

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	27-08-2016	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
17	17-05-2017	Surgery	“Management of Mesh Infection in Endohernia Surgery	Dr. Pradeep Chowbey, Consultant Laproscopic Metabolic & Bariatric Surgeon, Max Healthcare, New Delhi	One day workshop with 2 (two) credit hours

Sl. No	Date /Month	Department	Topics	Speakers	Remarks
18	1 st and 2 nd July 2017	Department of Medical Unit	IMACON-2017	Various faculties from different colleges of Karnataka and Maharashtra	Two days CME with 4 (Four) Credit Hours
19	09-09-2017	Obstetrics & Gynecology	“Oncology Updates”	Various faculties from different colleges of Karnataka and Maharashtra	One day CME 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.

38. SILVER Jubilee Reunion of 1991 Alumni Batch was held on 24-12-2016 in association with Medical Education Unit at Al-Ameen Medical College, Vijayapur. All the 1991 Alumni Batch students were attended the celebration.
39. The world Health Day celebrated on 7th April 2017. The slogan of this year is “Depression – Let’s Talk. All the staff, PG and Internees were attended.
40. “Orientation programme for Freshers 2017 Batch” at Lecture Hall No. 1 on 4-09-2017. All the fresh students, parents, all the staff were invited for the same. This programme is organized by the Department of Medical Education Unit.
41. A Guest Lecture through Medical Education Unit on “Medical Education and Research Opportunities – India and Abroad held on 21-9-2017 at 4.00 PM at Al-Ameen Women & Children Hospital Lecture Hall by Dr. Shuja Puneekar, Consultant Cerebrovascular Physician, Hon. Senior Lecturer, Manchester Medical School, UK. All the teaching staff, PG, Internees, MBBS & BDS students were attended the lecture.
42. Postgraduate Synopsis Writing CME was held on 26-09-2017 (Tuesday) from 10 am to 1.00 pm in the Department of Medical Education. In that new entrant Post Graduates of 2017 and concern departments HODs and guides attended the CME.
43. A Guest lecture by Department of Medical Education has been arranged at Seminar Hall of Surgery department on 2nd February 2018 at 4.00 pm. Dr. Raghavendra C.V., Consultant Hepatobiliary and Multiorgan Transplant Surgeon at BGS Global Hospital Bangalore delivered a Guest Lecture. All the staff, PG students and Internee students were attended the same.

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 Persistant 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.	Ddr.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 Pediatics.
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 FTLT-TDP, whereas hallucinations were present primarily in LBD and PSP and to a lesser extent in AD and FTLT-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 Oligoasthenotheratozoospermia	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>
----	---	---	--	----------------	---

CLINICO-PATHOLOGICAL CONFERENCE
January 2018 to December 2018

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
JAN 2018	<p>A 32-year-old white woman is admitted with headache and hypertension at 22 weeks gestation.</p> <p>During the current pregnancy, her BP was 110/80 at 7 weeks gestation, but increased to 130/80 at 9 weeks and 140/90 at 19 weeks.</p> <p>Here past history is positive for two previous spontaneous abortions at 11 and 12 weeks gestation.</p> <p>reveals BP of 150/110, both pulmonary congestion and peripheral edema, and hyperreflexia with 3 to 4 beat clonus.</p>	<p>1 pre-eclampsia</p> <p>2 HELLP syndrome</p>	<p>Acute thrombotic angiopathy in a patient with anti-phospholipid antibody syndrome and habitual abortion</p>	<p>Dr V A Thobbi Gynecologist</p>	<p>Dr B S Patil –Physician</p> <p>Dr Sajid Mudhol Surgeon</p> <p>Dr A M Patil Pathologist.</p> <p>Dr A N Thobbi Pediatrician</p>
FEB 2018	<p>A 56 year old male, serving officer was 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.</p> <p>On examination, no hepatosplenomegaly, lymphadenopathy, jaundice or skin lesions were seen.</p> <p>Patient was evaluated for various causes of monocytosis, During the course in the hospital, patient developed sudden acute respiratory symptoms.</p> <p>Bone marrow aspirate showed atypical lymphomonocytoid cells with polylobated cells with no convulated atypical nuclei</p>	<p>1.. Adult T cell lymphoma/leukemia (ATLL) and</p> <p>2..Peripheral T cell lymphoma spill</p> <p>3.. Swine flu (H1N1).</p>	<p>Adult T cell lymphoma/leukemia (ATLL)</p>	<p>Dr . Taranath Sitimani Physician</p>	<p>Dr Salim Dhundasi Dean AMC</p> <p>Dr Nishikant Gujar Surgeon</p> <p>Dr M M Kalburgi Physician</p> <p>Dr Saeed Yendigeri Pathologist</p>

