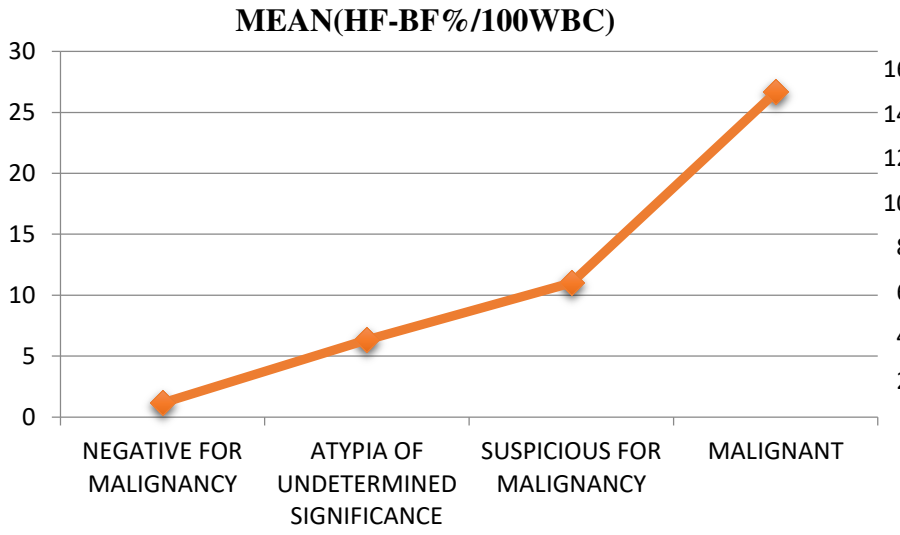
Significant correlation between AI and P16INK4A expression noted. The combination of p16INK4a positive and AI correlation thereby increases the precision of the diagnosis of cervical neoplasms

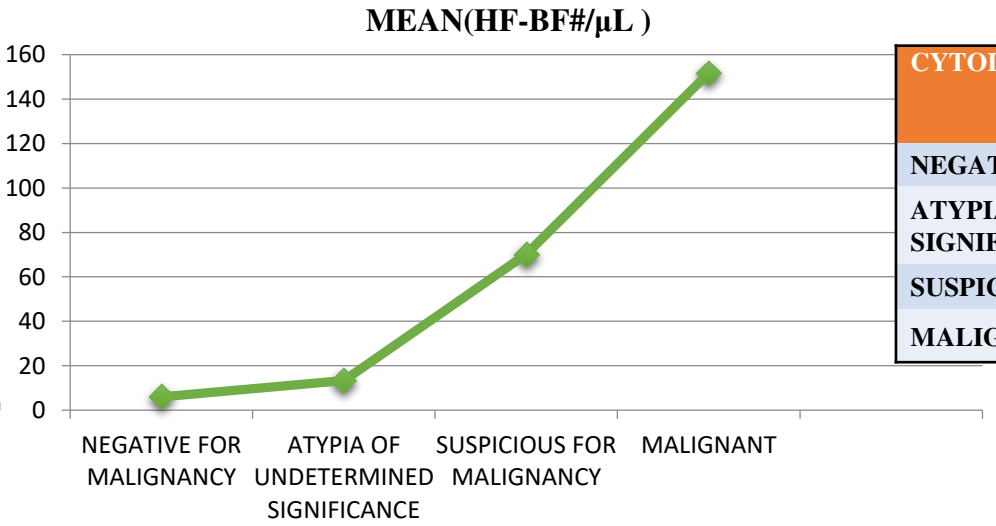
Thus, integrating p16INK4a expression and AI improves the accuracy of diagnosing premalignant and malignant cervical lesions while also separating them from non-neoplastic cervical lesions to avoid needless surgical operations.

EVALUATION OF "HF BF- PARAMETERS" IN AUTOMATED HEMATOLOGY ANALYSER AS A DIAGNOSTIC TOOL FOR DETECTING MALIGNANCY IN BODY FLUIDS

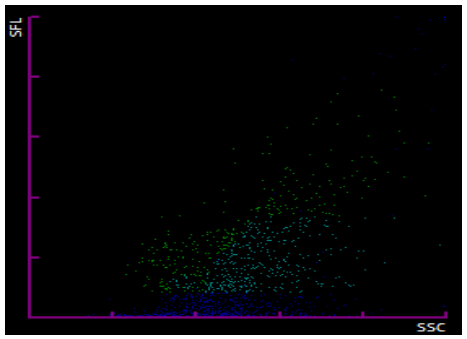
- Body fluid (BF) analysis is frequently performed in pathology laboratories for the early diagnosis of malignancy. The interest in the automated analyzers for body fluids has increased due to the existing limitations of manual techniques.
- 112 body fluid samples were precessed in BF-mode of Sysmex XN 1000 automated hematology analyzer and both HF-BF% and HF-BF# values were correlated with the conventional cytological method for the detection of malignant cells in the BFs.



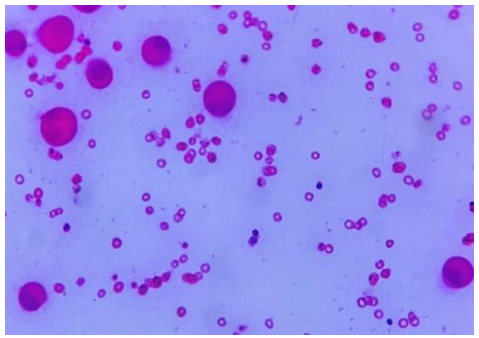




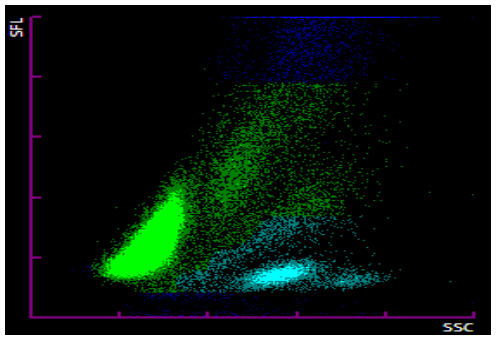
CYTOLOGICAL DIAGNOSIS	MEAN (HF-BF%)	MEAN (HF-BF#)
NEGATIVE FOR MALIGNANCY	1.17	5.99
ATYPIA OF UNDETERMINED SIGNIFICANCE	6.34	13.32
SUSPICIOUS FOR MALIGNANCY	11.02	70.18
MALIGNANT	26.65	151.78



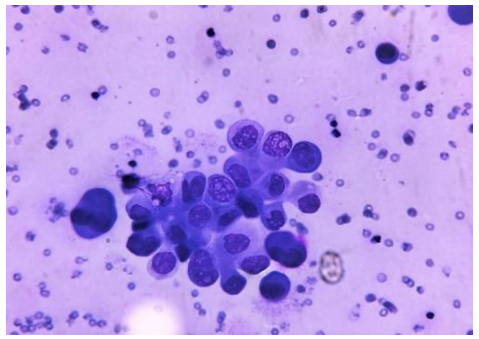
HF-BF%: 0.02, HF-BF#: 1.25



Negative for Malignancy



HF-BF%: 30.3, HF-BF#: 187.9



Malignant

HF-BF%/100 WBCs and HF-BF#/µL for malignant body fluids are significantly higher than that of benign body fluids. **P value is <0.0001**

HF-BF parameters of Sysmex XN 1000 shows excellent correlation with cytological method in the detection of malignant cells in the body fluids.

STUDY OF URINE PARAMETERS AND PRESENCE OF VIRUS IN THE URINE IN COVID-19 PATIENTS

- Corona virus is found to be detected in urine, stool and blood and the significance of urine analysis for the severity prediction of disease has been described. Urine biochemical parameters measured: Protein, glucose, blood, Urobilinogen, Ketones. Viral RT-PCR positivity has been estimated using *Mylab Discovery solutions- Maverick nucleic acid extraction kit.*

C.T. SCORE	SWAB RTPCR Positivity	ABNORMAL BIOCHEMICAL PARAMETERS	URINE RTCR STATUS	CYCLE THRESH OLD (ct)	
<9	9	01 (Traces of protein)	01Traces- protein)	33,34	
9-15	22	03: Patient 1- 1+(S); Pt 2,3-+(10 ery/microL),+(30mg/dl)	02: Patient 1-+(50mg/dl) Sugar, Ketones(15mg/dl) Patient2-+(30mg/dl)	30; 31 and 30	P value= <0.001* (statistically significant)
>15	19	07: Patient1-++S,(Trace), K(16mg/dl); Patient 2-++(100mg/dl), ++(50 ery/microL); Patient 3,4- +(30 mg/dl),Patient 5-+(50mg/dl)sugar, Patient6,7-traces	02: Patient1-++(100mg/dl)Trace,Ketone(16mg/dl); Patient2-+(30 mg/dl)	30 and 29	

The covariance of urine biochemical parameters and the presence of virus in urine with different HRCT scores and varying c.t. values indicates the severity of the infection. Furthermore, the SARS-COV-2 virus in urine indicates that COVID-19 patients can shed the virus in the urine and the prevalence rate was 10%.

A STUDY OF VITAMIN D STATUS IN CHILDREN WITH FEBRILE SEIZURES

Department of Paediatrics ,BLDE Deemed to be University Shri.B.M.Patil Medical College and research center
DR CHIDVITHA SAI KURRA

Introduction

- Febrile seizures affect children between 6 months to 5 yrs which is experienced by 2-5% of the children.
- Role of vitamin D in epilepsy has been known but its role in febrile seizures is still under research .

Objective

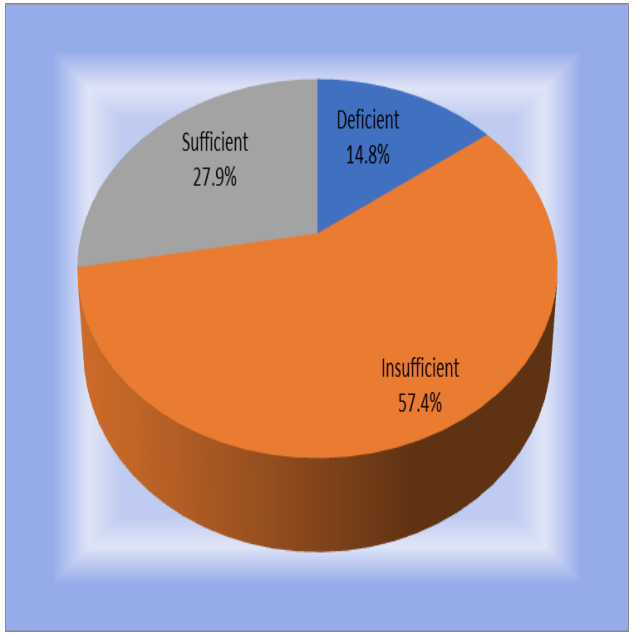
- To access vitamin D levels in febrile seizures
- To study correlation of vitamin D and recurrences of febrile seizures

Methods

- Crosssectional observationa study conducted in pediatric waru and PICU
- Duration : 18 months .
- Blood sample for vitamin D evaluation and detailed related to febrile seizures and its recurrence episodes and vitamin D levels are graded on the basis of IAP grading system

Results

- A total 61 cases were included where 35 showed insufficiency 17 showed suffiency and 9 showed deficiency .
- Out of 61 cases 8 cases had 2nd episode of febrile seizures where 4 had insufficiency , 3 had sufficiency and 1 had deficiency



Vitamin D level	N	%
Deficient	9	14.8%
Insufficient	35	57.4%
Sufficient	17	27.9%
Total	61	100.0%

Discussion

- Ghazal Shariatpanahi et al. have shown studies where vitamin D was insufficient in children with febrile seizures which was similar to our study . Jehangir A.Bhat et al.[2] in their study found a strong negative connection between 25-hydroxy vitamin D and febrile seizure recurrence. He noticed 3rd, 4th episode of recurrent FS had more of vitamin D deficiency .

