<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Date /Month</th>
<th>Department</th>
<th>Topics</th>
<th>Speakers</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02-02-2014</td>
<td>Physiology Pathology Medicine O B G Pediatrics</td>
<td>Leukemia</td>
<td>Dr. Salim Dhundasi, Dr. A.M. Patil, Dr. Bilal, Dr. V.A. Thobbi, Dr. A.N. Thobbi.</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>2</td>
<td>07-03-2014</td>
<td>Medicine O B G Pediatrics Surgery</td>
<td>Renal complications</td>
<td>Dr. V.A. Thobbi, Dr. A.N. Thobbi, Dr. Bilal.</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>3</td>
<td>27-04-2014</td>
<td>Cardiology/ Medicine</td>
<td>Recent advances in Neurology</td>
<td>Faculty from NMHANS, Bangalore</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>4</td>
<td>11-05-2014</td>
<td>Physiology Pathology Medicine O B G Anesthesiology</td>
<td>Blood component Therapy</td>
<td>Dr. Shahin Maniyar, Dr. B.B. Sajjanar, Dr. Taranath Sitimani, Dr. Suguna Dr. M.V. Wavve.</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>5</td>
<td>15-06-2014</td>
<td>Pathology Medicine Orthopedics Radiology Anesthesiology</td>
<td>Bone tumours</td>
<td>Dr. Saeed Yendigeri Dr. Vittal Rao Dr. V.V. Mundewadi Dr. Mankare Dr. Rajendra Kumar.</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>6</td>
<td>18-07-2014</td>
<td>All depts.</td>
<td>National education day “Moulana Abdul Kalam azad”</td>
<td>Dr. B.S. Patil, Dean, AMC, Bijapur &amp; other faculty members.</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>7</td>
<td>08-08-2014</td>
<td>All depts.</td>
<td>Ethics of medical research and publication. Roll of medical journals in India.</td>
<td>Prof K. K. Das Dr. N. Probhu Dev</td>
<td>All Faculty Residents Interns PG students</td>
</tr>
<tr>
<td>8</td>
<td>03-03-2015</td>
<td>Medicine</td>
<td>Adventure in Medicine</td>
<td>Dr. M.M. Kalburgi, Dr. Anand Patil</td>
<td>Medicine Faculty &amp; PGs</td>
</tr>
<tr>
<td>Sl. No</td>
<td>Date /Month</td>
<td>Department</td>
<td>Topics</td>
<td>Speakers</td>
<td>Remarks</td>
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<tr>
<td>9</td>
<td>06-08-2015</td>
<td>Community Medicine</td>
<td>Pre hospital care</td>
<td>Dr.S.S.Yarnal Dr.Rekha Sonavane</td>
<td>All Faculty &amp; PGs of clinical depts</td>
</tr>
<tr>
<td>10</td>
<td>10-10-2015</td>
<td>ENT</td>
<td>Intranasal Approach to Diseases of Lacrimal sac (Chronic Dacrocystitis).</td>
<td>Dr.SM.Rashnikar Dr.M.V.Watwe Dr.Ashfak Ahmed Kakeri</td>
<td>All Faculty and Residents</td>
</tr>
<tr>
<td>11</td>
<td>04-01-2016</td>
<td>Physiology &amp; Pathology</td>
<td>Anemia</td>
<td>Dr.A.M.Patil Dr.Nasheen Fathima Dr.MohammedAslam</td>
<td>All Pre &amp; Para Clinical PGs</td>
</tr>
<tr>
<td>12</td>
<td>15-04-2016</td>
<td>Obst &amp; Gynaecology Physiology Medicine</td>
<td>Blood pressure complications &amp; management.</td>
<td>Dr.Swati.N.Tikare Dr.Ashok Yankanchi Dr.Gururaj Deshpande.</td>
<td>All Staff &amp; Faculty.</td>
</tr>
<tr>
<td>13</td>
<td>27-08-1016</td>
<td>All depts.</td>
<td>Urology CME</td>
<td>Dr.Ssuresh Kagalkar Dr.Sajid Mudhol Dr.J.I.Gulla.</td>
<td>All Faculty Residents Intern PG students</td>
</tr>
</tbody>
</table>
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
15. Guest lecture on Ob Gyn-Hospital palliative care, by Dr Farida Ghogawala, February-2015.
16. Lecture on SIMC vs phaco February-2015
18. CME on Adventures in Medicine March-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, immunohistochemical and ultra structural study, by Dr A.M.Patil, November-2015.
