

List of Continuing Medical Education Programmes (CME)

Sl. No.	Date /Month	Department	Topics	Speakers	Remarks
1	02-02-2014	Physiology Pathology Medicine O B G Pediatrics	Leukemia	Dr.Salim Dhundasi. Dr.A.M.Patil Dr.Bilal Dr.V.A.Thobbi. Dr.A.N.Thobbi.	All Faculty Residents Interns PG students
2	07-03-2014	Medicine O B G Pediatrics Surgery	Renal complications	Dr.V.A.Thobbi. Dr.A.N.Thobbi. Dr.Bilal.	All Faculty Residents. Interns PG students
3	27-04-2014	Cardiology/ Medicine	Recent advances in Neurology	Faculty from NMHANS; Bangalore	All Faculty Residents Interns PG students
4	11-05-2014	Physiology Pathology Medicine O B G Anesthesiology	Blood component Therapy	Dr.Shahin Maniyar. Dr.B.B.Sajjanar, Dr.Taranath Sitimani. Dr.Suguna Dr.M.V.Watve.	All Faculty Residents Interns PG students
5	15-06-2014	Pathology Medicine Orthopedics Radiology Anesthesiology	Bone tumours	Dr.Saeed Yendigeri Dr.,Vittal Rao Dr.V.V.Mundewadi Dr.Mankare Dr.Rajendra Kumar.	All Faculty Residents Intern PG students
6	18-07-2014	All depts.	National education day "Moulana Abdul Kalam azad"	Dr.B.S.Patil. Dean,AMC, Bijapur & other faculty members.	All Faculty Residents Intern PG students
7	08-08-2014	All depts.	Ethics of medical research and publication. Roll of medical journals in India.	Prof K. K. Das Dr. N. Probhu Dev	All Faculty Residents Intern PG students
8.	03-03-2015	Medicine	Adventure in Medicine	Dr. M.M.Kalburgi. Dr.Anand Patil	Medicine Faculty & PGs

Sl. No	Date /Month	Department	Topics	Speakers	Remarks
9	06-08-2015	Community Medicine	Pre hospital care	Dr.S.S.Yarnal Dr.Rekha Sonavane	All Faculty & PGs of clinical depts
10	10-10-2015	ENT	Intranasal Approach to Diseases of Lacrimal sac (Chronic Dacrocystitis).	Dr.SM.Rashinkar Dr.M.V.Watwe Dr.Ashfak Ahmed Kakeri	All Faculty and Residents
11	04-01-2016	Physiology & Pathology	Anemia	Dr.A.M.Patil Dr.Nasheen Fathima Dr.MohammedAslam	All Pre & Para Clinical PGs
12	15-04-2016	Obst & Gynaecology Physiology Medicine	Blood pressure complications &management.	Dr.Swati.N.Tikare Dr.Ashok Yankanchi Dr.Gururaj Deshpande.	All Staff & Faculty.
13	27-08-1016	All depts.	Urology CME	Dr.Ssuresh Kagalkar Dr.Sajid Mudhol Dr.J.I.Gulla.	All Faculty Residents Intern PG students
14	11 th & 12 th February 2017	Anaesthesiology	“PG Excel 2017”	Various faculties from different colleges of Karnataka and Maharashtra	2 days CME with 4 (four) credit hours
15	18 th March 2017	General Surgery	“Recent Trends in GI Practice”	Various faculties from different colleges of Karnataka and Maharashtra	One day CME with 2 (two) credit hours
16	26 th March 2017	Obstetrics & Gynaecology	“FOGSI-JOGI PICSEP Scientific Programme”	Various faculties from different colleges of Karnataka and Maharashtra	One day workshop with 2 (two) credit hours

