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# AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association) ESTD 1902

AMA House, First Floor, Opp. H. K. Arts College,  
Ashram Road, Ahmedabad - 380009 Phone : (079) 26588775

## AHMEDABAD MEDICO NEWS

Email: [amagsbima@yahoo.co.in](mailto:amagsbima@yahoo.co.in) | Website: [www.ahmedabadmedicalassociation.com](http://www.ahmedabadmedicalassociation.com)

# AMACON 2024



4<sup>th</sup>

5<sup>th</sup>

May 2024

Sat - Sun

The Annual Conference of **Ahmedabad Medical Association**

**Venue:** Ahmedabad Management Association AMA  
Dr Vikram Sarabhai Marg, IIM Road, Ahmedabad, Gujarat 380009

## Workshops 4th March 2024 at



VOL. 18

MARCH - 2024

ISSUE - 11

**Dr. TUSHAR PATEL**  
President - AMA



**Dr. URVESH SHAH**  
Hon. Secretary AMA

Imm. Past President - **Dr. JITENDRA SHAH**

Please Save Mob, No: **97268 88775** of AMA to get regular updates



# 1<sup>st</sup>

## RADIAL EBUS in Ahmedabad



- To Target Solitary Pulmonary Nodule
- Less Complication then CT/USG Guided Lung Biopsy

**Dr. Mukesh Patel**

M.D. (Chest) DTCD

**Dr. Harjit Dumra**

M.D. (Medicine) Gold Medalist

**Dr. Tushar Patel**

M.D. (Chest) F.C.C.P.,  
F.N.C.C.P., F.I.C.S.

**Dr. Pradip Dabhi**

MD, DNB, Post Doctoral Fellow  
(Pulmonary Medicine)

**Dr. Mansi Dandnaik**

M.B.B.S., M.D., EDICM, IDCCM

**Dr. Dhaval Darji**

M.B.B.S., DTCD

**Dr. Mitesh Dave**

MBBS, DNB Chest

### RESPIRE Advanced Interventional Pulmonology Centre

205, Pushkar Icon, Nikol - Naroda Road,  
New India Colony, Nikol, Ahmedabad, Gujarat 382345

**For Appointment : +91 83200 51666**

### Sparsh Chest Diseases Centre (CDC)

100-B, Swastik Society, Opp. Samved, Hospital,  
Stadium - Commerce Road, Navrangpura, Ahmedabad - 380 009.

**For Appointment : 079 - 2646 4546, 079 - 2642 4546, +91 99098 07777**



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## Message From President & Hon. Secretary



Dear members

**“We now accept the fact that learning is a lifelong process of keeping abreast of change.”**

— Peter Drucker

**“Your brain has a capacity for learning that is virtually limitless, which makes every human a potential genius.”**

— Michael J. Gelb

Especially in our profession, learning is a lifelong process. Lots of opportunities are created at various platforms for learning process. Clinical practice is the most definite way of learning; referring the articles & books add on the learning process. But, to get comprehensive idea of lots of the science of a particular field by an expert of that field, perhaps is the most practical way to learn in this hectic professional life. Annual conference is the way to get that happen. This year at AMA's annual conference, AMACON 2024, we are trying to get the country's best faculties to enlighten us & to have valued output of our time spent. We assure, participating in conference will be making you to satisfy all of your needs & expectations.

Generous donation is the way to giving back to the society against what we got from that. Not always financial donation is the way to do so; “Donation means Dan” in form of “Shramdan” is also considered as one of the best way to serve the society. Hence, we at Ahmedabad Medical Association always strive to do lots of social services & create



opportunities for “Shramdan” by our members. The on-going dozen of camps under “Aao Gaon Chalen” project; COLS training for laypersons etc. are such where many of our members give their services; we must appreciate those; additionally we also organize certain programmes as directed by IMA HQs; Camps on World Glaucoma Week were of them, where we got tremendous response. We congratulate Glaucoma Society of India, Ahmedabad Ophthalmological society & M & J western regional Institute of Ophthalmology for partnering Indian Medical Association Gujarat & Ahmedabad for series of camps to spread awareness & to diagnose this “slowly acting devil – Glaucoma” at earlier stage. Our commitment to social services also has been recognized by the health department of Central government; they shared on their official X handle regarding our social services to tuberculosis patients.

Our parent organization, IMA HQs has launched project to build a new building of IMA house at New Delhi. It's our earnest request to all members to contribute generously for this ambitious project of IMA, HQs.

With support of our visionary, noble, learned, generous & distinguished kinds of members, every year Ahmedabad Medical Association touches the new heights in fields of social welfare & academics in alignment of wonderful cultural affairs.

As rightly quoted by Jeffrey Pfeffer, We as Successful organization understand the importance of implementation, not just strategy, and, moreover, recognize the crucial role of our people in this process.

**Jai AMA**



**Jai IMA**

**Dr. Tushar Patel**  
President

**Dr. Urvesh Shah**  
Hon. Secretary

**Ahmedabad Medical Association**



### ZYDUS APPAGUJCON 17 FEB 2024







### ABHISHU MEDICO LEGAL SEMINAR 18 FEB 2024





### TB FREE INDIA CAMPAIGN: AMA SPECIAL INITIATIVE, NUTRITION KIT GIVEN TO 1100 TB PATIENTS

#### ટીબીના દર્દીઓને પોષણની કિટનું વિતરણ કરાયું



અમદાવાદ મેડિકલ એસોસિએશન અને સ્ટેર્લિંગ એક્યુરિસ લેબોરેટરી દ્વારા ટીબી મુક્ત ભારત અભિયાન હેઠળ 1100 ટીબી દર્દીઓને પોષણની કિટનું વિતરણ કરવામાં આવ્યું હતું.

#### ટીબીના ૧૧૦૦ દર્દીઓને દાતક લેવાયા



અમદાવાદ મેડિકલ એસોસિએશન (એએમએ) દ્વારા પ્રધાનમંત્રી ટીબી મુક્ત ભારત અભિયાન હેઠળ ૧૧૦૦ ટીબી દર્દીઓને દાતક લેવામાં આવ્યા છે. આ કાર્યક્રમમાં એએમએના પ્રમુખ ડૉ. તુષાર પટેલે દર્દીઓને યેન વિશ્લેષણથી પોષણ કિટનું વિતરણ કર્યું હતું.

← Post

Ministry of Health  
@MoHFW\_INDIA

અમદાવાદ 18-02-2024

#### ટીબીના દર્દીઓને પોષણની કિટનું વિતરણ કરાયું



અમદાવાદ મેડિકલ એસોસિએશન અને સ્ટેર્લિંગ એક્યુરિસ લેબોરેટરી દ્વારા ટીબી મુક્ત ભારત અભિયાન હેઠળ 1100 ટીબી દર્દીઓને પોષણની કિટનું વિતરણ કરવામાં આવ્યું હતું.

આજ સમાચાર

#### આજકાલ રેસીની વિનિયંત્રિતતાની સેવકતા વેગલ



આજકાલ રેસીની વિનિયંત્રિતતાની સેવકતા વેગલ છે. આ કાર્યક્રમમાં એએમએના પ્રમુખ ડૉ. તુષાર પટેલે દર્દીઓને યેન વિશ્લેષણથી પોષણ કિટનું વિતરણ કર્યું હતું.

Nutrition kits were distributed by the Ahmedabad Medical Association to Persons with TB, encouraging them to fight the disease.

#TBMuktBharat #EndTB #TBHaraGujarat

**Ahmedabad Medical Association**  
extends a helping hand to Persons with TB as a TB-Free India



અમદાવાદ મેડિકલ એસોસિએશન અને સ્ટેર્લિંગ એક્યુરિસ લેબોરેટરી દ્વારા ટીબી મુક્ત ભારત અભિયાન હેઠળ 1100 ટીબી દર્દીઓને પોષણની કિટનું વિતરણ કરવામાં આવ્યું હતું.

અમદાવાદ 20-02-2024

#### કેન્સર દર્દીઓને વાર્ષિક પ્રેકરન વેગલ 'હવે વિદેશમાંથી લોકો સારવાર લેવા અમદાવાદ આવી રહ્યા છે'



કેન્સર દર્દીઓને વાર્ષિક પ્રેકરન વેગલ છે. આ કાર્યક્રમમાં એએમએના પ્રમુખ ડૉ. તુષાર પટેલે દર્દીઓને યેન વિશ્લેષણથી પોષણ કિટનું વિતરણ કર્યું હતું.



Gujarat

Our commitment to social services also has been recognized by the health department of Central government; they shared on their official X handle regarding our social services to tuberculosis patients.

પ્રધાનમંત્રી ટીબી મુક્ત ભારત અભિયાન

**પોષણ કિટ**

આ કિટ તમારું આરોગ્ય સુધારે છે.





