AFPI Kerala M

AFPI
Academy of Family Physicians of India
Kerala Chapter

AFPI CON

KERALA 2025

18-19 JANUARY
PEARL VIEW HOTEL
THALASSERY, KERALA

9th ANNUAL STATE CONFERENCE

ACADEMY OF FAMILY PHYSICIANS OF INDIA, KERALA CHAPTER

To register, visit: https://afpicon2025.afpikerala.in/

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Col(Dr) Mohan Kubendra
National President, Academy of Family Physicians of India(AFPI)

Dear Colleagues,
It is with great pleasure and pride that I extend my warmest greetings to the organizers and participants of the 9th Annual State Conference of the AFPI Kerala Chapter, AFPICON 2025. The theme for this year, ***"From Awareness to Action: Family Medicine for Lifelong Health,"*** perfectly encapsulates the essence of our mission as family physicians—to not only raise awareness about holistic health but also to actively transform it into meaningful actions that impact lives positively.
Family Medicine stands as the cornerstone of a resilient healthcare system. In a world that is rapidly evolving, our role as comprehensive and patient-centered care providers becomes even more critical. AFPICON 2025 promises to be a platform that fosters dialogue, innovation, and collaboration, addressing the unique challenges and vast opportunities in our field.
The carefully curated scientific program, interactive workshops, and thought-provoking discussions will undoubtedly enrich your understanding and empower you to navigate the complexities of modern healthcare. This conference is also a celebration of the dedication and commitment of every family physician who continues to be a beacon of hope and healing in their communities.
I wish the organizers and participants great success in making AFPICON 2025 a memorable and impactful event.
Warm regards

Dr Vandana Boobna
National Vice-President, AFPI

Dear Friends!

Warm greetings for the day !

It is my great honor to welcome you all to the 9th AFPICON KERALA themed "From Awareness to Action: Family Medicine for Lifelong Health." As we gather to explore the pivotal role of family medicine in promoting health across the lifespan, we are reminded of the importance of our collective efforts to foster greater awareness and turn that awareness into impactful, sustainable action. Family medicine is the cornerstone of health systems, providing continuous, compassionate care that touches the lives of individuals and communities. The theme of this year's conference highlights not only the fundamental role family medicine plays in everyday healthcare but also the urgent need for proactive, long-term strategies to address the evolving health challenges of our time.

I would like to take a moment to congratulate the organizing committee for their outstanding efforts in bringing together such a distinguished group of experts, practitioners, and thought leaders. Your dedication to advancing the field of family medicine and your commitment to creating an environment of collaboration and shared learning are truly commendable.

To all the participants, I encourage you to engage actively with the sessions, discussions, and networking opportunities over the course of this conference. Let this be an opportunity to not only increase our knowledge but also to reaffirm our collective commitment to transforming awareness into action for the health and well-being of individuals and communities around the world.

Thank you for your continued dedication to the field of family medicine. Together, let's take the next steps toward a healthier, more resilient future for all.

Wishing you all a productive and inspiring conference.

Dr. Resmi S. Kaimal
General secretary, AFPI.

Dear friends,

As one more edition of AFPICON Kerala is rolling out, I look back at the journey of AFPI Kerala Chapter with pride and satisfaction. AFPICON Kerala is setting new and higher benchmarks every year with the meticulous planning, the seamless conduct of the event, the camaraderie of the AFPI Kerala family and above all, the excellent academic programme. I am sure that the magic will be repeated at Thalassery on 18-19 January 2025.

I am delighted to be a part of this event and wish the conference all success. I am sure the participants will take home long-lasting memories of the delicious Malabar cuisine, the rich cultural heritage, and the academic extravaganza.

Hoping to meet everyone at Thalassery.

Dr. Raman Kumar

Founder and Chairman Emeritus, Academy of Family Physicians of India (AFPI)

Dear Colleagues,

It gives me immense pleasure to extend my warm greetings to all participants of the 9th Annual State Conference of AFPI Kerala, scheduled on January 18-19, 2025, in the historic town of Thalassery, Kerala. This year's theme, "From Awareness to Action: Family Medicine for Lifelong Health," aptly captures the essence of our discipline and the critical role it plays in transforming healthcare delivery.

Family Medicine is not just a specialty but the foundation of comprehensive, continuous, and patient-centered care. In a world grappling with rising health disparities and chronic disease burdens, our work as family physicians is pivotal in bridging gaps, ensuring health equity, and promoting lifelong wellness. The transition from awareness to action demands a renewed commitment to our core values—holistic care, health promotion, prevention, and continuity of care—while embracing innovation and collaboration.

AFPI Kerala has been a beacon of excellence, fostering leadership and advocacy for primary care and family medicine in India. This conference provides a unique platform for knowledge sharing, skill-building, and networking among professionals committed to strengthening primary care in our country. I urge all participants to actively engage, share insights, and explore strategies to translate our collective awareness into impactful actions that benefit individuals, families, and communities.

I congratulate the organizing committee for their dedication and vision in hosting this remarkable event and wish the conference every success. Let this gathering inspire us to advance the mission of Family Medicine and work together toward lifelong health for all.

Warm regards

Dr. Indhu Rajeev
President, AFPI Kerala chapter

Hi all,
I am honored to extend my warmest congratulations to each and every one of you. May this souvenir serve as a reminder of our collective achievement and pursuit of excellence that unites us. Let's continue this teamwork. Congratulations once again.
Thank you

Dr Kailas P
Secretary, AFPI Kerala Chapter

Dear friends,
It's time for the annual gathering of Family physicians across Kerala . We the AFPI Kerala executive body welcomes all its members and other fellow family physicians and those interested in primary care to the prestigious 9th annual state conference of Family medicine and primary care(AFPICON KERALA 2025) . This time we are gathering at Thalassery on Jan 18,19 2025 at Hotel Pearl view for this academic extravaganza.

The tenure of present executive body of AFPI Kerala under the leadership of Dr Indhu Rajeev is ending and in this conference, we will be electing the new EB in the general body meeting. We took over the charge of AFPI Kerala 2 years back and was trying to uplift the morale of fellow family physicians, train new leaders, strengthen the young doctor brigade, improve the academics and strengthening the core values of Family medicine by continuous interaction with the public and government. 2 years is a small time and we tried our best in implementing our plans for fellow family physicians. We also extend our full hearted support to the new executive body and its members to continue the efforts with will and new ideas.

Dr. Mansoor P. M
Organising Chairperson, AFPICON Kerala 2025.

Dear friends,

On behalf of the organising committee of AFPICON Kerala 2025, I take this opportunity to thank all healthcare professionals associated with family medicine and primary care for joining us this year at the 9th edition of AFPICON Kerala. Our utmost priority through this event is to improve the primary healthcare sector in Kerala through strengthening the concepts of family medicine among general practitioners, policy makers and the society at large.

Our theme this year- “From Awareness to Action: Family Medicine for Lifelong Health"- reflects our commitments to advancing the field of family medicine and empowering healthcare professionals to provide comprehensive, patient centered care for lifelong health.
As the organising chairperson of this event, I hope we have succeeded in bringing together a good programme that stimulates both our knowledge and scientific intellect. I have no doubt that our esteemed faculty will make this conference a landmark event in Kerala's primary healthcare through Family Medicine.
I am delighted to have a great team with me organising this event and extend my warm greetings on releasing a souvenir for AFPICON Kerala 2025. I wish the conference all success.

Dr. Prashob N
Organising Secretary, AFPICON Kerala 2025

Dear friends
As you all know AFPICON Kerala 2025 is going to be conducted in Thalassery, Kannur known as the land of looms and lores, Thalassery is famous for its unique cuisines, circus and cricket. This event focuses on bringing together the brightest minds in the field to share experiences, exchange knowledge and know each other. The theme of this conference is “From awareness to action: Family medicine for lifelong health” . The expectations from AFPICON Kerala is always high with the high standards set by the previous events. This time we are conducting a two day conference which packs more topics.

The delegates who attend the conference include medical students, consultants and specialists in family medicines and general practitioners. As the organising secretary of the event I can assure that topics we selected are relevant and that will improve your clinical skill.

We invite you and join to mark your dates in this enriching experience. Together let's make this event a great success.

Dr. Nadeem Abootty
Chairperson, Scientific Committee, AFPICON Kerala 2025

It is with immense pride and pleasure that I welcome you all to AFPICON Kerala 2025, a congregation of visionaries and practitioners who are shaping the future of family medicine. This year's theme, "From Awareness to Action: Family Medicine for Lifelong Health," reflects our shared commitment to translating knowledge into impactful care for individuals and communities.

As the Chair of the Scientific Committee, I am delighted to present an intellectually enriching program meticulously curated to address the evolving needs of family medicine. From discussions on innovative practices to hands-on workshops, our sessions aim to empower every delegate with the knowledge and tools to elevate their clinical practice.

I express my heartfelt gratitude to the organizing team, faculty, and sponsors for their unwavering support in making this event a reality. To my fellow family medicine practitioners, let this conference be a platform for collaboration, inspiration, and the renewal of our pledge to prioritize holistic and lifelong health.

Looking forward to an engaging and impactful conference!

Warm regards

Dr Ambili Ranjith
Chair, Souvenir committee, AFPICON Kerala 2025

Dear Colleagues,

It is an absolute pleasure to be a part of the Academy of Family Physicians of India (AFPI) and, even more so, to serve on the organizing committee for AFPICON Kerala 2025. As the Chair of the Souvenir Committee, I would like to extend my heartfelt gratitude to my advisor, Dr. Bijayraj, whose invaluable guidance has been a cornerstone throughout this journey.The organizing committee is composed of enthusiastic and capable members, and working alongside them has been an immensely rewarding experience. I would also like to express my sincere thanks to the faculty and postgraduates for their timely submission of abstracts. Your contributions have been crucial in ensuring the souvenir's timely release.I extend a warm welcome to all to Thalasserry, where we will have the opportunity to immerse ourselves in its rich cuisines and vibrant cultures during AFPICON Kerala 2025. Together, let us strive to make this conference a truly memorable and resounding success.

Warm regards

Welcome to AFPICON Kerala 2025!

We are thrilled to invite you to the 9th Annual State Conference of the Academy of Family Physicians of India, Kerala Chapter, to be held on January 18th and 19th, 2025, at the Pearl View Hotel in Thalassery, Kerala. This conference offers a unique opportunity to enhance your knowledge, share ideas, and collaborate with peers in the ever-evolving field of Family Medicine.

Set against the backdrop of Thalassery's rich cultural heritage, AFPICON Kerala 2025 promises inspiring sessions, hands-on workshops, and valuable networking. Join us as we explore this year's theme, *"From Awareness to Action: Family Medicine for Lifelong Health,"* and contribute to shaping the future of primary care.

Organising Team,
AFPICON Kerala 2025

AFPICON Kerala 2025

Organising Committee

Dr Indhu Rajeev
President AFPI Kerala

Dr Kailas P
Secretary AFPI Kerala

Dr Jisha V
Treasurer AFPI Kerala

Dr Mansoor P M
Organising Chairperson

Dr Prashob N
Organising Secretary

Dr Devanand P C
Event Treasurer

Patrons

Dr Mohan Kubendra
President AFPI

Dr Vandana Boobna
Vice President AFPI

Dr Resmi S Kaimal
Secretary AFPI

Dr Serin Kuriakose
Treasurer AFPI

Dr Raman Kumar
Chairman Emeritus AFPI

Dr Bijayraj R
Founder President AFPI Kerala Chapter

Subcommittees:

Scientific
Chair: Dr Nadeem Abootty
Advisor: Dr Serin Kuriakose

Finance
Chair: Dr Devanand P C
Advisor: Dr Jisha V

Registration & Reception
Chair: Dr Aiswarya V Namboodiri
Advisor: Dr Resmi S Kaimal

Travel and Hospitality
Chair: Dr Liminu P
Advisor: Dr Abdul Rasik T

Cultural
Chair: Dr Lamiza Abdusalam
Advisor: Dr Roby K Prasad

Souvenir
Chair: Dr Ambili Ranjith
Advisor: Dr Bijayraj R

Event and Venue
Chair: Dr Nigesh V
Advisor: Dr Anand K

Media & Publicity
Chair: Dr Vishnu B S
Advisor: Dr Shahzad M U

Spice Route representative
Dr Midhun R K

PG Representative
Dr Tinto K

HALL A — DAY 01: JANUARY 18, 2025

09:00 a.m. - 09:20 a.m.	**Dyslipidaemia Management: When to Start, What to Target, and How to Treat**	**Dr Vishnu B. S.** Specialist & Academic Coordinator, Department of Family Medicine, KIMSHealth, Trivandrum
09:20 a.m. - 09:40 a.m.	**Adult Immunization: Essentials for Family Physicians**	**Dr Mariyam Shabeera** Faculty, Department of Family Medicine, IQRAA Hospital, Calicut, Chief Family Physician,IQRAA IIMK Dispensary, IIM Kozhikode
09:40 a.m. - 10:00 a.m.	**Masculine Matters: A Comprehensive View on Male Sexual Dysfunction**	**Dr Anoop K. J.** Specialist Family Physician, Health Services, Government of Kerala
10:00 a.m. - 10:20 a.m.	**Speaking the Language of Care: Communication Skills for Family**	**Dr S Venkatesan** Professor & Head, Department of Family Medicine, Christian Medical College, Vellore
10:20 a.m. - 10:30 a.m.	**Tea Break**	
10:30 a.m. - 11:30 a.m.	**Panel Discussion: Translating Health Awareness into Action: The Family Physician's Role**	***Moderator:* Dr Nadeem Abootty** Scientific Committee Chair, AFPICON Kerala 2025 ***Panelists:*** **Dr Pramendra Prasad Gupta,** President Elect, WONCA SAR **Dr Serin Kuriakose,** Treasurer, AFPI **Dr M. N. Menon,** National Convener, IMA Standing Committee for Ethics **Dr Kailas P.,** State Secretary, AFPI Kerala **Dr Jyotika Gupta,** National Executive Member, AFPI
11:30 a.m. - 12:30 p.m.	**Bullet Sessions on Incidentally Detected Asymptomatic Conditions** **Session Duration: 10 minutes each**	
	Gallstones:	**Dr Fahmi K.** Consultant Family Physician, Muthoot Health Care, Kozhencherry
	Lymphadenopathy:	**Dr Joice Joseph** Consultant Family Physician & HOD, Department of Family Medicine, IQRAA International Hospital, Kozhikode
	Deranged Liver Function Tests:	**Dr Mamta Manohar** Specialist Family Physician, Health Services, Government of Kerala
	Osteoporosis:	**Dr Sangeetha S.** Consultant Family Physician, Aruvithura Medical Centre, Mar Sleeva Medicity, Pala

	Fibroid Uterus: Thrombocytopenia:	**Dr Roshna Abdul Shukkoor** Consultant Family Physician, Apollo Family Health Center, Kannur **Dr Rabiya Koori** Specialist Family Physician, Health Services, Government of Kerala
12:30 p.m. - 01:30 p.m.	**Spice Route Session of AFPICON Kerala 2025 - Global Perspectives on Primary Care** Speakers from abroad will be joining via zoom	**Dr Sankha,** UK, Former WONCA YDM Chair **Dr Annum Ishtiyaq,** Chair - Spice Route Pakistan **Dr Aiswarya V Namboodiri ,** Kerala state Lead, The Spice Route India Movement ***Moderator:* Dr Vishnu B. S.** Executive Member, AFPI Kerala Chapter & FM 360, PG Coordinator, The Spice Route India Movement
01:30 p.m. - 02:00 p.m	**Lunch**	
02:00 p.m. - 02:20 p.m.	**Rational Pharmacotherapy in Antenatal and Lactating Women: Best Practices for Family Physicians**	**Dr Nusaibath Kottadan** Family Physician & Pain and Palliative Specialist, IQRAA International Hospital, Calicut
02:20 p.m. - 02:40 p.m.	**Novel Iron Therapy: Navigating Options for Effective Anemia Management**	**Dr Indhu Rajeev** Consultant Critical Care & Faculty, Department of Family Medicine, Lourdes Hospital, Ernakulam
02:40 p.m. - 03:00 p.m.	**Managing Rectal Bleeding in Primary Care: A Practical Approach**	**Dr Aiswarya V. Namboodiri** Specialist Family Physician, KIMS Health, Trivandrum
03:00 p.m. - 04:00 p.m	**Quiz Finale**	
04:00 p.m.	**Thalassery Heritage Tour**	
07:00 p.m.	**GB Meeting & Gala Dinner**	

HALL B WORKSHOPS

09:30 a.m. - 10:00 a.m.	**Workshop A: ECG Essentials: Decoding the Basics**	**Dr Bijoy Mathew** Specialist Family Physician, Health Services, Government of Kerala **Dr Sreejith Valappil** Interventional Cardiologist, Tellicherry Cooperative Hospital
10:00 a.m. - 10:30 a.m.	**Workshop B: Brain Imaging Demystified: Introduction to MRI and CT for Family Physicians**	**Dr Jayakrishnan M. P.** Consultant Neurologist, Tellicherry Cooperative Hospital **Dr Rashi Kurup** Consultant Family Physician, City Hospital, Ernakulam
10:30 a.m. - 12:00 p.m.	**Workshop G: USG Guided Procedure Training (BUGS)**	**ELITEMED.CARE,** Bangalore
12:00 p.m. - 12:30 p.m.	**Workshop C: Everyday Wellness: Key Strategies for Healthy Eating and Active Living**	**Dr Mallikarjuna Reddy Somala** Consultant Family Physician & Master Health Coach **Dr Prasanth S.** Consultant Family Physician, Vathiyayath Hospital, Perumbavoor

12:30 p.m. - 01:00 p.m.	**Workshop D: Introduction to Orthotics in Primary Care**	**Dr Nigesh V.** Consultant Family Physician, Ahalia Diabetes Hospital **Dr Sisha Paleri** Consultant Physiatrist, ESI Hospital, Palakkad
01:00 p.m. - 02:00 p.m.	**Lunch**	
02:00 p.m. - 02:30 p.m.	**Workshop E: Diabetic Foot Essentials: Screening, Treatment & Prevention**	**Dr Javid Risvan O. K.** Specialist Family Physician, Health Services, Government of Kerala **Dr Arunima Dev S.** Specialist Family Physician, Health Services, Government of Kerala
02:30 p.m. - 03:00 p.m.	**Workshop F: Newer Insulins and Devices in Diabetes Management**	**Dr Jisha V.** Consultant Family Physician, Vitalis Health, Kochi **Dr Anagha Vijayan** Consultant Family Physician, Thrikkakara Cooperative Hospital, Kochi

HALL C

09:30 a.m. - 12:30 p.m.	**Poster Presentations**

HALL D

09:00 a.m. - 09:30 a.m.	**Quiz Prelims**
10:00 a.m. - 01:00 p.m.	**Oral Presentations**

HALL A

DAY 02: JANUARY 19, 2025

09:00 a.m. - 09:20 a.m.	**Decoding Chest X-rays: Practical Insights for Family Physicians**	**Dr Jithin George** Specialist Family Physician, Health Services, Government of Kerala
09:20 a.m. - 09:40 a.m.	**Beyond Worry: Managing Anxiety Disorders in Everyday Practice**	**Dr Zarin Pilakkadavath** Family Medicine Specialist,Aster Clinics, Dubai
09:40 a.m. - 10:00 a.m.	**Insomnia Management: Multidisciplinary Approach to Sleep Disorders**	**Dr Namita Unnikrishnan** Specialist Family Physician, KIMS Health, Trivandrum