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
March 2018	A 37-year-old previously healthy male, nonsmoker, with no known comorbidities was admitted to our hospital with a history of severe throbbing headache, facial pain, diplopia on the left gaze, and associated diminution of vision for 8 days. There was a history of being treated at another hospital as a case of sinusitis 10 days back. Imaging of the brain done 7 days ago had shown superior sagittal sinus thrombosis. At admission, he was on cerebral decongestants, antiepileptics, low-molecular-weight heparin, and antibiotics	<ol style="list-style-type: none"> 1.. cerebral vein thrombosis 2. MULTIPLE cranial nerve palsies 3 membranous glomerulonephritis/IgA nephropathy, 4..catastrophic antiphospholipid syndrome (APS), 5. disseminated malignancy, and 6.. sepsis syndrome 	Burkitt Lymphoma with JAK2 V617F mutation	Dr Bilal Bin Abdulla Professor of medicine	<p>Dr.Anand Patil Physician</p> <p>Dr Gururaj Deshpande Gynecologist</p> <p>Dr A M Patil Pathologist.</p> <p>Dr V V Myndewadi Orthopedician</p>
APRIL 2018	A 35-year-old lady owing to fever, cough with mucopurulent expectoration, and breathlessness for the duration of 1 month. H/O of similar episodes treated with antibiotics four times during last 2 years. There was no history of recurrent sinusitis, diarrhea, and skin or soft tissue infection. She had no history of diabetes mellitus or steroid intake. She denied any history of facial trauma or dental infection in the past. There was no history of tuberculosis in her or in the family. Radiograph and CT scan of the chest revealed right upper lobe consolidation. Flexible fiberoptic bronchoscopy revealed multiple nodules at opening of right upper lobe bronchus.	<ol style="list-style-type: none"> 1.. non-resolving pneumonia. 2.. Benign endobronchial lesions. 3.. Malignant endobronchial lesions. 4. Endobronchial lesion due to infection. 5. Miscellaneous causes <ol style="list-style-type: none"> a. Foreign body 	Endobronchial actinomycosis	Dr S M Rashinkar Professor of ENT	<p>Dr Ashfak Ahmed Kakkeri Professor of ENT..</p> <p>Dr Ashok Yenkanchi Professor of medicine</p> <p>Dr Jilani Awati Associate Professor of Surgery</p> <p>Dr Saeed Yendigeri Pathologist</p>