Conclusion

- Levels of vitamin D showed insufficiency in children with febrile seizutres
- Recurrence of febrile seizures had vitamin D insufficiency .
- Hence vitamin D levels are associated with febrile seizures and its supplementation could help in subsequent febrile seizures
- **NOVELTY OF THE STUDY**
- Prophylactic vitamin D can be given in resource limited setup to prevent further recurrence if febrile seizures

REFERENCES :1)Shariatpanahi G, Paprooschi N, Yaghmaei B, Sayarifard F, Sayarifard A. Exploring vitamin D in children with febrile seizure: a preliminary study. International Jo urnal of Pediatrics. 2018 Sep 1;6(9):8233-9.
Bhat JA, Bhat TA, Sheikh SA, Wani ZA, Ara R. Status of 25-hydroxy vitamin D level in simple febrile seizures and its correlation with recurrence of seizures. Avicenna Journal of Medicine. 2020 Jan;10(01):.

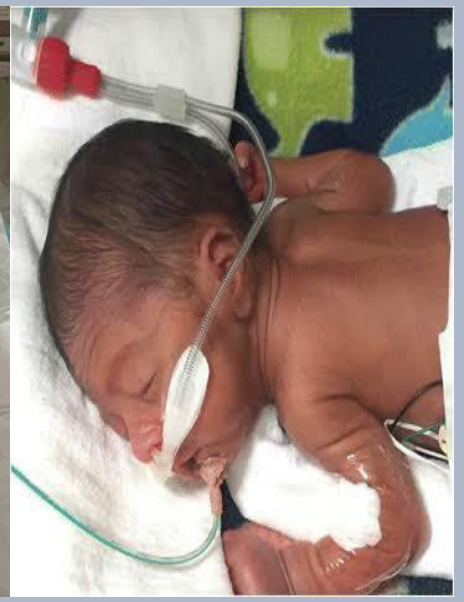
HEATED HUMIDIFIED HIGH FLOW NASAL CANNULA VERSUS NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE AS A PRIMARY MODE FOR RESPIRATORY SUPPORT OF NEWBORNS IN GESTATIONAL AGE GROUP 30-37 WEEKS- PROSPECTIVE OBSERVATIONAL STUDY.

DR GD HARSHITHA*, DEPT OF PEDIATRICS , SBMPMCH & RC

BACKGROUND

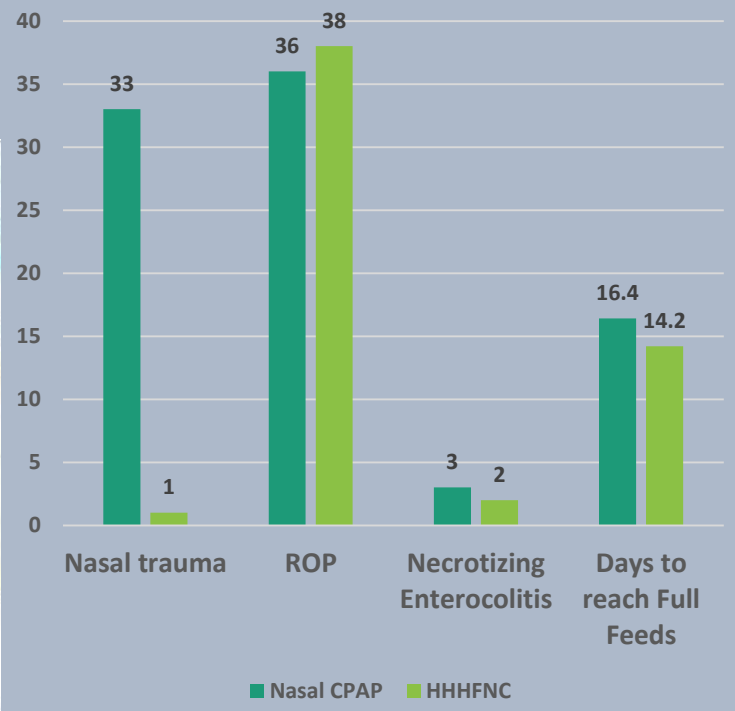
In the neonatal period, respiratory failure remains a difficult challenge and is associated with high morbidity and mortality. HFNC is being used as an alternative form of respiratory support for preterm infants with respiratory distress, apnea and chronic lung disease.

Objectives: To assess the efficacy and safety of HHHFNC as compared to Nasal CPAP in providing respiratory support



METHODOLOGY

All preterm babies between 30-37 POG requiring respiratory support were placed on HFNC or Nasal CPAP as a primary mode. The primary outcome assessed Failure of assigned means of respiratory support and Death prior to discharge.



DISCUSSION

The usage of HFNC has significantly increased in recent years due to simplicity of use and improved patient tolerance. Compared to NCPAP, benefits including minimal nasal trauma, less disruption of feeding or kangaroo mother care. Despite its widespread clinical acceptability, there is scant information about its effectiveness and safety as a primary support in preterm newborns .

CONCLUSION

HFNC was found to be noninferior compared to NCPAP. Hence, HFNC can be considered to be a safe, efficacious, and more easily acceptable mode of respiratory support as compared to NCPAP in preterm neonates as a primary mode of respiratory support.

Novelty and Utility for health care system: HHHFNC is effective as NCPAP with minimal side effects.

Nursing staff can be easily trained to use the this respiratory support.

A CLINICAL STUDY OF SERUM CYSTATIN C LEVELS IN CASES OF COPD AND ITS CORRELATION WITH SPIROMETRY AND IMPACT ON THEIRQUALITY OF LIFE

DEPARTMENT OF RESPIRATORY MEDICINE: DR. RAVI APOORVA , DR. R.S.BABAR, DR. KEERTIVARDHAN KULKARNI, DR.SHREESHAIL ANJUTAGI

INTRODUCTION

COPD is an inflammatory disorder which involves accelerated lung function loss.The main pathology is imbalance between protease and antiprotease system. Persistent inflammation in COPD may lead to the recruitment of inflammatory cells and increased protease activity in the lungs. Increased levels of Cystatin C in BAL and serum were determined in patients with emphysema especially in the smokers and inflammatory lung disease. Hence the measurement of serum Cystatin C levels might help in assessing the progression of disease. The purpose of this study is to determine whether Cystatin C levels have any correlation with the clinical severity of COPD and determine its association with lung function in those patients. This study also aims to assess the impact on the quality of life of COPD patients.

METHODOLOGY

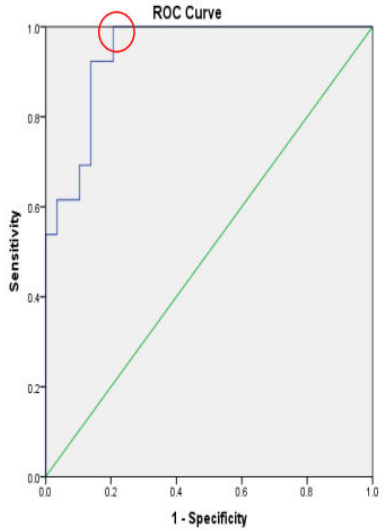
- ❑ cross sectional study.
- ❑ Perform spirometry and measure serum cystatin c levels with ELISA KIT and assess the quality of life with questionnaires

OBJECTIVES

- ❑ To determine levels of serum Cystatin C and to perform pulmonary function test in COPD patients.
- ❑ To assess quality of life in COPD patients.
- ❑ To correlate quality of life and lung function with serum cystatin c levels.

RESULTS

This point represents serum Cystatin C value of 532.3ng/ml. Has highest sensitivity of 100% and specificity of 79.3%



Area Under the Curve is 0.942
A Cystatin C level of 532.3 ng/ml has a highest sensitivity of 100% and specificity of 79.3%

PARAMETERS	SERUM CYSTATIN C LEVEL ≤532ng/ml (54.7%)	SERUM CYSTATIN C LEVEL >532ng/ml (45.3%)	P value	ODDS RATIO
Pack years				
>10	6	14	0.03	5.8
≤10	5	2		
Duration of disease				
≤4	13	17	0.01	6.5
>4	10	2		
Spirometry grading				
Mild	0	0	0.001	-
Moderate	13	0		
Severe	10	6		
Very severe	0	13		
SIX MINUTE WALK TEST				
<250	4	14	0.0001	13.3
≥250	19	5		
St. George Total score				
>50	10	15	0.001	4.87
≤50	13	4		
CCQ				
≥3	3	12	0.004	4.7
<3	20	7		
CAT SCORE				
>20	15	17	0.03	4.53
≤20	8	2		
CRP				
<10	4	0	0.04	-
>10	19	19		

CONCLUSION

- ❑ The mean serum Cystatin C level is 560.1± 285.5ng/ml in our study, which is far less than controls in other studies.
- ❑ So standardized values from our lab of serum Cystatin C has been taken with help of ROC analysis that is 532ng/ml.
- ❑ There was a negative correlation between FEV1, six-minute walk test, and Cystatin C levels and a positive correlation between Cystatin C and CRP levels, duration of disease, CCQ score, mMRC, CAT score, and St George questionnaire.

LIMITATIONS

- ❑ Further prospective studies are required with long-term follow-ups.
- ❑ This is the first Indian study, and hence many other studies from India are required to establish the standard values in the population.

RECOMMENDATIONS

- ❑ As of now, Serum Cystatin C level does not have a clinical management impact on COPD, further studies in the different populations are required as data is available only from China.

ALLERGEN SENSITIVITY PATTERN AND ITS CORRELATION WITH TOTAL IgE LEVELS AND EOSINOPHIL COUNT AMONG PATIENTS WITH ALLERGIC RHINITIS AND/OR ASTHMA IN NORTH KARNATAKA

Department of Respiratory Medicine: Dr. Pranavi. V, Dr. R. S. Babar, Dr. Keertivardhan Kulkarni , Dr. Shreeshail Anjutagi

INTRODUCTION:

Respiratory allergy is common among all populations and various age groups, the types of allergens varying according to the geographic area, climate, location, economic status, ethnic identity, etc. Skin prick testing remains to be the gold standard, but several factors make the test less preferred. Hence total serum IgE levels and eosinophil counts are preferred.

OBJECTIVES:

- To determine allergen sensitivity patterns among the patients with allergic rhinitis and/or asthma
- To correlate the skin prick test reactivity with total serum IgE levels and eosinophil counts, so as to determine the possibility of their use as a screening test.

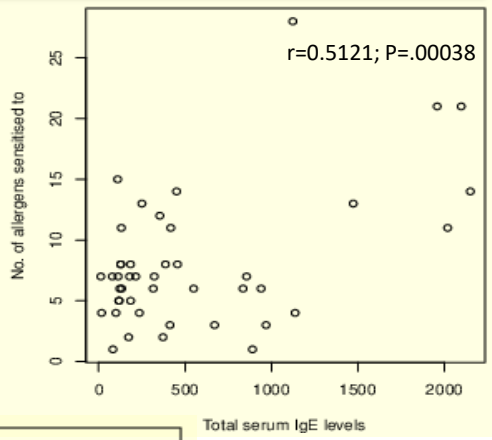
METHODOLOGY:

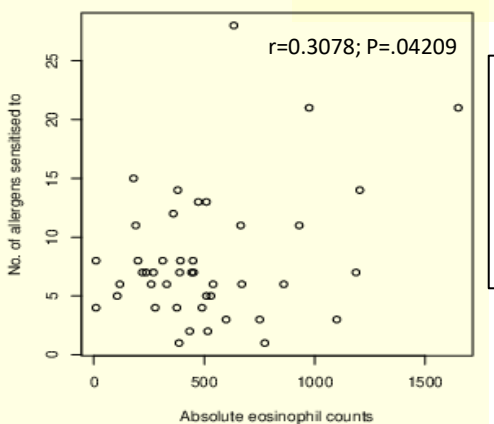
- Cross-sectional study on patients with the diagnosis of allergic rhinitis and/or asthma.
- Allergen skin prick test was done in each patient, and Total serum IgE levels and eosinophil counts were measured.