10:00 a.m. - 11:00 a.m.	**Panel Discussion: From Legislation to Practice: How Policies Affect Family Medicine**	***Moderator:* Dr Bijay Raj** Founder President, AFPI Kerala ***Panelists:*** **Col Dr Mohan Kubendra** National President, AFPI **Dr Vandana Boobna** National Vice President, AFPI **Dr Resmi S. Kaimal** General Secretary, AFPI **Dr Raman Kumar** Chairman Emeritus & Founder President, AFPI **Dr R. Ramesh** IMA National Vice President-Elect, Former Director of Health Services, Kerala **Dr Abdul Rasik T.** Specialist Family Physician, Health Services, Government of Kerala
11:00 a.m. - 12:00 p.m.	***Inaugural Ceremony***	
12:00 p.m. - 12:40 p.m.	**Beyond Boundaries: Shaping the Future of Family Medicine**	**Dr P. K. Sasidharan** Retd. Professor & Head, Department of Internal Medicine, Government Medical College, Kozhikode
12:40 p.m. - 01:00 p.m.	**From Aphthous Stomatitis to Systemic Conditions: Navigating Oral Ulcers**	**Dr Jesheera Mohammed Kutty** Senior Specialist, Family Medicine, Aster MIMS, Calicut
01:00 p.m. - 02:00 p.m.	**Lunch**	
02:00 p.m. - 02:20 p.m	**Aesthetic to Medical: Understanding Nail and Hair Conditions**	**Dr Roby K. Prasad** Family Physician, Dr Roby's Family Clinic, Kozhikode
02:20 p.m. - 02:40 p.m.	**Conjunctival and Corneal Conditions: Practical Approaches for General Practitioners**	**Dr Krishnakumar P. M.** Specialist Family Physician, Health Services, Government of Kerala
02:40 p.m. - 03:00 p.m.	**Tiny Tummies: Managing Common Paediatric Gastrointestinal Issues in Primary Care**	**Dr Lizy Vincent** Consultant & Coordinator (HOD), Department of Family Medicine, KIMSHealth, Thiruvananthapuram
03:00 p.m. - 03:20 p.m.	**From Policy to Practice: NTEP Updates for Family Physicians**	**Dr Melvin J. Gonsalvez** Specialist Family Physician, Health Services, Government of Kerala
03:20 p.m. - 03:40 p.m.	**The Invisible Illness: Navigating Chronic Fatigue Syndrome**	**Dr Anand K.** Specialist Family Physician, Health Services, Government of Kerala
03:40 p.m. - 04:00 p.m.	**Rapid Response: Handling Acute Emergencies in Outpatient Settings**	**Dr.Nisanth Menon N,** Head, Emergency Medicine, MOSC Medical College Hospital, Kolenchery, Ernakulam
04:00 p.m.	**Valedictory Function**	

HALL B WORKSHOPS

09:30 a.m. - 10:00 a.m.	**Workshop A: ECG Essentials: Decoding the Basics**	**Dr Bijoy Mathew** Specialist Family Physician, Health Services, Government of Kerala **Dr Sreejith Valappil** Interventional Cardiologist, Tellicherry Cooperative Hospital
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HALL C

09:00 a.m. - 03:00 p.m.	**Poster Presentations**

HALL D

10:00 a.m. - 01:00 p.m.	**Oral Presentations**

*Additional GST applicable

Category	AFPI Member Specialist / Gp	Non AFPI Member Specialist / Gp	AFPI Member- PG Student	Non AFPI Member- PG Student	Interns, MBBS Students, Paramedics	Accompan-ying Persons
Early Bird Offer Till 31/10/24	3250	4250	2250	3250	2000	2000
Regular (1/11/24-31/12/24)	4000	5000	3000	4000	2000	2000
1/1/2025 Onwards	5000	6000	4000	5000	2000	2000

- Registration for all categories except accompanying persons includes conference attendance for 2 days, delegate kits, tea, lunch & gala dinner.
- Registration for accompanying persons includes conference attendance for 2 days, tea, lunch & gala dinner.
- PG students & MBBS students should upload proof of doing PG/ MBBS; Institutional ID card / bonafide certificate from the head of the institution or head of department are acceptable.
- Interns should submit proof of doing an internship or having completed the internship after 31/8/2024.

DO NOT MISS OUT ON THE HERITAGE CITY TOUR - 18TH JANUARY, 2025

ACCOMMODATIONS:

HOTEL PEARL VIEW
Venus Corner, NH 66, Near Cooperative Hospital Road, Palissery, Thalassery, Kerala
Contact- 7736662262, 8714586808

SREE GOKULAM FORTE
Good Shed Road, Opposite Railway Station, Palissery, Thalassery, Kerala
Contact- 04902321222
2.1km from Pearl View Hotel

HOTEL NAVARATNA INN
Good Shed Road, Palissery, Thalassery, Kerala
Contact -04902322803
2.2 km from Pearl View Hotel

PARIS RESIDENCY HOTEL
Logans Road, Pilakool, Thalassery, Kerala
Contact- 04902342666
2.6km from Pearl View Hotel

HOTEL BKM INTERNATIONAL
Logan's Road, Pilakool, Thalassery, Kerala
Contact- 04902324544
3km from Pearl View Hotel

HOTEL PARCO RESIDENCY
Government Hospital Road,
Near Sobha Textiles, Thalassery, Kerala
Contact- 04902327810
2.3km from Pearl View Hotel

FOR ANY QUERY REGARDING ACCOMODATION, KINDLY CONTACT DR. LIMINU 7736662262

HIGHLIGHTS IN THALASSERY

THALASSERY PIER

THALASSERY FORT

MUZHAPPILANGAD DRIVE IN BEACH THALASSERY

TO REACH THE VENUE:

Nearest Airport:
Kannur International Airport (CNN) : 23 KM
Calicut International Airport (CCJ) : 100 KM

Nearest Railway Station:
Thalassery Railway Station (TLY) : 2.2 KM
Kannur Railway Station (CAN) : 20 KM
Kozhikode Railway Station (CLT) : 75 KM

Dyslipidemia Management

When to Start, What to target and How to Treat

Dr.Vishnu B S
Specialist, Family Medicine & Academic Coordinator
Department of Family Medicine , KIMS Health Trivandrum

Dyslipidemias are the most important coronary artery disease (CAD) risk factor. India has the dubious distinction of having the highest number of coronary artery disease (CAD) patients in the world. Case-control and prospective studies in India have reported that lipid abnormalities, especially raised total-, low density lipoprotein (LDL)-, and non-high-density lipoprotein-cholesterol (non-HDL-C), triglycerides and apolipoprotein B (ApoB), are the most important risk factors. Lipid management based on LDL-C and non-HDL-C targets are crucial to reduce the incidence of CAD in both primary and secondary prevention settings.

Risk Assessment

- **Low Risk** - General population with no risk factor can be classified as low risk.
- **Moderate risk group** comprises presence of any one of the standard risk factors: smoking/tobacco use, hypertension, diabetes or family history of premature CAD (men <55 and women <60 years).
- **High-risk category** includes individuals with 2 or more risk factors with no manifest atherosclerotic cardiovascular disease (ASCVD), chronic kidney disease, long standing diabetes >10 years, or heterozygous familial hypercholesterolemia (HeFH).
- **Very high-risk category** has individuals with clinical evidence of atherosclerotic CAD, atherosclerotic disease in other vascular beds, diabetes >20 years, HeFH with ASCVD, or coronary imaging showing >50 % lesion in 2 coronary vessels. ASCVD includes coronary artery, cerebrovascular and peripheral vascular disease.
- **Extremely high-risk group** comprises those with recurrent vascular events and ASCVD with genetic dyslipidemias (FH & High Lp(a)).

Standard lipid testing panels and targets for various risk groups (all values in mg/dl).

Lipid parameter	Desirable levels of various lipid fractions			
	Low risk	Moderate risk	High Risk	Very High Risk
LDL cholesterol	<100	<100	<70	<55
Non-HDL chol	<130	<130	<100	<85
HDL cholesterol	>40(M) , >50(W)	>40(M) , >50(W)	>40(M) , >50(W)	>40(M) , >50(W)
Triglycerides	<150	<150	<150	<150
Lipoprotein(a)	<50	<50	<50	<50

Management

Atherogenic dyslipidemia is best managed by restriction of excess calories, sugars, refined carbohydrates, fried foods, and trans-fats while maintaining ideal body weight. Isolated elevation of LDL cholesterol is managed by restriction of trans-fats and saturated fats. Sedentary behavior and physical inactivity are associated with many negative health outcomes, including increased incidence of CAD. Moderate to vigorous intensity physical activity (40-80 % heart rate reserve) leads to favorable changes in blood lipids and lipoproteins. Resistance training thrice per week, in addition to moderate aerobic exercise, is recommended to reduce CAD risk.

Statins are the drugs of choice for management of dyslipidemias. Statins have proven protective effects in all clinical situations: primary prevention, secondary prevention, following revascularization, diabetes and patients with HFeH. All newer lipid lowering agents: ezetimibe, bempedoic acid, PCSK9 inhibitors and Inclisiran.

Accurate assessment of ASCVD risk is an essential step to guide the intensity of management, which helps to select appropriate treatment, set optimal goals and comprehensive risk reduction in patients, thereby improving overall cardiovascular outcomes.

Adult Immunization – Essentials For Family Physicians

Dr Mariyam Shabeera
Faculty, Department of Family Medicine,
IQRAA Hospital, Calicut,
Chief Family Physician, IQRAA IIMK Dispensary, IIM Kozhikode

India has a very advanced National Immunization programme for infants and children. As our life expectancy is increasing, the percentage of the adult population is going up. We need to have a

clear idea about the vaccines that are available for adults. Recent outbreak of some vaccine preventable disease spike in adults remind us the importance of deep knowledge regarding the adult vaccination.

A Family Physician has a better understanding of the physical, and socio economic background of an individual. So, as Family Physicians we come across many instances to recommend vaccinations for adults and sometimes we have to weigh the risk vs benefit and cost effectiveness of the vaccines.

This discussion enlightens the updated recommendations of adult vaccines from CDC, WHO, and API. We will also discuss the dosage, schedule, indications and cost of each vaccine with practical considerations.

Masculine Matters: A Comprehensive View on Male Sexual Dysfunction

Dr Anoop K J
Specialist Family Physician, Health Services, Government of Kerala

Male sexual dysfunction is a widely prevalent condition affecting millions of men worldwide. Despite its commonality, it remains one of the least discussed issues in both clinical practice and personal conversations. This silence surrounding erectile dysfunction (ED) can be attributed to various factors related to both clinicians and patients. Often, patients feel embarrassed to bring up sexual concerns, while clinicians may underestimate the importance of addressing these issues, leading to a significant gap in care.

The consequences of neglecting ED can extend far beyond the bedroom. It can lead to strained relationships, decreased self-esteem, and in some cases, heightened anxiety and depression. More alarmingly, there is evidence suggesting that ED may serve as an early indicator for more serious underlying health problems, such as cardiovascular disease. Consequently, addressing ED is not only crucial for improving a man's sexual health but also essential for overall well-being.

The causes of erectile dysfunction are multifaceted and can be categorized into medical, surgical, psychosocial, and lifestyle factors. Medical causes may include conditions such as diabetes, hypertension, and hormonal imbalances, while surgical factors might relate to prostate surgery or other medical procedures. Psychosocial elements, including stress, anxiety, and relationship issues also play a significant role in the development of ED. Understanding these diverse causes is vital for tailored treatment.

Assessment and evaluation for erectile dysfunction are relatively straightforward. Various tools and questionnaires are available to help clinicians identify the severity and underlying causes of the condition. Importantly, many patients can be effectively managed in primary care settings, eliminating the need for specialized referrals in most cases. This accessibility highlights the importance of integrating discussions about ED into routine healthcare, which can foster a more supportive environment for patients.

The introduction of sildenafil in the late 1990s marked a significant turning point in men's health. This medication has transformed the treatment landscape for ED, providing many men with renewed hope and the ability to regain control over their sexual health. However, the success of treatments like sildenafil hinges on healthcare providers' willingness to include discussions about ED in their practice. An open attitude can lead to improved patient outcomes and better quality of life.

"Communication Skills for Family Physicians Speaker"

Dr S Venkatesan
Professor and Head, Department of Family Medicine, Christian Medical College, Vellore

Effective communication skills are essential competencies for family physicians. The consultation process consists of five key steps: Initiating the consultation, Gathering Information, conducting a Physical Examination, Providing Explanations and Planning, and Closing the Session. In my presentation, I will discuss the available evidence related to these five steps and how we can apply this consultation model in our daily practice.

Timeline:

10 am to 10.08 am – Introduction and Basic communications Skills needed for Family Physicians including the "Five Steps" of Calgary Cambridge Consultation Model and "Scott and Davis" Consultation Model.

10.09 TO 10.15 am – What is the Evidence behind using this approach?

10.15 to 10.20 am – Q&A

Panel Discussion: Translating Health Awareness Into Action: The Family Physician's Role

Moderated by Dr. Nadeem Abootty, Chair of the Scientific Committee, AFPICON Kerala 2025, the session features a panel of respected experts:

Dr. Pramendra Prasad Gupta,
President Elect, WONCA SAR
Dr. Serin Kuriakose, Treasurer, AFPI
Dr. M. N. Menon, National Convener, IMA Standing Committee for Ethics
Dr. Kailas P., State Secretary, AFPI Kerala
Dr. Jyotika Gupta,
National Executive Member, AFPI

Family physicians play a key role in turning health awareness into real actions that improve the lives of patients and communities. This panel discussion, "From Awareness to Action: Family Medicine for Lifelong Health ," will focus on how family doctors can bridge the gap between knowledge and action.

The discussion will cover practical ways to turn health campaigns into meaningful results, share ideas, and showcase successful methods for improving patient care and community health. This session will inspire and guide family physicians to make a greater impact in their daily practice.

Bullet Sessions On Incidentally Detected Asymptomatic Conditions

Asymptomatic Gallstones: Understanding The Silent Stones

Dr. Fahmi K
Consultant Family Physician,
Muthoot Health Care, Kozhencherry

Gallstones, solid particles formed from bile cholesterol and bilirubin in the gallbladder, are a common occurrence in clinical practice. While many gallstones remain asymptomatic, their presence can have significant clinical implications. This presentation explores the natural history, epidemiology, clinical features and management strategies for asymptomatic gallstones.

The majority of gallstones are incidental findings during imaging studies performed for unrelated conditions. Although most asymptomatic gallstones remain clinically silent, a small proportion may progress to symptomatic disease or complications such as cholecystitis, pancreatitis or biliary obstruction. Understanding the risk factors for progression, including stone size, location, and comorbidities, is crucial in determining the need for intervention.

Management guidelines emphasize a conservative approach for most asymptomatic cases, reserving surgical interventions for selected high risk individuals. The presentation highlights the importance of patient education, regular monitoring, and shared decision-making in optimizing outcomes.

Through this discussion, clinicians will gain insights into evidence-based practices for managing asymptomatic gallstones, balancing the risks and benefits of intervention versus observation.

Lymphadenopathy

Dr Joice Joseph
Consultant Family Physician & HOD, Department of Family Medicine, IQRAA International Hospital, Kozhikode

Lymphadenopathy is defined as lymph nodes that are abnormal in size, consistency or number. Clinically it can be classified into localized (only one group involved) or generalized (2 or more non congruous groups are involved).

In primary care practice approximately 75% of all patients presenting with lymphadenopathy have localized lymphadenopathy and 50% of those are in the head and neck region. Commonly it is due to infections and subsides with proper management. In persisting cases other causes should be explored, risk factor assessment should be done and causes like malignancy need to be ruled out.

Generalized lymphadenopathy is indicative of a systemic disease and frequently requires further evaluation.

A proper history and physical examination most often gives diagnostic clues and diagnostic tests are based on the suspected pathology. In cases where diagnosis is uncertain, further imaging and biopsy of the lymph nodes may be warranted.

A family physician's role is to serve as the first point of contact for patients and guide them to proper management of the condition by meticulous history taking and physical examination, prudent investigations, treatment after proper diagnosis and referral to concerned specialties as and when needed.

Deranged Liver function tests

Dr Mamta Manohar
Specialist Family Physician, Health Services, Government of Kerala

LFTs are commonly seen and misinterpreted tests in clinical practice. Proper history taking and examination will help to arrive at a diagnosis. It is actually a misnomer and should be named as liver bio-chemistries. It includes a battery of tests like Transaminase, Bilirubin, alkaline phosphatase, GGT, albumin, prothrombin time.

Transaminases indicate hepatocellular damage and the approach is to see which is more elevated and how much. Alkaline phosphatase helps to differentiate between various sources and then identify the cause. Bilirubin helps to differentiate if the cause is Prehepatic, hepatic or post hepatic.

Prothrombin time and albumin are indicators of liver function.

Osteoporosis

Dr Sangeetha S
Consultant Family Physician, Mar Sleeva Medicity
Aruvithura Medical Centre
Erattupetta, Kottayam

Osteoporosis is a chronic, progressive, metabolic skeletal disease characterised by low bone density and microarchitectural deterioration of bone tissue which results in increased bone density and increased susceptibility to fractures.From the age of 40, bone starts to be broken down more quickly than it is replaced, so our bones slowly begin to lose their density. Men lose bone at a rate of 1% per year, whereas the rate is 5% per year for postmenopausal women. Advanced age, female sex, positive family history,diet deficient in calcium and vitamin D all are risk factors for the condition.

Osteoporosis is usually detected when you get low impact fractures.Most common sites are spine, hip and wrists. Sometimes osteoporosis presents with chronic back pain, height loss or bone deformities as Kyphosis. DEXA scan which measures bone mineral density is the diagnostic of osteoporosis. T-score < -2.5 is diagnostic of Osteoporosis. Other tests include biochemical bone turnover markers, vertebral imaging, CT scan, Ultrasound etc. FRAX score is used for the screening of Osteoporosis.

Non pharmacological measures for the management of osteoporosis include cessation of smoking, moderation of alcohol and caffeine intake, including weight bearing and resistance training exercises. Calcium and vitamin D supplements should be taken for increasing bone density. Bisphosphonates are the first line drug for the management of osteoporosis. They can be discontinued after 5 years in low risk patients. Other treatment options include Calcitonin, Denosumab, Raloxifene, Estrogen replacement therapy and Teriparatide. DEXA scan should be repeated after 2 years of starting treatment to assess fracture risk, treatment response and increase in bone density.

Management of Incidentally detected asymptomatic Fibroid Uterus

Dr Roshna Abdul Shukkoor
Consultant Family Physician, Apollo Family Health Centre, Kannur

Uterine fibroids (myomas or leiomyomas) are the most common benign tumours in women of reproductive age and may be asymptomatic, but they are also a major source of clinical morbidity. Fibroids originate from the smooth muscle of the myometrium and consist of large amounts of extracellular matrix that contain collagen, fibronectin, and proteoglycan. In the reproductive age group, fibroids may become clinically apparent and can cause significant symptoms in approximately 25% of women. The etiology of fibroids is multifactorial and not yet clearly understood. Risk factors of fibroids include early menarche (younger than 10 years), increasing age (before onset of menopause), family history of uterine fibroids, nulliparity and high BMI. Most fibroids are asymptomatic, with an incidental diagnosis at the time of routine investigation or tests for unrelated conditions. A pelvic ultrasonography is recommended as the first-line imaging modality in the detection and evaluation of uterine fibroids. TVS is more accurate than TAS for the identification of small fibroids. Expectant management of fibroids is a valid clinical option for asymptomatic fibroids. The decision to undertake expectant management is made with the woman, after counselling and a discussion of all treatment options. In cases where the uterus corresponds to or is larger than a gravid uterus at 14 weeks gestation, medical and surgical management of fibroids should be discussed and offered as an alternative to expectant management. With expectant management a schedule of periodic annual

evaluation is followed to monitor progression in the size or number of fibroids. Asymptomatic women with radiological findings like moderate or severe hydronephrosis due to fibroids will need surgical interventions. Woman with a hysteroscopically resectable submucous leiomyoma who is planning pregnancy needs intervention. In such cases Pregnancy may be planned 3 months after myomectomy. In the absence of postmenopausal hormonal therapy, leiomyomas generally become smaller and asymptomatic in postmenopausal women. Therefore, intervention is not usually indicated. Periodic evaluation should be undertaken to exclude sarcoma in a post menopausal woman with a new or enlarging pelvic mass. The incidence of sarcoma is 1 to 2 percent in women with a new or enlarging pelvic mass, abnormal uterine bleeding, and pelvic pain after menopause. Hysterectomy is offered in asymptomatic enlarging fibroids after menopause without HRT when there is a suspicion of malignancy. Selective progesterone receptor modulators (SPRMs): Since progesterone is essential for fibroid growth, progesterone antagonists and/or PRMs now have a significant role in the management of fibroids. SPRMs such as ulipristal acetate (UPA), mifepristone, asoprisnil, and telapristone acetate have been investigated in various trials. All of these agents are reported to decrease leiomyoma size and reduce uterine bleeding in a dose dependent manner. The potential advantages of SPRMs include retaining fertility in women having delayed childbearing, providing symptomatic relief in women nearing menopause, preventing the need for surgery in women with symptomatic fibroids, allowing for fertility treatment and preventing recurrence of fibroids after surgery. In short asymptomatic incidentally detected fibroids in reproductive age needs interventions if affecting fertility otherwise annual follow up is advised. Asymptomatic fibroids more than 14 weeks size need intervention either pharmacological or Surgical, depending on the age of the patient after discussing the different options available.