### TB FREE INDIA CAMPAIGN: AMA SPECIAL INITIATIVE, NUTRITION KIT GIVEN TO 1100 TB PATIENTS





### MMA CON 2024





### ORGAN DONATION AWARENESS PROGRAMME



સાચા કાલો પાલ ઇંગ્લેન્ડ

**UNMIA**  
United Nephrologists & Medical Institute of Ahmedabad

કચ્છનાથી બી ડોનાર સભ્યો નીકા  
કોમ ડોનારો - સહાયક

**પાયુષ્ય**

અંગદાન છે મરણક્રમ ની આસા  
માનવતા ની શ્રેષ્ઠ પરિભાષા

**અમદામ સ્વચ્છ સુવિચાર**

Dr. Nisha Shah  
Nephrologist  
Assistant Professor

Dr. Sachin B. Shah  
MD, Pathology  
Assistant Professor  
Medical Superintendent

સાચા - કોમ ડોનારો, સવ્ય સંચાર



### BLOOD DONATION CAMPS





### AAO GAON CHALEN





### COLS - CPR TRAINING





### WORLD GLAUCOMA WEEK 2024







### WORLD GLAUCOMA WEEK 2024





### LADIES CLUB PROGRAMME



### NATIONAL ROAD SAFETY WEEK



**KD Hospital**  
કર્ણાવતી શાંતાબેન વિષ્ણુભાઈ પટેલ આંખની હોસ્પિટલ



અમદાવાદ શહેર ટ્રાફિક પોલીસ, અમદાવાદ મેડિકલ એસોસિએશન  
લાય-સ કર્ણાવતી શાંતાબેન વિષ્ણુભાઈ પટેલ આંખની હોસ્પિટલ  
લાય-સ કલબ ઓફ અમદાવાદ કર્ણાવતી અને  
કુલુમ ધીરજલાલ [કે.ડી.] હોસ્પિટલ ના સહયોગ થી  
આયોજિત



**મફત આંખની તપાસનો કેમ્પ**



**રાષ્ટ્રીય માર્ગ સલામતી સપ્તાહ -2024**





HAEMATOLOGY UPDATE 03 MARCH 2024



ALLERGY ALGORITHM 24 FEB 2024





**SSIP i-Hub**  
Innovation & Entrepreneurship Hub



**AMACON 2024**  
The Annual Conference of Ahmedabad Medical Association

## A workshop on startup and innovation for medical students (IMA-MSN)

*Empowering Youth Strengthening Healthcare*

**04-05-24 Saturday**

i-Hub, KCG Campus, Opp. PRL, Navrangpura, Ahmedabad

Time	Particulars
09:00AM - 09:30AM	Registration / Breakfast
09:30AM - 09:45AM	i-Hub introductory movie
09:45AM - 09:50AM	Address by Dr. Tushar Patel, President of AMA
09:50AM - 10:00AM	Address by Dr. Mehul Shah, Secretary, IMA Gujarat
10:00AM - 10:10AM	Address by Mr. Hiranmay Mahanata, CEO, i-HUB
10:10AM - 10:25AM	Sensitization of Gujarat startup ecosystem and role of i-Hub to felicitate startups from Mind To Market in Healthcare and allied sector
10:25AM - 10:45AM	Address about Biotechnology policy and support for the Healthcare and medical sector startups by Dr. Anand Bhadalkar, Officer of DST
<b>Interaction with Medical and Healthcare sector Startups</b>	
10:45AM - 11:00AM	IOTA Diagnostics – Founder Mr. Vaibhav Shitole
11:15AM - 11:30AM	Altea Enterprise pvt. Ltd – Founder Dr.Karnav Patel
11:30AM - 11:45AM	Brainiac pvt. Ltd. – FounderMr. Krunal Prajapati
11:45AM - 12:00PM	D3S Healthcare Pvt. Ltd- Founder Mr. Dhruv Patel
12:00PM - 12:15PM	RedicineMedsolPvt. Ltd. – Founder Mr. Dhruvil Patel
12:15PM - ONWARD	Si-Hub Complex visit and followed by Lunch

**Coordinators : Dr. Raj Mistry | Dr. Ankit Chakravarti | Dr. Sudhir Morad | Dr. Khushbu Dabhi**

**AMACON**

2024

**CARDIOLOGY WORKSHOP**

📅 04-05-24 Saturday 🕒 02.00 pm to 05.00 pm

🏠 Auditorium, CIMS Hospital, Science City, Sola, Ahmedabad

Chairperson  
**Dr. Anish Chandarana**Chairperson  
**Dr Tejas V. Patel**

Time	Topic	Speaker
<b>1:00-2:00pm</b>	<b>Lunch &amp; Registration</b>	
2:00-2:30pm	Update in Lipid lowering treatment - beyond the Statin therapy	Dr Urmil Shah
2:30-3:00pm	Latest in Coronary Intervention - IVL technology	Dr Satya Gupta
3:00-3:30pm	Treatment of Aortic Stenosis without open heart surgery - what you should know about TAVR (Trans-catheter Aortic Valve Replacement)?	Dr Tejas V Patel
3:30-4:00pm	What is Functional Angioplasty? What is 3D Angioplasty?	Dr Vipul Kapoor
4:00-5:00pm	ECG workshop : Basics to Advance - step by step interpretation of ECG	Dr Hiren Kevadiya
<b>5.00 pm</b>	<b>High - Tea</b>	

**AMA Coordinators: Dr. Viral Shah | Dr Priyadatta Patel**For registration visit: [www.ahmedabadmedicalassociation.com/amacon2024/](http://www.ahmedabadmedicalassociation.com/amacon2024/)  
Or contact at: AMA office between 2 pm to 6 pm call: 079-26588775, 9726888775



# AMACON 2024



## GASTRO - ENTEROLOGY WORKSHOP



📅 04-05-24 Saturday ⌚ 02.00 pm to 05.00 pm

🏠 Auditorium, Zydus Hospital, Sarkhej - Gandhinagar Highway, Ahmedabad



Chairperson  
**Dr. Nilay Mehta**



Time	Topic	Speaker
<b>1:00-2:00pm</b>	<b>Lunch &amp; Registration</b>	
2.00-2.20 pm	GERD & dyspepsia	
2.20-2.40 pm	Dysphagia	
2.40-3.00 pm	Acute diarrhoea	
3.00-3.20 pm	Chronic diarrhoea	
3.20-3.40 pm	Break	
3.40-4.00 pm	Constipation	
4.00-4.20 pm	Abdominal pain	
4.20-4.40 pm	Jaundice	
4.40-5.00 pm	Anaemia	
5.00 pm	<b>High - Tea</b>	

AMA Coordinators: Dr. Gopal Raval | Dr R I Patel

For registration visit: [www.ahmedabadmedicalassociatio.com/amacon2024/](http://www.ahmedabadmedicalassociatio.com/amacon2024/)  
Or contact at: AMA office between 2 pm to 6 pm call: 079-26588775, 9726888775

**AMACON** 2024**PULMONARY & CRITICAL CARE WORKSHOP****KD Hospital**

કુસુમ ધીરજલાલ હોસ્પિટલ

📅 04-05-24 Saturday 🕒 02.00 pm to 05.00 pm

🏠 Auditorium, K D Hospital, Vaishnodevi Circle, S.G. Highway, Ahmedabad



Chairperson

**Dr. Harjit Dumra**

Chairperson

**Dr. Mukesh Patel**

Time	Topic	Speaker
1:00-2:00pm	Lunch & Registration	
2.00-2.55 pm	Session 1- Critical care : <b>For First Responders</b> An approach to hypotensive patient My ideal response to patient with respiratory distress What should I do when I see unconscious patient Q&A	Critical care team: Dr Harjit Dumra Dr Mansi Dandnaik Dr Rajan patel
2.55-3.30 pm	Session 2 - Pulmonary medicine: <b>For Non Responders</b> Non responding cough- possible reasons Non resolving consolidation -what next? Q&A	Pulmonary medicine team: Dr Mukesh Patel Dr. Tushar Patel Dr Pradip Dabhi Dr Dhaval Darji Dr Rushi Rabar
3.30-5.00 pm	Workstation Basic life support Basic interpretations- CXR, ECG, ABG Oxygen therapy and nebulization Emergency drugs-dos & don't	
5.00 pm	High - Tea	

AMA Coordinators: Dr. Rushi Patel | Dr. Pratik Shah

For registration visit: [www.ahmedabadmedicalassociation.com/amacon2024/](http://www.ahmedabadmedicalassociation.com/amacon2024/)

Or contact at: AMA office between 2 pm to 6 pm call: 079-26588775, 9726888775

# AMACON 2024

## SPINE WORKSHOP



Chairperson **Dr. Bharat Dave**



📅 04-05-24 Saturday 🕒 02.00 pm to 05.00 pm

📍 Auditorium, Stavya Spine, Mithakhali, Ellisbridge, Ahmedabad.