25. Guest lecture on Prevalence of facet joint arthrosis in lumbago parients-CT scan evaluation by Dr Atiq Ahemed, December-2015.
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
29. Post graduate orientation programme held on 15/06/2016.
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.
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Date</th>
<th>Clinical part</th>
<th>Differential Diagnosis. (Clinical)</th>
<th>Pathology Diagnosis</th>
<th>Chairperson</th>
</tr>
</thead>
</table>
| 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, Seconderies 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 Pediatrics. |
| 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  
Dermatomysitis 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 Asthma.| Pulm TB  
- Status Asthematics  
- 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 (Aspergollosis) With Bronchopneumonia                                                  | Dr.P.T.Jadhav Prof. OBG |
<table>
<thead>
<tr>
<th>Date</th>
<th>Case Details</th>
<th>Diagnoses</th>
<th>Authors</th>
</tr>
</thead>
</table>
| 12-12-2014 | 12 yr/male presented with anemia, bleeding gums, abdominal mass and Gen.Lymphadenopathy | -Ac leukemia  
-AML  
-ALL  
-Leukoerythroblastic Reaction  
-Seconderies in marrow  
-AML-M3 Promyelocytic leukemia | Dr. A.M.Patil Prof & head Pathology |
| 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 | Dr B S Patil Dr Taranath Dr AM Patil Dr B B Sajjanar Dr Deshpande |
| 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 ingual 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  
Inflammatory:  
IBD – crohn’s | Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi |
| 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(N)  
Focal proliferative LN  
Diffuse global proliferative LN  
membranous LN | 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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Tissue</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 30-4-2015</td>
<td>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.</td>
<td>VEGF-A, VEGF-C, VEGFR-2 and VEGFR-3 Expression Colon cancer</td>
<td>Dr B S Patil Dr Sajid Mudhol Dr Nishikant Gujjar Dr A M Patil Dr B B Sajjanar</td>
</tr>
<tr>
<td>17 28-5-2015</td>
<td>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.</td>
<td>Alzheimer’s disease (AD), Lewy body disease (LBD), AD/LBD, progressive supranuclear palsy (PSP), frontotemporal lobar degeneration (FTLD) Pick’s disease</td>
<td>Dr B S Patil Dr Taranath Dr AM Patil Dr B B Sajjanar Dr Kalburgi</td>
</tr>
<tr>
<td>18 27-06-2015</td>
<td>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.</td>
<td>Brain vascular changes in Alzheimer’s disease</td>
<td>Dr B S Patil Dr Bilal Dr S M yendigeri Dr S S Patil Dr Yenkanchi</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Description</td>
<td>Diagnosis/Conditions</td>
</tr>
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<tr>
<td>19</td>
<td>30-07-2015</td>
<td>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.</td>
<td>Potentially malignant conditions, neoplastic conditions and developmental anomalies were entertained.</td>
</tr>
<tr>
<td>20</td>
<td>27-08-2015</td>
<td>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%).</td>
<td>Hemoglobinopathy, Sickle cell anemia, Thalassemia, Hb- S-Thal, Hb- C, Hb- Bart</td>
</tr>
<tr>
<td>21</td>
<td>30-09-2015</td>
<td>Sarcoïdosis of the heart: A clinicopathologic study of 35 necropsy patients (group I) and review of 78 previously described necropsy patients (group II)</td>
<td>Arrhythmia, Progressive congestive cardiac failure, Recurring pericardial effusion, Unknown causes</td>
</tr>
<tr>
<td>22</td>
<td>29-10-2015</td>
<td>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).</td>