RESULTS:

Allergens	% of cases
House dust mites	65.9
Fungi	45.4
Pollens	43.1
Dust	47.7
Insects and epithelia	59
Foods	63.6

Positive and significant correlation between total IgE levels and number of allergens the patients are sensitised to





Positive correlation between eosinophil counts and number of allergens the patients are sensitised to

CONCLUSION:

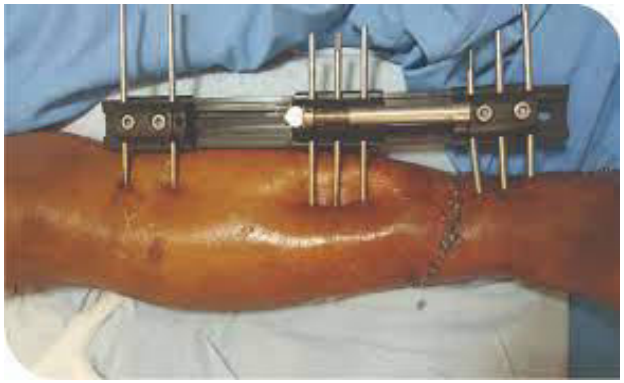
- House dust mites were the most common offending allergens, majority to *Blomia*.
- There was a positive and significant correlation of total serum IgE levels and positive correlation of eosinophil counts with the number of allergens the patients were sensitised to.
- Despite the positive correlation, they could not be used as sole screening tests, as they are elevated in several other conditions.
- Skin rick testing remains to be the gold standard.

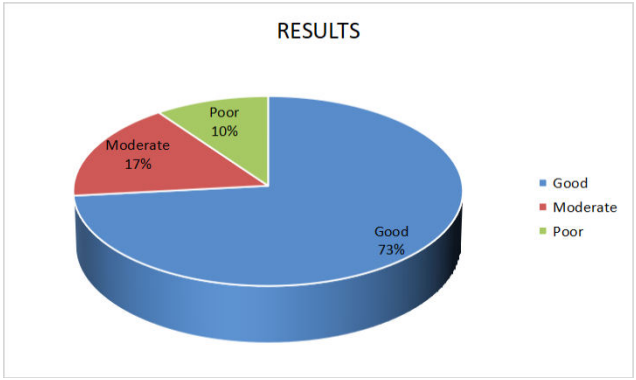
RECOMMENDATIONS:

- It is recommended to conduct this type of study time to time to assess the sensitisation patterns in different parts of the country for identification of newer allergens, that aid the clinicians to streamline the treatment options and allergen avoidance measures.
- Since anti-IgE therapy is available, it is advised to measure total IgE levels also, especially in asthmatics.

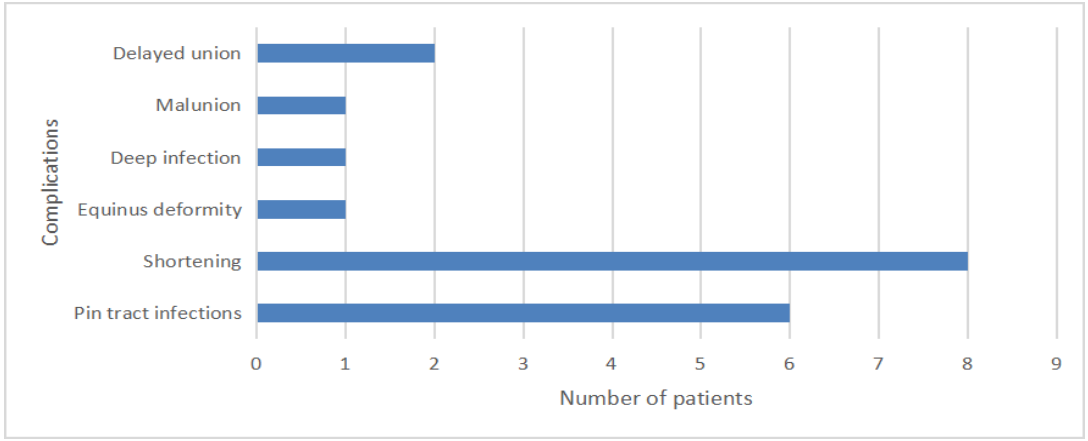
FUNCTIONAL OUTCOME IN MANAGEMENT OF OPEN TIBIAL DIAPHYSEAL FRACTURES BY LIMB RECONSTRUCTION SYSTEM

INTRODUCTION : One of the most frequent long bone fractures that most orthopaedic surgeons see is a tibial diaphyseal fracture. The tibia has more open fractures than any other major long bone because it is covered by skin for the majority of its length.



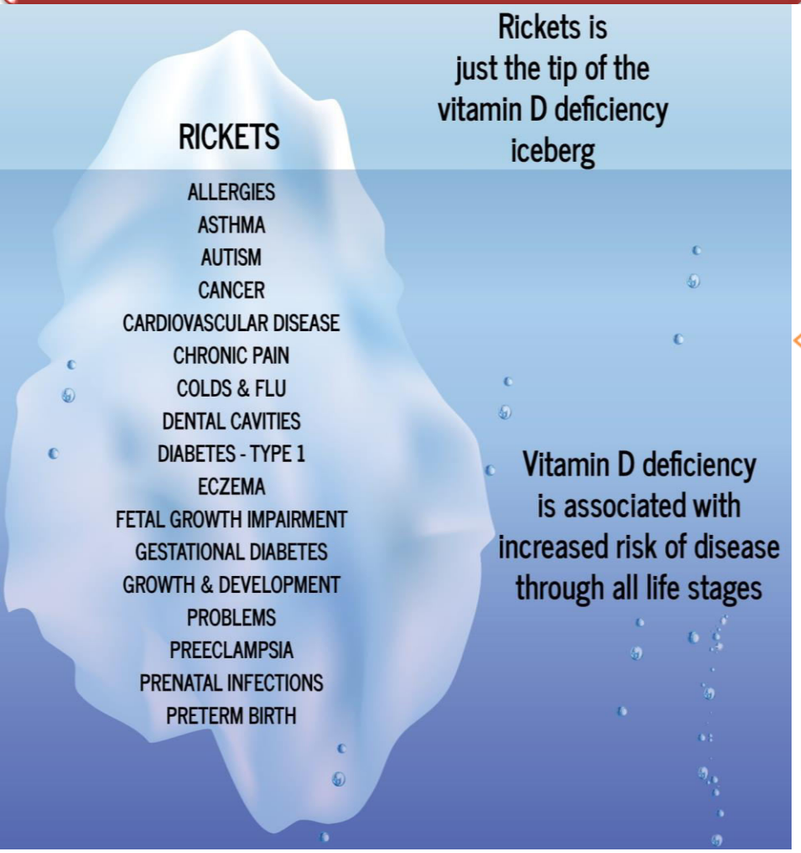


CONCLUSION : Because of its ease of use, good fracture stability, adjustable geometry, light weight, reasonable price, and patient-friendliness, the Limb Reconstruction System (LRS) provides an excellent alternative treatment option for treating compound fractures of the tibia.



“Influence of vitamin D on arterial stiffness in hypertensive patients with special reference to oxygen sensing protein expression”

Background



Influences of vitamin D on Arterial Stiffness in HTN patients are still debatable.

The role of oxygen sensing proteins in regulation of BP is yet to be explored.

IHCI target of Govt. of India: 25% reduction in HTN prevalence by 2025.

Methodology

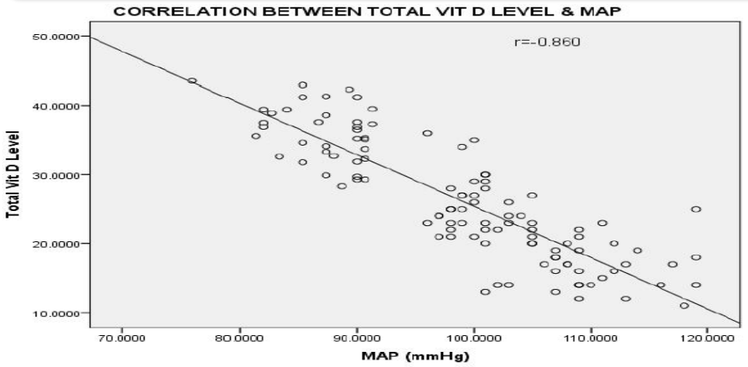
About the study
Prospective case control study of 1 year. N=108, 3 groups, Age of 35 to 50 years

Exclusions
Smokers, Alcoholics, patients of Endocrine diseases and chronic diseases

Measured
Anthropometry, Vascular stiffness and Vascular stress parameters

Physiological, Electrophysiological, Biochemical and Molecular Parameters

Results

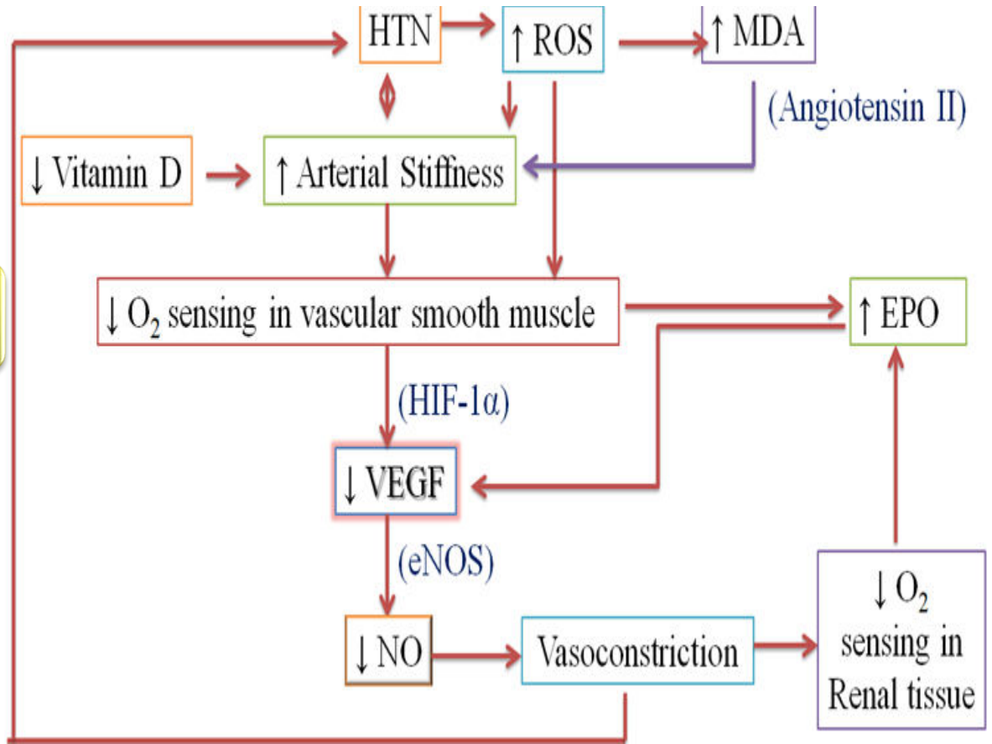


Conclusion

Vitamin D influences arterial stiffness, vascular pathophysiology including CVD like HTN.