Thrombocytopenia

Dr Rabiya Koori
Specialist Family Physician, Health Services,
Government of Kerala

Low platelet counts result from decreased bone marrow production, sequestration and or increased platelet destruction. In evaluating a patient with thrombocytopenia, a key step is to review the peripheral blood smear and to rule out “pseudo thrombocytopenia “, particularly in a patient without an apparent cause for the thrombocytopenia.

Thrombocytopenia may be associated with a variety of conditions with associated risks that may range from life threatening bleeding or thrombosis to no risk at all.

Spice Route Session "Global Perspectives in Primary Care” Insights From Primary Care Practice Across The World

Moderator
Dr Vishnu B S
National FM360 & PG Coordinator
The Spice Route India Movement-AFPI

Speakers
Dr.Sankha Randenikumara
Family Physician, Sri Lanka
Co-Chair, WONCA Special Interest Group on Policy Advocacy
Dr.Annum Ishtiaq
Consultant Family Medicine and Palliative Medicine
Liaquat National Hospital and Medical College, Karachi Pakistan
Dr. Aiswarya V Namboodiri
Lead, Spice Route Kerala
Specialist Family Medicine, KIMSHealth Trivandrum

Primary care is the cornerstone of an effective healthcare system, providing universal access to essential health services. In the context of global healthcare, primary care practices vary significantly across different countries and regions. This discussion aims to provide a comprehensive overview of primary care practices in India, Pakistan, Sri Lanka and other South Asian countries and some highlights on practice with established primary care practices as in UK.

In South Asia, primary care is often provided by a mix of public and private sector providers. In India, for example, the public sector provides primary care through a network of Sub-Centres, Primary Health Centres (PHCs), and Community Health Centres (CHCs). However, the private sector plays a significant role in providing primary care, particularly in urban areas. In contrast, Sri Lanka has a well-organized public sector primary care

system, with a strong focus on preventive care.Pakistan's primary care system is characterized by a mix of public and private sector providers, with a strong emphasis on community-based care. In Bangladesh, primary care is provided through a network of Upazila Health Complexes, Union Health and Family Welfare Centres, and Community Clinics. Nepal's primary care system is also largely public sector-driven, with a focus on community-based care.

In the UK, primary care is provided by General Practitioners (GPs) who work in the National Health Service (NHS) or in private practice. The NHS provides universal access to primary care, and GPs play a gatekeeping role in referring patients to specialist care. In Australia, primary care is provided by GPs who work in private practice or in community health centres. The Australian government provides funding for primary care through the Medicare Benefits Scheme.

There are several common challenges faced by primary care systems in these countries such as the lack of basic infrastructure and resources, shortage of essential medicines and equipment, which can make it difficult for healthcare workers to provide effective car, particularly in rural and underserved areas. In India, for example, there is a significant shortage of doctors and nurses in rural areas, which can lead to delays in diagnosis and treatment. Similarly, in Pakistan, there is a shortage of healthcare workers in rural areas, which can lead to poor health outcomes.

In countries like UK primary care systems face different challenges. One of the major challenges is the increasing demand for primary care services, driven by an aging population and the rising prevalence of chronic diseases. This can lead to long waiting times and difficulties in accessing care. In addition, there are concerns about the sustainability of primary care systems in these countries, given the rising costs of healthcare and the need to control spending.

Despite these challenges, there are several examples of innovative primary care practices in these countries. In India, for example, there are several initiatives to strengthen primary care, including the National Health Mission and the Ayushman Bharat Yojana. These initiatives aim to improve access to primary care, particularly in rural and underserved areas.In Sri Lanka, there is a strong focus on preventive care, with a emphasis on community-based initiatives such as vaccination programs and health education. In Pakistan, there are several initiatives to improve primary care, including the Prime Minister's National Health Program, which aims to provide universal access to primary care.In the UK, there are several examples of innovative primary care practices, including the use of digital technologies to improve access to care and the development of new care models such as the Multispecialty Community Provider (MCP) model.

In conclusion, primary care practices vary significantly across different countries and regions and despite these differences, there are several common challenges faced by primary care systems, including the shortage of healthcare workers, the lack of infrastructure and resources, and the increasing demand for primary care services.

Rational Pharmacotherapy in Antenatal and Lactating Women: Best Practices for Family Physicians

Dr Nusaibath Kottadan
Family Physician & Pain and Palliative Specialist,
IQRAA International Hospital, Calicut

Objective of the Presentation:

Provides evidence-based, practical guidelines for family physicians on the safe and effective use of medications in pregnant and lactating women.

Importance of the Topic:

- Antenatal and postnatal periods are crucial for both maternal and child health.
- Family physicians play a central role in prescribing medications that affect both mother and child.
- Inappropriate pharmacotherapy can lead to adverse effects on maternal or fetal health.
- Challenges in Pharmacotherapy for Pregnant and Lactating Women.
- Physiological changes during pregnancy and lactation
- Risks of drug-induced teratogenicity and long-term effects on infants.
- Balancing the maternal need for medication with fetal and infant safety.
- Key Principles of Rational Pharmacotherapy.
- The Four Principles of Rational Pharma cotherapy

- Categories of Drugs and Their Safety Profiles:
- FDA Pregnancy Categories (A, B, C, D, X)
- Common Conditions & Treatment Consider ations:
- Pharmacotherapy During Lactation
- Drug Transfer to Breast Milk: Mechanisms of drug transfer (lipid solubility, molecular weight, etc.).
- Factors Affecting Drug Safety During Lactation: Age of the infant, timing of drug administration, and the drug's half-life.
- General Guidelines for Prescribing During Lactation:
- Prefer drugs with low transfer to breast milk and minimal impact on infant.
- Avoid drugs with long half-lives and high plasma protein binding.
- Common Medications and Their Safety in Lactation

Novel Iron Therapy- Navigating Options For Effective Anemia Management

Dr Indhu Rajeev
Consultant Critical Care & Faculty,
Department of Family Medicine, Lourdes Hospital, Ernakulam

Iron deficiency anemia affects millions of people globally. Current treatment includes oral iron supplements, IV iron and erythropoiesis stimulating agents. The primary advantage of oral iron therapy is the ease of administration and cost effectiveness making it the first line of treatment for most patients.

Newer formulations with enhanced absorption and fewer gastrointestinal side effects improve the patient compliance offering a safe and effective option for long term management of anaemia.

This revolutionary technology where every dose is optimised for peak performance and minimal side effects is the microencapsulation process. Here the encapsulated microspherical ferric pyrophosphate iron is taken up by the M cells and bypasses the hepcidin pathway and enters the systemic circulation with significant improvement of Hb, MCV, MCH, RDW, MCHC in a 12 week clinical trial with once daily 30 mg of micronised encapsulated ferric pyrophosphate. The serum ferritin and transferrin levels also showed a definite improvement. All the safety assessments of the therapy were positive.

This preparation is highly recommended in iron deficiency anemia in patients with CKD on Chemotherapy, dialysis, transplant patients, pregnant and nonpregnant women.

Here's a practical approach to managing rectal bleeding in primary care:

Dr Aiswarya V Namboodiri
Specialist Family Physician, KIMS Health, Trivandrum

Initial Assessment

History: Ask about the duration, frequency, and characteristics of the bleeding (e.g., bright red, dark, or tarry).

Associated symptoms: Inquire about abdominal pain, changes in bowel habits, weight loss, or fever.

Past medical history: Note any previous gastrointestinal problems, surgeries, or medications that may contribute to bleeding.

Physical examination: Perform a digital rectal examination (DRE) to assess for masses, tenderness, or blood/ proctoscopy

Differential Diagnosis

Hemorrhoids: Bright red bleeding, often with bowel movements.

Anal fissures: Painful, bright red bleeding, often with bowel movements.

Diverticulosis: Dark or tarry bleeding or sometimes significant heavy bleeding often without abdominal pain.

Inflammatory bowel disease (IBD): Bloody diarrhea, abdominal pain, and weight loss.

Colorectal cancer: Dark or tarry bleeding, often with abdominal pain, weight loss, and changes in bowel habits.

Gastrointestinal infections: Bloody diarrhea, abdominal pain, and fever.

Investigation and Referral

Complete blood count (CBC): To assess for anemia or infection.

Stool tests: To rule out gastrointestinal infections.

Colonoscopy: To evaluate for colorectal cancer, polyps, or other lesions.

Imaging studies: Computed tomography (CT) or magnetic resonance imaging (MRI) /MR angiography or angiography to evaluate

Referral to specialist: If diagnosis is unclear or if patient requires further evaluation or treatment.

Management

Hemorrhoids: Dietary modifications, fiber supplements, and topical treatments.

Anal fissures: Dietary modifications, fiber supplements, and topical treatments.

Diverticulosis: Dietary modifications, fiber supplements, and monitoring for complications.

IBD: Medications to control inflammation, dietary modifications, and monitoring for complications.

Colorectal cancer: Surgery, chemotherapy, and radiation therapy, depending on the stage and location of the cancer.

Gastrointestinal infections: Antibiotics, supportive care, and monitoring for complications.

Follow-up and Prevention

Monitor for recurrence: Regular follow-up appointments to monitor for recurrence of bleeding or other symptoms.

Screening for colorectal cancer: Regular screening colonoscopies or other tests to detect colorectal cancer early.

Dietary modifications: Encourage a high-fiber diet, adequate hydration, and regular exercise to prevent constipation and promote bowel health.

Smoking cessation: Encourage smoking cessation to reduce the risk of colorectal cancer and other gastrointestinal problems.

Decoding Chest X-ray – Practical Insights for Family Physician

Dr Jithin George
Specialist Family Physician, Health Services, Government of Kerala

Although modern medicine has advancing rapidly, Chest X-ray remains a cornerstone in medical imaging, offering a rapid, cost-effective, and non-invasive diagnostic tool essential for evaluating thoracic conditions. This lecture will explore the multifaceted significance of CXR in clinical practice, emphasizing its role in diagnosing respiratory diseases, cardiac disorders, infections, trauma, and malignancies. Key applications in screening, disease progression monitoring, and emergency medicine will be highlighted. Through clinical case examples, this session aims to reinforce the importance of CXR interpretation in guiding timely and effective patient management, ultimately improving outcomes in diverse healthcare settings especially it will be useful for primary care settings.

Beyond Worry: Managing Anxiety Disorders in Everyday Practice

Dr Zarin Pilakkadavath
Family Medicine Specialist,
Aster Clinics, Dubai

Anxiety disorders are among the most prevalent mental health conditions encountered in general practice, affecting individuals across all age groups. Effective management requires a structured, patient-centered approach that addresses both the psychological and physiological aspects of the condition. The first step involves identifying anxiety symptoms and assessing their impact on daily functioning, as well as evaluating comorbidities. Differential diagnosis is crucial to rule out underlying medical or psychiatric conditions and medication-induced anxiety.

Management strategies typically combine psychological and pharmacological interventions. Cognitive Behavioral Therapy (CBT) remains the gold standard for psychological treatment, emphasizing skill-building to manage symptoms and address maladaptive thought patterns. Pharmacological options, including selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), are effective for moderate to severe cases. Patient education and shared decision-making are integral to fostering adherence to treatment plans.

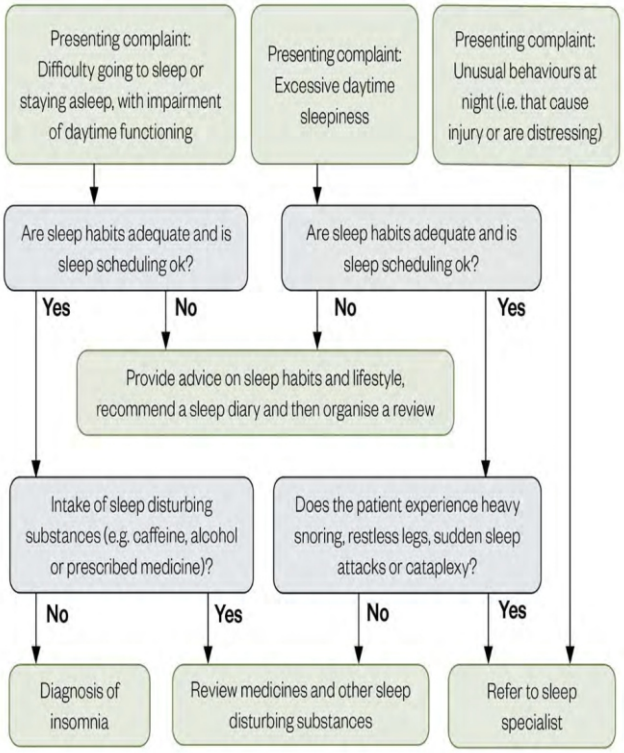
In addition, addressing lifestyle factors such as sleep hygiene, exercise, and stress management enhances outcomes. Family Physicians play a vital role in monitoring progress, adjusting treatments as necessary, and providing long-term support. Early identification and tailored interventions can significantly improve the quality of life for individuals with anxiety disorders, highlighting the importance of holistic care in primary practice.

Insomnia Management: Multidisciplinary Approach To Sleep Disorders

Dr Namita Unnikrishnan
Specialist Family Physician, KIMS Health Trivandrum

NON PHARMACOLOGICAL MANAGEMENT

Component	Intended Effect	Specific Directions for Patients
Sleep restriction	Increase sleep drive and stabilize circadian rhythm	Reduce time in bed to perceived total sleep time (not less than 5–6 hours), choose specific hours on the basis of personal preference and circadian timing, increase time in bed gradually as sleep efficiency improves
Stimulus control	Reduce arousal in sleep environment and promote the association of bed and sleep	Attempt to sleep when sleepy, get out of bed when awake and anxious at night, use the bed only for sleep or sexual activity (e.g., no watching TV in bed)
Cognitive therapy	Restructure maladaptive beliefs regarding daytime and health consequences of insomnia	Maintain reasonable expectations about sleep; review previous insomnia experiences, challenging perceived catastrophic consequences
Relaxation therapy	Reduce physical and psychological arousal in sleep environment	Practice progressive muscle relaxation, breathing exercises, or meditation
Sleep hygiene	Reduce behaviors that interfere with sleep drive or increase arousal	Limit caffeine and alcohol, keep bedroom dark and quiet, avoid daytime or evening napping, increase exercise (not close to bedtime), remove bedroom clock from sight



Panel Discussion: From Legislation to Practice: How Policies Affect Family Medicine

Moderator: Dr Bijay Raj,
Founder President, AFPI Kerala

Panelists: Col Dr Mohan Kubendra, Dr Vandana Boobna, Dr Resmi S. Kaimal, Dr Raman Kumar, Dr R. Ramesh, Dr Abdul Rasik. T

Overview

The panel discussion at the AFPI Kerala State Conference will delve into the impact of policies and legislation on Family Medicine. Renowned State and National leaders will share insights on the current situation of Family Medicine practice, challenges, and opportunities for improvement.

Key Discussion Points

1. Policy Frameworks
2. Challenges in Implementation
3. Impact on Healthcare Delivery
4. Role of Family Physicians
5. Future Directions

Expected Outcomes

1. Enhanced understanding of policy influences on family medicine.
2. Identification of key challenges and opportunities for improvement.
3. Networking among stakeholders, including policymakers, family physicians, and healthcare administrators.
4. Development of actionable recommendations for policy reforms and practice improvements.

Target Audience

1. Family physicians and general practitioners.
2. Policymakers and healthcare administrators.
3. Researchers and academics in family medicine.
4. Healthcare professionals and students interested in family medicine and healthcare policy.

Format

1. Introduction and welcome
2. Panel discussion (30-40 minutes)
3. Q&A session (15-20 minutes)
4. Closing remarks and recommendations

Shaping the future of Family Medicine in India

Prof PK Sasidharan
Retd Professor and Head, Department of Internal Medicine, Government Medical College, Kozhikode

Who is a family doctor and why are family doctors needed in large numbers in India will be one key point to be discussed. India with the highest disease burden in the world, needs that kind of doctors who have the capability to make prompt diagnosis, give prompt & most appropriate treatment, in the community setting and with less investigations. This is possible only with properly trained family practitioners (GP doctors) whom the sick society in India needs very badly now. They would also make disease care cost effective and superior by giving person centred care with a holistic approach. Besides that, trained and motivated family doctors would be interested in the health and wellness of the individuals and families under their care, and in public health too.

When it comes to health and wellness - the only doctors who would have contact with ground realities in the society, having interest in the marginalised sections and with sincere interest in genuine scientific public health are the true family doctors/GPs/Primary care specialists. This job is not a silly job as perceived by the ignorant majority in India. It needs the right kind of aptitude, service mindedness and dedicated training for capacity building. At least three years' training is needed for a fresh MBBS graduate to become a competent

family doctor. They are needed in large numbers in a sick society like India. No matter how hard we try, at the end of MBBS training alone, they can never become competent and confident multitasking family doctors. Or in other words, they can never become genuine dedicated multi-specialists with the MBBS training alone. The present circumstances do not allow the fresh MBBS graduates to acquire the qualities needed for a family doctor naturally.

The ways and means for achieving this, the road map to achieve this herculean task of installing specially trained competent family doctors in all the PHC and small clinics and in every nook and corner of India or the road map to transforming sick India to a healthy India with the help of family doctors will be discussed. The difference between General Medicine, Family Medicine and Community Medicine also will be discussed.

These views were represented several times to the chairperson of Niti Ayog and NMC and other authorities and we got a favourable judgement from the high court of Kerala too in a Public Interest Litigation filed by this author. These views were once presented in a high-power meeting organised by the Niti Ayog, attended by chairperson of NMC, Niti Ayog, Health Secretary of the Union government, directors of all eight AIIMS and the chairperson of NBE and they all accepted the views. Now the landscape in India regarding acceptance of family doctors is changing very fast now. Not only that the people will benefit tremendously with family doctors, considering the job opportunity for doctors too, family doctors have a bright future in India.

"Oral ulcers: A glimpse into the underlying health of your body."

Dr Jesheera Mohammed Kutty
Senior Specialist, Family Medicine, Aster Mims, Calicut

Diagnosing and treating mucosal lesions can pose a significant challenge for clinicians, requiring keen expertise and precision to navigate their complexities.

This discussion will cover the presentation and diagnosis of various oral lesions, including benign and malignant tumors, potentially malignant disorders, infections, ulcerations, hyper pigmentation, and key normal variants, all crucial for accurate identification and understanding.

Aesthetic to medical- understanding nail and hair conditions

Dr. Roby K Prasad
Family Physician, Dr ROBY'S Family Clinic, Kozhikode

Understanding hair and nail conditions is very essential for medical professionals. Hair and nails are both composed of keratin, a fibrous protein, but they serve different functions and can be affected by a variety of conditions.