Activities conducted by Medical Education Unit

01. The Orientation Program for the Fresher students –Aug-2013
02. Medical Laboratory Technology Seminar on “Pre Analytical Variables in lab Medicine”. Aug-2013
03. Guest lecture on Cytology and surgical pathology by Dr Siraj Azhar Qazi, January-2014
04. Guest lecture on Cancer cytogenetics & molecular diagnosis by Dr R.S.Humbarwadi. March-2014
05. Guest lecture on Infertility by Dr Gauramba Sajjan. May-2014
06. Guest lecture on Changing trends of diseases, by Dr R.M.Umarji, June-2014
07. Guest lecture on Bilateral Elongated styloid Process. (case report)by Dr V.D.Kolvekar, August-2014
08. Guest lecture on Intra-Nasal Approach to Diseases of Lacrimal sac (Ch Dacrocystitis)by Dr R.N.Patil, September-2014.
09. Guest lecture on Ebola Virus and its Awareness in India by Dr Ravichandra Prakash, October-2014.
10. Guest lecture on “Adventures in Medicine developing best practices for underserved population” by Dr John Rosenberg, February-2015
11. Guest lecture on Pre hospital care scoop and run vs stay and play by Dr Mustafa Abu Elkhair. Feb-2015.
12. Guest lecture on Surgical perspective in breast cancer, by Dr Jerome Stefanko, February-2015.
13. Guest lecture on Diabetes in elderly Guidelines by American society, by Dr Irfan Moin, February-2015.
14. Guest lecture on Pediatrics-Child abuse, by Dr Ali Javeed. February-2015.
15. Guest lecture on Ob Gyn-Hospital palliative care, by Dr Farida Ghogawala, February-2015.
16. Lecture on SIMC vs phaco February-2015
17. “World Kidney Day” by Dr Suresh Kagalkar, & Dr Habibullha Attar, March-2015.
18. CME on Adventures in Medicine March-2015
19. CME on Surgery prospective in Breast Cancer, May-2015
20. CME on Ebola virus & its awareness in india, June-2015.

21. CME on Developing best practices for underserved population, August-2015
22. CME on Pre hospital care scope, August-2015
23. CME on Intranasal Approach to Diseases of Lacrimal sac(Chronic Dacrocystitis) October-2015.
24. Guest lecture on Comparative analysis of mitral valve changes in different age groups by histochemical, immunohisto chemical and ultra structural study, by Dr A.M.Patil, November-2015.
25. Guest lecture on Prevalence of facet joint arthrosis in lumbago patients-CT scan evaluation by Dr Atiq Ahmed, December-2015.
26. Guest lecture on Diagnostic evaluation & clinical implication of dysplastic kidney & double ureter, by Dr Suresh Kagalkar, January-2016.
27. Open viva for Phd examination on “Role of a Tocopherol on Experimental Nickel Toxicities in Male Reproductive System of Alloxan Diabetic Rat” by Dr Sandhya T. Avadhany,&Dr Anil D. Surdi, February-2016
28. Doctor’s Day June-2016.
29. Post graduate orientation programme held on 15/06/2016.
30. A C.M.E. of urology in association with Karnataka Urology association August-2016.
31. “Breast feeding week ” was celebrated in the Al-Ameen Women and Children Hospital, Vijaypur from 01/08/2016 to 07/08/2016.
32. “World Suicide Prevention Day” by Dept of Medical Education in association with Dept of Psychiatry, September-2016
33. Global expert talk on appropriate antibiotic prescribing (Live web cast) September-2016
34. “World deafness day” observed on 26-09-2016 at 9:30am in the department of ENT, Al-Ameen Medical College, Vijayapur. All the faculty members were invited.
35. “An orientation programme for fresher’s” has conducted at college auditorium on 03-10-2016 at 8:30am. All the staff members & Antiraging committee members and MBBS junior students along with their parents were attended these function.
36. A CME has been arranged on Global Survey of Antibiotic Resistance Forum interactive Online Webinar on 16-11-2016 at 3:15pm in the surgery seminar hall. All the staff, PG and internees were attended the occasion.
37. A guest lecture has been arranged in association with Medical Education Unit. Dr. A.Y. Ambekar delivered lecture about “Chronic Mental Stress” how it can affect health, on 09-12-2016 in seminar hall of Surgery department, AMC, Hospital, Vijayapur. All the staff, PG and internees were attended the occasion.