Oxygen sensing proteins (EPO, VEGF) plays a significant role in Blood Pressure regulation.

Summary



VEGF LEVELS IN CHILDREN WITH THALASSEMIA AND ITS CORRELATION WITH SERUM FERRITIN AND PULMONARY HYPERTENSION.

NANDAKISHORE KULKARNI

Dept. of Pediatrics, BLDE (DU) Shri B M Patil Medical College Hospital and Research Centre, Vijayapur.

INTRODUCTION

Being one among most prevalent inherited diseases in Asia and the majority of the world, thalassaemia has attracted considerable scientific interest.

Burden:

Every year **new 10,000 children** are born in India.

Life span 20- 30years. With very frequent blood transfusions.

Financial and emotional stress.

Complications affecting multiple systems causing prolonged morbidity.

Pulmonary hypertension is the most common cause leading to cardio-vascular failure and mortality eventually.

Serum VEGF- this indicates the hypoxic stress duetto low Hb levels.

Serum ferritin – indicates amount of iron overload due to frequent tranfusion.

AIMS AND OBJECTIVES :

•The aim of the study was to assess serum VEGF level as a marker of angiogenesis and as an indicator of pulmonary hypertension

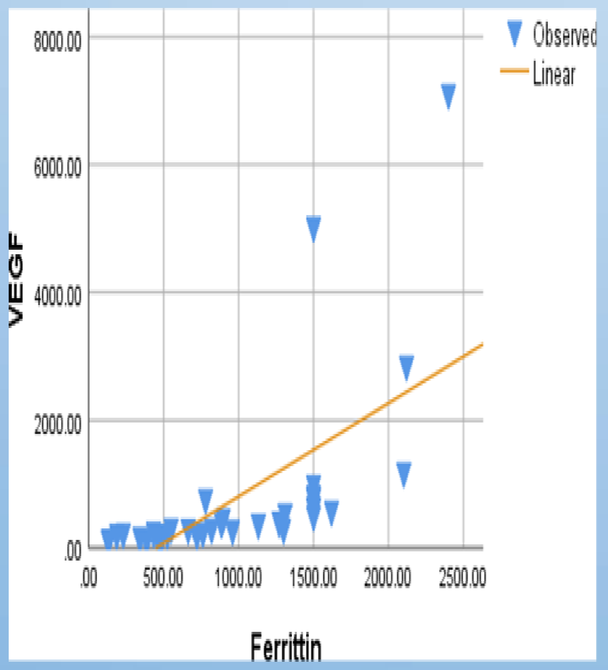
•And to correlate the VEGF levels with serum Ferritin and Pulmonary arterial Hypertension thalassaemic children.

MATERIALS AND METHODS

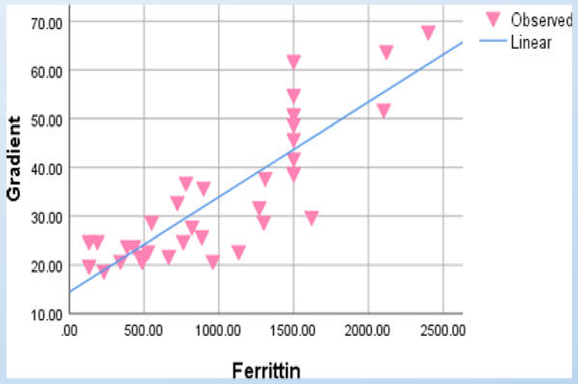
The study's sample size consists of 32 beta-thalassemia major patients getting treated in BLDE pediatrics department.

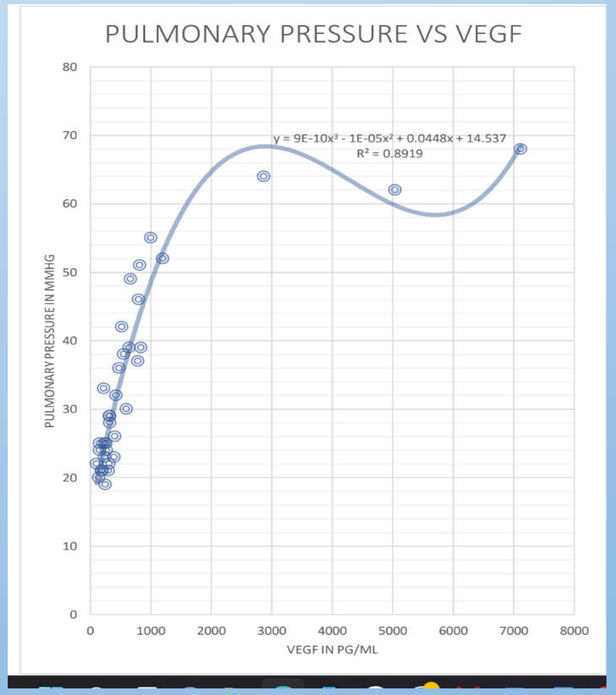
Routine blood investigations were done.

Along with that, serum ferritin and VEGF. ECHOCARDIOGRAPHY was be done in all children in the study population. Then the data will be analysed for the correlation between serum VEGF, Ferritin and PAH



RESULTS





CONCLUSION

In a country like India, where thalassaemia is highly prevalent in the general population and there is an ever-increasing load of patients we must focus on the prevention of thalassaemia. Presently blood transfusion in conjunction with chelation therapy is the most popular treatment approach in symptomatic thalassaemia cases. Hence, we conclude that better management of thalassaemia can be done by frequent transfusions to maintain optimum Hb, along with that, adequate chelation and frequent evaluation of serum ferritin, VEGF and 2D echocardiography has to considered.

NOVELTY:

1. This study attributes the cause of the pulmonary hypertension in thalassemia patients. By correlation with VEGF and

APPLICATION:

1. We can directly address the root cause of the PAH, by frequently monitoring the VEGF levels in predicting PAH.
2. Adequate blood transfuions must be encouraged.

EXPLORING THE PREDICTIVE VALUE OF NEUTROPHIL-LYMPHOCYTE RATIO AND PLATELET-LYMPHOCYTE RATIO IN FEBRILE SEIZURES: A PROGNOSTIC MARKER

Tejas D
Dept of Pediatrics, BLDE (DU), Shri B M Patil Medical College Hospital and Research Center, Vijayapura.

Background

- Objective diagnostic markers are required to identify the type of seizures which occur outside the hospital.
- To the best of our knowledge, there are no studies from India evaluating the role of NLR or PLR in febrile seizures and their influence on the Length of hospital stay.

Aims and Objectives

- To assess the usefulness of Neutrophil-to-Lymphocyte Ratio (NLR) and Platelet Lymphocyte Ratio (PLR) as prognostic markers for febrile seizures.

Methodology

- **STUDY DESIGN** : **A Prospective Cohort** with follow up conducted over 18 months.
- 91 febrile seizure cases between 6 months to 5 years were enrolled in the study.
- NLR was calculated by dividing the absolute neutrophil count by the absolute lymphocyte count and analysed.
- NLR above 1.13 was considered as high NLR ratio. PLR above 137.3 was considered as high PLR.
- The patients were **followed up for a period of 6 months** for recurrence of seizures.

Results

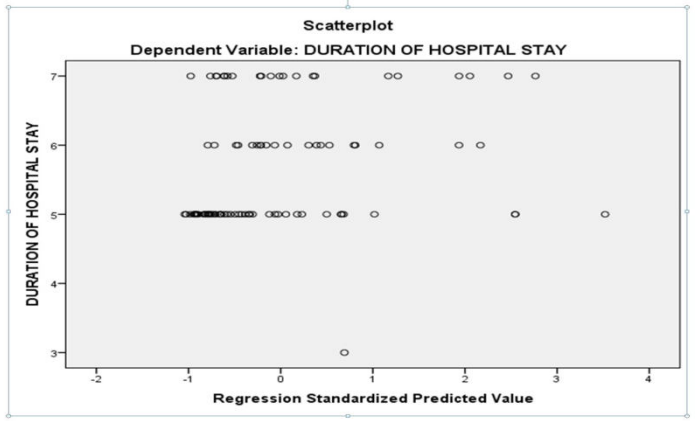
- Considering an NLR of 1.13 as a cut-off and high NLR, there was a strong association between high NLR and prolongation of hospital stay **(Table 1) [p=0.001]**
- The association between NLR and Length of hospitalization is depicted as a scatter plot in **Figure 1**.

Table 1: NLR levels elevated and prolonged hospital stay

		Prolongation_hospital_stay		Total
		Prolongation of hospital stay	No prolongation of hospital stay	
NLR_Threshold*	low	1	13	14
	high	41	36	77
Total		42	49	91

*** p=0.001**

Figure 1: Scatter plot of Neutrophil Lymphocyte Ratio and Duration of Hospital stay



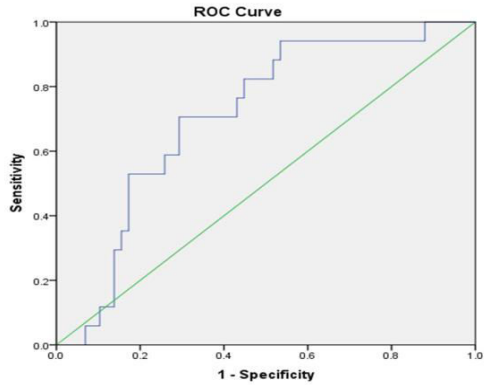
Results

- All followed-up cases of febrile seizures showed that a total of 17 cases of seizure recurrence within six months were associated with low PLR values.
- A look at coordinates from **Table 2 & figure 2** shows that a cut-off 111 and below has **70% sensitivity and 61% specificity** in predicting seizure recurrence in children presenting with febrile seizures.

Table 2: Levels of PLR and Seizure recurrence

	PLATELET - LYMPHOCYTE RATIO (PLR)		P value
	Follow Up Seizure		
	Seizure Recurrence	No seizure recurrence	
N	17	58	p=0.02*
Mean	94.25	166.38	
Std. Deviation	68.14	116.57	

Figure 2: ROC - PLR & Seizure recurrence



Discussion

- In their study by Goksugur et al., there was a substantial difference in the reported NLRs in the SFS and CFS groups, which were 2.18 ± 1.9 and 3.8 ± 4.2, respectively. However, no such difference was seen in our study.
- The high NLR observed in our study is similar to the one reported by Li et al.
- **PLR** was significantly lower in those children who had recurrence compared to those who did not.

These outcomes are identical to those of a study by Tang et al., which discovered a significant difference in PLR levels between the group with recurrent and non-recurrent seizures.