Hair conditions can range from cosmetic issues, such as dry or oily hair, to more severe problems like alopecia (hair loss) or hirsutism (excessive hair growth). Factors influencing hair health include genetics, hormones, diet, stress, and environmental factors. Common hair disorders include androgenetic alopecia (pattern hair loss), telogen effluvium (shedding), and dandruff (seborrheic dermatitis).

Nail conditions, on the other hand, can often be indicative of systemic diseases or local problems. Disorders such as onychomycosis (fungal infection), psoriasis affecting nails, and brittle nail syndrome can impact nail health. Nail abnormalities can also signal underlying health issues, including nutritional deficiencies, autoimmune disorders, and circulatory problems.

Both hair and nail conditions require a comprehensive approach to diagnosis and treatment. This may involve topical and systemic therapies, lifestyle adjustments, and in some cases, cosmetic or surgical interventions. Understanding these conditions not only involves recognizing the symptoms and triggers but also addressing the aesthetic and psychological impacts they may have on individuals.

Research and advancements in dermatology, trichology, and cosmetology continue to develop better management strategies for hair and nail conditions, improving patient outcomes and quality of life. Enhanced genetic and molecular understanding holds promising potential for future therapeutic approaches.

Conjunctival and corneal conditions: Practical approach for General Practitioners.

Dr Krishnakumar P M
Specialist Family Physician, Health Services, Government of Kerala

The presentation is to sensitise general practitioners who attend the patients with

conjunctival and corneal issues as the first point of contact. The diagnosis and treatment is a nightmare if there is no correct diagnosis of the condition. Understanding the conditions in a simple way, gives more confidence to general practitioners to handle the ophthalmic conditions

This presentation describes in brief from simple allergic conditions to the conditions which we must refer immediately to an ophthalmologist. Explaining patients about the conditions in eye and their preventive aspects is also very important in the Family Medicine point of view

Tiny Tummies: Managing Common Pediatric Gastrointestinal Issues in Primary Care

Dr Lizy Vincent
Consultant & Coordinator(HOD)
Department of Family Medicine
KIMS Health, Thiruvananthapuram

Pediatric Gastrointestinal (GI) problems are among the common reasons for visits to primary care clinic. There are functional or organic causes, which can be differentiated using a good clinical history and physical examination.

The presentation can vary from abdominal pain, diarrhea, vomiting, constipation, bleeding, failure to gain weight and feeding problems.

The most common causes of GI problems in children are infections, intolerance (eg. lactose), gastroesophageal reflex disease, IBS and functional disorders. Identifying life threatening conditions like bowel obstruction, perforation, hemorrhage etc are very important. Apart from this metabolic or endocrine causes can also give rise to GI problems in children.Management approaches include earlier identification of conditions, treatment of infections, dietary and life style modifications for constipation and GERD, hydration and electrolyte replacement in gastroenteritis, parental reassurance and patient centered approach for functional disorders.

Conclusion:

Family physicians play a pivotal role in managing these gastrointestinal problems through accurate diagnosis, effective treatment plans and patient education. Identifying red-flags and timely referral to a specialist is crucial in some of these conditions. Integrating a multidisciplinary approach can improve outcomes in patients with GI problems.

From Policy To Practice: Ntep Updates For Family Physicians

Dr Melvin J Gonsalvez
Specialist Family Medicine, Health Services,
Government of Kerala

This session highlights the key priorities and goals for ending tuberculosis (TB) globally and in India by 2025. The goals include reducing TB deaths and incidence rates by 90% and 80% respectively compared to 2015, and achieving zero catastrophic expenditures due to TB. Treatment duration and costs vary depending on whether TB is drug-sensitive or drug-resistant.Before the start of Coronavirus (COVID-19) pandemic, TB was the leading cause of death due to a single infectious agent, ranking well above HIV/AIDS. Almost one-fourth of the world's population is infected with M. tuberculosis. TB is curable and preventable. About 85% of people who develop TB can be successfully treated with drug regimens of 6 months. Universal health coverage (UHC) is necessary to ensure that all those with the disease can access these treatments. Much effort is being made to make the program more patient-centric and provide comprehensive treatment care and support.India has been actively involved in TB control activities for more than 50 years now. TB still continues to be a severe health problem in India. The Ministry of Health and Family Welfare (MoHFW) developed the “National Strategic Plan” for Tuberculosis Elimination (2017–25) which builds on the success and lessons learnt from the last NSP and encapsulates the bold and innovative steps required to eliminate TB in India by 2025, five years ahead of the global targets. By 2020 it was clear that the NSP 2017–25 will not be able to meet these objectives, so GoI revised RNTCP to National TB Eliminination Program (NTEP)The MoHFW along with various development partners of the Health Ministry launched the Tuberculosis (TB) Mukt Bharat Abhiyaan in 2021 under the NSP India 2020–25 for TB Elimination in a major mission activity for ending the epidemic of TB by 2025. It is a multi-dimensional approach which aims to detect all TB patients and emphasizes on reaching for patients who are seeking TB care from private practitioners and undiagnosed TB in high-risk populations.

Chronic Fatigue Syndrome:

Dr Anand K
Specialist Family Physician, Health Services, Government of Kerala

- CFS is characterized by persistent and unexplained fatigue resulting in severe impairment in daily functioning.
- Other names: systemic exercise intolerance disease, myalgic encephalomyelitis
- Characteristic persistent or relapsing fatigue for at least 6 months that is of new onset, is not relieved by rest, not explained by other medical conditions resulting in occupational, educational, personal and social activities.
- Concurrent presence of at least four of following symptoms: impaired memory/concentration, sore throat, tender cervical/axillary lymph nodes, muscle pain, joint pain, headaches, unrefreshing sleep, post exertional malaise
- Onset in twenties and thirties.
- Predisposing factors: physical inactivity, childhood trauma, psychiatric illness, physical hyperactivity in adulthood & familial predisposition.
- Precipitating factors: physical/psychological stress, infections, serious injury, surgery, pregnancy, childbirth, loss of loved ones or job etc.
- Perpetuating factors: not acknowledging the diagnosis, ordering unnecessary tests, focus on bodily sensations, strong belief of underlying physical cause, negative illness perceptions etc.
- Pathophysiology: reduced gray matter volume, abnormal patterns of activation in fMRI, mild hypercortisolism.
- Diagnosis by thorough history and systemic physical examination. Lab tests only to rule out/ identify other conditions. No diagnostic test for CFS. Concurrent psychiatric disorders in 30-60% individuals.
- Management: understanding and acknowledging the patient's symptoms. Lack of understanding can trigger a cycle of miscommunication and worsen the patient's condition. Rule out possible causes for the patient's symptoms. Explain the nature of disease to the patient and educate the patient to take away the focus on symptoms. Treat coexisting depression or anxiety while initiating CBT. NSAIDs for pain management. Even modest improvements in symptoms make important differences. Guide the patient away from anecdotal treatment modalities that are toxic, expensive or unreasonable. Encourage regular sleep patterns and to remain as active as possible.
- Treatment: CBT & graded exercise therapy are the only beneficial interventions. Insufficient motivation, medical and psychiatric comorbidities and severe pain predict poorer outcomes. Median improvement is around 39% (8-63%) and patients who continue to attribute their symptoms to an underlying medical condition have poorer outcomes.

Rapid Response: Handling Acute Emergencies In Outpatient Settings

Dr Nishanth Menon N
Head-Emergency Medicine, MOSC Medical College Hospital, Kolenchery, Ernakulam

`This session will delve into the critical area of recognizing and managing urgent and emergent conditions that often present with subtle or non-specific symptoms in the Outpatient Department (OPD). We will explore a range of conditions, including acute coronary syndromes, pulmonary embolism, sepsis, meningitis, and acute abdomen, among others. The session will emphasize the importance of a high index of suspicion, meticulous history taking, and a focused physical examination to identify these critical conditions early. Practical guidance will be provided on the differential diagnosis, initial management strategies, and the importance of timely escalation to higher levels of care. This session aims to enhance the clinical acumen of General Practitioners in identifying and managing urgent and emergent conditions effectively, thereby improving patient outcomes.

Key takeaways:

- Importance of a high index of suspicion: Recognizing subtle signs and symptoms of serious underlying conditions.
- Differential diagnosis: Exploring a wide range of potential diagnoses for non-specific presentations.
- Early recognition and management: Strategies for timely identification and appropriate initial management.
- Escalation of care: Understanding when and how to refer patients to higher levels of care.

WORKSHOP ABSTRACT

ECG Essentials- Decoding The Basics

Dr Bijoy Mathew M.B.B.S, M.D
Family physician, Kerala Govt Health Services
Dr Sreejith Valappil
Interventional Cardiologist, Tellicherry Cooperative Hospital

ECG retains its pivotal role in diagnostic evaluation of cardiac diseases in spite of evolvement of newer diagnostic modalities. The ECG is the most important test for interpretation of the cardiac rhythm, conduction system abnormalities, and for the detection of myocardial ischemia.

A methodical approach to interpreting an ECG is absolutely essential. Here are some key aspects to consider:

- Rate: Is the heart rate between 60 and 100 beats per minute?
- Rhythm: Is it a normal sinus rhythm or other?
- Axis: Is there any axis deviation?
- Intervals: Are all intervals within the normal range?

➢ PR interval: 0.12-0.2 seconds (3-5 small squares)
➢ QT interval: 0.33-0.43 seconds

P wave: What is its height, width, and axis

- A normal sinus P wave is typically upright in leads I, II, aVF, and V4-V6. It will be negative in lead aVR and may be negative or biphasic in leads III and V1.
- A negative P wave in the inferior leads or lead I suggests an ectopic rhythm.
- Normal amplitude of the P wave is less than 2.5 mm in limb leads and less than 1.5 mm in precordial leads.
- If the P wave is too tall (>2.5 mm) or too wide (>2 small boxes), consider atrial chamber enlargement.
- QRS complex: Are there any pathologic Q waves, bundle branch blocks, or chamber hypertrophy?
- Normal QRS duration is 0.08-0.12 seconds. A wide QRS duration is greater than 0.12 seconds.
- ST-T waves: Are the ST-T waves isoelectric, elevated, or depressed relative to the TP segment?
- Overall Interpretation: What is the diagnosis?

Brain Imaging Demystified: Introduction to CT and MRI Brain for Family Physicians

Dr. Jayakrishnan MP
Consultant Neurologist, Tellicherry Cooperative Hospital
Dr. Rashi Kurup
Consultant Family Physician, City Hospital, Ernakulam

This workshop aims to enhance the neuroimaging interpretation skills of family physicians and postgraduate trainees, focusing on CT and MRI brain scans. The learning objectives of the program include: understanding the principles, clinical applications, and limitations of CT and MRI technologies; identifying key anatomical structures and distinguishing normal variations from pathological findings; recognizing imaging artifacts that may obscure or mimic pathologies; and developing a structured approach for evaluating ischemic stroke, including early radiological signs of cerebral ischemia and types of infarcts. Additionally, participants will learn to differentiate between vasogenic and cytotoxic edema, identify various types of intracerebral hemorrhages, and assess traumatic brain injuries, including subdural, epidural, and subarachnoid hematomas, as well as cerebral contusions. Furthermore, the workshop will cover identifying ventricular enlargement and differentiating obstructive from non-obstructive hydrocephalus. The workshop features interactive lectures and case-based discussions. Participants will build competence in detecting common neurological conditions such as stroke, head trauma, cerebral edema, and hydrocephalus. This practical, engaging learning experience aims to strengthen diagnostic accuracy, improving clinical decision-making and patient outcome

BUGS Basic Ultrasound Guided Skills Training Programme

DR Bhavyashree T N
MBBS, MD radio diagnosis, DNB radio diagnosis, FRCR
PDCC- Interventional radiologist

Dr Prafulla TP
MBBS, CEO Elitemed. Care

Join us at AFPICON for an exclusive demonstration of our BUGS (Basic Ultrasound Guided Skills) training programme. Curated and formatted by our esteemed faculty of 10 interventional radiologists, this workshop is led by two leading IR experts from the UK and US, under

the mentorship of Dr. MC Uthappa. In this introductory session, we will provide a hands-on demonstration of ultrasound-guided venous access using a demo mannequin. This concise workshop offers a glimpse into our comprehensive training designed to equip medical professionals with essential ultrasound-guided skills. Don't miss this opportunity to experience cutting-edge IR training in action!

Everyday wellness: Key strategies for Healthy Eating and Active Living

Dr Mallikarjuna Reddy Somala
Consultant Family Physician, Vathiyayath Hospital, Perumbavoor
Dr Prasanth S
Consultant Family Physician, Vathiyayath Hospital, Perumbavoor

"What does being healthy mean?"
For most people, it is a feeling—we feel like we are healthy. Similarly, the way we know we are not healthy is also a feeling—we feel sick.
Unfortunately, the way we feel is not a reliable marker for your health because, by the time you become aware of a problem, a lot may have already gone wrong in your body.
The main purpose of this workshop is to make aware of the strategies for healthy eating and active living.
Healthy eating covers, knowing what is hunger? Why do we eat? How to eat and when to eat?, with a main focus on "mindful eating".
And in the active living part, this workshop covers how "exercise" can be implemented into our lives to make our lives active and healthy.
It has the components of 1.A good warmup 2.Various types of exercises including strength training, HIIT and Cardio workouts.
And last but not the least, a short coverage on stretch work routine("Prehabilitation") to prevent injuries.

Introduction to Orthotics in Primary Care

Dr Nigesh V
Consultant Family Physician, Ahalia Diabetes Hospital, Palakkad
Dr Sisha Paleri
Consultant Physiatrist, ESI Hospital, Palakkad

This interactive workshop provides a compre hensive introduction to orthotics in primary care, equipping healthcare providers with the fundamental knowledge and skills to effectively integrate orthotics into their practice. Participants will gain a deeper understanding of the principles of orthotics, common orthotic devices, and their applications in managing various musculoskeletal conditions.

Learning Objectives
1. Define the role of orthotics in primary care.
2. Identify common orthotic devices and their indications.
3. Understand the basic principles of orthotic assessment and prescription.
4. Recognize the benefits and limitations of orthotic interventions.

Key Takeaways
By attending this workshop, participants will gain a solid foundation in orthotics and be better equipped to provide comprehensive care to patients with musculoskeletal conditions.

Diabetic Foot Essentials: Screening, Prevention and Treatment of diabetic ulcer

Dr Javid Risvan O K
Specialist Family Physician, Health Services, Government of Kerala
Dr Arunima Dev S
Specialist Family Physician, Health Services, Government of Kerala

Diabetes is one of the common Lifestyle diseases. 25% of diabetes patients will develop diabetes foot complications. Here we are going to discuss Foot Problem anticipated in diabetes, Diabetic Foot care, At risk foot assessment and Diabetic ulcer management which include wound assessment, cleansing, debridement and wound dressings.

Newer Insulins & Devices in Diabetes Mellitus

Dr Jisha V
Consultant Family Physician, Vitalis Health, Kochi
Dr Anagha Vijayan
Consultant Family Physician, Thrikkakara Cooperative Hospital, Kochi.

Background
Comprehensive diabetes management requires a multifaceted approach encompassing insulin delivery, glucose monitoring and the evaluation of peripheral health.

Objective

The workshop aims to provide an understanding of the practical use, benefits and limitation of insulin syringes, insulin pens, CGMs, handheld Dopplers, VPT devices, and monofilaments in diabetes care. Participants will gain hands-on experience to enhance their clinical skills and patient education strategies .

Workshop structure:

1) Insulin Delivery Devices: Overview of insulin pens and syringes. Demonstration of techniques for insulin administration
2)Glucose Monitoring: Introduction to CGMs: Features, benefits and indication.
3) Peripheral Health Assessment:
   i. Role of handheld Dopplers in vascular health monitoring.
   ii.Application of VPT devices for neuropathy screening.
   iii.Use of monofilaments for sensory testing.

Conclusion

This workshop bridges the gap between theory and practice, equipping healthcare
professionals with essential tools and techniques for comprehensive diabetes care.

Keywords: Insulin pens, syringes, CGM, handheld Doppler, vibration perception threshold, monofilament.

ABSTRACTS OF ORAL PRESENTATIONS

FACULTY

OF 1

Communication Skills For Doctors

Dr P S Sarma
KIMS Amalapuram; AP; India

Introduction
Communication is a process where by we send; receive and also elicit information. Proper communication is an ART. It requires a lot of skill and experience to communicate properly. Doctors need to develop good communication skills to have good rapport with the patients as well as their attendants.

Communication Skills:
1.Have a smiling Face;
2.LISTEN to the Patient; - Use listening skills – EYE to EYE contact
3.CALL BY NAME
4.Explain in simple words - Avoid complicated or medical terminology.
5.Use local / vernacular and BODY language for better understating.
6. Be Sympathetic and show your CONCERN.
7. Spend enough TIME with the Patient

Barriers For Effective Communication
Time factor; Understanding capacity of the patient; Illiteracy; Mood of the Patient / Attendants; Temperament of the Doctor; Shyness and Confusion on the part of the Patient.

Conclusion
Proper Communication IS VERY IMPORTANT right from the medical college days. The student / Intern / graduate needs to develop proper communication skills so that he can receive and send relevant information to the other person.

OF 2

Safety and Efficacy of Dipeptidyl Peptidase-4 Inhibitors vs. Sulfonylureas in Metformin-Based Combination Therapy for Type 2 Diabetes Mellitus: A Systematic Review and Meta-Analysis

Dr Ashwathi G
Specialist Family Physician, Health Services, Government of Kerala

Aim
The aim of this study was to compare the safety and efficacy of Dipeptidyl Peptidase-4 (DPP-4) inhibitors with Sulfonylureas(SU) when used as second-line therapy in patients with type 2 diabetes mellitus inadequately controlled by metformin monotherapy.

Methodology
This systematic review and meta-analysis adhered to the PRISMA guidelines. Fourteen RCTs involving adult patients with type 2 diabetes and inadequate glycemic control were included in the final analysis. Data on the primary outcomes, including changes in hemoglobin A1c (HbA1c), fasting plasma glucose (FPG), weight, and the incidence of hypoglycemic episodes, were extracted and analyzed.

Results
No significant difference in reduction in HbA1c levels and reduction in fasting plasma glucose between SU and DPP4 groups ($p > 0.05$). Incidence of hypoglycemia is significantly lower in the DPP-4 inhibitor group, with an Odds ratio of 0.1, $p < 0.05$. Patients treated with sulfonylureas experienced significant weight gain compared to a modest weight loss in the DPP-4 inhibitor group. Mean difference- 1.14 kg (-1.83,-0.46) ($p = 0.001$).

Conclusion
The meta-analysis suggests that while both DPP-4 inhibitors and sulfonylureas are effective in reducing HbA1c when added to metformin therapy, DPP-4 inhibitors are associated with fewer hypoglycemic episodes and less weight gain compared to sulfonylureas. These findings support the use of DPP-4 inhibitors as a safer alternative to sulfonylureas in managing type 2 diabetes, particularly in patients at risk of hypoglycemia or weight gain.

OF 3

Interventions to treat vitamin D deficiency among children: A research protocol

Dr Mamatha Shivananda Pai

Introduction

Vitamin D deficiency is one of the common conditions observed among under five children that can affect the child's health.

Aims and objectives

This is a research protocol aimed at finding the efficacy of vitamin D supplements and sunlight exposure on serum vitamin levels among the under five children residing in coastal areas.

Methods

This protocol is quantitative research that uses randomized controlled study design. Children between the age of 6 months to 5 years will be recruited for the study. Inclusion criteria include children belonging to Coastal Karnataka and visiting the paediatric unit (OPD/ward) of a tertiary care hospital in Udupi District. After obtaining consent from mothers, serum vitamin D level of under five children will be assessed in the paediatric outpatient department. The children who report low levels of vitamin D will be randomly assigned to two groups. Group 1 will receive vitamin D supplementation and group 2 will receive vitamin D supplementation and sun exposure for 12 weeks and Vitamin D levels will be tested after 12 weeks. This is an Indian Council of Medical Research (ICMR) funded research, so the expenses of medication will be covered under the project. The project is approved by the ethics committee and the permission has been obtained from the authorities.