LIST OF CLINICO-PATHOLOGICAL CONFERENCES (2014 to 2016)

Sl. No.	Date	Clinical part	Differential Diagnosis. (Clinical)	Pathology Diagnosis	Chairperson
1	21-01-2014	57 yr/m, mass in Rt hypochondrium. fever jaundice.	-Alco cirrhosis -HBV-carrier -Hepatoma -Gall bladder stone	Chr Persistent Hepatitis going for Cirrhosis.	Dr.B.S.Patil Prof &HOD Medicine.
2	25-02-2014	55 yr/ M, mass in Epigastrium, Anorexia, Wt.loss, diarrhea.	-Gastric Ca -Pancreatic Pseudocyst -Ca pancreas -Lymphoma	Infiltrating Sclerosing adeno-ca of Pancreas.	Dr.S.A. Contractor Prof &HOD Surgery
3.	24-03-2014	50 yr / M, Fever, Axillary LN+Skin lesions, Diarrhea, Wt Loss, Anorexia	-Lymphoma -Tuberculosis -Fungal infection -Parasitic infection, -Secondary in LN	Ca-scratch disease In HIV pt.	Dr.S.L. Chandargi Prof Medicine.
4.	12-04-2014	48 yrs/m, sudden loss of consciousness while jogging h/o heart disease.	-MI Thrombosis -c va-Embolism -Bact endocarditis	Constrictive Cardiomyopathies, +Cerebral ischemia	Dr.A.B.Patil Prof Surgery
5	02-05-2014	9yr/F, head ache, vomiting, Hypertension, abdominal mass+	Pheochromocytoma Neuroblastoma Ac.Leukemia Polycystic disease	Pheochromocytoma	Dr.A.N. Thobbi Prof & HOD Paediatrics.
6	25-05-2014	125 yr/m, presented with anemia, Wt loss, failure to thrive,	Megaloblastic anemia -Leukemia-AML	Pure Red Cell aplasia.	Dr.A.B. Talikoti Prof
7	23-06-2014	25 yrs/male presented with Gen Lymphadenopathy, Fever, skin rashes, wt loss	Miliary Tuberculosis Hodgkin's disease Leukemia-CLL Dermatomyositis Immunosuppression	-Hodgkin's Lymphoma. Nodular sclerosis type.	Dr.B.B.B. Metan Prof Surgery
8	28-07-2014	25 yr/F, presented with Abdominal mass with pain/o previous LSCS.	-Incisional hernia with obstruction -keloid -Endometriosis -Int. Tuberculosis	Scar endometriosis.	Dr.V.A. Thobbi Prof & HOD OBG
9	23-08-2014				
10	27-09-2014	65/M, presented with cough+expect, fever, Wt loss Pt on Cortisone for Asthama.	Pulm TB -Status Asthmatics -COPD -Ca-Lung Bronchiectasis		Dr.Kalburgi. Asso Prof Medicine.
11	24-11-2014	45/f, presented with Menorrhagia, abd pain, Breast discomfort, anemia	-Ovarian benign tumour - Thecosis -Leutenising tumour	-Fungal Inf (Aspergillois) With Bronchopneumonia	Dr.P.T.Jadhav Prof. OBG