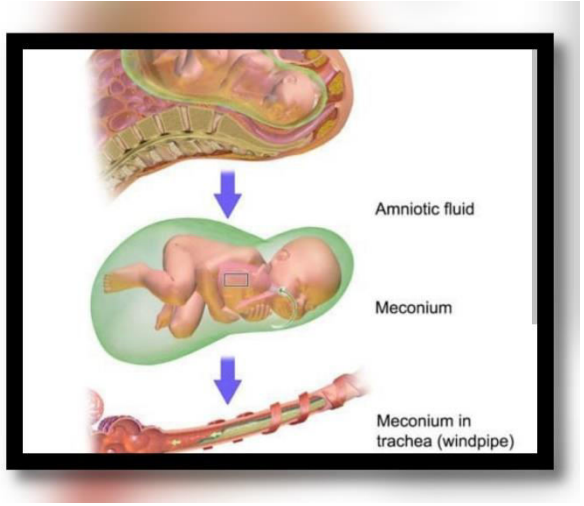
Conclusion

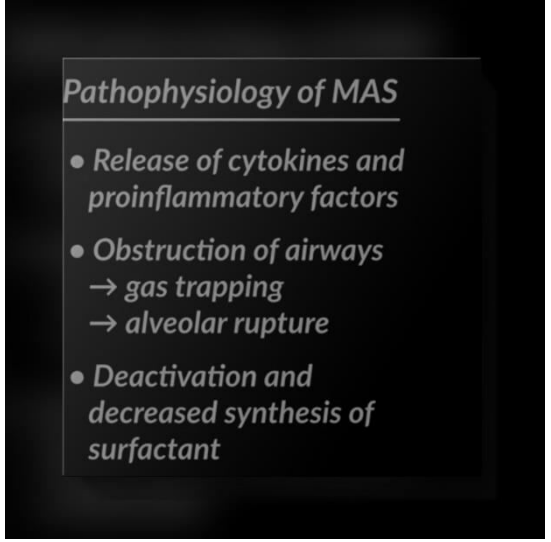
High NLR implies **prolonged hospital stay.**

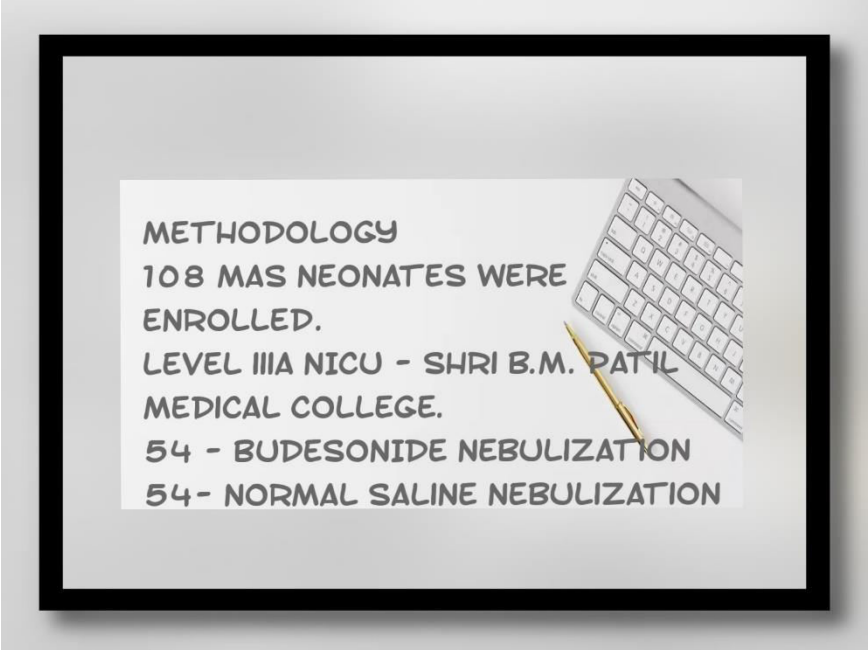
- Seizure recurrence was seen in 22% of the children with low PLR values.

Novelty

- NLR can help in **prognosticating high-risk** children for providing appropriate care.
- A **low PLR** can be used as a predictor of **seizure recurrence.**



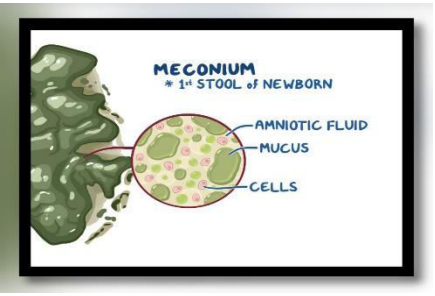


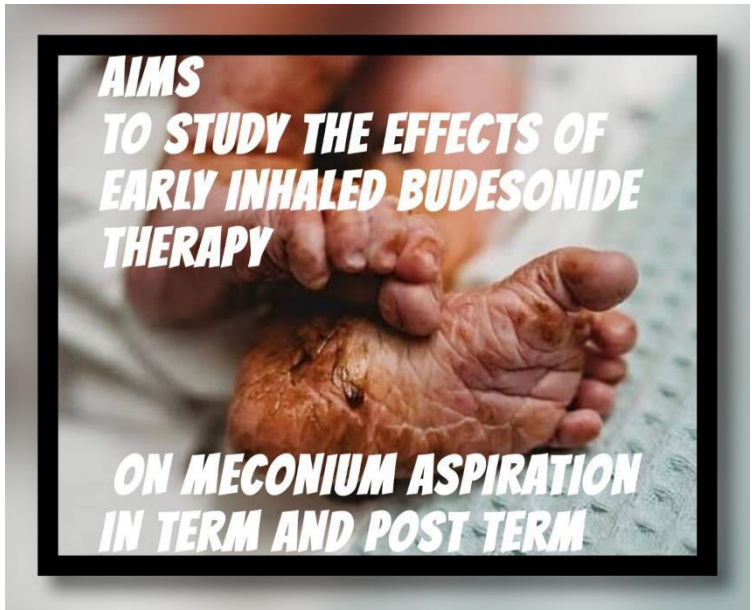


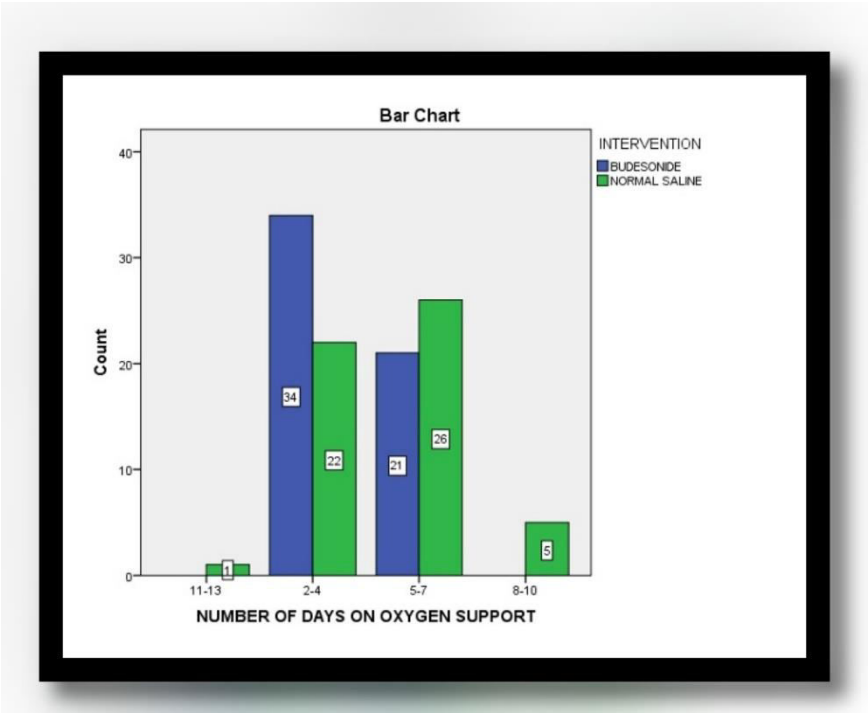
STUDY OF BUDESONIDE THERAPY IN MECONIUM ASPIRATION

Shri B.M. Patil Medical College

-Dr.Shravani







STUDY OF SERUM VITAMIN B 12, FOLIC ACID LEVELS AND PLATELET INDICES IN CHILDREN WITH FEBRILE CONVULSIONS

- A Prospective Cohort Study.

CHINTAM V K KUMAR REDDY*, S.S. KALYANSHETTAR, S.V. PATIL,M.M.PATIL

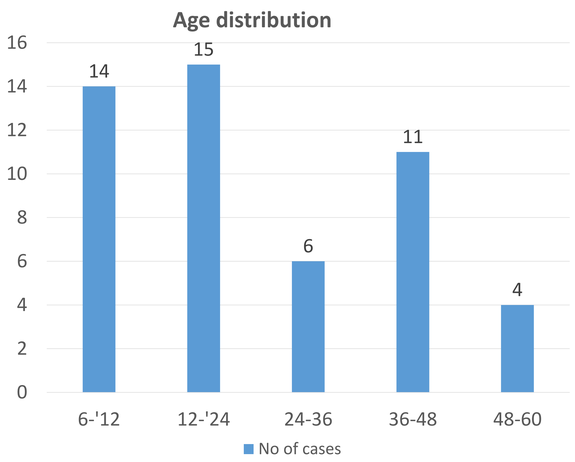
Dept. of Pediatrics, BLDE (DU) Shri B M Patil Medical College Hospital and Research Centre, Vijayapur.

INTRODUCTION

Febrile seizure defined by national institute of health as " an event in infancy or childhood usually occurring between 3 months to 5 years but without evidence of intracranial infection or defined cause for seizure". Serum Vitamin B_{12} and folic acid levels are shown to be low in febrile seizures in some studies.

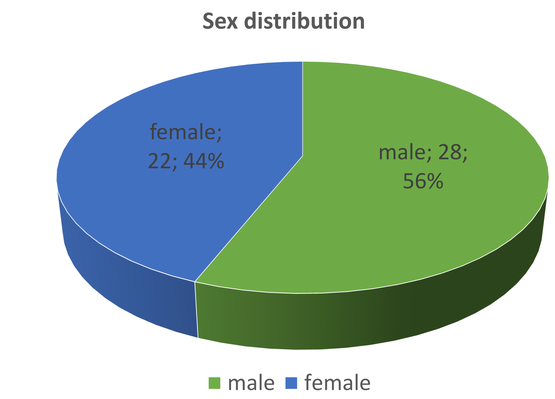
AIMS and OBJECTIVES

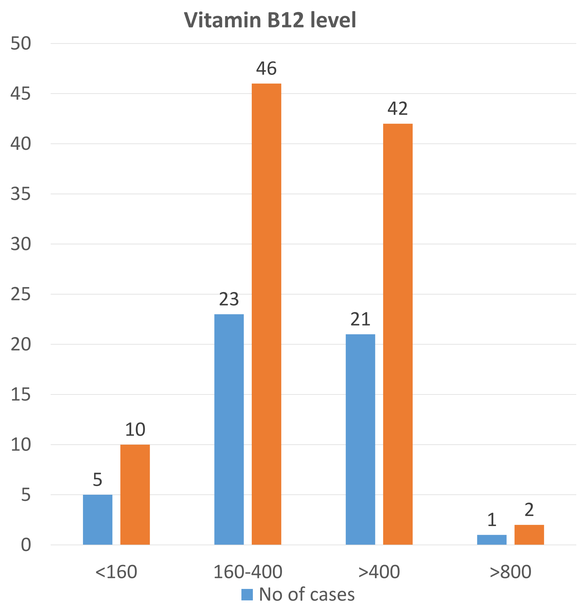
- To assess vitaminB12 and folic acid levels in children with febrile seizures.
- To see the correlation between vitamin B12 and folic acid levels and recurrence of febrile seizures.