Time	Topic	Speaker
1:00-2:00pm	Lunch & Registration	
2.00-2.30 pm	Know your back	Dr. Ajay Krishnan
2.30-3.00 pm	Spine health check up	Dr. Bharat Dave
3.00-3.30 pm	The body and the mind	Dr. D.Devanand
	lifestyle modification	Dr. Mirant Dave
3.30-4.00 pm	IOTSS Integrated Operation	Dr. Ravi Ranjan Rai
	Theater Spine Suit	Dr. Shivanand Mai
4.00-4.30 pm	Robotics :- Mazor X, Exoscope	
4.30-5.00 pm	High - Tea	

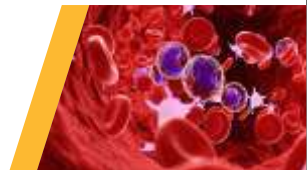
AMA Coordinators: Dr Rutvik Dave | Dr. Hitendra Nayak

# AMACON 2024

## HEMATOLOGY WORKSHOP



Chairperson **Lt. Gen Dr Velu Nair**



📅 04-05-24 Saturday 🕒 02.00 pm to 05.00 pm

📍 Auditorium, Apollo Hospital, Bhat, Gandhinagar

AMA Coordinators: Dr Kamlesh Naik | Dr. Bhadresh Shah

For registration visit: [www.ahmedabadmedicalassociation.com/amacon2024/](http://www.ahmedabadmedicalassociation.com/amacon2024/)  
Or contact at: AMA office between 2 pm to 6 pm call: 079-26588775, 9726888775



**AMACON** 2024**EMERGENCY  
MEDICINE WORKSHOP**

📅 04-05-24 Saturday  
🕒 02.00 pm to 05.00 pm



Chairperson  
**Dr. Pratibha Dileep**

🏠 Auditorium, Sterling Hospital, Memnagar, Ahmedabad.

Time	Topic	Speaker
1:00-2:00pm	Lunch & Registration	
2:00-2:30pm	General approach to POLYTRAUMA	Dr. Abhishek Sharma
2:30-3:00pm	General approach to Acute Dyspnoea	Dr. Amrish Patel
3:00-3:30pm	General approach to Unknown Poisoning	Dr. Pratibha Dileep
3:30-4:15pm	Workstation All instruments ICU	
4:15-5:00pm	Work station All instruments ER	
5:00pm Onwd.	High - Tea	

AMA Co- Ordanators: Dr. Parth Patel | Dr. Manoj Kodnani

**AMACON** 2024**NURSING CRITICAL CARE WORKSHOP**

Chairperson : **Dr. Raj Rawal**

📅 04-05-24 Saturday  
🕒 08.45 am to 05.00 pm  
🏠 Auditorium, SAL Hospital  
Doordarshan Tower,  
Thaltej, Ahmedabad

Time	Topic	Speaker
8.45 am to 9.00 am	Introduction	
9.00 am to 9.30 am	Critical care - Nurse profile	Dr. Raj Raval
9.30 am to 10.00 am	ICU charting & its importance	
10.00 am to 10.30 am	Haemodynamics	Dr. Divyang Dalwadi
10.30 am to 11.00 am	Critical care pharmacy	
11.00 am to 11.30 am	Tea break	Dr. Amit Prajapati
11.30 am to 12.00 noon	Infection control policies	
12.00 noon to 12.30 pm	Common ICU procedures	Dr. Vinit Patel
12.30 pm to 1.00 pm	Challenges in different diseases	
1.00 pm to 2.00 pm	Lunch break	Dr. Neel Shah
2.00 pm to 2.45 pm	CPR	
2.45 pm to 3.30 pm	Use & care of ICU equipments	Mrs. Alice Fernandis
3.30 pm to 4.15 pm	Error prevention	
4.15 pm onwards	High - Tea	

AMA Coordinators: Dr. Amit Prajapati | Dr. Imtiaz Vora

For registration visit: [www.ahmedabadmedicalassociation.com/amacon2024/](http://www.ahmedabadmedicalassociation.com/amacon2024/)  
Or contact at: AMA office between 2 pm to 6 pm call: 079-26588775, 9726888775



# AMACON 2024

The Annual Conference of Ahmedabad Medical Association

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# AMACON 2024



**SCIENTIFIC PROGRAMME Date: May 5, 2024 (Sunday)**

Lecture Topics	Eminent Speakers
Acute ischemic stroke - practice essentials	<b>Dr. Mukesh Sharma</b> Neurologist- Marengo CIMS Hospital
Interpreting Montoux Test and TB Gold in the Diagnosis and Management of Tuberculosis: A Comprehensive Guide	<b>Dr. Atul Patel</b> Infectious disease specialist, Vedant Hospital & KD Hospital
Tuberculosis Prevention Treatment	<b>Dr. Malik Parmar</b> National Professional Officer - Drug Resistant TB, WHO
Liver Transplant	<b>Dr. Samir Shah</b> , Director, Department of transplant, Hepatology, Global Hospital Mumbai
Save surgeon's heartbeat: Technology and Spine Save your spine : Spine health check up	<b>Dr. Bharat Dave</b> Spine Surgeon- Stavva Spine
Gastrointestinal endoscopy and interventions: a primer for family physicians!	<b>Dr. Nilay Mehta</b> Senior Gastro, Zydus Hospital
Redefining Success in IVF: What matters most	<b>Dr Manish Banker</b> <b>Dr Jwal Banker</b>
Cardiac arrhythmia: Recognising the value of Physiology	<b>Dr. Gaurav Panchal</b> EP study specialist, KD Hospital
Hormonal therapy in breast cancer	<b>Dr. Bhavesh Parekh</b> Oncology- Marengo CIMS Hospital
Immunotherapy- A new armamentarium for cancer treatment	<b>Dr. Rushabh Kothari</b> Medical Oncologist, NH Hospital
Advances in surgical management of Prostate Cancer	<b>Dr. Kamlesh Patel</b> Urosurgeon, Zydus Hospital
Medical Dilemmas: Addressing everyday illnesses in Kidney transplant survivors.	<b>Dr. Sonal Dalal</b> Director Nephrology, Sterling Hospital
Role of Allergy testing in clinical practice	<b>Sterling Accuris Lab</b>

**..... & still more to be announced**



# AMACON 2024

## Spouse Programs

Date : 5th May 2024 Sunday Time: 09:00am to 12:30pm  
Venue: Seminar Room (S-3 & S-5), AMA



### Attractions:

- Cyber Security
- Personal Styling & Grooming session
- Party Look, Makeup & Skin Beautification
- Ladies Housie with Prizes
- Talk on Prevention Breast & Cervical Cancer
- Talk on Prevention of Life Style Disease

Game  
with  
RJ

**Coordinators:** Dr Mansi Patel | Dr Nirali Patel | Mrs. Deepali Patel  
Dr Kshama Shah | Dr Manisha Mehta | Dr. Nita Mishra | Dr. Alpa Gandhi

## AMACON 2024: Paper & Poster Presentation

### GUIDELINES FOR ABSTRACT SUBMISSION:

- Abstracts can be submitted online only.
- It is mandatory for presenting authors to register before abstract submission.
- Abstracts must be in English, in Word Doc format, Times Roman font – font size 12. Should not exceed 500 words.
- Abstracts must be original and should not have been submitted / presented / intended for presentation elsewhere.
- The names and affiliations of all authors must be stated.
- The presenting author should obtain necessary regulatory permissions and take responsibility for the accuracy of the results.
- An e-mail confirming the receipt of abstract, including an abstract number, will be sent to the submitting delegate. This number shall be quoted for all further correspondence.
- Submissions will be screened by the Abstract Committee prior to acceptance and be judged by a panel of experts.
- The certificate will be issued to first author only; who will be presenting author also.
- Either paper or poster can be submitted. Both would not be allowed by a single delegate.