12	12-12-2014	12 yr/male presented with anemia, bleeding gums, abdominal mass and Gen.Lymphadenopathy	-Ac.leukemia -AML -ALL -Leukoerythroblastic Reaction -Secondary in marrow	-AML-M3 Promyelocytic leukemia	Dr. A.M.Patil Prof & head Pathology
13	30-01-2015	64 y/o caucasian female with PMH of HTN, CAD, presented with 1 month H/O retrosternal, non radiating 4/10, chest pressure, progressively worsening for last 2 days, weakness for 4 days, nonproductive cough for 1 week with no hemoptysis or weight loss. Remote H/O smoking , quit 36 years back and worked as a boat painter. Lab- significant only for Mild normocytic anemia	Primary Lung cancer. Lymphoproliferative disorders Plasmacytoma Pulmonary TB Pulmonary TB Mediastinal involvement	Bronchogenic Carcinoma	Dr B S Patil Dr Taranath Dr AM Patil Dr B B Sajjanar Dr Deshpande
14	28-02-2015	43 y/o Caucasian M with PMH of arthritis and allergies presented with c/o intermittent diarrhea for one month. Stools were watery, non bloody and associated with lower abdominal cramps. Initial assessment revealed two palpable, soft, non tender occipital lymph nodes which were 1 cm in size. The lymph nodes were noticed > 1 year ago, waxing and waning type, initially brought about by an URI. Labs showed some hemoconcentration. CT scan of abdomen and pelvis revealed filling defect in ileum and abdominal and inguinal lymphadenopathy.	Inflammatory: IBD – crohn’s disease Ischemic colitis Tumors Benign: adenomas, leiomyomas and lipomas Malignant Adenocarcinoma Lymphoma Drugs Chronic infections: HIV associated opportunistic infections Tubercular enteritis	HIV with Benign: adenomas, Malignant Adenocarcinoma HIV associated opportunistic infections Tubercular enteritis Inflammatory: IBD – crohn’s	Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi
15	27-03-2015	Correlation of various demographic and laboratory findings in cases of biopsy-proven LN with the pathological features on renal biopsies. One of the most common findings was class IVG (48%). At renal biopsy, a highermicroscopic hematuria, impaired GFR, proteinuria, anemia,	Mesangial proliferative LN) Focal proliferative LN Diffuse global proliferative LN membranous LN)	Biopsy-Proven Lupus Nephritis	Dr B S Patil Dr Suresh Kagalkar Dr Taranath Sitimani Dr Arifulla K Md Dr N S Biradar

		hypoalbuminemia and hypertension, and the presence of positive anti-DNA antibody were all associated with the worst class, that is, class IV. These parameters were also correlated with high renal pathological activity and chronicity index in patients with LN.			
16	30-4-2015	Tissue samples obtained from 672 patients who had undergone large bowel resection between 2005 and 2010 at the Braga Hospital, Portugal. Archival paraffin-embedded CRC tissue and normal adjacent samples were used to build up tissue microarray blocks and VEGF-A, VEGF-C, VEGFR-2 and VEGFR-3 expression was immunohistochemically assessed	VEGF-A, VEGF-C, VEGFR-2 and VEGFR-3 Expression Colon cancer	Colorectal cancer	Dr B S Patil Dr Sajid Mudhol Dr Nishikant Gujjar Dr A M Patil Dr B B Sajjanar
17	28-5-2015	A record of 83 patients with psychosis and pathology-proven neurodegenerative disease were evaluated to identify the precise nature of delusions and hallucinations associated with each neuropathology. Delusions were present across all diagnostic categories but more frequent in AD and FTLD-TDP, whereas hallucinations were present primarily in LBD and PSP and to a lesser extent in AD and FTLD-TDP.	Alzheimer's disease (AD), Lewy body disease (LBD), AD/LBD, progressive supranuclear palsy (PSP), frontotemporal lobar degeneration (FTLD) Pick's disease	frontotemporal lobar degeneration	Dr B S Patil Dr Taranath Dr AM Patil Dr B B Sajjanar Dr Kalburgi
18	27-06-2015	Data of patients with AD from the National Alzheimer's Coordinating Center between 2005 to September 2013 was accessed and reviewed. Presence of psychosis was determined based on Neuropsychiatric Inventory Questionnaire taken from the last visit within one year prior to death, and patients were divided into psychosis positive and negative group.	Brain vascular changes in Alzheimer's disease	AD with Psychosis AD without Psychosis	Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi

19	30-07-2015	An asymptomatic 67-year-old Indian man presented for routine dental care. His medical history was significant only for insulin-dependent diabetes and remote cerebrovascular accident. The patient denied history of cigarette smoking, betel nut use, and alcohol consumption.	Potentially malignant conditions, neoplastic conditions and developmental anomalies were entertained.	verruciform xanthoma	Dr S M rashinkar Dr M V Watve Dr Satish Shapur Dr S M Yendigeri
20	27-08-2015	A high prevalence of hemiplegia was found in 89 patients with sickle-cell disease seen over a 5-year period. Twenty-three patients (26%) had neurological manifestations; hemiplegia occurred in 15 (17%). During the same period, hemiplegia occurred in only 5% of patients with sickle-hemoglobin C disease and in 1.7% of patients with sickle-cell trait; the latter is the same as that in the negro population with normal hemoglobin (1.8%).	Hemoglobinopathy Sickle cell anemia Thalaseemia Hb- S-Thal Hb- C Hb- Bart	sickle-cell disease	Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi
21	30-09-2015	Sarcoidosis of the heart: A clinicopathologic study of 35 necropsy patients (group I) and review of 78 previously described necropsy patients (group II)	Arrhythmia Progressive <i>congestive cardiac failure</i> <i>Recurring pericardial effusion</i> Unknown causes	Sarcoidosis of the heart	Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi
22	29-10-2015	Twenty-two cases of sudden death in young competitive athletes occurring in the Veneto region (northern Italy) in the period January 1979 to December 1989 were studied by postmortem examination. The athletes included 19 males and three females, ranging in age from 11 to 35 years (mean, 23 years).	Arrhythmic cardiac arrest Right ventricular cardiomyopathy Atherosclerotic coronary artery disease Anomalous origin of right coronary artery Mitral valve prolapsed	right ventricular cardiomyopathy	Dr B S Patil Dr Nijora Dr Taranath Sitimani Dr Arifulla K Md Dr N S Biradar
23	28-11-2015	33yrs nullipara, obese, fertility after 5 years of marriage Menarche at 13yrs (regular) Currently: Irregular menses, Weight gain Day 2: FSH 3.5 mIU/ml , LH 5 mIU/ml	Pcos Hyperandrogenism Oligoasthenozoospermia	Ectopic pregnancy of right tube	Dr V A Thobbi Dr G R Sajjan Dr A M Patil Dr Nasheen Fathima

24	31-12-2015	A 45-year-old male was admitted with history of fever for 3 weeks and abdominal pain and dysuria for the last 20 days, generalized swelling of the body for 15 days, and increasing breathlessness and decreasing urine output for the last 4 days. No h/o hematuria, pyuria, graveluria; h/o nausea, vomiting, altered sensorium; and h/o orthopnea, paroxysmal nocturnal dyspnea or seizures	Proliferative/necrotizing disorders, amyloidosis, leukemia/lymphoma, multiple myeloma, and mucormycosis	Renal zygomycosis	Dr B S Patil Dr Suresh Kagalkar Dr Taranath Sitimani Dr Arifulla K Md Dr N S Biradar
25	01-2016 Dr. B S Patil Moderator:	A 75 year old female, with a 2 year history of Stage 3B infiltrating ductal carcinoma of the breast status post mastectomy and chemotherapy, presented with complaints of recurrent sinus congestion with associated crusting. Over a 3 month period she developed a 2.5 cm. defect of her forehead exposing her frontal sinus along with collapsing nasal cartilage. Otherwise the patient has no complaints of headaches, visual changes or mental status. A sinus CT revealed evidence of "postsurgical changes from endoscopic sinus surgery	Mets from Breast cancer Squamous cell carcinoma . Giant cell tumour	Mets from Breast cancer	Dr B S Patil Dr Taranath Dr AM Patil Dr sajid mudhol
26	02/2016. Dr Bilal Moderator	A 74 year old female who complains of mouth soreness of greater than 4 months duration. The patient reports being ill 2 months prior and developed lesions under her breast and in the groin that were subsequently diagnosed by a dermatologist as a yeast infection. She was diagnosed with multiple sclerosis 25 years ago but is not significantly impaired. She takes lanaflex, zactara, borage oil, dantrolene sodium and multivitamins	Fungal granuloma Bact granuloma Sq cell carcinoma. Verrucus carcinoma	Granulation tissue	Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi

27	03/2016. Dr satish Shahpur Moderator	A 22-year-old white female presented to the general dentist with swelling in the right mandible and submandibular area. Clinical examination confirmed expansion of the right mandible. Panoramic radiographic examination revealed a large, well-circumscribed multilocular radiolucency distal to the canine within the body of the mandible . An incision and drainage procedure was performed but was unsuccessful. Aspiration of the lesion also failed to yield output.	Differential diagnosis - Odontogenic cysts and tumors, Non-odontogenic tumors Other non-neoplastic conditions	Central odontogenic fibroma/ giant cell lesion	Dr satish Shahpur Dr Taranath Sitimani Dr B B Sajjanar Dr Nishikant Gujjar
28	04 / 2016 Dr Satish Rashinkar Moderator:	A 41-year-old man presented with a 1-week history of a “hole in the roof of his mouth” with associated discomfort. He reported burning the roof of his mouth 4 weeks previously while eating a hot slice of pizza. Oral examination revealed a uniformly round perforation, approximately 8 mm in diameter, in the left anterior hard palate region, just off the midline and posterior to the palatal rugae.	Differential Diagnosis – Physical trauma Drug related chemical injury. Tertiary syphilis zygomycosis, aspergillosis systemic lupus erythematosus etc malignant neoplasm	Midline destructive disease (MDL), caused cocaine abuse.?	Dr Satish Rashinkar Dr Sajid Mudhol Dr Nishikant Gujjar Dr A M Patil
29	05 / 2016 . Dr Totad Srishail . Moderator:	A 15-year-old male presented to his dentist with a well-circumscribed radiolucent lesion in the right posterior mandible His medical history was noncontributory, and it was reported that the patient was quite active in sports with a particular interest in karate.	The differential diagnosis of a multilocular radiolucency in the posterior mandible in a young person involves consideration of a – odontogenic, non-odontogenic, and other non-neoplastic lesions	Diagnosis: - Solitary myofibroma, a benign proliferation of fibroblast-like cells,	Dr Totad Srishail Dr B B Sajjanar Dr Kalburgi . Dr Deshpande

30	06 / 2016 Dr S S Patil Moderator:	A 26-year-old man presented with an asymptomatic lesion of unknown duration The 30 _ 10 mm grayish-yellow, speckled plaque demonstrated subtle peripheral mucosal erythema. The surgeon's clinical impression was hyperkeratosis and cheek biting, with possible sebaceous hyperplasia.	Differential Diagnosis – Inflammatory or Infectious process; a Neoplastic condition . Allergic contact stomatitis, Langerhans cell histiocytosis of soft tissue, Squamous cell carcinoma.	Diagnosis immunodeficiency-associated candidiasis, evoked consideration of hyperimmunoglobulin E syndrome (HIES)	Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi Dr Saeed Yendigeri
31	07/2016. Dr M V Watve Moderator:	28-year-old male Navy diver presented with a chief complaint of oral and skin lesions following an underwater port-clearing mission . At the time of examination, he was applying gentian violet and iconazole nitrate to the lesions. O/E the patient exhibited multiple craterlike ulcers and erosions of the skin of the face and ears , the chin, and the back of the head. Intraoral erosions of the buccal, labial, and vestibular mucosa were also present along with fissures and surface erosions at the corners of the mouth +lesions on the back of the neck, anus, penis, and scrotum in various stages of healing. the patient had a distinct “fishy” odor about him.	Differential Diagnosis- include Fungal infections / bacterial or Mycobacterium tuberculosis Diphtheria Bacillus antracis Contact dermatitis	Diagnosis . Schizophrenia and delusional disorder with concomitant – Munchausen syndrome	Dr S M Rashinkar Dr M V Watve Dr Satish Shapur Dr S M Yendigeri
32	08 / 2016 . Dr Yenkanchi Moderator	51-year-old male presented to the emergency department with the chief complaint, “I can't move my kneecaps.” He stated he had noticed swelling of his hands, feet, and ankles over 2 days. He first noticed rash to the hands, feet, legs, and buttocks 2 days prior to presentation, and it had been worsening. The patient further noted a hoarse voice and dyspnea on exertion, without shortness of breath at rest.	Differential Diagnosis. Used illicit drugs Abuse alcohol. Acute renal failure Vasculitis	Diagnosis . Disease process was vasculitis associated with the patient's ongoing cocaine abuse	Dr B S Patil Dr S M yendigeri Dr S S Patil Dr Yenkanchi