MATERIALS AND METHODS

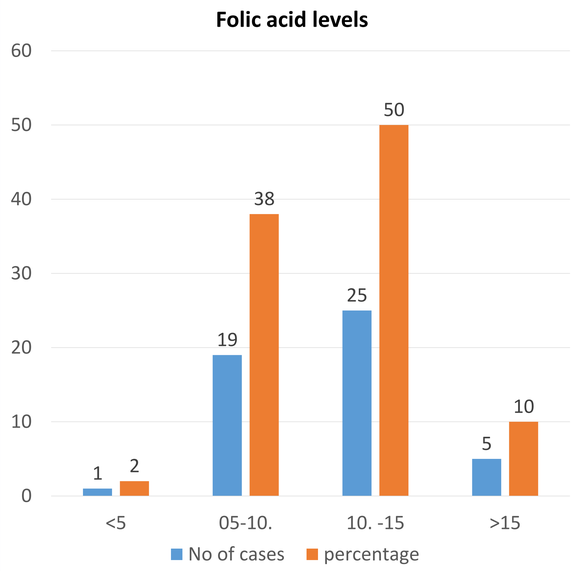
This study was Prospective observational study,conducted in Pediatric ward and PICU of B.L.D.E.U's,Shri.B.M. Patil medical college hospital & research centre. From Jan 2021 to June 2022.





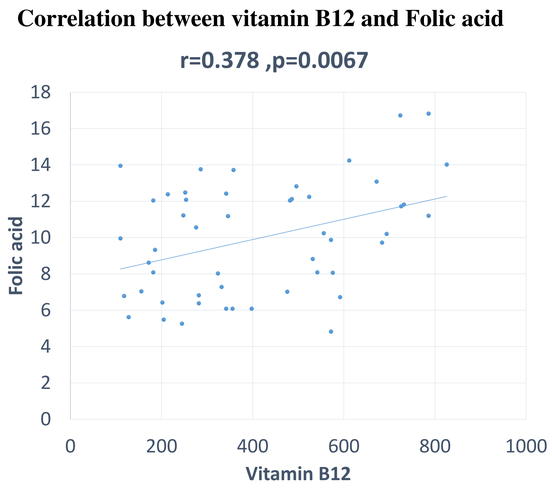
RESULTS

Out of 50 cases 28 were male children ,22 were female children with peak age incidence between 12 -24 months.6 children had recurrence febrile seizures. Out of 50 ,5 children had very low levels of serum vitamin B_{12} and 21 children had normal values.20 children had low serum folic acid levels and 30 had normal values. The Correlation coefficient between vitamin B12 and folic acid r-0.378 and p-value - 0.0067**.** There is a significant positive correlation between vitamin B12 and folic acid.



CONCLUSION

In this current study we observed that vitamin B12 and folic acid levels were low in children with febrile seizures . The correlation between vitamin B12 and folic acid is positive, significant correlation(P value =0.067).In recurrent febrile children both vitamin B12 and folic acid levels were low. In this study MPV values were low in children with febrile seizures. These findings could be attributed to immature hematopoietic systems in children or to active inflammatory states.



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A PROSPECTIVE STUDY OF FACTORS INFLUENCING THE OUTCOME OF ENDOSCOPIC FRONTAL SINUS SURGERY

PRESENTER : DR.NEETHU.M.B

GUIDE : DR.H.T.LATHADEVI

AIMS AND OBJECTIVES:

1. Relation between the pneumatization of the frontal sinus and the outcome of the surgery.

2. Correlation between the status of frontal recess at the end of surgery and the final outcome of the surgery.

3. Correlation between post-operative findings with improvement in symptoms of the patient.

METHODS

A prospective study done in 30 patients with chronic sinus pathologies involving frontal sinus over a period of 2 years.

The factors assessed includes

1.pneumatisation of frontal recess on CT scan .

2. frontal glow after opening frontal recess

3. state of frontal recess,

4.symptomatic relief of patients using SNOT-22 score.

CONCLUSION

- The study showed that there is no significant relation between pneumatization of frontal sinus and final outcome of surgery.

- There is significant correlation between condition of frontal recess (Mucosa lined frontal recess has better surgical outcome) and surgical outcome.

3MT (3 Minute Thesis) Presentation

Effect of cilnidipine as an antihypertensive agent on two forms (L-NAME & L-NAME+4%NaCl) of hypertension in rats

Gouher Banu-PhD Scholar, Kusal K Das-PhD Supervisor

Department of Physiology BLDE(DU) Shri B.M.Patil Medical College, Hospital & Research Centre

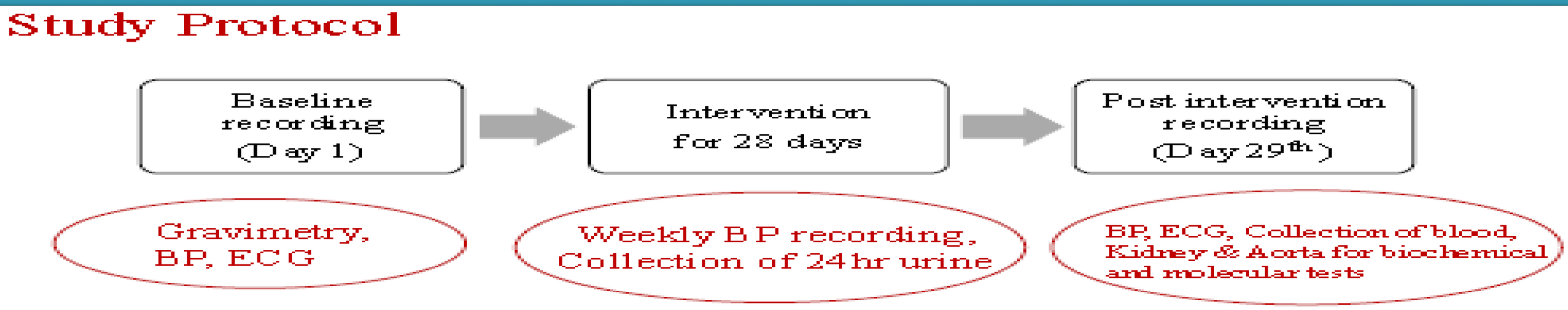
INTRODUCTION

Cilnidipine is a dihydropyridine, 4th generation calcium channel blocker (CCB). It inhibits both L/N type calcium channels. Vasodilating effects from cilnidipine are slow-acting and persistent. Very few research studies have been done to clarify how N-type calcium channel blockers affect nitric oxide deficient hypertensive rats.

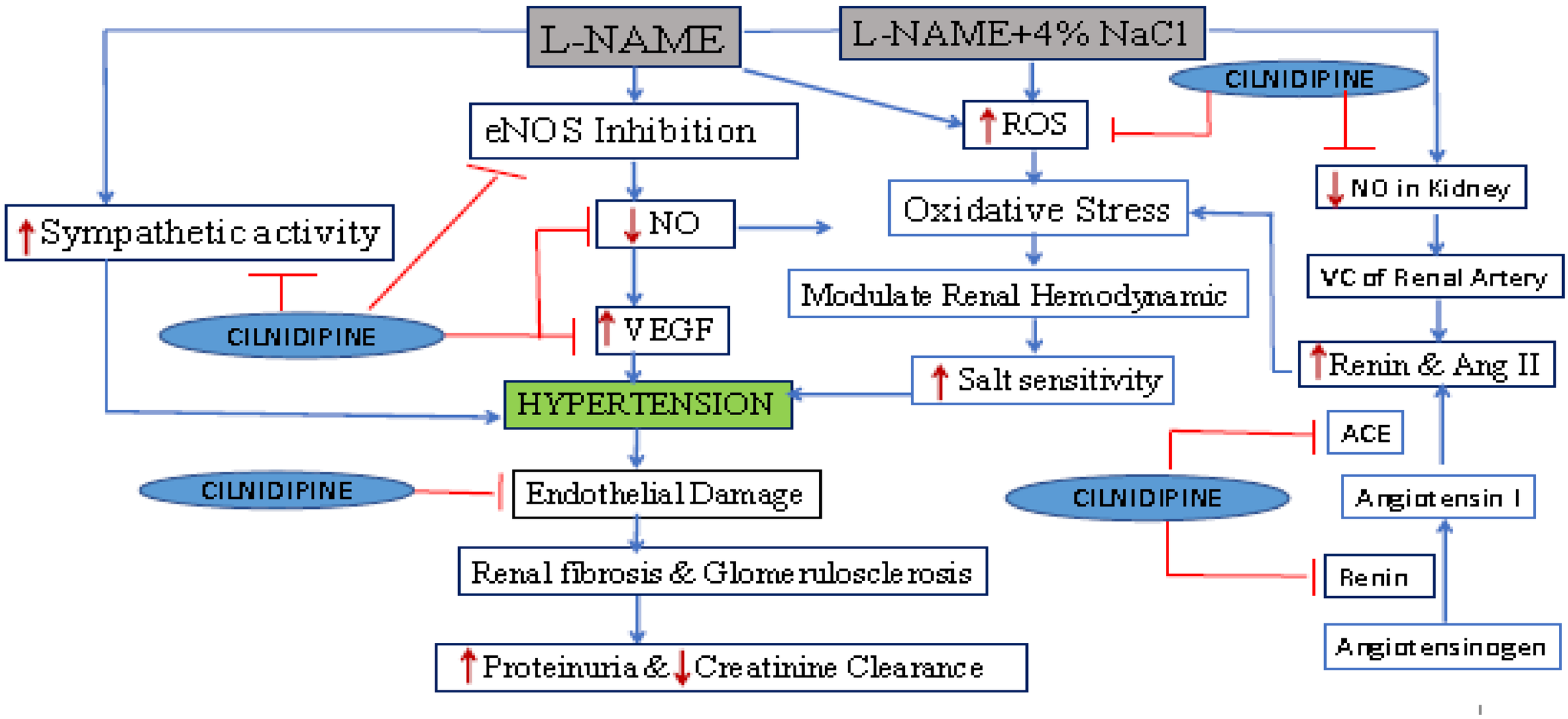
OBJECTIVES

The purpose of our study was to show protective effect of cilnidipine on L-NAME or L-NAME plus salt induced experimental hypertension rats

METHODS



RESULTS & CONCLUSION



ATTENDANCE SHEET

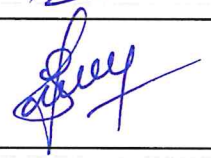
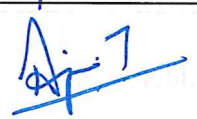
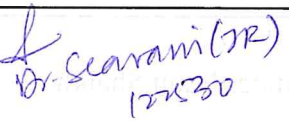
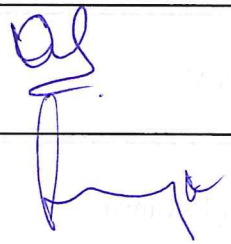
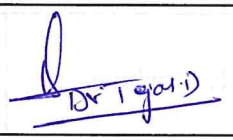
BLDE (Deemed To BE University)

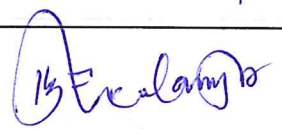
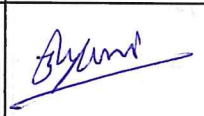
Research & Development (R & D) Cell

List of PG Students 3 MINUTE THESIS (3MT) Competition

Date:-07th March 2023 **Time :-3.00 PM** **Venue:- Medical Education Hall Hospital**

Sl NO	Name	Department	Email ID	Contact No	Signature
1	Dr Amrit Podder	Physiology	amritpodder0@gmail.com	8974653736 8794665825 9856141755	
2	Dr.Ravi Apporva	Respiratory Medicine	apoorvaraavi@gmail.com	8250706608 9110342366	
3	Dr.Gouher Banu Shaikh	Physiology	gouher.banu@bldedu.ac.in	9844208851	
4	Dr.Pranavi V	Respiratory Medicine	pranavireddy44@gmail.com	9952955959	
5	Dr.Pidikiti Lavanya	Pediatrics	pidikitilavanya9@gmail.com	9611401438	
6	Dr Radhika R Krishnan	ENT	Absent		
7	Dr.Chidvitha Sai Kurra	Pediatrics	Chidvitha.kurra75@gmail.com.	7702899477	