### The body of the abstract should be structured as follows:

Title of the Abstract | Aims/Objectives of the study | Methodology | Results  
Discussion | Conclusions

### For submission of abstract visit:

<https://ahmedabadmedicalassociation.com/amacon2024/>

**Coordinators:** Dr Manjit Nayak | Dr Sahil Shah | Dr Chetan Parmar



# AMACON 2024

4<sup>th</sup> 5<sup>th</sup> May 2024 Sat - Sun

The Annual Conference of **Ahmedabad Medical Association**

## SALIENT FEATURES:

- Eminent National Faculties
- Paper/Poster Presentation for students (for IMA / AMA - MSN members only)
- Pre Conference workshops
- Spouse Programs
- GMC Credit Points
- Attractive gift

**Sumptuous Banquet**  
details to be announced shortly

## REGISTRATION FEES

CATEGORY	Up to 31.3.24	Up to 15.4.24	Up to 30.4.24
DELEGATE	₹ 1000	₹ 1200	₹ 1500
COUPLE DELEGATE	₹ 2000	₹ 2400	₹ 3000
STUDENTS- RESIDENTS	₹ 500	₹ 700	₹ 1000



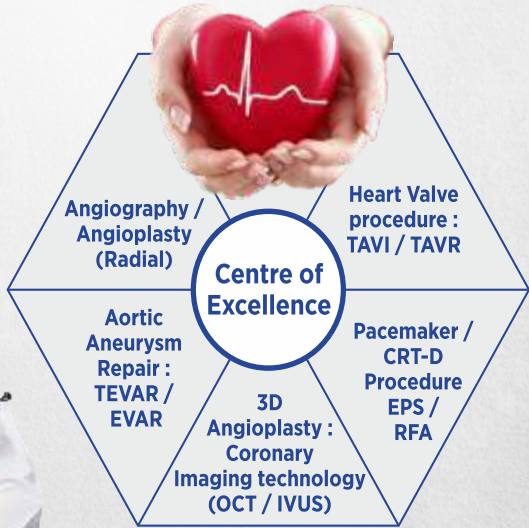
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**CARDIAC SCIENCE  
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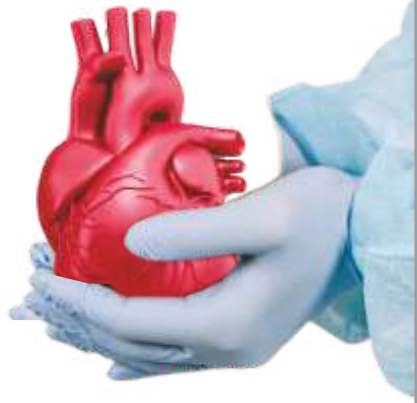
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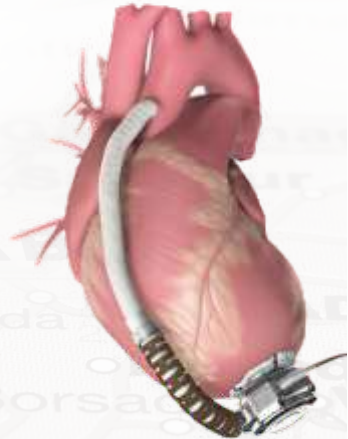
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## Dr. H. G. Jambhekar Scientific Programme

**Ahmedabad Medical Association organises Interactive CME on Hematology and Solid Tumours In Association with HOC VEDANTA**

**Date : 31-03-2024, Sunday | Time : 9.30 am to 01.00 pm**

**Venue : Fairfield by Marriott, Ashram Road, Ahmedabad.**

09.30 am - 10.00 am	Breakfast & Registration
10.00 am - 10.15 am	Changing Paradigm in Medical Treatment in Cancer Dr. Bharat Parikh (Medical Oncologist)
10.15 am - 10.30 am	Treatment of Iron Deficiency Anemia Dr. Sandip Shah (Hematologist Oncologist & Stem Cell Transplant Physician)
10.30 am - 10.45 am	When to suspect Cancer in Clinic Dr. Asif Shaikh (Medical Oncologist & Hematologist)
10.45 am - 11.00 am	Overview of treatment of breast cancer. Dr. Chirag Desai (Medical Oncologist)
11.00 am - 11.15 am	Tea Break
11.15 am - 11.30 am	Suspecting and workup of case of Myeloma Dr. Bhavin Shah (Medical Oncologist)
11.30 am to 11.45 am	Suspecting Hematology Malignancy in a Pediatric Patient. Dr. Deepa Trivedi (Pediatric Hematologist)
11.45 am - 12.00 pm	Immunotherapy in cancer patients. Dr. Rahul Jaiswall (Medical Oncologist)
12.00 pm - 12.15 pm	Workup and deciding treatment approach in lung cancer Dr. Jay Dadhania (Medical Oncologist)
12.15 pm - 12.35 pm	Interactive session with Question Answers and MCO's TEAM HOC VEDANTA
12.35 pm onwards	Lunch

**Registration is free but compulsory.**

**For Registration Contact: AMA office on 079-26588775**

**during 2.00 pm to 6.00 pm or**

**Send your Name & Designation on 9898337948**

### Co-ordinators

**Dr. Dhananjaysinh Gohil**

**Dr. Alpa Gandhi**

**Dr. Tushar Patel**

President, AMA

**Dr. Urvesh Shah**

Hon. Secretary, AMA



## AMA SENIOR CITIZEN CLUB & AHMEDABAD MEDICAL ASSOCIATION HAS ARRANGED A MOVIE SHOW

**Date** : 31-03-2024, Sunday  
**Time** : 5.30 pm  
**Venue** : R. M. Fozdar Hall, AMA House

**Movie** : **Hurry Om Hurry**

(Siddharth Randeria, Raunaq Kamdar, Vyoma Nandi, et al.)

- No Registration Fee for Members of Senior Citizen Club
- Registration Fees for Non Member Rs. 50/-

### Co-ordinators

Dr. K. R. Sanghvi

Dr. Abhay Dixit

Dr. Ramesh C. Shah

Dr. K. C. Gadhavi

Dr. Dhananjaysinh Gohil

Dr. Rohan Christian

AMA Senior Citizen Club

Programme will be followed by heavy snacks

For Registration Contact: AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel  
President, AMA

Dr. Urvesh Shah  
Hon. Secretary, AMA

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## Dr. Somabhai C. Desai Scientific Programme

**Date** : 07-04-2024, Sunday

**Time** : 10.00 am to 1 pm

**Venue** : Ahmedabad Medical Association, Ashram Road.

### Programme Details

10.00 am to 10.10 am Breakfast & Registration

10.10 am to 11.00 am **Topic**: Basics of Thrombosis care- Diagnostic and management esp. in High-risk cases

**Speaker**: Dr Rajesh Hydrabadi

11.00 am to 11.40 am **Topic**: Understanding Atrial Fibrillation: A holistic Approach to Management

**Speaker**: Dr. Abhishek Tripathi

11.40 am to 12.20 pm **Topic**: Strategies for Taming Resistant Hypertension

12.20 pm to 12.30 pm Q & A

12.30 pm onwards **Lunch**

**Courtesy : Pfizer**

**Co-ordinators**

**Dr. Mukesh Khadaliya**

**Dr. Bhadresh Shah**

**Dr. Arpit Prajapati**

**Registration is free but compulsory.**

**For Registration Contact : AMA office on 079-26588775**

**during 2.00 pm to 6.00 pm**

**Dr. Tushar Patel**  
President, AMA

**Dr. Urvesh Shah**  
Hon. Secretary, AMA



## Report of Medicolegal Seminar Date 18-02-2024

A Medicolegal Symposium was organized by Ahmedabad Medical Association in collaboration with Abhishu Critical Care Associates and Telemedicine Society of India - Gujarat Chapter on 18th Feb' 2024 at The Cosmopolitan Hotel with overwhelming response with around 80 delegates. Medicolegal issues prevalent now and then against medical practitioner and hospitals and to safeguard ourselves against such issues are very much essential to understand and incorporate in our day to day practice.

Dr Mehul Shah(Hon. Secretary of IMA GSB), Mr Virender Kumar(Ret. Director of DECU-ISRO), Dr Yogesh Gupta(MD, Medicine and Medicolegal expert), Dr Saumil Merchant(MD, Head of FM Dept, LGGH), Mr Mrudul Barot and Mr Jayesh Kotecha(both are practicing advocates at HC) were invited to deliver a talk.

It was indeed a quite informative session to begin with where key areas like documentation/communication/death certification/medicolegal guidelines were highlighted which was followed by interactive panel discussion where above mentioned esteemed panelists have participated and gave their valuable inputs to the audience. In panel discussion, legal aspects of Tele-medicine were covered as well. It was overall a memorable seminar with lots of take home messages and all the delegates have enjoyed it thoroughly.

## Report of C.C.Raval Scientific Programme on 'Allergy Algorithm' Date 24-02-2024

A CME was organized by Ahmedabad Medical Association in collaboration with Dr Reddy's Lab at AMA hall, Ashram Road, Ahmedabad on 24th February, 2024. Dr Meet Barbhaya MD (Skin) delivered a lecture on 'Management of Urticaria' & Dr Navin Patel MS (ENT) delivered a talk on 'Management of Allergic Rhinitis'. The programme was co-ordinated by Dr R. I. Patel and Dr Bipin Patel. CME was attended by more than 65 delegates. The sessions were quite informative and interactive





## **Report of Dr Tanumati G. Shah Scientific Programme on 'Haematology Update' Date 03-03-2024**

A CME was organized by Ahmedabad Medical Association in collaboration with Qure Haematology Group at AMA hall, Ashram Road, Ahmedabad on 3rd March, 2024. Lectures on Rational use of Blood Components in haematology practice, Approach to Thrombocytopenia and Case based discussion were taken by faculties Dr Himal Shah, Dr Eva Bhagat and Dr Ankit Raiyani. Total delegates who took benefit of the program were approximately 70. Dr Mukesh Maheshwari and Dr Hitendra Nayak coordinated the whole programme.