Results

The data will be managed using Zotero software and descriptive and inferential statistics will be used for analysis of the data.

Conclusion: Identification of vitamin D deficiency among under five children is essential and treatment can help in maintaining good health among children.

Key words

Good health, Serum Vitamin D, sunlight exposure, vitamin D supplements, pediatric OPD,under-five children, India.

POST GRADUATE RESIDENTS

OPG 1

Typhoid Fever with Atypical Manifestations of Aphthous Ulcers and Myositis-like Symptoms and emerging drug resistance

Dr. Anziya Rahmath P V

Background

This case highlights atypical presentations of typhoid fever, particularly in endemic areas, ongoing challenge of antibiotic resistance and the importance of vaccination as a public health measure.

Case description

A 57 year old male, presented with 1 month history of fever, drenching sweats, progressive weakness and slurring of speech for the last 1 week. He also experienced aphthous ulcers, throat pain and dysphagia that lead to poor intake and weight loss. On examination, he was afebrile, lethargic, with generalized muscle weakness (power 4/5) and multiple painful aphthous ulcers were present in the mouth; but no other mucocutaneous lesions were noted. Blood tests revealed mild lympho cytosis, markedly elevated ESR, CPK, ferritin and LDH levels. His EBV serology suggested prior exposure. The patient was initially suspected to have infectious mononucleosis-like syndrome, but his nephew(radiologist) expressed concern about the possibility of lymphoma, although CT chest and abdomen were normal except for a 2 cm lymph node in the RIF. The patient was empirically started on ceftriaxone and azithromycin for potential tropical infections, including typhoid. Tests for tropical infections and autoimmune diseases were negative, but B2-microglobulin levels were elevated. A differential diagnosis of myositis-like symptoms and lymphoproliferative disorders were considered. Blood cultures subsequently grew Ceftriaxone resistant salmonella. The treatment was switched to Meropenem following which the patient got better and was discharged.

Discussion

Typhoid remains a major challenge in developing countries classically characterized by fever, abdominal pain, and malaise. It can also present with a variety of manifestations causing a diagnostic dilemma to clinicians. With increasing use of antibiotics and emerging antibiotic resistance, treatment of many infectious diseases has become a concern.

Learning Points

1.Typhoid can present with atypical clinical features.

2.Ceftriaxone resistance is rare but emerging.

3.Ciprofloxacin is no longer the first-line drug due to high resistance.

4.Rising resistance emphasizes the importance of vaccination.

OPG 2

Gender wise distribution of malnutrition in adolescents- A cross sectional study

Dr Hanna Mariyam

Malabar institute of medical sciences, Calicut, Kerala

Title of the study

Gender wise distribution of malnutrition in adolescents- A cross sectional study

Aims and objectives

Aim: To find the gender wise difference of malnutrition in adolescents

Primary objective

- To find the gender wise difference of malnutrition in adolescents by using body mass index

Secondary objectives

- To find the prevalence of malnutrition in adolescents
- To find the predominant type of malnutrition in adolescents

Methods:

- Study setting (area): Kozhikode district, Kerala
- Study duration:1 year
- Study population: High school, higher secondary students of age 13-18 years
- Study design: Cross sectional study
- Sample size -602

Camps were conducted at high schools and higher secondary schools and children were selected using simple random sampling methods, using pre designed proforma.

Height & weight were measured in the metric system using standardized techniques. BMI was calculated and analyzed.

Outcome measures

- Thinness: BMI for age 2 z score below the WHO growth standards
- Overweight: BMI for age between +1 and +2 z score as per WHO child growth standards
- Obesity: BMI for age >2 z score above WHO growth standards

Results

- Compared to females, males were found to be more undernourished
- Overnourishment was found more in females, when compared to males

Conclusion

- Out of 602 children observed, 175 children were found to have malnutrition.
- 87 (14.5%) was found to be undernourished and 88 (14.6%) was found to be overnourished.
- It was found that 47(15.7%) males were undernourished, while it was 40 (13.2%) females.
- Overnutrition: 38(12.7%) in males and 50 (16.6%) females.
- Compared to females, males were found to be undernourished .
- Overnourishment was found more in females, when compared to males.
- There was significant association between overnutrition and mother's occupation.
- There was no significant association between father's occupation, education or mother's education and malnutrition in Adolescents.

OPG 3

Retrospective Hospital Based Study to Estimate and Compare the Prevalence of Various Adverse Pregnancy and Neonatal Outcomes in Pre Covid and Covid Pandemic Period

Dr. Anziya Rahmath P V

K.G. Hospital & Postgraduate Medical Institute, Coimbatore.

Aims

To estimate and compare prevalence of adverse pregnancy outcomes in precovid and covid period

Objectives

To estimate and compare the prevalence of risk factors and pregnancy outcomes in precovid and covid.

To determine the association between significant risk factors with pregnancy outcomes in both periods

Methods

This retrospective hospital based cross-sectional study was performed to compare adverse outcome among pregnant women who gave birth during the pandemic and one year before the pandemic(2022, 2019). The sample was 541 births(297 precovid-244 covid) registered in kg hospital. The variables included mean birth weight(MBW), gestational hypertension, preeclampsia, gestational diabetes mellitus(GDM), oligohydramnios, fetal growth restriction (FGR), postpartum haemorrhage(PPH), cesarean, preterm births, premature rupture of membranes(PROM), hypothyroidism, anemia and placental abnormalities. The relation of significant risk factors with outcomes like mode of delivery(MOD) and time of delivery were analysed.

Results

Our findings indicated significant increase in FGR, GDM, anemia, and preterm during COVID compared to prepandemic. COVID significantly impacted preterm delivery and MBW independent of FGR. Based on statistical significance of risk factors, its impact during covid and precovid as an associated risk factor and how it influences fetal weight, gestational age, MOD were also studied. Incidence of preterm deliveries significantly increased irrespective of GDM status during COVID, reflecting the impact of the pandemic. Covid increased preterm deliveries without restriction of fetal growth. Increased preterm deliveries in covid period are also noted significantly in anemia and placenta previa compared to pre covid. The data on fetal weight versus FGR versus pandemic underscore significant reduction in fetal weight for FGR during COVID.

Conclusion

This study highlights the need for enhanced obstetric care in the pandemic period. Further research is needed to explore these impacts.

OPG 4

Knowledge, Attitude And Practices (KAP) Towards Adult Immunizations Among Health Care Professionals

Dr Saleema Abdul Rahiman

DNB Resident Family Medicine, Malabar Institute Ofmedical Sciences, Calicut

Aims & Objectives

This study aimed to assess the knowledge, attitude, and practices (KAP) regarding adult immunization among healthcare professionals, including doctors and nurses, in two tertiary care hospitals in Southern India.

Methodology

A cross-sectional study was conducted from June 2023 to November 2024 at Aster MIMS,Calicut, and Kottakkal. A total of 500 healthcare professionals (Doctors and Nurses) participated in the study. Data were collected using a self-administered physical questionnaire. Responses were documented in Microsoft Excel, followed by data compilation and analysis.

Results

Among the study population (N=500), 41.6% were doctors, and 58.4% were nurses. Only 10.8% of participants demonstrated excellent knowledge of adult immunization, while 17.4% exhibited good knowledge. The most commonly recognized vaccines were Hepatitis B (71.2%) and Tetanus (46.4%). A positive attitude towards recommending vaccines to family and friends was noted in 95.6% of participants, but only 85.4% actively motivated others to vaccinate. While 48.8% of participants expressed willingness to get vaccinated, only 35.8% had received at least one vaccine (excluding COVID-19) in the past two years. Hepatitis B (12%) was the most commonly administered vaccine, followed by Hepatitis A (10%) during this period.

Conclusions & Recommendations

The study highlights a significant gap between knowledge, attitude, and practice patterns among healthcare professionals regarding adult immunization. Family physicians play a crucial role in bridging this gap by serving as accessible and trusted advocates for immunization, ensuring continuity of care, and addressing patient and healthcare professional hesitations toward vaccination. This multi-centered study underscores the need to enhance awareness through systematic approaches, such as Continuing Medical Education (CME), reinforcement programs, awareness campaigns, and addressing barriers to vaccination. Integrating family physicians into such initiatives can further strengthen efforts to improve adult vaccine uptake.

OPG 5

To investigate key determinants of the age of menarche among adolescent girls in Malabar region of Kerala

Dr Mufeeda P

Title

To investigate key determinants of the age at menarche among adolescent girls in Malabar region of kerala

Aims & objectives

- To determine the average age of menarche among adolescent girls in Malabar region in Kerala
- To explore the relationship between social determinants (religion, parent education, occupation, BMI , physical activity) and age of menarche
- To assess growth pattern of adolescent girls

Method: study setting area- Kozhikode

Study duration- 1 year

Population - school going girls between 10 & 17 years who attained menarche

Design- observational study

Sample size- 500

Camps were conducted at schools (high school and higher secondaries) and children selected by stratified random sampling, using questionnaire

Result

- Age of menarche ranged from 9 to 15 years, average age being 11.67 years
- Mean BMI of participants were within normal range
- Obese and overweight girls attained menarche earlier compared to other girls
- Physical activity had no significant impact on age of menarche

Conclusion:

- Most common age for menarche is 11 years, range spanning from 9 to 15 years
- High BMI was associated with earlier onset of menarche
- High prevalence of normal BMI suggest relatively healthy nutritional status

OPG 6

Evaluation of non-invasive diagnostic methods as indicators of fibrosis in patients with NAFLD as a continuum of metabolic syndrome

Dr Aparna R Palloor
KG Hospital and PG Medical Institute, Coimbatore

Background

Metabolic dysfunction associated steatotic liver disease (MASLD) previously known as Non-alcoholic fatty liver disease (NAFLD) is emerging as the most common chronic liver disease. MASLD can be considered as the hepatic representation of the metabolic syndrome. The invasive nature of liver biopsy has led to the development and use of multiple non-invasive markers/methods in several clinics like elastography(Fibroscan), FIB4, BARD, APRI and NAFLD fibrosis score

Objective

To evaluate the presence of fibrosis using transient elastography in imaging proven or otherwise suspected fatty liver disease, the use of various scores as biochemical markers of fibrosis and the association of metabolic syndrome components in those with fatty liver disease.

Methodology

Cross Sectional study of 152 patients above the age of 18 years who were referred for Fibroscan in KG Hospital, Coimbatore (Feb 2023-Jan 2024) excluding alcoholic liver disease, viral hepatitis, autoimmune hepatitis and drug induced hepatitis. Data analysed using statistical software Minitab.

Result

Out of the 152 patients, 95 patients belonged to F0-F1 stage of fibrosis, 25 in F2, 11 in F3 and 21 in F4 stage as per fibroscan. Significant association was present between diabetes and fibrosis. APRI score, FIB4 Index, and NAFLD fibrosis were found to be closely related to fibroscan reports. The association between ultrasonography and fibrosis (from fibroscan) was poor.

Conclusion

The study could conclude that ultrasonography alone cannot diagnose or rule out fibrosis in NAFLD. Any grade of fatty infiltration of the liver requires further evaluation, especially in the setting of metabolic syndrome. Simple scores such as APRI, FIB4 Index, NAFLD Fibrosis score can help in early detection of fibrosis/cirrhosis even in primary care, thereby helping to prevent further complications.

OPG 7

Why history taking matters in Medicine

Dr. Archana S
Lourdes Hospital Postgraduate Institute of Medical Science and Research centre, Ernakulam.

A 29-year old female, nulliparous, married for 2.5 years was referred from outside clinic with complaints of abdominal pain, fever and dyspnoea on exertion for 3 days which did not improve on oral antibiotics. On history taking, we found that she was on IVF treatment for primary infertility followed by ovum pick up done 4 days before. This raised the suspicion of Ovarian Hyperstimulation syndrome(OHSS) which was confirmed by USG which showed bilateral enlarged ovaries with multiple large follicles and mild to moderate ascites and Chest X ray showed pleural effusion. She had multiple episodes of decreased saturation and Hb fall during the hospital stay and CT abdomen was taken which ruled out intra abdominal hemorrhage. Patient was treated symptomatically and improved and discharged in a stable condition.

Conclusion

In this case we could avoid unnecessary treatment because we got the history of IVF treatment which directed us to the diagnosis of OHSS. History taking is the cornerstone of medical practice providing crucial context for diagnosis, treatment and patient care.

OPG 8

Prevalence of Vitamin D deficiency in children with recurrent respiratory infections attending a tertiary care hospital and its awareness among parents - A cross sectional study

Dr Hamnas Muhammed
Lourdes Hospital Post Graduate Institute of Medical Science and Research, Kochi, Kerala

Aims & Objectives

To study the prevalence of Vitamin D deficiency in children with recurrent respiratory infections attending a tertiary care hospital, its awareness among parents and to compare the vitamin D levels of children with respect to their sociodemographic factors and sunlight exposure.

Methodology

This cross-sectional study of one and half year period included 78 children aged 1 to 14 years using simple random technique who were attending either inpatient and outpatient in paediatrics and

family medicine departments of Lourdes Hospital, Kochi for recurrent respiratory infections. A pre-tested, semi-structured, pre-validated questionnaire was administered to the parents to elicit awareness about vitamin D.

Results

Vitamin D deficiency was observed in 16.7%, insufficiency observed in 46.2% and sufficiency was observed in 37.2%. The deficient and insufficient cases are higher in children of parents with poor awareness compared to others, but it is not significant. Sufficient cases are higher in children of parents with good awareness. The deficient cases are significantly higher in cases with not sure about sun exposure compared to the cases with sun exposure. Factors like age, gender, education of parent, type of family did not influence vitamin D.

Conclusion

This study shows high prevalence of vitamin D insufficiency among children with recurrent respiratory infections. Awareness among parents regarding vitamin D and its deficiency was good.

OPG 9

From Exhaustion to Recovery: Unmasking the Hidden Impact of Parental Burnout – A Case Study of a Homemaker's Struggle

Dr Aravind Krishnan M

(Family medicine Resident DNB), Dr Namita U (Specialist, Family Medicine), KIMSHEALTH, Trivandrum

Background

Parental burnout is a growing concern that affects not only the individual but also the entire family. This case study highlights the complexities of parental burnout and its impact on family dynamics.

Case Description

Case Presentation: A 33-year-old homemaker presented with complaints of tiredness and musculoskeletal pain. Initial history and evaluation revealed no significant past medical history or abnormal laboratory results. However, detailed interrogation revealed a complex family dynamic. The patient, a former successful banker, had resigned from her job to focus on her child's academic activities. Her excessive involvement led to resentment from her child, interpersonal struggles, and burnout.

Intervention: A 2-hour counseling session was conducted, addressing the patient's concerns and encouraging a more balanced approach to parenting. The child was referred to a holistic department for further assessment and remedial support.

Outcome

The patient experienced a significant improvement in her burnout symptoms, and her relationship with her child and husband began to improve.

Discussion

This case study highlights the importance of recognizing and addressing parental burnout. Family physicians play a crucial role in identifying these complex issues and providing holistic support to families in need.

Learning Points

Burnout can manifest as fatigue and emotional exhaustion, often linked to caregiving stress. Recognizing children's learning disabilities can alleviate unnecessary parental pressure. A multidisciplinary approach addressing both child and caregiver needs is essential. Educating caregivers on self-care and seeking support is key to preventing burnout.

OPG 10

"Family physicians – pioneers of preventive care ". unveiling the crucial role of family physicians in early diagnosis.

Dr Sahna A K

DNB resident family medicine, IQRAA international hospital and research Centre, Calicut

Case Background

Family physicians play a crucial role in providing comprehensive care due to our patient-centered, holistic approach. A meticulous assessment of a 32-year-old unmarried male presenting with a urinary tract infection and urethral discharge revealed an HIV co-infection upon further investigation. Emphasizing the importance of thorough history-taking while ensuring patient confidentiality and facilitating early diagnosis

Case Description

A 32-year-old male research scholar presented with urinary tract infection that was suggestive of lower tract symptoms. He also reported urethral discharge and had already been on antibiotics. On detailed history, it was found that he was engaging in high-risk sexual behaviors, leading to the likelihood of

sexually transmitted infections. At the next review, the doctors examined him for other sexually transmitted infections (STIs) after ensuring confidentiality. HIV testing was conducted which turned out to be positive and he was referred to ART center for further management

Discussion

HIV itself may not directly cause urethral discharge, the symptoms can occur due to other sexually transmitted infections or opportunistic infections in individuals with or at risk for HIV. It is essential to consider HIV testing in any patient presenting with urethral discharge, particularly in the high-risk population, to ensure early detection and treatment.

Learning Point

- Meticulous assessment of urethral discharge helps to detect HIV co-infection and prevents further transmission
- Family doctors create a nonjudgmental environment, ensuring confidentiality and reducing stigma, which encourages patients to seek care and discuss sexual health openly.
- The primary care physician plays a pivotal role in the screening and prevention of HIV .

OPG11

When Families Choose: A Family Medicine Perspective on Treatment Adherence in Pediatric SLE

Dr. Sreelakshmi M
DNB Resident, Family Medicine

Introduction

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune condition requiring long-term management, with treatment adherence being pivotal to preventing flares and complications. This case highlights the challenges faced in managing an 11-year-old girl with refractory SLE who defaulted on treatment, emphasizing the role of family physicians in addressing such complexities.

Background

Diagnosed in 2022, the patient initially presented with alopecia, skin lesions, and oral ulcers. Laboratory findings confirmed ANA positivity, low complements, and high anti-dsDNA titers. Her treatment included corticosteroids, hydroxychloroquine (HCQ), and azathioprine, later transitioning to MMF and tacrolimus due to recurrent infections, vasculitic ulcers, and avascular necrosis (AVN) of the hip. Rituximab was recommended for refractory disease but declined by her family, who opted for homeopathy due to concerns about side effects and disease progression.

After six months of alternative treatment, the patient returned with fever, vasculitic skin lesions, and pedal edema, signaling a disease flare. Investigations revealed pancytopenia, hypocomplementemia and elevated inflammatory markers, raising suspicion for macrophage activation syndrome (MAS) and secondary vasculitis. This case highlights how family physicians play a pivotal role in addressing misconceptions about conventional medicine, alleviating fears and fostering adherence through effective counseling.

Learning Points

Understanding the family's apprehensions about immunosuppressive therapy and dissatisfaction with prior outcomes could have prevented treatment default and subsequent disease progression. Family physicians are uniquely positioned to bridge gaps in chronic disease management through education, empathetic communication, and shared decision-making, ultimately improving outcomes in complex cases like refractory pediatric SLE.

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OPG 12

Cracking the Mystery of Persistent Fever – The Critical Role of Early Diagnosis of non-infective Etiology by Family Physicians

Dr. Fathimath Habeeba T M
DNB Resident Family Medicine IQRAA International Hospital and Research Centre, Kozhikode

Case Background

DRESS (Drug Reaction with Eosinophilia and Systemic Symptoms) syndrome is a rare, potentially life-threatening drug-induced hypersensitivity reaction, primarily characterized by persistent fever. This case involves a 55-year-

old patient with a surgical site infection who, after being treated with antibiotics, developed prolonged fever, organ dysfunction, and rashes. The diagnosis of partial DRESS syndrome was made after de-escalation of antibiotics. Family physicians play a crucial role in recognizing non-infective etiologies of fever early to minimize unnecessary stress and investigations.

Case Description

A 55-year-old male with open fractures from a road traffic accident (RTA) underwent debridement, external fixator application, and K-wire fixation. Post-surgery, he developed a surgical site infection, was treated and discharged on IV ceftriaxone and vancomycin. He was readmitted with fever spikes and acute kidney injury (AKI); vancomycin and NSAIDs were discontinued. Steroids were initiated for suspected non-infective fever, leading to temporary improvement. However, fever recurred with generalized fatigue and maculopapular lesions during a subsequent hospitalization. Despite sterile cultures and normal imaging, including CT and PET scans, symptoms persisted until antibiotics were de-escalated and low-dose steroids reintroduced, confirming a diagnosis of partial DRESS syndrome.