8	Dr.Shraddha Barate	Pathology	Shraddha.barate01@gmail.com	8087457342	
9	Dr Mohnish Sekar	Dermatology,Venereology & Leprosy	MOHNISHSEKAR@GMAIL.COM	9677955110	
10	Dr Santosh B T	General Medicine	DR.SANTHOSH93@gmail.com	9341666663	
11	Dr Anju T	Pediatrics	anju.tammanna@gmail.com	9901053256	
12	Dr.K Elizabeth	Pathology	bindu99.k@gmail.com	7075443948	
13	Dr Shravani K	Pediatrics	shravanik.99@gmail.com	7619280812	
14	Dr Lalwani Karan Manohar	Psychiatry	lkaran544@gmail.com	9106904185	
15	Dr KavyaDeepu R M	Dermatology,Venereology & Leprosy	kavyagowda5867@gmail.com	9741823874	
16	Dr Tejas D	Pediatrics	tejasjss.122@gmail.com	9902606690	
17	Dr Sultana S Talukahs	Pathology	mailtostalukder@gmail.com	8142277755	

18	Dr Marri Shiva Shankar	Dermatology,Venereology & Leprosy	shivvishankar1994@gmail.com	8618094343	
19	Dr JayeshKumar Soni	Orthopaedics	jaisoni263@gmail.com	8319685643	
20	Dr Nandakishore Kulkarni	Pediatrics	bjkulkarni.44@gmail.com	8762397488	
21	Dr Melkala bhargave Swaraj	Psychiatry	bhargava.Swaraj@gmail.com	7396151496	
22	Dr Ekalavya Bilkhiwal	Dermatology,Venereology & Leprosy	~~ekalavyabilkhiwal@gmail.com~~ ekalavyabilkhiwal@gmail.com	9462047645	
23	Dr Prashanth MR	General Medicine	prashanthgowda1692@Gmail.com	80 73804100	
24	Dr Bhargavi Uttmani	Dermatology,Venereology & Leprosy	bhargavi.10.29@gmail.com	7506315656	
25	Dr Pratyusha Karukola	Pathology	Pratyusha1246@gmail.com	6300141597	
26	Dr Harshitha G D	Pediatrics	harshithagd454@gmail.com	7892465266	
27	Dr.Hina Gami	Pathology	hinagami95@gmail.com	9913249342	

28	Dr Venkatesh Reddy A	Pediatrics			
29	Dr. Neethu. M.B	ENT	neethumb2020@gmail.com	8848399320	
30	Dr. chintam v lc kumar Reddy	pediatrics	cvkreddy225@gmail.com	8712229898	
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32	Dr Sandra Thomas	Anaesthesiology	Sandrathomas007@hotmail.com	7305613888	
33	Dr. Suvam Sahapathy	INTERN	Suvamsahapathy100@gmail.com	7349493419	
34	Dr Sanjana Prabhu	III rd year - Anaesthesia P.G.	sanjanaprabhu94@gmail.com	9449423781	
35	Dr. Malavika Sasidharan	II year Anesthesia PG	malavikas040@gmail.com	7034085160	
36	Dr. M. Priyanka	IIIrd yr Anesthesia PG	Priyanka Manchel 100@gmail.com	9963769249	
37	Dr. Rajeshwari B.V	IIIrd Anesthesia PG	Karthikamasam2015@gmail.com	8978030331	
38	Dr. Priya. S. Nair	3rd Anaesthesia PG	priyasn08@gmail.com	9739721343	
39	Dr Divya M	3rd yr Anesthesia PG	divyashankar28@gmail.com	9620482917	
40	Dr Komali Priya	3rd yr Anesthesia PG	Komalpriya8@gmail.com	8985957004	
41	Dr SUJAY.V	3rd yrs Anes PG	Sujaykmrv@gmail.com	9535080628	
42	Dr Akhil Reddy	2nd year Gen Med PG	-	9978670099	

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	Dr. V. Priyadharshini	M.D. Anesthesia	priz1694@gmail.com	9092149947	
	Dr. Akshata. M	M.D Anesthesia	akshathammatte@gmail.com	9353537684	
	Dr. Sethu Sivakiran	M.D. Anesthesia	Sethusivakirandhupati@gmail.com	9448221235	
	Dr. Sinchana. A.S	M.D Anaesthesia	Sinchusambhrana@gmail.com	8277240639	
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	Dr Trophy Rose	MD Anaesthesia	drtrophyrose@gmail.com	9972412969	
	Dr. Thaskin	MD Anaesthesia	thaskin.majeed@gmail.com	7034142876	
	Dr. Suman Hiremath	MD Anaesthesia	suman.1995.hiremath@gmail.com	8892696580	
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	Akash. K	3rd yr. Pathology	contact.aakashk@gmail.com	8778626519	[signature]
	Dr Nagesh	SR Orthopaedics	Nagesh.inginshetty67@gmail.com	8317421017	[signature]
	Dr S.S. Kalyanshetty	Prof & HOD Pediatrics	rajeshk.bijapur@gmail.com	9449661960	[signature]
	Dr Aravind V Patil	Dean	dravarvindpatil@gmail.com	9845272270	[signature]
	Dr. Ramesh S Babar	Prof & HOD.	9986953393 rameshbabar1957@gmail.com		R. S. Babar
	Dr S Ramdurg	Prof & Head	9611281386		[signature]
	Dr Deepa SD	Senior Resident	9482218066 dsdria@gmail.com		[signature]
	Dr Aneesha	Asst Prof	draneeshaseentan@gmail.com	7795324301	[signature]
	Dr Smeeta Gidaganti	Asst Prof	slmbmc@gmail.com	9873932060	[signature]
	Dr. Renuka. H	Professor	renuka3R@gmail.com	98864921?8	[signature]

Dr. Abdul | Surgery PG | AbdulArshad9@gmail.com | 7892929990 | [signature]

Dr. Chetan... | Surg PG | Chet... | 81??19???9 | [signature]

Dr S M. Biradar Medicine Prof

	Dr Shreyas Badiger	Medicine	Professor		
	Dr S-S. Nandi	orthopaedic	Professor		

Dr. RAHUL C — Anaesthesia — AP. Anaesthesia

Dr Y.B Kolkar — Paediatrics — SR

Dr. Surekha B. Hipparagi — Pathology — professor — 07.03.23

Dr. Priyanka Tomar — Gen. Medicine — PG - 3rd yr. Medicine.

Dr Sneha Mukherjee — Gen. Medicine — PG - 3rd yr Med.

DR Gaurav Somani — Gen medicine — PG 2nd yr

Dr. Jahangir Alam — Gen Medicine — PG 1st yr

Dr. Vijayalaxmi Patil — Pathology. — Assoc. Prof

Dr Vijay. V. Katti — Anaesthesiology — "

Dr. Santosh. Halamath — Anesthesia — Asst Prof

Dr. Ananth. Jogath. — Medicine. — Asst. Prof.

DR. Rahul gour — Gen medicine. — PG 1st year

Dr K- Kulkarni — Resp med. — Asso Prof

Dr A P Ambal — Gen med — Professor

Dr Manjunatha Aithala — Physiology — Professor

3 Minute Thesis (3MT)

Research & Development (R&D) Cell of the University organized a unique 3 Minute Thesis (3MT) competition for postgraduates on **07th March 2023** at Medical Education Hall. A total of **28** PGs participated in the competition. All the participants presented their research in 3 minutes.

The competition was judged by jury Panel comprising of

1. Dr. Akram Naikwadi, Professor & Head, Dept of Pharmacology
2. Dr. K.G.Akmanchi, Professor, Department of Allied Health Sciences
3. Dr. A.V.Raghu, Professor, Allied Health Sciences.

The event was attended by Dr. Aravind Patil, Principal & Dean Faculty of Medicine, Dr. S.S.Kalyanappagol, Dr. Sharan Badiger and other faculty members and postgraduates and hugely appreciated by all.

The gathering was welcomed by Dr. M.M.Patil, Director of R & D and Dr. Siddling Talikoti presented the participants. Dr.Chandrika Doddihal, Deputy Director, R & D proposed the vote of thanks.

Faculty of R & D Cell, Dr. Nirmala G, Mr. Vijay, Mr. Santosh, Mr. Harish & IT department were present at the event.

The winners of the competition were awarded a cash prize of Rs. 10000 for First Prize, Rs 7500 for second prize and Rs.5000 for third prize

The results of the competition was as below

First Prize : Dr. Sharvani K (Dept of Paediatrics)

Second Prize : Dr. Anju T (Dept of Paediatrics)

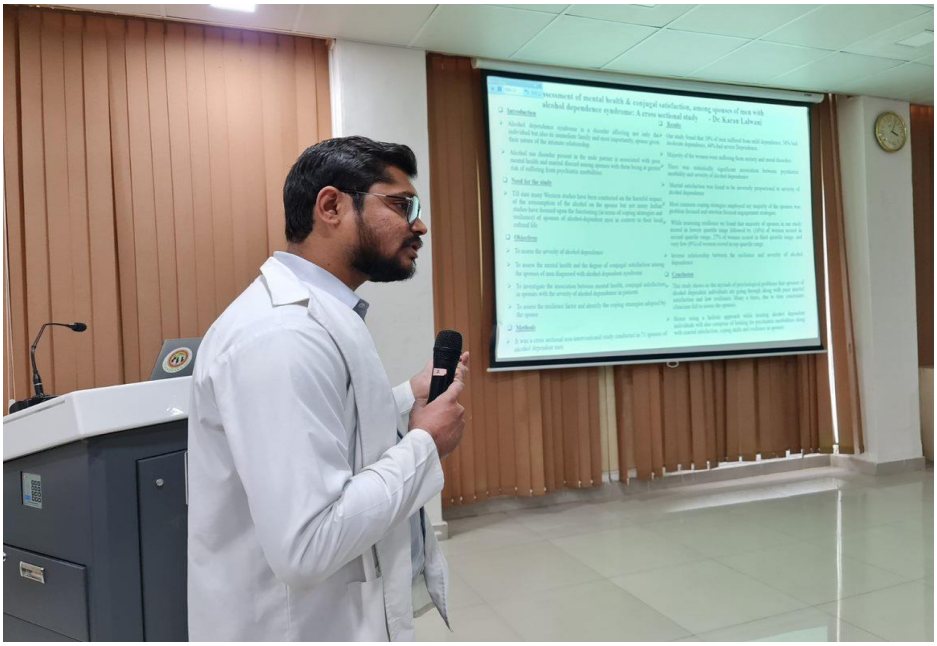
Third Prize : Dr. Lalwani Karan Manohar (Dept of Psychiatry)

Third Prize : Dr. Monish Shekhar (Dept of Dermatology)