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
MAY 2018	<p>A 35 years old man presented with a lump over the right side of upper back since 2 years. It was painless and slowly enlarging in size. On examination the swelling measured 3x2.0 cm, was non-tender and freely mobile. Skin over the swelling was unremarkable. Fine needle aspiration of the swelling yielded blood and blood elements. Hence a confident cytological diagnosis couldn't be established. The swelling was surgically excised and sent for histopathological examination</p>	<ol style="list-style-type: none"> 1.pyogenic granuloma, 2.. capillary haemangioma, 3. hobnail hemangioma, 4. cutaneous angiomatosis, 5. Dabska's tumor, 6. angiosarcoma. 	a case of retiform haemangio-endothelioma in a young man	Dr. S P Garg Professor of Surgery	<p>Dr Ravi Naganur</p> <p>Dr Praksh Sasnur</p> <p>Dr Basavraj walikar</p> <p>Dr Rajendra Kumar</p> <p>Dr A M Patil Pathologist</p>
JUNE 2018	<p>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. On examination, a sessile, uniformly elevated plaque of the left posterolateral tongue was observed, measuring 2.5x 2 cm The lesion exhibited a yellowish hue and a subtle verrucous architecture. The area was nontender to palpation. The entirety of the well-delineated lesion's anterior border was visible within the oral cavity.</p>	<ol style="list-style-type: none"> 1. malignant conditions, oral epithelial dysplasia (OED) oral squamous cell carcinoma (OSCC). 2.. Oral mucosal lymphangioma is a hamartomatous tumor neoplastic conditions, and developmental anomalies 3.. Linear epidermal nevus. 4. Acanthosis nigricans. 5. Verruciform xanthoma 	Verruciform xanthoma	Dr Satish Shahpur Principal Dental college, Vijayapur	<p>Dr .M V Watwe Prof of ENT</p> <p>Dr Syeda Yasmin Quadri</p> <p>Dr M G Jamadar</p> <p>Dr Shamshuddin Kakkeri</p> <p>Dr Saeed Yendigeri Pathologist</p>

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
JULY 2018	<p>A 1½-year- child, suffering from fever, cough, and breathlessness for 2 weeks, was admit to the pediatric dept. CECT of his thorax visualized multiple hyperechoic nodules in both lung fields It indicated bilateral metastatic lung disease. O/E no obvious organomegaly. Both his testes appeared normal. Abdomino-pelvic CECT demonstrated a large irregular mass in the presacral region that insinuated beneath the vertebral column to produce a soft tissue eminence</p>	<ol style="list-style-type: none"> 1..Altman Type III Sacrococcygeal tumor. 2. primary sacrococcygeal GCT. 3. Yolk sac tumour 4. Embryonal ca 5. Mixed germ cell tumour 	Sacrococcygeal Yolk sac tumour	Dr. A N Thobbi Prof of pediatrics	<p>Dr Ravi Naganur</p> <p>Dr Vittal Rao</p> <p>Dr Sajid Mudhol</p> <p>Dr Saeed Yendigeri</p>
AUG 2018	<p>A 35-year-old male presented with a history of weakness in the right side of the body and dyspnea on exertion for the last 3 months without any history of syncope, fever, or myalgia. Past history revealed stroke 1 year back with right-sided hemiplegia H/O younger brother and two sisters revealed LA mass in one sister. Echocardiography showed a large RA mass with moderate tricuspid regurgitation and LA mass with moderate mitral regurgitation and mild stenosis. Biventricular function was normal Noncontrast computed tomography scan head showed an old left middle cerebral artery territory infarct.</p>	<ol style="list-style-type: none"> 1.. Multiple intracardiac myxomas 2. Glandular cardiac myxoma. 3. familial or syndromic myxoma 	Glandular myxomas	Dr B S Patil Director, Prof of medicine	<p>Dr Taranath Sitimani</p> <p>Dr Nishkant Gujjar</p> <p>Dr Rajendra Kumar</p> <p>Dr A M Patil</p>