Discussion

This case highlights the challenge of diagnosing partial DRESS syndrome and emphasizes the importance of early suspicion of non-infective etiologies in cases of prolonged fever. Recognizing subtle clinical and laboratory markers and discontinuing the offending drug are key to preventing progression and reducing morbidity.

Learning Points

- Emphasize the complexity of diagnosing partial DRESS syndrome, especially in patients presenting with non-infective fever of unknown origin.
- The crucial role of family physicians in considering non-infective etiologies, like partial DRESS syndrome, as a differential diagnosis in prolonged febrile illness with atypical presentation.
- Promote early recognition through subtle clinical and laboratory markers that could point to drug hypersensitivity syndrome and prevent complications through timely intervention.

OPG 13

Prevalence of Health Behaviors And Protective Factors Among Adolescents in Ernakulam District of Kerala - a Cross - sectional Study

Dr. Najeeba K.T

Aim & Objectives

To assess the health behaviours and protective factors among adolescents and comparing the data between both genders and different age groups.

Methodology

A cross-sectional study was conducted on 120 students using a pre validated questionnaire and by random sampling. Data was analysed using chi-square tests and percentage calculations to assess prevalence rates and associations.

Result

Eating disorders were more prevalent among females and older adolescents while Physical activity levels were generally insufficient, with males and younger adolescents more active than females and older age groups. Screen time was notably high, with females and older adolescents spending more time on screens and Substance use, though minimal, was higher among males and older teens, involving alcohol and tobacco.Bullying and arguments were frequent, especially among females and younger adolescents. Mental health challenges, such as suicidal thoughts and loneliness, were more common in females and older teens. Strong social support was evident, with most participants maintaining close friendships and regular communication with parents and teachers.

AIDS awareness was relatively strong, while knowledge of contraceptives remained notably lacking, with no significant differences between genders or age groups. A preference for modern medicine persisted, though alternative approaches were popular among some, without variations across demographic groups.

Conclusion

Targeted interventions are essential to promote physical activity, balanced diets, and mental health support, particularly for females and older adolescents.

OPG 14

Perceptions And Practices Regarding Cervical Cancer And HPV Vaccine Among Nursing Students in A Tertiary Care Hospital. A Cross-sectional Study

Dr. Unaisath. K,
Lourdes hospital,Cochin

Aim

To assess the perceptions and practices regarding cervical cancer and its prevention using HPV vaccine among nursing students.

Objectives

1.To assess the perceptions about cervical cancer, HPV infection and HPV vaccine.
2.To assess practices regarding HPV vaccine.

Methodology

A cross-sectional study was conducted among 110 nursing students of Lourdes college of nursing using a pre tested and validated questionnaire. Obtained data were analyzed by percentages and bar charts.

Results

1.Even though all participants have heard about cervical cancer, HPV infection and HPV vaccine, their overall perception was poor and the average number of questions answered was 10 out of 17 questions.
2.3.6 % have knowledge about risk factors of cervical cancer and 2.7% know treatment options for carcinoma cervix.
3.50% of the participants knew the route of spread of HPV infection correctly.
4.63 % of the students believe that cervical cancer is preventable but only 36 % of them know that HPV vaccine can prevent carcinoma cervix. Lifestyle changes and hygiene practices were mentioned by 10 %.
5.Knowledge regarding the vaccine like schedule, age group, types and efficacy is very poor (5-10%)
6.None of them have taken the vaccine and 43 % of them were not willing to take the vaccine mainly due to fear of side effects.

Conclusion

Even though they are healthcare workers, awareness of nursing students about cervical cancer is very poor and the majority of them have a negative attitude towards the vaccine. As family physicians, initiating an awareness campaign is strongly recommended.

OPG 15

Effects of screen viewing and association between home setting and screen time among children aged 2 to 5 years attending a tertiary care hospital in Ernakulam- A cross sectional study

Dr Lamiza Abdusalam
Lourdes Hospital & Postgraduate Institute of Medical Science And Research Ernakulam

Aim

To explore the effects of screen viewing and analyse the association between family factors and screen time among children aged 2 to 5 years attending a tertiary care hospital in Ernakulam.

Objectives

1) To study the prevalence of increased screen viewing among children aged 2 to 5 years attending a tertiary care hospital in Ernakulam.
2) To explore the effects of screen viewing among study subjects.
3). To study the effects of family factors on screen viewing in study subjects.

Materials & Methods:

A cross sectional study was conducted in the outpatient and inpatient departments of Lourdes Hospital among children aged 2 to 5 years during the month of November, 2024 using a validated self-administered questionnaire after obtaining consent. Results were analysed using Chi-square method.

Results

- 94% of children had excessive screen viewing.
- Significant association was found between excessive screen use of children and that of parents.
- 89% of the children with excessive screen time were found to have behavioural or sleep issues.
- 98% of the children with increased screen viewing had reduced physical activity.
- Occupation of mother, type of family, hours spent by parents for screen viewing were factors affecting screen time in children.

Conclusion

Majority of the study population had excessive screen viewing and associated negative effects on health and lifestyle. Hence, it is imperative that we, as family physicians take up initiative to probe into screen habits of our patient community as it is a rapidly growing health concern.

OPG 16

"From Calm to Chaos: Unveiling Delirium in an Elderly ICU Patient"

Dr. Amar Mohammed Sheeras
DNB Resident, Family Medicine

Introduction

Delirium, a frequent yet underdiagnosed condition in critically ill patients, poses significant challenges in elderly individuals with multiple comorbidities. This case highlights an unexpected presentation of delirium in an elderly woman following stabilization from diabetic ketoacidosis (DKA).

Background

A 78-year-old woman with a history of coronary artery disease (CAD), type 2 diabetes mellitus (T2DM), hypertension (HTN), and an old cerebrovascular accident (CVA) was managed for DKA in an ICU setting. Following recovery and improved sensorium, she was shifted to a step-down ICU. However, she exhibited acute confusion, irrelevant speech, and agitation, despite normal vital signs, electrolytes, and biochemical parameters.

Delirium was identified as the probable diagnosis after ruling out dyselectrolytemia, hypoglycemia, and encephalopathy. The ICU environment, advanced age, and comorbidities likely contributed to her condition.

Learning Points

1. Early Identification: Recognizing delirium is critical, especially in vulnerable populations like the elderly. Symptoms often fluctuate and can mimic other conditions.
2. Comprehensive Assessment: A thorough evaluation to exclude common causes, including metabolic and infectious etiologies, is essential for accurate diagnosis.
3. Non-Pharmacological Management: Strategies such as minimizing agitation, involving family, maintaining routine, and providing environmental support play a pivotal role in managing delirium.
4. Holistic Care: Addressing physical, emotional, and environmental factors in ICU patients is crucial to improving outcomes and reducing the risk of complications

Conclusion

This case underscores the importance of vigilance in detecting and managing delirium in critically ill elderly patients. A patient-centered, multidisciplinary approach is essential for effective care and recovery.

OPG 17

Comparison of Clinical Profile And Severity of Stroke in Diabetic And Non-diabetic Patients in A Tertiary Care Centre in Kerala- An Observational Study

Dr Rahima Ali Ebrahim
Post Graduate Institute Of Medical Science And Research, Lourdes Hospital Ernakulam.

Aim

To compare the clinical profile and severity of stroke in diabetic and non-diabetic patients in a tertiary hospital in Kerala.

Objectives

- To study etiological differences in stroke between diabetic and non- diabetic patients.
- To analyze the difference in severity of stroke in diabetic and non-diabetic patients.
- To analyze the difference in severity of stroke in diabetic patients with good glycemic control and those without.
- To evaluate how associated factors like hypertension, dyslipidemia and coronary artery disease can affect stroke patients with Diabetes mellitus.

Methods

A hospital based cross-sectional study was done among 100 patients who visited a tertiary hospital with acute stroke. Patients were classified as diabetic and non- diabetic. Based on HbA1C, those with uncontrolled diabetes were identified. Severity of stroke was assessed by NIHSSS. Data was analyzed by simple proportions and Chi square test.

Results

Etiology of stroke in both the groups was acute ischemia. Majority of diabetic patients were found to have severe stroke whereas non- diabetic patients were found to have mild stroke. Severity of stroke was more in patients with uncontrolled diabetes. No association was found between severity of stroke and hypertension or coronary artery disease in diabetic patients. However, significant association was found between severity of stroke and dyslipidemia.

Conclusion

Diabetes is a major modifiable risk factor for stroke. Significant association has been observed

between the level of glycemic control and the severity of stroke. Family physicians play an important role in prevention and management of diabetes.

OPG 18

Evaluation of Thyroid Profile in Type 2 Diabetes Mellitus Patients in a Tertiary Care Centre

Dr Jaseem P P
Kamineni Hospital, LB Nagar, Hyderabad

Objectives

To explore the relationship between Type 2 diabetes mellitus (T2DM) and thyroid dysfunction, emphasizing the prevalence and severity of thyroid abnormalities in individuals with T2DM

Introduction

Patients with type 2 diabetes mellitus (T2DM) are more prone to thyroid disorders due to its influence on thyroid hormone levels. Insulin can mimic the actions of thyroid hormones in certain tissues, leading to decreased thyroid hormone production, while in other tissues, it exerts opposing effects, resulting in elevated thyroid hormone levels. Additionally, diabetic patients with hypoth yroidism face a heightened risk of cardiovascular complications. Early screening for thyroid dysfunction in individuals with diabetes is crucial for timely diagnosis and effective management of hypothyroidism.

Materials & Methodology

This prospective study was conducted over a one-year period and included 250 patients diagnosed with Type 2 diabetes mellitus (T2DM), comprising both newly diagnosed cases and those already undergoing treatment. Comprehensive laboratory evaluations were performed, including thyroid function tests (Free T3, Free T4, and TSH), HbA1c, and fasting and post-prandial glucose levels. Based on the thyroid function test results, patients were categorized into five groups: normal thyroid function, hypothyroidism, hyperthyroidism, subclinical hypothyroidism, and subclinical hyperthyroidism.

Results

The study found that 66.7% of patients exhibited normal thyroid function, while 10.8% had hypothyroidism, 20.1% were diagnosed with subclinical hypothyroidism, and 2.4% had hyperthyroidism. A significant association was observed between thyroid dysfunction and lipid abnormalities, with both subclinical and clinical hypothyroidism being linked to elevated triglyceride and LDL cholesterol levels. However, no significant differences were noted in BMI or HbA1c levels across the various thyroid status groups.

Conclusion

Thyroid dysfunction, especially subclinical hypothyroidism, is commonly observed in patients with Type 2 diabetes mellitus (T2DM). Regular screening for thyroid abnormalities in T2DM patients is strongly recommended to facilitate early detection and effective management reduction in associated complications like dyslipidemia and poor glycemic control.

OPG 19

Tubercular Meningitis in a Young Female on Immunosuppressant

Dr Fayiza NM
Trustwell Hospitals, Bangalore, Karnataka, India

Background

As of 2024, the WHO reports roughly 10 million new TB cases annually, with pulmonary TB being most common (1). However, TB meningitis, though rare, poses severe risks, especially to immunocompromised individuals, accounting for about 1% of cases but with higher morbidity and mortality (2). Those on immunosuppressants like Azathioprine for Crohn's disease face increased risk of severe TB infections. Close monitoring for TB, particularly meningitis, is crucial in such high-risk patients.

Case Report

A 20-year-old college student with Crohn's disease, treated with Azathioprine for two years, presented with severe headache, fever, vomiting, and transient blurring of vision. Despite stable vitals and no neck stiffness, her symptoms rapidly worsened. Initial tests showed normal hemoglobin, leukocyte count and thyroid levels, but MRI revealed a left thalamic granuloma, suggesting infection. In view of chest Xray findings (pleural effusion) HRCT thorax was done, which showed pulmonary TB with "tree-in-bud" patterns. Following bronchoscopy and bronchoalveolar lavage, she developed seizures, necessitating ICU transfer. Lumbar puncture confirmed meningitis, with MTB DNA in BAL and CSF confirming TB meningitis. Her treatment was adjusted to discontinue Azathioprine, starting anti-tuberculous therapy, Mesalazine, and steroids, addressing both TB meningitis and her underlying Crohn’s disease.

Discussion

This case highlights the complexities involved in diagnosing and managing TB meningitis in a patient with underlying immunosuppression due to Crohn's disease. The immunosuppressed state due to Azathioprine likely contributed to both the severity of the presentation and the rapid progression of TB meningitis. The case underscores the importance of considering extrapulmonary TB in patients presenting with atypical symptoms and a history of immunosuppression. Early diagnostic interventions, such as MRI and GeneXpert for MTB DNA in CSF and BAL, are crucial for timely and accurate diagnosis.

Conclusion

TB meningitis in immunocompromised patients presents significant diagnostic and therapeutic challenges. This case illustrates the critical need for high clinical suspicion and rapid diagnostic processes to manage potentially life-threatening complications associated with TB in patients receiving immunosuppressive therapy.

Learning Points

Clinicians should exercise high vigilance for tuberculosis (TB) in patients undergoing immunosuppressive therapy. Managing TB in patients with chronic conditions like Crohn’s disease necessitates an integrated care approach, which includes modifying immunosuppressive therapy and close monitoring during TB treatment. Additionally, it is vital to understand and manage potential drug interactions between TB treatment and medications for underlying conditions to ensure effective care.

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ABSTRACTS OF POSTER PRESENTATIONS

PPG 1

When Arthritis Points to Tuberculosis : A Clinical Challenge

Dr Saleema Abdul Rahiman
DNB Family Medicine Resident, Malabar Institute of Medical Science, Calicut

Poncet's disease (PD) is a form of reactive arthritis that develops in patients with active tuberculosis (TB). It is a rare, non-destructive parainfective symmetric polyarthritis. We report the case of a 70-year-old male with a history of diabetes and systemic hypertension who presented with worsening multiple joint pain of three weeks duration. Detailed history revealed associated low grade fever, cough for the past one month, and significant weight loss. Clinical examination showed pallor, swelling and tenderness in multiple joints (ankle, knee, elbow, wrist, and small joints of the hands), along with tender nodular lesions over the bilateral palms. Systemic examination revealed signs of right upper lobe collapse-consolidation. Laboratory investi gations demonstrated elevated inflammatory markers, negative rheumatologic and autoimmune workup. But sputum AFB turned out to be positive along with TB-PCR, confirming Mycobacterium Tuberculosis infection. The patient was diagnosed with Poncet's Disease and treated with standard anti-tuberculosis therapy, leading to rapid resolution of arthritis within a few days.

This case underscores the importance of recognizing PD as a clinical diagnosis of exclusion, requiring high suspicion and timely intervention. The dramatic response of arthritis to anti-tubercular treatment confirms the diagnosis. Furthermore, the role of a family physician in providing continuous and comprehensive care is pivotal. Early identification of symptoms such as fever, weight loss, and persistent cough by a family physician could have facilitated an earlier diagnosis and timely initiation of treatment. Regular follow-ups and holistic care by a family physician would not only improve patient outcomes but also prevent delays in managing rare manifestations of a common disease like Poncet's disease in Tuberculosis.

PPG 2

Parasites in Disguise : Uncovering an Unusual Cause of Painful Lumps

Dr Akhila
Narayana Hrudayala , Narayana Health City , Bengaluru

Unique problem highlighted by this case: Cysticercosis is a growing parasitic disease worldwide. Neurocysticercosis is well-documented, while isolated intramuscular cysticercosis is rare and often under recognized. It presents in three forms: myalgic, mass-like (pseudotumor or abscess), and pseudohypertrophic types. Diagnosis is often delayed due to nonspecific symptoms. Intramuscular cysticercosis should be considered in patients with intramuscular or subcutaneous masses, particularly in endemic areas. Increased awareness is critical for early diagnosis and differentiation from other similar conditions.

Case description: A 22-year-old woman, agricultural labourer, with a history of psoriasis, presented with intermittent, multiple painful lumps over the left forearm, upper back and left calf; each episode lasting 5–10 days over a period of 8 months. The latest episode involved her right leg and persisted for 20 days. She denied joint pain, swelling, evening rise in temperature, seizures or weight loss. She was previously treated elsewhere with oral methotrexate for suspected psoriatic arthritis, but had no relief. On examination, she had mild plantar psoriasis and diffuse tender swelling of the right calf. System examination was unremarkable. Investigations showed mild leucocytosis ($10.3 \times 10^3/\mu L$), eosinophilia (15.1%), elevated CRP (22 mg/L), and ESR (29 mm/hr). Doppler ultrasound of the right leg identified well-defined heterogeneous cystic lesion in intramuscular compartment of mid-calf with inflammatory features. Based on her symptoms, occupational exposure, eosinophilia, and imaging findings, parasitic infection was suspected. MRI confirmed two ill-defined cystic lesions with tiny hypointense nodules and inflammatory changes extending to the biceps femoris, consistent with intramuscular cysticercosis.

Discussion : Intramuscular cysticercosis is a parasitic infection caused by Taenia solium larvae that invade muscle tissue, forming cysts called

cysticerci. It occurs when a person ingests Taenia solium eggs from contaminated food, water, or surfaces, leading to larvae spreading through the bloodstream to muscles, where cysts form. Symptoms include muscle pain, swelling, movable lumps and weakness, with some cases being asymptomatic. Diagnosis relies on imaging modalities such as ultrasound, CT or MRI, combined with serological tests for Taenia solium antibodies. Treatment involves anthelmintics (albendazole or praziquantel), corticosteroids, pain management with NSAIDs, and surgical excision in refractory cases. Prevention involves proper hygiene, cooking pork thoroughly, and avoiding contamination of food and water with human feces. Untreated cysticercosis can lead to serious complications, including neurocysticercosis and seizures.

Learning points: History and examination are crucial in diagnosing cysticercosis, as they help identify risk factors, such as occupational hazard, travel to endemic areas or exposure to contaminated food, and allow for the detection of physical signs, like muscle lumps or neurological symptoms, which guide appropriate testing and treatment. Cysticercosis should be considered in patients from endemic areas presenting with seizures, headaches, focal neurologic symptoms, visual disturbance, localized skeletal muscle nodules and pain, with eosinophilia. Untreated cysticercosis can lead to serious complications, including neurocysticercosis and seizures.

PPG 3

From Maldives To Diagnosis : The Vital Role Of Clinical Insight

Dr Saleema Abdul Rahiman

DNB Resident Family Medicine, Malabar Institute Of Medical Sciences, Calicut

Chikungunya is a mosquito-borne viral illness caused by the Chikungunya virus, characterized by acute febrile illness, polyarthritis and rash, with outbreaks commonly reported in tropical and subtropical regions. Here, we report a 55-year-old businessman at Maldives, who recently returned a week ago and presented to OPD on 31 May 2024 with high grade fever, myalgia, bifrontal headache and joint pains of two days duration. Clinical examination revealed conjunctival congestion, blanching erythema and bilateral minimal pitting pedal oedema. His vitals were stable and systemic examination within normal limits. Initial investigations showed bicytopenia, elevated inflammatory markers and mild transaminitis. Upon further history-taking, he revealed that several of his co-workers in the Maldives had been diagnosed with Dengue, while others were affected by Chikungunya. Considering the possibility of Tropical fever, Dengue rapid card test and IgM Chikungunya were done which were negative. The patient was treated with supportive care and had gradual improvement in symptoms. Since his joint symptoms persisted, we repeated Chikungunya IgM ELISA and he was discharged with follow-up instructions. The ELISA reported to be positive four days after discharge. The family physician played a critical role in this case by recognizing the significance of interpreting a patient's history including his recent travel and the epidemiological context of the Maldives outbreak, which guided the clinical diagnosis of Chikungunya despite negative lab results. This highlights the importance of clinical diagnosis over laboratory findings, which helped in timely recognition and management. This case emphasizes that a thorough clinical assessment and consideration of epidemiological factors should guide treatment decisions, even when laboratory results are inconclusive.