33	September 2016 Moderator Dr.B.S. Patil	A 56 year old male, detected to have asymptomatic leucocytosis of 40,000/cumm with a monocytosis of 40 % and Hb of 14.8 gm % on a routine Hemogram, during his annual medical examination. On examination, no hepatosplenomegaly, lymphadenopathy, jaundice or skin lesions were seen. Patient was evaluated for various causes of monocytosis, at a peripheral hospital	1.. Adult T cell lymphoma/leukemia (ATLL) 2.. and Peripheral T cell lymphoma spill were considered.	Adult T cell leukemia/lymphoma (ATLL) with HIV	Dr A M Patil Dr Vittalrao.Deshpande Dr. B B Sajjanar Dr Ravidraprakash
34	October – 2016 Moderator Dr Taranath Sitimani	A 34-year-old woman collapsed and died in a matter of seconds while watching a parade. She made no complaints before she collapsed and had always been considered healthy. However, she had been ill with influenza two months previously during an epidemic Details of that illness are not known.	<ol style="list-style-type: none"> 1. artery disease 2. thickening of the wall of the A-V node artery. 3. myocarditis, 4. sinus node with fibrosis and thickened artery 	occlusion of the atrioventricular (A-V) node artery.	Dr N S Biradar Dr. M M Kalburgi Dr Rashiknar Dr S M Yendigeri
35	November - 2016. Moderator Dr Sajid Mudhol	A 22-year-old male presented with complaint of mild pain in both testicles. A testicular ultrasound revealed a 4.0×3.8×4.6 mm hypoechoic lesion within the left testicle. Serum tumor markers (STM) included lactate dehydrogenase (LDH) measuring 146 IU/L (98–192), serum alpha-1-fetoprotein (AFP), 2.89 ng/mL (0–9), and plasma beta human chorionic gonadotropin (Beta HCG) measuring less than 0.50 mIU/mL (<0.50–2.67).	<ol style="list-style-type: none"> 1. juvenile GCTT 2. Yolk sac tumors 3. Hematopoietic malignancies 4. Sertoli-Leydig cell tumors 5. Carcinoid tumors 	Adult Granulosa Cell Tumor of the Testis	Dr Sushila P Garg Dr Ravi Kumar Dr Nishikant Gujjar Dr A M Patil

36	<p>December 2016.</p> <p>Moderator.</p> <p>Dr Salim Dhundasi</p>	<p>A 21 year old primigravida at 35 weeks of gestation was admitted with labour pain, headache, epigastric pain and blurring of vision. On examination there was altered consciousness, pulse 86 per minute, blood pressure 170/110 mm Hg, breath rate 24 per minute, and brisk tendon jerks. Based on obstetrical examination delivery by vaginal route was planned. Baseline investigations showed haemoglobin 11.9gm%, platelets 1,60,000/mm³, blood urea 26mg%, serum creatinine 0.9mg%, serum bilirubin 0.9mg%, alanine aminotransferase (ALT) 40 units per litre, aspartate aminotransferase (AST) 28 units per litre.</p>	<ol style="list-style-type: none"> 1. Preeclampsia 2. Progressive isolated thrombocytopenia 3. renal dysfunction 4. hypertension in pregnant woman 	HELLP Syndrome	<p>Dr Vidya Thobbi Dr G R Sajjan Dr Priyadarshani Dr Surekha Patil;</p>
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