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
SEPT 2018	54-year-old male, presented with 10 days' history of decreased appetite, dyspnea, and decreased urine output. no associated nausea, vomiting, diarrhea, pain abdomen, dysphagia/odynophagia, hematemesis, or hemoptysis. The dyspnea was gradually progressive and associated with easy fatigability, but there was no history of chest pain, palpitations, orthopnea, or paroxysmal nocturnal dyspnea. He complained of decreased urine output No burning/pain during micturition, or passage of any stone/clots/flesh in urine. There was no history of fever. He was a known case of diabetes mellitus (DM) type 2 since the last 10 years	(a) disseminated TB (b) disseminated metastasis from an occult malignancy C) Terminal event: Sepsis with multiorgan failure D) Comorbidity: DM type 2.	Peripheral T-cell Lymphoma nodal type, and Stage IV) in a background of end-stage renal disease with bilateral massive pleural effusion leading to terminal respiratory compromise.	Dr Salim Dhundasi Dean AMC	Dr M M Kalburgi Dr S M Rashinkar Dr S P Garg Dr S M Yendigeri
OCT 2018	a 47-year-old woman, presented with a history of excessive sweating, palpitation, protrusion of the eyes and weight loss. she had been diagnosed as toxic diffuse multinodular goiter. Antithyroid treatment had been suggested. On examination, body temperature was 37 C, pulse rate 102 beats/ min, blood pressure 120/70 mmHg. The skin was warm and sweaty. Eyes had bilateral extremely exophthalmic appearance and also swelling and congestion of the conjunctivas were present Thyroid function tests and thyroid autoantibodies were TSH; 0.03, FT3; 1.12, FT4; 0.19 anti TPO; 30.2, antiTg; 34.26 TSH-R Ab; 35 and thyroglobulin 206.7	1 Graves disease 2 Follicular carcinoma 3. Papillary carcinoma 4. med carcinoma 5. Anaplastic carcinoma	A case of severe Graves' ophthalmopathy + follicular carcinoma.	Dr Swati Tikare Prof of physiology	Dr Amir Khusru Kazi Dr Hemant Kulkarni Dr Ashok Yenkanchi Dr Mrudula Watwe Dr A M Patil

DATE	CLINICAL DETAILS	DIFF DIAGNOSIS	FINAL DIAGNOSIS	MODERATOR	PANEL PARTICIPANTS
NOV 2018	<p>45 year old, male Chronic, episodic abdominal pain, diarrhea Diarrhea watery and profuse, Fatty Inflammatory (RBCs/WBCs) Watery Weight loss 1.3 cm mass in head of pancreas. USG revealed retroperitoneal mass of 3 x4 cms ,</p>	<p>1..Pancreatic benign 2. Ca pancreas 3. Endocrine tumour of pancreas a. Insulinoma b. Carcinoid. c. Somatostatinoma. d. Calcitonin –c-cells e. Gastrinoma. F VIP-Secreting Tumors</p>	Hormone secretion in VIPoma	Dr Ramesh Manakare Prof of Radiology	<p>Dr B S Patil –Physician Dr Sajid Mudhol Surgeon Dr A M Patil Pathologist. Dr A N Thobbi Pediatrician</p>
DEC 2018	<p>a 4 month old male c/o had developed neonatal jaundice on day 3 of birth and had required exchange transfusion and phototherapy. He was discharged from the hospital on day 5 of birth. There was no blood group incompatibility or G6PD deficiency. No history of consanguinity in the family. He had normal growth pattern. History of immunization was not cleared. He was a full-term normal delivery who had normal perinatal events. Investigations He had normal hemogram and normal range proteins, with conjugated hyperbilirubinemia and a total bilirubin of 4.5 mg/dL and mildly increased transaminases, normal alkaline phosphatase Thyroid function tests were normal. Alfa-feto protein level was elevated</p>	<p><u>Enlarged and firm hepatomegaly.</u> 1.. metabolic liver disease 2. galactosemia, 3. Hereditary hepatorenal tyrosinemia 4. hereditary fructose intolerance, 5. Fructose 1, 6-bisphosphatase deficiency 5.mitochondrial DNA depletion syndrome, 6. glycogen storage disorder</p>	Mucoviscidosis of lungs, liver, pancreas, and intestine consistent with cystic fibrosis (CF)	Dr M G Jamadar Prof of Pharmacology	<p>Dr Salim Dhundasi Dean AMC Dr Nishikant Gujar Surgeon Dr M M Kalburgi Physician Dr Saeed Yendigeri Pathologist</p>