PPG 4

Bilateral ovarian mass due to primary hypothyroidism

Dr Somna P K

DNB Family Medicine Resident, Malabar Institute Of Medical Science, Calicut

The triad of primary hypothyroidism, precocious puberty and delayed bone age in children with cystic ovarian enlargement constitutes the syndrome of van wyk grumbach. Commonly reported as a rare complication of hypothyroidism in children, there are only a few case reports in adult population. Herewith, we are reporting the case of a 22-year-old newly hypothyroid female, who presented with bilateral ovarian cysts, planned for surgery. Elevated TSH was considered as high risk

for surgery, hence thyroxine dose was optimised and its effect on ovarian cyst was also monitored. This is a case of a young lady who presented with irregular periods, oligomenorrhoea and abdominal pain. On evaluation she was found to have bilateral ovarian cysts and planned for a major surgery. Hypothyroidism was coincidentally detected. With a diagnosis of hypothyroidism and TSH induced ovarian stimulation, she was started on thyroxine supplementation. The response to thyroxine was satisfying, with significant reduction in the size of the lesions along with symptomatic improvement. Hypothyroidism is usually associated with delayed growth and puberty. However, rarely juvenile hypothyroidism can present with precocious puberty and cystic enlargement of ovaries in females, classically described as the van wyk grumbach syndrome. Short stature, absence of pubic and axillary hair and delayed bone age can be the distinguishing features from other causes of precocious puberty. Multiple ovarian cysts in a young lady can be indicative of an infection or malignancy, but at times can be due to benign systemic conditions like hypothyroidism. Prompt treatment of hypothyroidism made the ovarian cysts to disappear, which otherwise would have resulted in a major futile surgery. Thus, a comprehensive approach to care exemplifies the importance of early detection, holistic management, and prevention of adverse outcomes.

PPG 5

The Great Imitator - A Case of HLH Presenting With Fever of Unknown Origin

Dr Arifa Rahman F
Govt. Medical College, Kozhikode

Aims and Objective

To emphasise the importance of early diagnosis of HLH which is critical in preventing complications and improving outcomes.

Background

A 40 year old male presented with high grade fever, on and off type, of 20 days duration with evening rise of temperature, associated with fatigue. No history of chills, rigor, dysuria, jaundice, oral ulcer, photosensitivity. He was admitted to a nearby hospital during the initial 6 days of fever and managed symptomatically. Loss of weight was present and he also had loose stools for 2 days. As the fever was not subsiding, he was referred to MCH, Calicut. On examination, the patient was conscious and oriented, cervical and right axillary lymph nodes were palpable, coated tongue and tremulousness were present. His vitals were stable. System examination was normal. CBC showed neutrophilia, CXR and CECT abdomen and thorax showed enlarged bilateral hilar, axillary and mediastinal lymph nodes. Peripheral smear showed normocytic normochromic RBCs, WBCs were adequate with neutrophil predominance and mild thrombocytopenia. LDH was elevated. Cervical lymph node excision was done and the patient was managed with iv antibiotics and other supportive medications. Meanwhile, the patient developed 2 episodes of generalized tonic clonic seizures and became disoriented. There were no focal deficits. Hyponatremia was present. His condition improved after 3% saline infusion. CT head was normal. Investigations showed pancytopenia, increased levels of AST, elevated serum ferritin and triglycerides. Cervical lymph node biopsy was suggestive of KIKUCHI-FUJIMOTO LYMPHADENITIS. Bone marrow aspirate and imprint showed hemophagocytosis. Trephine biopsy showed aggregates of histiocytes.

Management

The patient was started on Steroids and other symptomatic management. Fever subsided and the patient improved clinically.

Discussion

Symptoms of HLH can mimic infectious diseases, autoimmune diseases, malignan cies & immunodeficiency diseases & makes the diagnosis challenging.

Conclusion

As HLH is a rare condition, a high index of suspicion in patients with non-specific symptoms, combined with thorough physical examination and laboratory tests can facilitate early diagnosis and reduce the complications of HLH.

PPG 6

Bridging Common and Complex: The Art of Family Medicine

Dr. Alphonsa
(Family Medicine Department, St. John's Medical College Hospital, Bangalore)

Background

Common clinical presentations can some times mask life-threatening complications. In systemic lupus erythematosus (SLE), vigilance is essential to recognize atypical presentations requiring prompt intervention.

Case Description

A 28-year-old female with a two-month history of joint pain, was diagnosed with systemic lupus erythematosus (SLE) at another facility one week ago and initiated on steroids and hydro xychloroquine. Two days after starting treatment she developed an acute onset cough with minimal blood-streaked sputum at 5 a.m. There was no history of fever or breathing difficulty.

On examination, her blood pressure was elevated, oxygen saturation was low, and bilateral basal crepitations were noted. A chest X-ray showed findings suggestive of pulmonary edema. Despite NIV, diuretics, and nebulization, hypoxia persisted. Hence CTPA was considered which revealed diffuse alveolar hemorrhage—a rare, life-threatening complication of SLE. Patient was saved with plasmapheresis and pulse steroids.

Discussion

This case highlights the critical role of family physicians in identifying red flags hidden within common presentations. In this scenario pulmonary edema was the working diagnosis but a vigilant approach led to the diagnosis of diffuse alveolar hemorrhage, ensuring timely intervention and improved outcomes.

Learning Point

Family physicians must maintain a high index of suspicion for life-threatening complications, even in routine presentations. Early recognition, prompt intervention, and timely referrals are the key to ensuring optimal outcomes, exemplifying the breadth and importance of family medicine.

PPG 7

When Two Viruses Collide : A Case Of Dengue Fever And Hepatitis A Coinfection

Dr Gopika Rajendran
Narayana Multispeciality Hospital, Howrah

Background

Coinfection is the simultaneous infection of a host by multiple pathogenic species. Many fundamental patterns of coinfection are indescribable. Coinfection of both dengue fever(DF) and hepatitis A(Hep A)in an individual is rare and can present as a challenging diagnosis to any medical professional. We present such a case of Dengue with Hepatitis A coinfection.

Case Description

Presenting the case of a 32 year old banker with good functional status and no known comorbidities who came with complaints of high grade fever for 4 days along with 2 episodes of vomiting and generalised weakness. He also gives a history of passing dark yellow urine. On admission he was febrile(101.6°F), tachycardic and icteric. Systemic examination was insignificant. Blood investi gations revealed a viral picture and Dengue IgM Ab was positive. Conservative management was started in line with Dengue along with daily Platelet and PCV testing. His LFT showed transaminitis in the range of Hepatitis A, which prompted us for a HAV IgM, which came out to be positive as well. He was managed with maintenance iv fluids, antipyretics, ursodeo xycholic acid and other supportive treatment. He was discharge later in a stable state.

Discussion

DF is caused by Dengue virus and Hepatitis A is caused by hepatitis A virus . DF perse is associated with hepatic involvement which ranges from minor alterations in the aminotransferase levels to acute hepatitis. Dengue hemorrhagic fever(DHF) is associated with a greater incidence of hepatitis and fulminant hepatitis than simple DF. A patient presenting with haemoconcentration, thrombocytopenia and plasma leakage in the presence of hepatitis has possibility of DF, while elevated bilirubin levels and deranged coagulation

profile points to Viral hepatitis.

Learning Point

Even though treatment for both viruses is primarily supportive care, coinfection can result in more severe symptoms and complications like DHF or Acute liver failure. Timely diagnosis is of utmost importance for proper management of the disease and it's complications if any.

PPG 8

A Formidable Foe From Beyond Our Borders

Dr. Mariyumma K
Family Medicine Resident

Background

Cutaneous leishmaniasis, an uncommon disorder in South-India including Kerala, often presents as a granulomatous plaque on the exposed areas, with a high index of suspicion required for diagnosis. Here, we report an imported case of cutaneous leishmaniasis in a migrant worker from the Kingdom of Saudi Arabia.

Case Description:

A 29yr old male from south Kerala, worked as a skilled labourer in Saudi Arabia, where cutaneous leishmaniasis is endemic. He remembered being bitten by sandflies during his stay at Saudi Arabia. Following the bite, the lesion started as an itchy red papule over the arms and legs which slowly progressed from an inflammatory papule to an ulcer. Based on the history and clinical examination, a provisional diagnosis of cutaneous leishmaniasis was made. Thin smear from skin scrapings revealed large macrophage containing intracellular Leishman-Donovan bodies. He was treated with systemic and topical antibiotics. After two months, the lesion improved.

Discussion

All skin lesions are not so simple. As family physicians, we need to have a broader perspective in the approach of diagnosing in terms of history and examination.

Learning point: The take home point of this case is, while assessing lesions of possible infective aetiology, a detailed travel history and knowledge of the common infective agent in the location concerned are of great importance in arriving at a correct diagnosis for appropriate treatment.

PPG 9

Beyond the obvious: The potential of primary care in early detection of tumour

Dr Megha T
Family Medicine Resident, Muthoot Health Care,Kozhencherry

Background

Breast cancer is a significant health challenge and synchronous bilateral breast cancer(sBBC) is a rare presentation. Tumour neglect is a phenomenon where cancer patients delay or do not seek care for obvious and visible tumours. Extreme neglect of cancer results in advancement of the disease. People with preexisting mental health illness are more likely to be diagnosed with breast cancer.

Case description:

A 43 year old female with psychiatric illness presented with an ulcerated lesion involving the whole of the right breast. The lesion was noticed by the patient 5 months back, but didn't inform anyone. She presented to our hospital when the lesion was noticed by the relatives as it became foul smelling. After evaluation, she was diagnosed to have Bilateral invasive breast carcinoma- No special type. Right-cT4bN3cM0, Left-cT4bN2M0. Luminal B, ER+, PR-, Her2neu-. She is currently under oncology follow up.

Discussion

sBBC is a rare presentation that needs a multidisciplinary management approach. Managing comorbidities, particularly mental health illness is a significant challenge in cancer diagnosis and treatment. Primary care physicians play a crucial role in early detection of breast carcinoma by conducting breast examination during routine checkups, ordering diagnostic tests and referring patients to specialists. Since primary care physicians know well about a patient's medical history, their involvement ensures seamless continuity of care.

Learning point: As breast cancer causes significant

physical and emotional distress, a holistic approach with empathy is as important as medical management. Primary care physicians can offer medical guidance and provide compassionate care in the journey towards healing and recovery.

PPG 10

An Unusual presentation of chest pain and abdominal pain- Early care saves lives

Dr.Hannath C M
DNB Resident, Family Medicine, Lourdes Hospital, Post graduate Institute of Medical Science and Research, Ernakulam

A 53 year old male, known case of Diabetes mellitus and Systemic Hypertension came to family medicine OPD with chest heaviness radiating to upper back for 1 hour. On examination, he was conscious and oriented, a collapsing pulse was present and blood pressure was 230/120 mmHg. ECG showed features of left ventricular hypertrophy and Trop I was 7000. Chest X-RAY showed cardiomegaly. Urgent Cardiology consultation was sought and Echo done, which showed Severe Aortic regurgitation with Ascending aorta aneurysm. Urgent Cardiothoracic and vascular surgery referral was done and the aneurysm was repaired surgically. Biopsy showed IgG4 Aortopathy.

After 9 months, he presented to Family medicine OPD with gradually progressive epigastric pain with radiation to back and was associated with nausea and constipation. On examination, the abdomen was soft, non tender with palpable pulsating mass on the epigastrium. Bilateral lower limb pulsations were weak. On evaluation, USG abdomen and pelvis was normal, CT abdomen showed dilated descending thoracic aorta of 5 cm diameter and 6 cm length with dissection of intima of vessel wall. Urgent referral to the vascular surgery department was done and was managed .

Conclusion:

As a family physician we should keep in our mind about all possible diagnoses of chest and abdominal pain other than acute coronary syndrome. Prompt referral, coordination with other departments and adequate communication with the patient and bystanders is necessary. This will ensure a continuum of care for the patient.

PPG 11

Role of Family Physician in a tertiary care hospital

Dr Ameena K K
Lourdes Hospital Post Graduate Institute and Research Centre , Ernakulam

A 41 year old female presented with a 3 day history of headache, fever and severe myalgia. She was admitted under the Family Medicine Department for further evaluation. She was diagnosed to have Leptospirosis (IgM) and was started on Inj. Crystalline Penicillin(CP). Due to rising creatinine, decreased urine output and pulmonary edema, Hemodialysis(HD) was initiated to which she responded clinically. Two days later, she developed sudden onset desaturation requiring invasive mechanical ventilation (IMV) which was diagnosed to be due to diffuse alveolar hemorrhage. Over time, her urine output and blood parameters improved and HD was tapered. She underwent tracheostomy in view of prolonged mechanical ventilation. In-spite of limb and chest physiotherapy, she developed critical illness neuropathy. After 40 days, she was weaned off from mechanical ventilation and discharged with continued physiotherapy.

Two weeks later, she was admitted for tracheostomy decannulation under the Department of Family Medicine. On ENT evaluation, vocal cord movements were found to be normal and oral feeds were started. However she developed a sudden decline in sensorium and was transferred to ICU where she was intubated and started on inotropic support. Urine and sputum cultures showed heavy growth of multiple drug resistant (MDR) organisms. She was started on Ceftazidime- Avibactam with Aztreonam. She improved clinically and was gradually weaned off from the ventilator and discharged.

This case underscores how family medicine is integral to the care continuum, ensuring that the patients receive comprehensive, coordinated and patient-centered care, particularly in complex and long term illnesses like these.

PPG 12

Fortunate Ulcer – Family Physicians: The Pivot Of Health Care System

Dr Grace Yohannan
Family Medicine Resident, Muthoot Health Care, Kozhencherry

Background

Diagnostic errors which include missed, delayed or incorrect diagnosis are a major safety concern in primary care. In that scenario cancer is among the frequently missed diagnoses.

Case description

A 69 year old male from Pathanamthitta of south Kerala who is a known case of HTN/DM, presented with symptoms of upper respiratory tract infection. On routine examination, he was found to have an ulcer over lower gums. The history was suggestive of a non healing ulcer for more than 3 months. He hadn't consulted any doctors and instead took home remedies. He also had a h/o long term tobacco and betel nut chewing. On oral examination a 2 x 1 cm erythroplakic patch surrounding leukoplakia involving lingual and labial side of gingiva with nicotine stains of teeth was present with no palpable lymph nodes. Then, he was referred to an ENT specialist who did a biopsy which showed moderately differentiated squamous cell carcinoma. Later he underwent wide local excision and marginal mandibulectomy with bilateral neck dissection.

Discussion

The patient was fortunate enough for an early and accurate diagnosis because of the eagle eye of a primary care physician. Poor awareness levels of patients result in delay in seeking medical care. Here comes the role of family physicians who have a pivotal role in assessing the risk factors, suspecting the probability of an impending cancer and referring the patient to the concerned department without further delay.

PPG 13

"When walking pneumonia became a challenge "- A complicated case study

Dr. Bismitha C P
(DNB Family Medicine Resident)

Background

Mycoplasma pneumonia is a common cause of respiratory infections, particularly in school-aged children and young adults. While it typically presents with mild symptoms, severe complications can develop in some cases.

Case Discussion

A 15-year-old female with no significant medical history presented with high-grade, intermittent fever, cough, mucopurulent expectoration, and shortness of breath. Despite multiple consultations and empirical antibiotic treatment, her symptoms persisted and her condition worsened, leading to hospitalization. A chest X-ray revealed right lower lobe involvement with effusion. Later, cold agglutinin test, pleural fluid analysis and respiratory filmarray confirmed the presence of Mycoplasma.

Discussion

Mycoplasma pneumonia is usually self-limiting, but complications such as parapneumonic effusion, otitis media, lung abscess, empyema, septic shock, and multi-organ involvement can occur. The non-specific nature of symptoms, radiographic findings, unavailability of rapid diagnostic tests and atypical nature of the organism complicates diagnosis and treatment.

Learning Points

While Mycoplasma pneumonia often presents with mild symptoms, complications such as parapneumonic effusion, as seen in this case, can occur. Primary care providers should consider this diagnosis in patients with persistent fever and respiratory symptoms.

PPG 14

When A Wink Speaks Louder Than Words `!!

Dr. Flossy Mathew
DNB Resident, Department of Family Medicine, Lourdes hospital and Post Graduate Institute of Medical Sciences and Research, Kochi

Background
Primary pulmonary synovial sarcoma is a rare and highly aggressive tumour. Due to lack of specific clinical or radiological presentation, the diagnosis is often missed. This case highlights how identifying certain subtle signs help in early diagnosis and can be life-saving.

Case Description
A 60 year old male patient with no specific complaints presented to a free medical camp for a routine checkup. His vitals and systemic examination were normal. Observing a mild ptosis in the right eye, the patient was asked about it, and he reported having it for the past two weeks. He did not have blurring of vision / diplopia and pupils were reactive. On further enquiry for any other symptoms, he mentioned having an occasional dry cough for the past one month. Chest x-ray was done which showed an opacity in the right middle zone. He was referred to a pulmonologist and CT thorax showed a soft tissue mass in the middle lobe of right lung infiltrating hilar structures. Further biopsy revealed malignant spindle cells. He was started on chemotherapy without further delay.

Conclusion
Meticulous observation, detailed history taking, and thorough clinical examination are crucial in clinical practice.
Role of Family Physicians
Comprehensive Assessment
Prompt Referral
Coordination of Care
Patient Education and Support
Long-term Monitoring

PPG 15

Dietary Extremes And Their Price : Myopathy In The Young

Dr Haifa Abdul Hakkiem
VPS Lakeshore hospital and research centre , Kochi

Background:
Vitamin D deficiency is a health concern in India, particularly in children. Its deficiency leads to a range of musculoskeletal disorders, including rickets and Vitamin D-induced myopathy which is often overlooked despite its debilitating effects. Kerala has 70% prevalence of Vitamin D deficiency. Musculoskeletal disorders such as bone pain and muscle weakness remain widespread; often misdiagnosed or untreated.

Case Report:
A 11-year-old boy, presented with a 3-month history of progressive difficulty in rising from a seated position and walking. It was associated with paresthesia below the knees. Despite the absence of upper limb symptoms or bladder dysfunction, his clinical presentation was suggestive of a neuromuscular disorder. Detailed interview opened to the thoughts of a peculiar food faddism, wherein the child was taking only rice and salt for the past few years.
On examination, the patient demonstrated Grade 4 muscle weakness in both the lower limbs, brisk reflexes of biceps and knee. Laboratory investigations revealed severe Vitamin D deficiency, confirming a diagnosis of Vitamin D-induced myopathy and rickets. High dose vitamin D supplementation and dietary changes resulted in significant recovery within weeks. Serial monitoring of urine calcium : creatinine clearance and S.Alkaline phosphatase was done and found to be on improving trends.

Discussion :
Vitamin D deficiency induced myopathy typically affects proximal muscles and can precede skeletal symptoms. Factors like indoor lifestyle, poor dietary intake and limited sun exposure exacerbates this condition even in regions with ample sunlight. This case underscores the critical role of early diagnosis and management to prevent long term complications

Conclusion :

Family Physicians play a pivotal role in identifying Vitamin D deficiency through detailed dietary and lifestyle assessments. Timely intervention including supplementation and dietary guidance can effectively address musculoskeletal disorders in any population, emphasizing the importance of awareness in high prevalence regions like Kerala.

PPG 16

Seasonal Skin Irritant: Blister Beetle Dermatitis in Family Medicine Practice

Dr K B Hareesh Kumar
MGM Muthoot Hospitals, Pathanamthitta

Background

Paederus dermatitis is a skin irritation caused by contact with a beetle from the Paederus family. These beetles don't bite or sting, but their body fluid contains a strong blistering agent called pederin. If accidentally crushed or brushed against one of these beetles, the fluid can lead to erythematous, bullous skin lesions in the affected area. Usually, this is noted in the post rainy season period. Outbreaks of skin irritation caused by Paederus beetles have been reported in many countries around the world. These include countries in Asia like Malaysia, Sri Lanka, and India; African countries like Nigeria and Kenya; and even places like Australia, France, and Brazil.