## **Report of Glaucoma Awareness Programmes from 10th to 16th March, 2024**

Ahmedabad Medical Association along with Glaucoma Society of India, Ahmedabad Ophthalmological Society & M and J Western Regional Institute of Ophthalmology organized series of programmes on the occasion of World Glaucoma Week from 10th to 16th March, 2024. Glaucoma Screening Camp with Advance Technology was organized for AMA members and their family members on 10th March, 2024 at AMA hall. Dr Kirit Gadhavi, Dr Ashish Bhojak and Dr Rohan Christian were the co-ordinators for this event. Glaucoma Screening and Eye Checkup Camps were organized at Vatsalya Old Age Home, The Indian Red Cross Society building Vadaj, Ahmedabad on 11th March, 2024 (co-ordinated by Dr Hetal Pandya), Kailashdham Old Age Home, Pethapur, Gandhinagar on 13th March, 2024 (co-ordinated by Dr Rajesh Desai); & Ambali Old Age Home, Bopal, Ahmedabad on 14th March, 2024 (co-ordinated by Dr R. I. Patel). Our sincere gratitude to Dr Purvi Bhagat, Dr Kamini Prajapati & their team of M & J Institute for diligently serving number of senior citizens and staff of old age homes.



## OBITUARY

May their soul rest in eternal peace.



**DR. BHUPENDRA AMBALAL SHAH**

L-854 M.B.B.S.

Date of Birth : 08-12-1948

Date of Death : 24-02-2024



**DR. VIPUL BHUPATRAI SHAH**

L-2231 M.D. RADIO

Date of Birth : 21-12-1961

Date of Death : 06-04-2023



**DR. MANOJKUMAR A. SANGHAVI**

L- 3977 M.S. GEN. SUR.

Date of Birth : 03-09-1959

Date of Death : 11-02-2024



**DR. JITENDRA C. SHAH**

L-931 M.S.GEN. SUR.

Date of Birth : 18-07-1951

Date of Death : 11-02-2024



**DR. RAJUL VIKRAMBHAI SHAH**

L-3161 D.M.R.E., M.D.

Date of Birth : 02-06-1944

Date of Death : 28-02-2024

We send our sympathy & condolence to the bereaved family.



# RATES FOR ADVERTISEMENT IN AMA BULLETIN

**WITH EFFECT FROM 14-12-2023**

PARTICULARS	AMA MEMBER	GROUP MEMBER	NON MEMBER CORPORATE HOSP.
Last Cover Page (Colour)	Rs. 14000	Rs. 16000	Rs. 20000
Inside Cover Page Total 4 in (Colour)	Rs. 11000	Rs. 12000	Rs. 16000
Center Page - the Rates are per page (Colour)	Rs. 11000	Rs. 12000	Rs. 16000
Full Page Colour	Rs. 8000	Rs. 10000	Rs. 15000
Full Page Black & White	Rs. 6000	Rs. 8000	Rs. 11000
Half Page B/W.	Rs. 3000	Rs. 5000	Rs. 6000
Quarter Page B/W.	Rs. 1500	Rs. 2500	Rs. 3000

**Note : For Cover pages & Center Pages**

(These are minimum rates, in case of more than one proposal, higher one will be considered)

## Size of Bulletin

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**Quarter Page : 57 mm x 87 mm**

**Note :**

- Please send your advertisement in CDR, PDF & JPG (300 DPI) format at AMA before the date 15th of each month.
- 18% GST extra will be applicable.



## લેડીઝ-ક્લબ

યત્ર નાર્યસ્તુ પૂજયન્તે, સ્મન્તે તત્ર દેવતાઃ

તા. ૨-૩-૨૦૨૪, શનિવારે લેડીઝ ક્લબની બહેનોએ  
લોથલ હેરીટેજ સ્થળ તથા સાર્થક ડેરીની મુલાકાત લીધી.

જેનાં અંગે જરૂરી માહિતી મેળવી તથા

કુદરતી સાંનિધ્યમાં પીકનીકનો આનંદ માણ્યો.

AMA Ladies Club આંતરરાષ્ટ્રીય મહિલા દિન ૮-૦૩-૨૦૨૪

નિમિત્તે નીચે દર્શાવેલ કાર્યક્રમ રજૂ કરે છે.

પ્રોગ્રામ નં. ૧

### Millet Utsav

મિલેટનાં ગુણો સમજીએ તથા તેમાંથી વિવિધ વાનગી બનાવીએ.

પ્રોગ્રામ નં. ૨

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## Coomb's Test And Its Significance In Clinical Practice

**Dr. Jhalak Patel<sup>1</sup>, Dr. Vishvas Amin<sup>2</sup>**

Indian Red Cross Society, Ahmedabad District Branch

**1- Deputy Director-Medical, Transfusion Medicine Specialist.**

**2- General Secretary, Pathologist.**

Antiglobulin testing, also known as the Coombs test, is an immunology laboratory procedure used to detect the presence of antibodies against circulating red blood cells (RBCs) in the body, which then induce hemolysis.

Antiglobulin testing can be either:

- 1. Direct Antiglobulin Testing (DAT):** The principle of DAT is to detect the presence of antibodies attached directly to the RBCs, which takes place by washing a collected blood sample in saline to isolate the patient's RBCs; this procedure removes unbound antibodies that may otherwise confound the result.
- 2. Indirect Antiglobulin Testing (IAT):** IAT, by contrast, is used to detect unbound antibodies to RBCs, which may be present in the patient's serum.

### ❖ INDICATIONS:

Coombs test is necessary when autoimmunity to red blood cells is a consideration in the differential diagnosis, including warm and cold hemolytic anemia. Following are some indications where antiglobulin testing becomes useful:

- Autoimmune hemolytic anemia
- Drug-induced immune hemolytic anemia



- Alloantibodies-mediated hemolytic transfusion reactions
- Hemolytic disease of the newborn
- Systemic lupus erythematosus (without hemolytic anemia)

#### ❖ **POTENTIAL DIAGNOSIS:**

The potential diagnosis of the Coombs test includes pre-transfusion testing, hemolytic transfusion reaction, and autoimmune or drug-induced hemolytic anemias. There are several causes of a positive Coombs test, such as:

- Hemolytic transfusion reactions
- Autoantibodies to intrinsic RBC antigens
- Hemolytic disease of the newborn
- Drug-induced antibodies
- Passively acquired alloantibodies, such as from donor plasma or immunoglobulin
- Non-specifically adsorbed proteins
- Complement activation because of bacterial infection, alloantibodies, or autoantibodies
- Antibodies produced by passenger lymphocyte

#### ❖ **INTERFERING FACTORS:**

Several other confounding variables can affect the accuracy of DAT and IAT test results:

- **Type of antibody** - most commercial antiglobulin testing screens for antibodies to IgG, complement C3, or both. As such, false-negative results may occur in cases of AIHA caused by autoantibodies other than IgG or C3, such as IgM or IgA.





- **High serum protein** - certain diseases, such as myeloproliferative diseases, may cause a falsely positive agglutination study due to abnormally high levels of protein unrelated to antibody-RBC agglutination. Exogenous sources of excess protein or immunoglobulin, such as cases in which a patient is receiving intravenous immune globulin (IVIG), may also result in a falsely positive study.
- **Infection** - the serum of individuals infected with certain microorganisms may create a false positive agglutination result. Examples include human immunodeficiency virus (HIV), malaria, hepatitis C virus (HCV), and in rare cases, the hepatitis E virus (HEV).
- **Wharton jelly** - in neonatal umbilical cord blood samples, the presence of mucopolysaccharide-rich Wharton jelly has been shown to produce false-positive antiglobulin results.

#### ❖ **CLINICAL SIGNIFICANCE:**

Antiglobulin testing is clinically useful in cases where there is clinical suspicion of autoantibody-induced RBC hemolysis. DAT testing typically involves the use of a polyspecific reagent consisting of IgG and complement C3.

Indirect antiglobulin testing is clinically useful for the detection of circulating antibodies that have the potential to induce RBC hemolysis; this test is most utilized for RBC phenotyping and in crossmatch screening for blood transfusion. A positive antiglobulin result requires analysis in the clinical context to make an accurate diagnosis.