Other Academic Activities of Institution

1. World Breastfeeding week was observed by OBG & Pediatrics Department on 1st to 7th August 2016.
2. World Suicide Prevention Day celebrated on 10-09-2016 through MEI.
3. “World deafness Day” observed in the Department of ENT, AMC on 26-09-2016. All the faculty members were invited for the same.
4. Awareness programme from ESI to all the teaching and non-teaching staff regarding introduction of ESI Scheme was held on 06-10-2016.
5. Labour Day function was celebrated on 3-5-2017 at 11.00 AM at Al-Ameen Women & Children Hospital Lecture hall.
6. Blood Donation Camp was organized by Al-Ameen Medical College in association with R.N.T.C.P., Kudagi on 26-7-2017. More than 100 bags were collected
7. Women’s Health Education Programme and Questions and Answers was conducted by Department of OBG on 27-7-2017 at Rudest by Dr. Ashwini& Dr. Sowmya.
8. Breastfeeding week was arranged in OBG and Pediatrics Department at Al-Ameen Women & Children hospital, Vijayapur from 31st July to 5th August 2017.
9. Free Health Check Up Camp held on 10th August 2017 at Kolar.
10. Free Health Check up Camp held on 11th August 2017 at PailwanGalli, Vijayapur
11. Blood Donation Camp was organized by Al-Ameen Medical College in association with Sultan Social and Blood Donation Group on 15th August 2017. 108 Bags of Blood were collected.
12. Free Health Checkup camp held on 7-9-2017 from 9.30 am to 1-00 pm at Rural Health Centre of Al-Ameen Medical College, Tikota.
13. Free Health Checkup camp held on 14-9-2017 from 9.00 am at Urban Health Center, Al-Ameen Adilshahi Hospital, Badikaman Road, Vijayapur.
14. Free Health Checkup camp held on 20-9-2017 from 9.30 am to 1.00 pm at ShodhaToyota Ring Road of NH 13 left side of Bangalore Road, Vijayapur
15. Free Health Checkup camp held on 23-9-2017 from 9.30 am to 1.00 pm at Kannur Village, Solapur Road, Vijayapur.

16. Free Health Checkup camp held on 25-9-2017 from 9.30 am to 1.00 pm at Narayan Hyundai Ring Road of NH 13 left side of Bangalore Road, Vijayapur
17. Annual Sports Meet 2017 has been arranged for Medical students which was from 29/09/2017 to 03/10/2017. The students were informed to complete the sports within stipulated time smoothly without any untoward incidences and Annual Sports Meet was completed. .
18. A Free Eye Check-up Camp held from 2nd October to 6th October 2017 for Truck Drivers conducted by National Highways Authority of India, M/s. Unihorn India Pvt. Ltd., Vijayapur
19. Health Awareness Probramme was conducted at RUDSET, Vijayapur in association with OBG, Al-Ameen Medical College, Vijayapur
20. Celebrated the Karnataka Rajostava Day on 1st November 2017 by Karnataka Students.
21. A Free Health Checkup camp for Women was organized by Department of OBG, Al-Ameen Medical College Hospital, Vijayapur under the aegis of FOGSI and BOGS on 4th December 2017 (Monday) from 9.00 am onwards at Al-Ameen Women & Children Hospital, Vijayapur
22. Blood Donation Camp at Vijayapur Bar Association, Vijayapur District Court Premises, Bagalkot Road, Vijayapur was conducted on 4th December 2017 from 10.00am to 1.00pm.
23. A awareness programme about “Narcotics intoxicants” was arranged at our college which is jointly conducted by our college and the Excise Department, Vijayapur District on 5th December 2017 (Tuesday) at 3.00 pm at Lecture Hall No. 1 at Al-Ameen Medical College, Vijayapur. All the students, staff attended the programmes.
24. Awareness program about Wearing of Helmet is compulsory was arranged by the District Legal Services Authority and Police Department of Vijayapur on 18th January 2018. Wherein all the students were participated in the programme.
25. Spine Rehabilitation Programme was conducted jointly by Al-Ameen Medical College Hospital, Vijayapur and Association of Peoples Disability Vijayapur Branch under National Health Mission from 22nd to 25th January 2018.