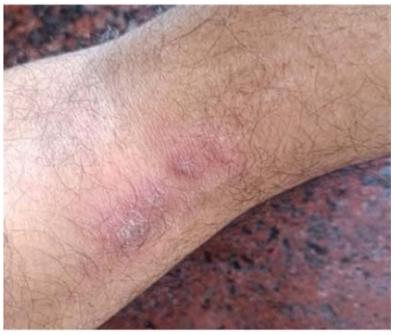
Here are the different cases which presented to the family medicine OPD in our hospital.

Case 1

A 28 year old male presented with complaints of burning pain and redness over right knee pit for 2 days.

On examination:

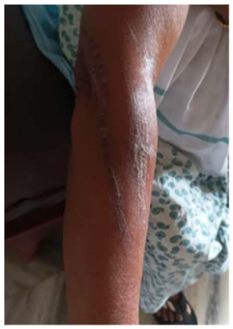
Few ill to well defined erythematous plaques with few crusted erosions of varying size (1×1cm, 1×0.5cm,0.5×0.5cm) were seen over popliteal fossa.



Case 2

A 70 year old female presented with complaints of a painful rash over right forearm for 3 days.

On examination :



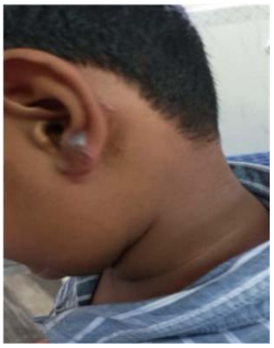
Well defined linear crusted plaques of varying size (largest 20×0.5cm) with surrounding edema and erythema were noted.

Case 3

A 10 year old boy presented with a painful red rash over left ear pinna for 2 days.

On examination:

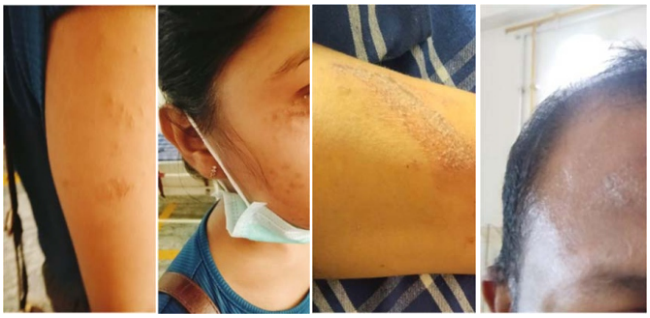
Multiple turbid fluid filled vesicles over erythematous base were seen over left ear lobule.



Case 4

A 13 year old girl with rash over right arm and around right eyes

On examination :



Multiple vesicles over right arm and crusted erosions around right eye (inner canthus and infraorbital region) were noted.

Treatment

These patients were managed with topical steroids and antibiotics, oral antihistamines. A few patients required oral antibiotics. Lesions healed with hyperpigmentation.

Prevention

To avoid the skin irritation caused by paederus beetles, it's crucial to prevent contact with them. Learning to recognize these beetles and not touching or squashing them are important. Using screens on windows and doors, and sleeping under a bed net for extra protection are also recommended. Keeping the surroundings clean and free of excess vegetation can also help reduce their presence. If a beetle lands on skin, it should be gently removed without crushing and the area should be washed thoroughly. Immediately after contact, the area should be washed with soap and water, and topical tincture iodine applied.

Discussion

There is a high incidence of this condition in the post monsoon season having a chance of progressing to complications like secondary bacterial infections, extensive exfoliating and ulcerating dermatitis. Patient education about the beetle and its associated skin irritation should be a priority, especially during high-risk seasons. Primary care providers play a key role in raising public awareness of Paederus dermatitis. Prevention of Paederus dermatitis can be significantly improved by integrating public health education about the Paederus beetle and its associated skin irritation into primary care practices.

PPG 17

Awareness about breast cancer and perceptions and practice of self breast examination among women attending a tertiary care hospital in south India- A cross sectional study

Dr Fathima Febin E
Lourdes hospital, Kochi

Aims &Objectives

To assess the awareness about breast cancer, to assess the perceptions and practice of self breast examination and to determine the effect of socio-demographic variables of these among women attending a tertiary care hospital in South India.

Methods

This study was conducted among women aged 20 years and above in Lourdes Hospital, during a period of one and half years with a sample size of 100. A pre-tested, semi-structured validated questionnaire was administered. The questionnaire contained the sociodemographic information of the patient and questions to assess breast cancer awareness and perceptions and practice of self breast examination. Data was collected and analyzed using the various statistical methods.

Results

In this study, the average age of study population was 46.55 years. 99.0% of the participants have heard of breast cancer and they have good knowledge about it. Although 90.7% participants have heard about self breast examination as a screening tool, their perceptions and practices were poor. Media, friends/relatives as well as healthcare workers have played a role as their source of information in this regard. 59.8% of the women have done self breast examination before. The main reason for others not performing it was the lack of any symptoms. The study could not find any significant association with the demographic variables studied.

Conclusions

The awareness about breast cancer and self breast examination needs to be improved. The awareness campaigns are a mandate in this regard and Family physicians have to play a key role in the awareness programmes.

PPG 18

" Will I gain more height, doctor?" – unveiling Crohn's Disease as a cause of severe growth retardation in an adolescent

Dr Roshni Sulthana K P
Government Medical College Kozhikode

Background

This case highlights how lack of thorough history, physical examination and clinical evaluation leads to mismanagement and deprives an adolescent of his opportunity of normal growth – physical, intellectual and social.

Case Description

A 17 year boy, apparently asymptomatic until 4 years back, presented with abdominal distension with bloated sensation, increased bowel frequency, loss of weight and failure to gain height over 4 years. The boy had abdominal discomfort and bloating after food intake. He had increased bowel frequency 3-4 times a day, semi-solid, bulky, non-foul smelling stools with mucus. There was no blood in stools or tenesmus. Nocturnal diarrhea was present. Loss of weight was also present, but no loss of appetite or evening rise of temperature and no h/o TB. He has had facial puffiness and generalized edema 3-4 times in the past 4 years. He had insidious onset generalized abdominal pain 4 years back (not associated with fever/vomiting/loose stools). USG showed mesenteric lymphadenitis and was treated with antibiotics. One month later abdominal pain worsened and USG showed appendiceal mass for which he underwent appendicectomy. His mother noticed that he was losing weight, not gaining height and was not growing well compared to his peers. He couldn't attend regular school for the past 4 years due to his illness and is preparing for 10th equivalent exams now. Similar complaints of abdominal bloating was present in his father who had an acute abdomen (perforation) & underwent emergency laparotomy 4.5 years back.

O/E: Patient was conscious and oriented, short statured and emaciated with severe muscle wasting. His Height was 142 cm, weight was 20.6 kg and BMI was 10.2 kg/m2. Presence of pallor, periorbital and facial puffiness, angular cheilitis and glossitis, pandigital clubbing, hyper pigmentation of knuckles and palmar creases and pedal edema were noticed. No lympha denopathy/icterus. Secondary sexual charact eristics were not developed. His vitals were normal. Systemic examination showed distended abdomen, appendicectomy scar, tenderness over RIF with no guarding/rigidity. Shifting dullness was present. No organomegaly was noted. RS showed decreased breath sounds in the right and left infra-axillary region. Other systems were WNL.

Relevant investigation revealed severe anemia (IDA), elevated ESR, hypoalbuminemia with A/G reversal, hypokalemia, hypocalcemia, normal RFT and liver enzymes, stool occult blood positive, viral markers negative, anti-TTG negative. USG abdomen showed moderate-gross ascites, left moderate pleural effusion and right minimal pleural effusion. CECT abdomen revealed features suggestive of active inflammatory bowel disease, possibly Crohn's disease. The boy received multivitamins and was discharged on mesalamine with follow up advice.

Discussion

Adolescents with IBD may present with chronic diarrhea with loss of weight, decreased velocity of height gain and delayed puberty. H/o chronic abdominal symptoms and perforation in father should raise a suspicion of IBD, especially Chron's Disease. There was a lack of early diagnosis, early initiation of proper treatment, holistic and continuous care. He was taken to multiple specialists, but a diagnosis could not be made and the family had to face financial burden. Had the child been seen earlier by a family physician, he would have been properly evaluated and diagnosed, appropriate treatment started earlier and received continuous care and he would have had a near normal life comparable to his peers.

Learning Points

1. Proper history and examination are crucial for arriving at a right diagnosis.
2. Complete evaluation of the patient along with proper family history would help to narrow down differential diagnoses and order selected investigations that help to arrive at a proper diagnosis and also decrease financial burden on the family.
3. Red flag signs like deceleration of growth of a child should alert the clinician, to look for possible causes and prompt management.
4. Early initiation of specific treatment, correcting nutritional deficiencies, counselling the family regarding the nature of the disease, advising timely follow up would ensure adherence to treatment, earlier and better improvement of the symptoms.

PPG 19

Connecting the Dots: A child's diagnostic journey

Dr.Shaima N V
Family Medicine Resident, Muthoot Health Care, Kozhencherry

Background

Anemia is a common clinical condition which arises due to various clinical conditions such as nutritional deficiencies, chronic disease, infections, hemolysis and genetic disorders. Thalassemia is a hereditary form of anemia, occurring due to genetic mutations that affect hemoglobin production. Unresponsiveness to initial treatment of anemia requires a systematic, patient centered approach.

Case description

A 2-Year-old female child born out of non consanguineous marriage, without any known comorbidities and normal antenatal, neonatal, and post-neonatal history presented to the OPD with complaints of fever and cough with expectoration for 3 days. She was evaluated with CBC which showed neutrophilic leukocytosis and low hemoglobin. She was treated with Oral antibiotics and other supportive measures. During the follow-up, in view of low hemoglobin, she was started on oral hematinic for 1 month. Upon review, the child was found to have persistent low hemoglobin. In view of the unresponsiveness to hematinic, a blood workup was done. Peripheral smear showed microcytic hypochromic anemia, target cells and thrombocytosis. S. ferritin was normal. HPLC was reported as features suggestive of HbH disease. Thalassemia alpha mutation study showed Homozygous deletion. Maternal evaluation of alpha thalassemia deletion analysis showed Heterozygous deletion. At present the child is on regular follow up.

Conclusion

This case demonstrates the need to evaluate the unresponsive anemia beyond standard treatment with hematinics. Early detection methods, including hemoglobin electrophoresis and genetic investigations are vital for diagnosing underlying hemoglobinopathies and for planning specific treatment for precisely those entities requiring them, e.g. in cases of HbH disease. Her mother is a carrier and genetic studies would be important in the family to identify carriers and provide genetic counselling to avoid similar issues in the next generation. In such cases it can lead to improved outcomes through meaningful assessment and individualized care.

Learning Points

Primary care management plays a pivotal role in timely diagnosis, appropriate referral and individual management appropriate for the child. In addition to clinical care, Family physicians perform a prime role in counselling families, detailing the genetic inheritance patterns and the importance of carrier screening.

PPG 20

'The Comeback of Classics' - Overcoming Multi Drug Resistant Enteric Fever with Old Antibiotics

Dr Anwaya G
Ahalia Diabetes Hospital, Palakkad , Kerala

Background

Multi drug resistant typhoid is more common in developing countries with poor sanitation and hygiene where antibiotics are often overused or misused. It is a growing public health concern as the bacteria can spread easily and become

increasingly resistant to antibiotics.

Case Description :

CASE1:

A 27 years old male presented with a history of fever for 15 days and loose stools for 1 week . He was treated with Inj MEROPENEM 1g ,Inj LEVOFLOXACIN 800 mg for 3 days from outside hospital.. As the fever didn't respond to the above antibiotics, the patient was referred to us. After a detailed history and examination, a provisional diagnosis of Enteric fever was made and we started him on Inj.Ceftriaxone 1 gm and Azithromycin 500mg. Blood culture later yielded Salmonella paratyphi which was sensitive to CO-TRIMOXAZOLE. The patient was started on CO-TRIMOXAZOLE, after which he improved symptomatically.

CASE 2:

A 32 years old female presented with history of fever for 10 days, associated with vomiting and loose stools .She had taken treatment on OP basis from outside hospital (T CEFIXIME 200MG) .In view of persistent fever she was referred here for further management .Patient was started on IV antibiotics(Inj ceftriaxone 1 gm) and TAB CO-TRIMOXAZOLE. Her condition improved clinically.

Discussion:

In this era of inappropriate antibiotic usage, rethink about basic antibiotics rather than upgrading to a higher spectrum of antibiotics which can provide affordable treatment.

Learning Point

Detailed clinical evaluation of the patient has to be done to find out the source of infection and appropriate antibiotics have to be initiated rather than starting with a higher spectrum antibiotic.

PPG 21

Hidden in Plain Sight: The Oral Ulcer Culprit

Dr Rinsha K T
Ahalia Diabetes Hospital, Palakkad, Kerala

Background

Herpes simplex is a common virus that can cause painful blisters or ulcers in the mouth, on genitals or other parts of your body.

HSV-1 usually causes oral herpes like cold sores /fever blisters, but it can also cause genital herpes.

Case Description

A 35 years old male who is a businessman abroad with no known comorbidities came with a history of fever, for which he took medications from outside hospital. He developed painful oral ulcers later which was diagnosed as erythema multiforme and was admitted in an outside hospital and started on steroids. He came for continuation of treatment to us, but complained of difficulty in having food. He was admitted and evaluated further. After thorough history, we found out that the patient was having multiple sexual partners. Hence, HSV-PCR was done and found to be positive. He was started on antivirals and other supportive measures. Patient showed immense response to the treatment.

Discussion

Timely identification, holistic care and management of HSV can lead to avoidance of complications.

Learning Point

This particular case was an eye opener emphasizing the importance of proper history taking and detailed evaluation which lead to a proper diagnosis and effective management.

PPG 22

Beyond the Operating Table : Significance of Comprehensive Pre Operative Assessment

Dr Shihab Abdul Azeez Valappil
Ahalia Diabetes Hospital, Palakkad , Kerala

Background

Significance of comprehensive pre operative assessment to avoid complications during surgery and better outcome of patient

Case Description

A 49 years old male with no known comorbidities presented with abdominal pain and vomiting for the past 2 days. Patient also complained of occasional exertional dyspnea with no h/o fever, cough, chest pain. Per abdominal examination showed umbilical hernia with tenderness . USG abdomen showed umbilical hernia with omental fat as the content ?incarcerated. Hence the patient was posted for emergency surgery. During detailed preoperative evaluation, ECG showed left ventricular hypertrophy hence proceeded for echo, suggestive of congenital heart disease (ASD) with defect 9 mm with left to right shunt. Hence, emergency cardiology consultation was done, who opined very high risk for surgery and postoperative cardiac arrest.

Discussion

Even though ASD is a congenital abnormality, patients may remain largely asymptomatic and only a detailed examination can reveal the severity of the condition.

Learning Point

Detailed evaluation and timely intervention are needed for preventing any medical complications.

PPG 23

Herpes simplex infection in a Diabetic and Hypertensive patient

Dr Arya R
Trustwell Hospital, Bangalore

Background

Herpes simplex virus (HSV), commonly known as herpes, is a widespread infection that can cause painful blisters or ulcers, primarily spreading through skin-to-skin contact. Type 1 (HSV-1) predominantly spreads via oral contact, causing infections in or around the mouth (oral herpes or cold sores), but it can also lead to genital herpes. Type 2 (HSV-2) spreads through sexual contact and is the main cause of genital herpes. Globally, an estimated 3.8 billion people under age 50 (64%) are infected with HSV-1, while approximately 520 million people aged 15–49 (13%) have HSV-2 infection.

Case Description

A 35-year-old businessman with a decade-long history of diabetes and hypertension, managed with medications, presented with a high-grade fever lasting 5 days and multiple painful blisters on the face, fingers, mouth, and genitalia. On examination, the patient was conscious, alert, and vitally stable. Discolored, inflamed skin with blisters was observed on the right upper lip, fingers, tongue, buccal mucosa, and genital region. Laboratory investigations including CBC, LFT, and RFT were within normal limits. A fever workup revealed negative results for other causes, except for HSV IgM 1&2, which were positive. The patient was treated with Valacyclovir and Paracetamol, alongside strict blood sugar control, resulting in remarkable recovery.

Discussion

This case highlights the increased susceptibility to HSV-1 and HSV-2 coinfections in individuals with chronic illnesses such as diabetes. Early diagnosis and appropriate management of HSV infections are crucial in reducing the risk of severe complications, including herpes simplex keratitis, herpes simplex encephalitis, and disseminated herpes simplex. The patient's diabetes and hypertension further emphasized the importance of prompt treatment.

Conclusion

Preventing herpes simplex infection requires a combination of lifestyle modifications, safe practices and medical interventions. Family physicians should remain vigilant in advising preventive measures, monitoring patients closely for faster recovery, and mitigating complications, particularly in individuals with diabetes and

hypertension. People with diabetes should also stay up to date on routine vaccinations to help prevent related illnesses.

Reference: Herpes Simplex Virus (HSV) Infections (Herpes Labialis; Herpetic Gingivostomatitis) ByKenneth M. Kaye, MD, Harvard Medical School Reviewed/Revised Dec 2023.

PPG 24

"From Prescription to Suppression" Understanding Drug Induced Neutropenia

Dr Tinto K
Ahalia Diabetes Hospital, Palakkad , Kerala

Background

Drug induced neutropenia is a rare but potentially serious condition characterized by significant reduction in neutrophil count. This condition can occur through two main mechanism: immune mediated destruction or direct suppression of bone marrow; common culprit include chemotherapy agents, antibiotics, antipsychotics and anti convulsants.

Case Description

74 year old female known case of Type2DM, Systemic hypertension, CAD, Good Pasteur syndrome on Tab Cyclophosphamide and Septran ds presented with complaints of fever, cough and generalized tiredness for 3 days. She was admitted and relevant investigations done. CBC showed TC less than 1000, Absolute Neutrophil Count 0.18X 10^3. HRCT thorax was suggestive of bilateral mild to moderate pleural effusion with no evidence of pneumonitis.

Discussion

Fever with neutropenia should be extensively evaluated to find out the cause for an early intervention and recovery.

Learning Points

1. A strong clinical suspicion is required while dealing with such cases in general practice and it is important to realize that medication we use can be the cause of a wide range of side effects ranging from simple fever to life threatening complications.
2. To focus on proper history taking including medication history while assessing a patient in general practice.

PPG 25

The Clinical Kaleidoscope: A potpourri of cases that hit the FM charts last month

Dr Sajina T K
Lourdes Hospital Post Graduate Institute Of Medical Science And Research Centre , Kochi

These are 3 random patients who could have been managed by other sub-specialities yet presented to the Family medicine OPD and managed.

1. 78 year old male who was on regular follow up in family medicine OPD for around 5 years for COPD presented with progressive worsening of cough and breathlesness for 2 weeks, with increased severity for 4 days. On evaluation he was diagnosed to have bronchogenic carcinoma. Oncology and pulmonology specialists were consulted, but the patient was not willing for biopsy or further definitive management. He was managed symptomatically during episodes of exacerbation.

2. A 52 year old male presented to the family medicine OPD with complaints of deviation of angle of mouth to the right side and inability to close left eye of 1 day duration. On examination there was Bell's phenomenon and deviation of angle of mouth to the right side. He was diagnosed to have Bell's palsy and was managed with oral steroids, eye care and physiotherapy and improved.

3. 47 year old female presented with complaints of low back ache, bilateral lower limb pain with swelling of both ankle joints, tiredness, easy fatigability and palpitations for 6 months. Blood investigations revealed thrombocytopenia. Bone marrow aspiration and biopsy was done and was diagnosed as a case of Immune Thrombocytopenic Purpura and was managed with oral steroids.

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