There are several major areas of clinical significance:

- **Autoimmune hemolytic anaemia (AIHA):** AIHA is traditionally the most recognized cause of positive antiglobulin testing, and has been the topic of extensive study. The classification “AIHA” serves as an overarching descriptor that unifies a large group of diagnoses with differing etiologies that cause hemolysis by means of antibodies against RBCs. The classification can be dichotomized further by considering factors such as warm versus cold agglutination, and primary versus secondary cause. AIHA may also be drug-induced or syndromic (see “Evans syndrome”).
- **Alloimmune-mediated hemolytic transfusion reaction (AHTR):** AHTR occurs when a post-transfusion specimen develops a newly found alloantibody. The formation of an alloantibody can occur as quickly as within 2 to 3 days. The development of alloantibodies results in a positive IAT test but may or may not be associated with hemolysis.
- **ABO blood group typing:** In blood transfusions and hematopoietic stem cell transplants, indirect antiglobulin testing can be used to identify the RBC phenotype to minimize the chances of donor incompatibility.
- **Hemolytic disease of the fetus and the newborn (HDFN):** HDFN occurs when maternal IgG forms against fetal antigens, notably the Rh or Kell antigen. ABO HDFN is also most commonly encountered and usually is mild in nature.



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## Understanding Glaucoma: A Silent Threat to Vision

### Dr Purvi Bhagat

Professor & Head of Glaucoma Clinic  
M & J Western Regional Institute of Ophthalmology  
B.J.Medical College & Civil Hospital  
Ahmedabad.

#### Introduction

Glaucoma is a complex and progressive eye condition that poses a significant threat to vision worldwide. It causes irreversible damage to the optic nerve with characteristic optic nerve head damage and visual field changes, for which the intra ocular pressure is a major risk factor. It is often referred to as the "silent thief of sight" as it typically manifests without noticeable symptoms until significant damage has occurred. This lack of early warning signs underscores the importance of awareness, regular eye examinations and proactive management to mitigate its impact on vision.

Glaucoma is the 2nd leading cause of blindness worldwide. About 1.2 million people are blind in India due to glaucoma. The rate of undiagnosed glaucoma in India is 90% compared to 40-60 % in other parts of world.

#### Anatomy and Physiology

To comprehend glaucoma, it is essential to understand some basic aspects about the anatomy of the eye and the dynamics of the intraocular pressure (IOP). The aqueous humor, secreted from the ciliary body, circulates from the posterior chamber of the eye into the anterior chamber and gets absorbed through the anterior chamber angle structures into the circulation. Proper drainage of this aqueous humor helps to maintain an optimal IOP.

In glaucoma, there is a disturbance in the balance between aqueous humor production and its drainage, resulting in an increased IOP. This elevated pressure can damage the optic nerve,



the crucial pathway responsible for transmitting visual information to the brain. Such damage progressively leads to irreversible vision loss.

### **Types**

- Open-angle glaucoma: This is characterized by a gradual increase in IOP due to the impaired drainage of aqueous humor. Vision loss typically progresses slowly and may often go unnoticed until significant damage has occurred.
- Normal tension glaucoma: Sometimes open angle type of glaucoma can occur even with a normal IOP.
- Angle-closure glaucoma: In this, a sudden and severe increase in IOP occurs due to the blockage of the drainage angle itself by the iris. This can lead to a rapid onset of symptoms such as severe eye pain, redness, headache, blurred vision, coloured haloes and even nausea and vomiting. Acute angle-closure glaucoma is an ocular emergency and requires immediate medical attention to prevent irreversible vision loss.
- Childhood glaucoma: This occurs in new-borns and children due to genetic mutations, perinatal complications or other systemic conditions.
- Secondary glaucoma: These types of glaucoma can occur following any ocular disease, drug use or ocular surgery.

### **Risk Factors**

While anyone can develop glaucoma, certain factors increase its risk. These are:

- Inherently high intraocular pressure
- Age over 45 years
- Family history of glaucoma
- African, Asian and Hispanic descent.
- Extreme nearsightedness or farsightedness





- Certain anatomical configurations of the eye
- Eye injury
- Certain types of eye surgery, especially complicated ones.
- Medical conditions like diabetes, hypertension, migraine, peripheral vasospasm, sleep apnoea and treatment of sleep apnoea.
- Use of steroids in any form – oral, topical eyedrops, skin ointments, inhalants.

### **Symptoms**

Most of the time, glaucoma is asymptomatic and gives no warning signs. Occasionally, sudden and or severe rise in IOP can lead to eye pain, redness, headache, watering, blurred vision, coloured haloes, nausea and vomiting. Patients may occasionally complain of frequent change in glasses and impaired dark adaption. In advanced stages, patients may notice a constriction of their visual fields which is more obvious while moving around or driving a vehicle.

### **Diagnosis**

Early detection of glaucoma is vital for preventing visual loss. Regular comprehensive eye examinations which include assessments of the anterior segment, IOP, anterior chamber angle, optic nerve and visual field are essential for diagnosing glaucoma.

### **Treatment**

Treatment aims to reduce IOP and prevent further optic nerve damage. Glaucoma treatment does not improve vision or visual fields; it only helps to halt the progression. Depending on the severity and type of glaucoma, treatment options may include:

- Medications: Eye drops or oral medications may be prescribed to lower IOP by either reducing the aqueous humor production



or improving its drainage. It is very important to instil the drops regularly as instructed to maintain a stable IOP.

- **Laser therapy:** Procedures such as selective laser trabeculoplasty (SLT) or laser peripheral iridotomy (LPI) can help to improve drainage and reduce the IOP. LPI is the definitive and first line treatment for primary angle closure disease.
- **Surgery:** In cases where medications and laser therapy are ineffective; or when the patient is intolerant and or non compliant to medications, surgical interventions like trabeculectomy or drainage implants may be necessary.

### **Role of lifestyle modifications**

Meditation can help to reduce IOP.

In glaucoma suspects and patients, the following should be avoided:

Yogasanas with head down postures.

Valsalva maneuvers like certain Pranayams and blowing of wind instruments.

Drinking excessive water on waking up in morning.

Wearing tight neck ties.

### **Prevention**

While glaucoma cannot be prevented entirely, early detection and treatment can help prevent the resultant vision loss. Individuals with any risk factors should undergo early and regular eye examinations.

### **Conclusion**

Glaucoma poses a significant public health challenge globally, given its insidious nature and potential for irreversible and progressive vision loss. Heightened awareness, early diagnosis, timely intervention, lifelong follow up and regular monitoring are crucial for preventing glaucoma induced blindness.



## The Crucial Role of Bone Marrow Transplantation Across Diverse Diseases : A Guide for Medical Physicians

**Dr Himal M. Shah**

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Hematologist and BMT physician  
QURE Hematology centre, Ahmedabad  
9099923281

Bone marrow transplantation (BMT), a medical marvel that has revolutionized the treatment landscape, serves as a cornerstone in the management of various diseases. As medical physicians, understanding the need and requirements of BMT across a spectrum of disorders is essential for providing comprehensive care to our patients. This article explores the significance of BMT, its indications, and the evolving landscape of this therapeutic modality.

### **Understanding Bone Marrow Transplantation: A Therapeutic Marvel**

Bone marrow, a dynamic tissue within bones, is a rich source of hematopoietic stem cells responsible for the production of blood cells. Bone marrow transplantation involves the infusion of healthy stem cells into a patient's bloodstream to replace damaged or diseased marrow. This procedure can be life-saving for individuals with disorders affecting the bone marrow's ability to function optimally.

### **Indications for Bone Marrow Transplantation: A Diverse Spectrum**

#### **1. Hematologic Malignancies:**

- **Leukemias:** Acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), and chronic myeloid



leukemia (CML) often necessitate BMT as a curative or consolidative therapy.

- **Lymphomas:** Both Hodgkin's and non-Hodgkin's lymphomas may require BMT in cases of relapse or high-risk disease.
- **Multiple Myeloma:** Autologous BMT remains standard of care as consolidation therapy in all patients of multiple myeloma who are transplant eligible after receiving initial induction therapy.

## 2. Non-Malignant Hematologic Disorders:

- **Aplastic Anemia:** BMT is a definitive treatment for aplastic anemia, where the bone marrow fails to produce enough blood cells.
- **Thalassemia/Sickle cell anemia:** Patients with hemoglobinopathies may benefit from BMT to replace faulty marrow and improve blood cell production.

## 3. Genetic Disorders:

- **Primary immunodeficiency:** BMT offers a potential cure for Primary immune deficiency diseases by providing healthy stem cells capable of producing normal functional immune system

## 4. Autoimmune Diseases:

- **Multiple Sclerosis:** BMT is being explored as a treatment option for some cases of aggressive multiple sclerosis, aiming to reset the immune system.
- **Systemic Sclerosis:** BMT has shown promise in halting the progression of systemic sclerosis, an autoimmune connective tissue disorder.



## 5. Inherited Metabolic Disorders:

- **Hurler Syndrome:** BMT can be a life-altering intervention for certain metabolic disorders like Hurler syndrome, preventing the progression of debilitating symptoms.