<td>Arrhythmic cardiac arrest, Right ventricular cardiomyopathy, Atherosclerotic coronary artery disease, Anomalous origin of right coronary artery, Mitral valve prolapsed</td>
</tr>
<tr>
<td>23</td>
<td>28-11-2015</td>
<td>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</td>
<td>Pcos, Hyperandrogenism, Oligoasthenotheratozoospermia</td>
</tr>
<tr>
<td>24</td>
<td>31-12-2015</td>
<td>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.</td>
<td>Proliferative/necrotizing disorders, amyloidosis, leukemia/lymphoma, multiple myeloma, and mucormycosis</td>
</tr>
<tr>
<td>25</td>
<td>01-2016 Dr. B S Patil Moderator:</td>
<td>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”</td>
<td>Mets from Breast cancer Squamous cell carcinoma. Giant cell tumour</td>
</tr>
<tr>
<td>26</td>
<td>02/2016 Dr Bilal Moderator</td>
<td>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.</td>
<td>Fungal granuloma Bact granuloma Sq cell carcinoma. Verrucus carcinoma</td>
</tr>
<tr>
<td>27</td>
<td>03/2016. Dr satish Shahpur Moderator</td>
<td>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.</td>
<td>Differential diagnosis - Odontogenic cysts and tumors, Non-odontogenic tumors Other non-neoplastic conditions</td>
</tr>
<tr>
<td>28</td>
<td>04 / 2016 Dr Satish Rashinkar Moderator</td>
<td>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.</td>
<td>Differential Diagnosis – Physical trauma Drug related chemical injury. Tertiary syphilis zygomycosis, aspergillosis systemic lupus erythematosus etc Malignant neoplasm</td>
</tr>
<tr>
<td>29</td>
<td>05 / 2016 Dr Totad Srisail Moderator</td>
<td>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</td>
<td>Diagnosis: - Solitary myofibroma, a benign proliferation of fibroblast-like cells,</td>
</tr>
</tbody>
</table>
| Date  | 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 |
|-------|----------|-------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Date  | 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 |
| Date  | 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 |
<table>
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<tr>
<th></th>
<th>September 2016</th>
<th>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.</th>
<th>1. Adult T cell lymphoma/leukemia (ATLL) 2. and Peripheral T cell lymphoma spill were considered.</th>
<th>Adult T cell leukemia/lymphoma (ATLL) with HIV</th>
<th>Dr A M Patil  Dr Vittalrao.Deshpande  Dr. B B Sajjanar  Dr Ravidraprakash</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October – 2016</td>
<td>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.</td>
<td>1. artery disease 2. tiickenfing of the wall of the A-V node artery. 3. myocarditis, 4. sintu.s node wEith fibrosis and thickened artery</td>
<td>occlusion of the atrioventricular (A-V) node artery.</td>
<td>Dr N S Biradar  Dr. M M Kalburgi  Dr Rashiknar  Dr S M Yendigeri</td>
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<tr>
<td></td>
<td>November - 2016</td>
<td>A 22-year-old male presented with complaint of mild pain in both testicles. A testicular ultrasound revealed a 4.0x3.8x4.6 mm hypoechoic lesion within the left testicle. Serum tumor markers (STM) included lactate dehydrogenase (LDH) measuring 146 IUL (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 (&lt;0.50–2.67).</td>
<td>1. juvenile GCTT 2. Yolk sac tumors 3. Hematopoietic malignancies 4. Sertoli-Leydig cell tumors 5. Carcinoid tumors</td>
<td>Adult Granulosa Cell Tumor of the Testis</td>
<td>Dr Sushila P Garg  Dr Ravi Kumar  Dr Nishikant Gujjar  Dr A M Patil</td>
</tr>
</tbody>
</table>
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.

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<tbody>
<tr>
<td>Dr Vidya Thobbi</td>
<td>Dr G R Sajjan</td>
<td>Dr Priyadarshani</td>
<td>Dr Surekha Patil;</td>
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