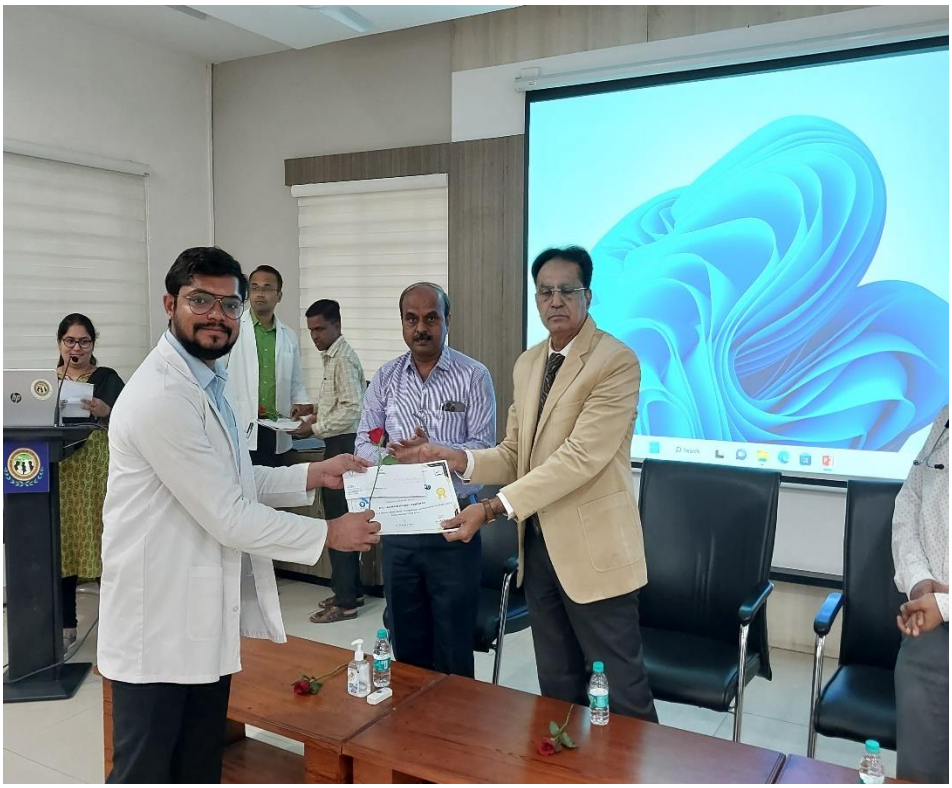
Dr. Shravani K

Dr. Anju T

Dr. Monish Shekhar



Dr. Lalwani Karan




3 MINUTE THESIS (3MT)
07.03.2023
Feedback Analysis
29 Participants
3 Judges

BLDE (DEEMED TO BE UNIVERSITY)

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.
Accredited with 'A' Grade by NAAC (Cycle-2)

RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

DR. SHRAVANI K

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023 & has secured First Prize

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

BLDE (DEEMED TO BE UNIVERSITY)

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), Vijayapura - 586103, Karnataka, India.
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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

DR. ANJU T

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023
& has secured Second Prize

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

DR. LALWANI KARAN MANOHAR

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023
& has secured Third Prize

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

DR. MONISH SHEKHAR

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023
& has secured Third Prize

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

DR. GOUHER BANU SHAIKH

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023
& has awarded Special Appreciation Prize

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

ATTENDANCE SHEET

BLDE (Deemed To BE University)

Research & Development (R & D) Cell

List of PG Students 3 MINUTE THESIS (3MT) Competition

Date:-07th March 2023 **Time :-3.00 PM** **Venue:- Medical Education Hall Hospital**

Sl NO	Name	Department	Email ID	Contact No	Signature
1	Dr Amrit Podder	Physiology			
2	Dr.Ravi Apporva	Respiratory Medicine			
3	Dr.Gouher Banu Shaikh	Physiology			
4	Dr.Pranavi V	Respiratory Medicine			
5	Dr.Pidikiti Lavanya	Pediatrics			
6	Dr Radhika R Krishnan	ENT			
7	Dr.Chidvitha Sai Kurra	Pediatrics			

8	Dr.Shraddha Barate	Pathology			
9	Dr Mohnish Sekar	Dermatology,Venereology & Leprosy			
10	Dr Santosh B T	General Medicine			
11	Dr Anju T	Pediatrics			
12	Dr.K Elizabeth	Pathology			
13	Dr Shravani K	Pediatrics			
14	Dr Lalwani Karan Manohar	Psychiatry			
15	Dr KavyaDeepu R M	Dermatology,Venereology & Leprosy			
16	Dr Tejas D	Pediatrics			
17	Dr Sultana S Talukahs	Pathology			

18	Dr Marri Shiva Shankar	Dermatology,Venereology & Leprosy			
19	Dr JayeshKumar Soni	Orthopaedics			
20	Dr Nandakishore Kulkarni	Pediatrics			
21	Dr Melkala bhargave Swaraj	Psychiatry			
22	Dr Ekalavya Bilkhiwal	Dermatology,Venereology & Leprosy			
23	Dr Prashanth MR	General Medicine			
24	Dr Bhargavi Uttmani	Dermatology,Venereology & Leprosy			
25	Dr Pratyusha Karuko	Pathology			
26	Dr Harshitha G D	Pediatrics			
27	Dr.Hina Gami	Pathology			

28	Dr Venkatesh Reddy A	Pediatrics			

3 Minute Thesis (3MT) Feedback Form

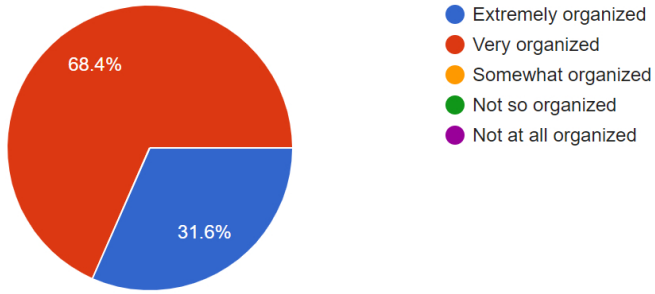
19 responses

Publish analytics

How organized was the event?

Copy

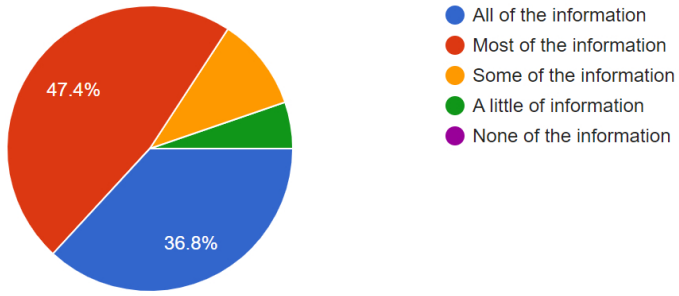
19 responses



Prior to the event, how much of information that you needed did you get?

Copy

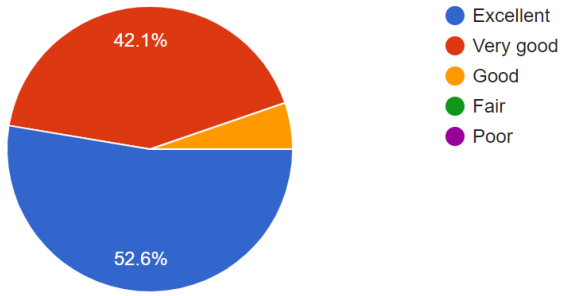
19 responses



Overall how do you rate the event?

Copy

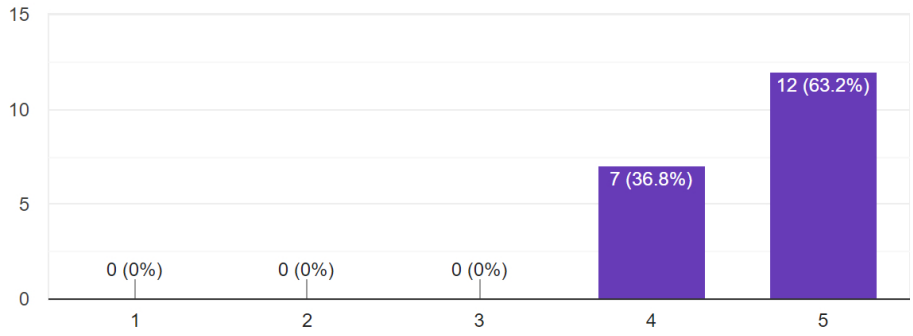
19 responses



How likely is that you would recommend this competition to your friend/colleague?

Copy

19 responses



What did you like about the event

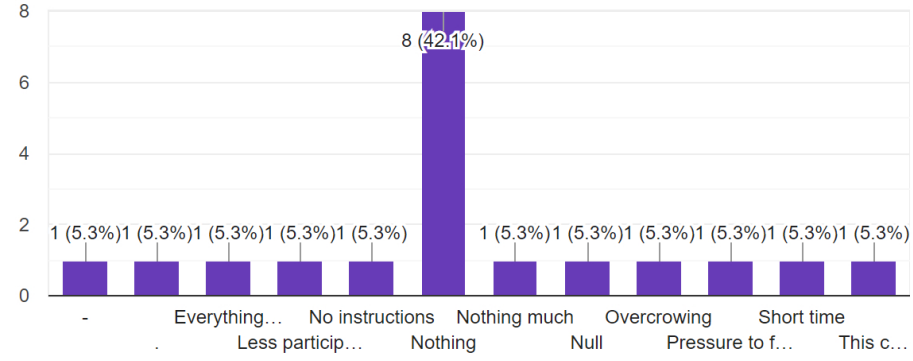
19 responses

- Selection of judges and organization
- Very organised
- Novelty
- Timing
- Innovative
- Convincing in short duration w
- Good exposure platform presentations
- Got to know about different studies
- Making huge topic to short topic and presenting so that opponents are convinced.. nyc concept

What did you dislike about the event?

Copy

19 responses

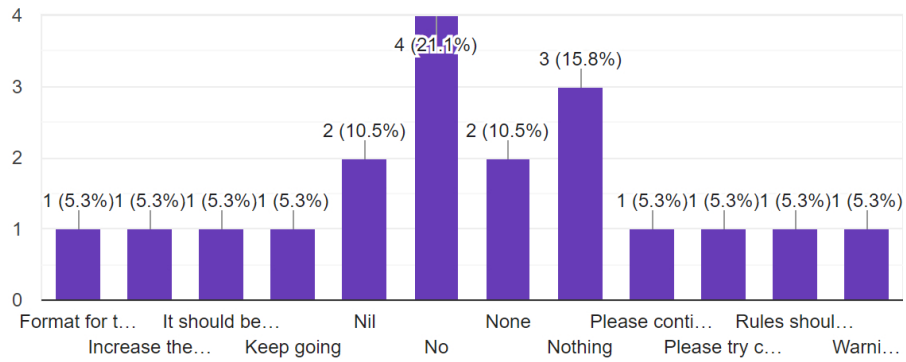


Any other suggestions

Copy

Any other suggestions

19 responses



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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF APPRECIATION

PROUDLY PRESENTED TO

Dr. A V RAGHU

For judging 3 Minute Thesis (3MT) Competition conducted on 7th March 2023

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF APPRECIATION

PROUDLY PRESENTED TO

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For judging 3 Minute Thesis (3MT) Competition conducted on 7th March 2023

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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CERTIFICATE OF APPRECIATION

PROUDLY PRESENTED TO

Dr. K G AKAMANCHI

For judging 3 Minute Thesis (3MT) Competition conducted on 7th March 2023

Dr. R.S.Mudhol
Vice Chancellor

Dr. Aravind V Patil
Dean Faculty of Medicine

Dr. M.M.Patil
Director R & D Cell

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RESEARCH AND DEVELOPMENT CELL

3 MINUTE THESIS COMPETITION (3MT)

CERTIFICATE OF PARTICIPATION

PROUDLY PRESENTED TO

Dr. AMRIT PODDER

has participated in 3 Minute Thesis (3MT) Competition conducted on 7th March 2023

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