## 6. Solid Tumors:

- **Neuroblastoma:** In select cases of high-risk neuroblastoma, autologous stem cell transplantation (using the patient's own cells) may be employed for consolidation after intensive chemotherapy.

## Requirements and Considerations for Bone Marrow Transplantation: A Multifaceted Approach

### 1. HLA Matching:

- **Optimal Donor Selection:** Achieving human leukocyte antigen (HLA) compatibility between the donor and recipient is critical to minimize the risk of graft-versus-host disease (GVHD) and improve engraftment success.

### 2. Conditioning Regimen:

- **Myeloablative vs. Non-Myeloablative:** The choice of conditioning regimen depends on the underlying disease, patient's age, and overall health. Myeloablative regimens involve high-dose chemotherapy or radiation to eradicate the existing bone marrow, while non-myeloablative approaches aim for immune system modulation.

### 3. Graft Types:

- **Autologous vs. Allogeneic:** Autologous BMT involves using the patient's own stem cells, while allogeneic BMT utilizes stem cells from a compatible donor. Allogeneic



transplantation is often preferred for conditions where graft-versus-tumor effect is desirable.

#### 4. GVHD Prophylaxis:

- **Immunosuppressive Medications:** Graft-versus-host disease, a potentially serious complication of allogeneic BMT, is managed through prophylactic immunosuppressive medications to modulate the immune response.

#### 5. Post-Transplant Monitoring:

- **Vigilant Surveillance:** Regular monitoring for signs of engraftment, graft rejection, infection, and GVHD is crucial. Adjustments to the treatment plan may be necessary based on the patient's response.

#### **Conclusion: Navigating the Landscape of Hope**

In conclusion, bone marrow transplantation stands as a beacon of hope for patients grappling with a diverse array of diseases. As medical physicians, our role extends beyond diagnosing and managing diseases; it encompasses understanding the nuances of BMT, recognizing its indications, and navigating the evolving landscape of transplantation medicine. With ongoing research and technological advancements, the scope of BMT continues to expand, offering new possibilities and improved outcomes for patients in need. By staying informed and embracing the potential of bone marrow transplantation, we contribute to a future where more individuals can experience the transformative power of this life-saving intervention.



## Interpreting Acute Phase Reactant in management of Infections.

**Dr Kinjal Shah**

Infectious diseases consultant,  
Vedanta Hospital, Jivraj Mehta hospital.

Acute-phase proteins" (APP) is the name given to a class of approximately 30 distinct, chemically unrelated plasma proteins that are innately regulated in response to inflammations. Interleukin-6 (IL-6) is the major cytokine that stimulates synthesis of APP in the liver. IL-1, TNF-alpha, and IFN-gamma can all cause the generation of APP. APP have various adverse consequences. These include fever, anemia from chronic illness, anorexia, somnolence, lethargy, amyloidosis, and cachexia.

APP can be positive or negative, depending on their serum concentrations during inflammation. Positive APP are upregulated, and their concentrations increase during inflammation, e.g. C-reactive protein, ferritin, fibrinogen, hepcidin and serum amyloid A. Negative APP are downregulated, and their concentrations decrease during inflammation, e.g. albumin, prealbumin, transferrin, retinol-binding protein, and antithrombin.

Most commonly used APP these days (particularly after covid pandemic ) are CRP, FERRITIN, procalcitonin and ESR. We should be very careful in interpretation of these tests. They do-not always suggest infection. APP can be elevated in systemic inflammatory conditions because of infections, non-infectious conditions like auto-immune diseases, and malignancy. Infection leads to activation of inflammatory processes inevitably. The inflammatory reaction is a critical part of the host immune response to the presence of microbial pathogens. This leads to increase in APP. Some can be used as prognostic markers too.



Let us discuss few in detail.

## **1. CRP**

C-reactive protein (CRP) is a highly sensitive marker for detecting inflammation. It is not specific to any disease or organ. There are numerous causes of an elevated C-reactive protein. These include acute and chronic conditions, and these can be infectious or non-infectious in etiology. However, markedly elevated levels of CRP are most often associated with an infectious cause (an example of pathogen-associated molecular pattern recognition). Trauma can also cause elevations in CRP (alarmin response). During infectious or inflammatory disease states, CRP levels rise rapidly within the first 6 to 8 hours and peak at levels of up after 48 hours and has a half-life of 24 hours. When the inflammation or tissue destruction is resolved, CRP levels fall, making it a useful marker for monitoring disease activity. CRP is frequently within normal levels in SLE patients, although ESR is usually increased. An infection should be rule out in SLE patients with elevated high-sensitivity CRP (hsCRP), as elevated hsCRP is a predictor of active infection with good specificity in people with SLE. Very high levels of CRP are associated with bacterial infections about 90% of the time. Chronic conditions, such as inflammatory arthritis can make these levels elevated. Certain medications, such as non-steroidal anti-inflammatory drugs (NSAIDs), will falsely decrease CRP levels. Statins, as well, have been known to reduce CRP levels falsely. Recent injury or illness can falsely elevate levels. Clinical correlation is strongly recommended while interpreting the results of the CRP test.

## **2. FERRITIN**

Ferritin levels rise during cancer and infection, reducing the amount of free iron available to tumor cells and pathogens, respectively. Proinflammatory cytokines upregulate it. Some





bacterial species, such as pseudomonas, cause ferritin levels to decline because they contain virulence factor siderophores, which chelate and import iron.

Common causes of elevated ferritin:

- Hemophagocytic lymphohistiocytosis (HLH), Macrophage activation syndrome (MAS),
- Catastrophic antiphospholipid syndrome (CAPS),
- Septic shock,
- Adult-onset Still's Disease (AOSD)
- Multisystem-inflammatory syndrome related to COVID-19 (MIS-C/A).

### **3. D-DIMER ( not an acute phase reactant)**

D-dimer is one of the fibrin degradation products in blood coagulation. It reflects ongoing activation of the hemostatic system. Any pathologic or nonpathologic process that enhances fibrin production or breakdown can also increase D-dimer plasma levels. Some of these processes include disseminated intravascular coagulation (DIC), arterial thrombosis, deep vein thrombosis (DVT), pulmonary embolism (PE), and cases such as pregnancy, inflammation, cancer, chronic liver disease, posttraumatic states, surgery, and vasculitis. D-dimer is not a diagnostic tool for any specific disease, however it is extremely useful in ruling out pulmonary thrombo-embolism or deep venous thrombosis due to its high negative predictive value.

#### **D Dimer in COVID 19 :**

COVID-19 mortality is generally linked with hypercoagulability and higher venous thromboembolism (VTE) risk that in severe conditions leads to thrombo-inflammation. Thus, coagulation biomarkers like D dimer may detect the severity and mortality rate, and be useful to determine patient triage, prognosis management, and therapeutic strategies.



#### 4. ESR

The erythrocyte sedimentation rate (ESR) is a commonly performed hematology test that may indicate and monitor an increase in inflammatory activity within the body caused by one or more conditions such as autoimmune disease, infections, or tumors.

Because an elevated ESR may occur in multiple clinical settings, it is meaningless as a stand-alone laboratory value.

#### **Causes of an extremely high ESR value (>100 mm/hr):**

- Infection like TB,
- Multiple myeloma,
- lymphoplasmacytic lymphoma (Waldenström macroglobulinemia),
- Autoimmune conditions like Giant cell (temporal) arteritis, polymyalgia rheumatica, Vasculitis, SLE, AOSD.

The extremely high elevation of the ESR (>100 mm per hour) is associated with a low false-positive rate for a significant underlying illness.

An increased ESR rate may be due to some infections like

- Tuberculosis
- Brucellosis
- Osteomyelitis
- Infective endocarditis
- Septic arthritis
- HIV infection etc.

An elevated ESR may be useful in the diagnosis and follow-up in patients with certain illness like osteomyelitis, infective endocarditis, Prosthetic joint infections etc.



## COVID ILLNESS—A SPECIAL MENTION

COVID-19 is not a localized respiratory infection but a multisystem disease caused by a diffuse systemic process involving a complex interplay of the immunological, inflammatory and coagulative cascades

Inflammatory markers, especially CRP, PCT, IL-6 and ESR, are positively correlated with the severity of COVID-19. Measurement of inflammatory markers might assist clinicians to monitor and evaluate the severity and prognosis of COVID-19.

We should be extremely careful in interpreting the acute phase reactants. They do not always suggest infection, they are just markers of body's response to tissue damage and insult irrespective of the cause. History, clinical presentation and correlation is required for the interpretation.

---

### DATA IS A KING DATA IS A KEY

#### Dr Geeta Gupta

Assistant professor in Forensic science  
NSIT affiliated with National forensic science University

Data is paramount, serving as the cornerstone of the healthcare industry. However, it also represents a lucrative target for cyber criminals, who seek to exploit sensitive patient information for financial gain. These criminals either sell the data on the black market or hold it hostage for ransom.

In recent years, the healthcare sector in the United States has been besieged by cyber attacks akin to an unrelenting flu outbreak. By October 2023, a staggering 87 million U.S. patients had their personal or confidential information compromised due to



cyberattacks on healthcare organizations. For instance, in May 2023, Norton Healthcare Inc., a provider of healthcare services at over 430 locations in Kentucky and Indiana, fell victim to ransomware attackers. This malicious software blocked access to critical network storage devices, exposing a trove of patient data including contact information, dates of birth, digital signatures, driver's license numbers, financial details, health records, insurance information, medical IDs, and Social Security numbers. This breach left patients vulnerable to identity theft and fraud.

Closer to home, two leading hospitals in Ahmedabad experienced ransomware attacks in the past year, underscoring the urgent need for cybersecurity measures in the healthcare sector.

The ramifications of cyber threats extend beyond compromised data—they can jeopardize patient safety and disrupt the delivery of healthcare services.

Incidents involving data loss or theft are particularly concerning as they compromise sensitive and confidential information, leading to increased medical costs and undermining trust in healthcare systems.

Unlike financial data, healthcare information cannot be easily reset or canceled, amplifying the impact of security breaches.

Protecting against cyber threats requires proactive measures and resilience akin to preparing for a natural disaster.

1. Organizations must develop robust response plans, including data recovery and system restoration protocols to mitigate the impact of attacks.



2. Moreover, implementing basic security protocols such as employee training to identify phishing emails, enforcing computer security measures like locking devices when unattended, and discouraging the use of personal devices for network access can bolster defenses against cyber threats.

Fortunately, Ahmedabad benefits from the presence of the National Forensic Science University, renowned for its expertise in cybersecurity. For the healthcare industry, the university offers a Cybersecurity Toolkit, emphasizing fundamental cyber hygiene practices and providing a framework for building comprehensive cybersecurity programs. By adopting proactive measures and leveraging resources like the Cybersecurity Toolkit, healthcare organizations can fortify their defenses against cyber threats and safeguard patient data and safety.

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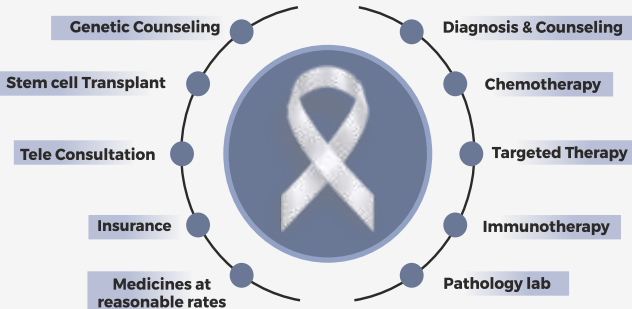
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Dr. Angad Sheth | Shraddha Sheth

#### BARIATRIC PHYSICIAN

Dr. Wasim Ahmed

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Shivangi Bhaskar | Dipali Dhagat  
Dharti Kachhadiya | Hetal Nagvadia  
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#### PSYCHOLOGIST

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# Our Expert Doctors Team



**Dr. Chirag N Shah**  
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Founder and Director of  
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Consultant Gastroenterologist  
Hepatologist & Interventional Endoscopist  
Mo.: 75671 59 591



**Dr. Dhaval Gupta**  
MD, DM Gastroenterology  
Consultant Gastroenterologist  
Hepatologist &  
Interventional Endoscopist  
Mo.: 98192 77795



**Dr. Pratin Bhatt**  
MD, DM Gastroenterology  
Consultant Gastroenterologist  
Hepatologist &  
Interventional Endoscopist  
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## SERVICES

### What is peroral endoscopic myotomy (POEM)?

- Peroral endoscopic myotomy is a procedure to treat swallowing disorders caused by muscle problems such as achalasia cardia in the esophagus. In POEM procedure We uses an endoscope – a narrow flexible tube with a camera – that is inserted through the mouth (peroral) to cut muscles in the esophagus (a myotomy). Cutting the Smooth muscles loosens them hence improved the swallowing.



### WHAT YOU NEED TO KNOW

- POEM can be a treatment option for people with muscle disorders in the esophagus, such as achalasia.
- POEM generally takes up to one hour and is performed under general anesthesia.
- It is minimally invasive and leaves no visible scars.
- After the procedure, the care team will monitor your recovery while the sedative wears off.
- Post procedure require overnight Hospital stay.
- POEM is about >90% effective in relieving esophageal spasms.

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[Info@missiongastrohospital.com](mailto:Info@missiongastrohospital.com)



**DR. DIPAK LIMBACHIYA**  
M.D., D.G.O., Endoscopy Specialist  
Specialist in Advanced LAP Gynaec Surgeries &  
LAP Onco Gynaec Surgeries

The EVA hospital family is extremely delighted to share that our “Novel Technique of Complete Laparoscopic Approach of Management of Bowel Deep Infiltrating Endometriosis by Colorectal Resection” delivering the enormous benefits of Minimal Invasive Surgery to the patient, has been published in a renowned Pubmed Indexed international journal, the details of which are shared alongwith.

### **Bowel Endometriosis management by colo-rectal resection: Laparoscopic surgical technique & outcome**

**Background and Objectives:** Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

**Methods:** This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

**Results:** There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

**Conclusion:** Bowel DIE management can be proficiently executed with proper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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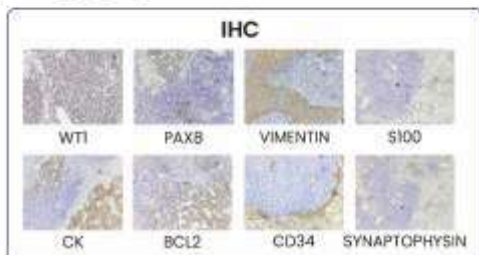
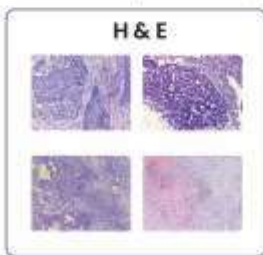


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W : www.evawomenshospital.com  
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**CASE STUDY****EXTRARENAL WILM'S TUMOUR****Vacancy for  
Histopathologist**

- 7 year old male with complaints of abdominal pain
- No history of fever, nausea, vomiting, weight loss or haematuria.
- On CT scan, revealed a solid cystic retroperitoneal mass. Kidney and adrenals are normal
- Tumour markers are normal (AFP, BHCG) with urinary VMA normal.
- Received specimen in multiple pieces, aggregating to 12 x 6.5 x 5 cm.



- Histopathology: trilineage nature of tumour cells consisting of blastemal, epithelial and mesenchymal elements
- IHC
- Blastemal components are immunopositive for WT1, PAX 8 and Vimentin.
- Epithelial components are immunopositive for CK, PAX 8, WT 1 and BCL 2.
- Stromal component are immunopositive for Vimentin, CD 34 and CD 99.
- Desmin, Synaptophysin, S 100 and Chromogranin A are all negative.
- Extrarenal nephroblastoma is a rare entity, 0.5- 1 %
- Differential diagnosis of a paediatric solid cystic retroperitoneal mass with normal kidneys include cystic extragonadal germ cell tumours, neurogenic tumours, with rare possibilities of myxoid liposarcoma
- HPE is gold standard for diagnosis.

**OUR EXPERTS**

- Dr. Vishal Modi
- Dr. Manasi Trivedi
- Dr. Suhani Agarwal (Fellow)

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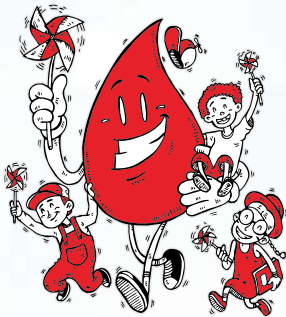
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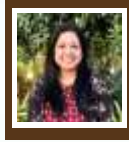
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### Common Test Menu

CBC and Peripheral blood examination
HB electrophoresis (Sickling test and HbH preparation if needed)
Beta thalassemia sequencing (HBB gene, sanger sequencing )
Deletions & duplications analysis in beta-globin gene cluster (MLPA)
Complete beta thalassemia workup (sanger sequencing and MLPA of beta globin gene)
Alpha thalassemia sequencing (HBA1 and HBA2, sanger sequencing)
Deletions & duplications analysis in alpha-globin gene cluster (MLPA)
Complete alpha thalassemia workup (sanger sequencing and MLPA of alpha globin genes)
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NGS Omixome Solo - (8,000 Gene) (SNV + CNV + MtDNA)

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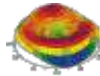
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Shourabhi Health Foundation  
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# Every Thursday Dr. Shaurin R. Shah  
Visiting at  
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Time: 9.00 am to 1.00pm

Dr. Utsav Unadkat # Visiting at Meghani Hospital, Botad  
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