



AUGUST 31<sup>ST</sup> 2014- HOTEL COUNTRY INN, GHAZIABAD



# INSIGHT

## Connect with the EXPERTS

### "Insight - 2014":

"Insight- Connect with the Experts was held at Hotel Country INN, Ghaziabad. It was organized by Asian Society of Continuing Medical Education collaborating with Cipla.

The sole objective of the CME was to update the General Practitioners about Rational Use of Steroids, Fever of Unknown Origin (PUO) and Current challenges in Diabetes Management.

**Date:** 31<sup>st</sup> of August 2014.

**Venue:** Hotel Country INN, Ghaziabad

**Total Participants:** 56

### Speakers:



**Dr. Amitabh Gautam**  
MBBS, MD



**Dr. Pradeep Jain**  
MBBS, MD



**Dr. Panjak Agarwal**  
MBBS, MD

### Topics:

1. Rational Use of Steroids
2. Fever of Unknown Origin (PUO)
3. Current challenges in Diabetes Management.

**Dr. Amitabh Gautam** – gave a talk on **Rational Use of Steroids**

### Rational Use of Steroids:

#### Cortisol :

- Cortisol is an important corticosteroid hormone produced by the adrenal cortex.
- Circadian release of GCs; highest in the early morning and lowest in the evening.
- HPA Axis [Hypothalamus-Pituitary-Adrenal axis] is responsible for production of cortisol.

In normal release, cortisol has widespread actions which help restore homeostasis after stress

#### Corticosteroid actions:

- Direct action - Direct binding to receptors
- Permissive action - Presence facilitates action of other hormones.

He also talked on the Pharmacological action of Corticosteroids

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**Dr. Pradeep Jain** gave his presentation on “**Fever of Unknown Origin (PUO)**”

He explained Fever of unknown origin (PUO) was defined in 1961 by Petersdorf and Beeson as the following: temperature greater than 38.3°C (101°F) on several occasions, more than 3 weeks' duration of illness, and failure to reach a diagnosis despite one week of inpatient investigation.

Then he talked on the **Etiology of PUO:**

The causes of Pyrexia of Unknown Origin are usually familiar diseases with uncommon presentations rather than rare disorders.

- Failure to utilize findings correctly,
- delay in requesting appropriate tests, and
- Misinterpretation of results all contribute to missed diagnoses.

**Causes:**

**Infectious diseases (30-40%)** - Tuberculosis , Enteric fever (salmonella) , Malaria , Amoebic liver abscess , Infective endocarditis , Localised biliary sepsis , Septic pelvic vein , thrombophlebitis , CMV, EBV, HIV infection

**Neoplasms (20-30%)** - Lymphoma, Hodgkin's, Non-Hodgkin's (Pel-Ebstein fever), leukemia, multiple myeloma, renal cell carcinoma, hepatocellular carcinoma, hepatic metastasis

**Collagen-vascular diseases (15%)** - Systemic lupus erythematosus , Rheumatoid arthritis , Juvenile rheumatoid arthritis (Still's disease) , Rheumatic fever , Systemic vasculitis , Wegener's granulomatosis , temporal arteritis , giant cell arteritis , Polyarteritis nodosa

**Miscellaneous causes (15-20%)** - Alcoholic hepatitis , Granulomatous hepatitis , Sarcoidosis , Drug fever , Multiple pulmonary emboli , Inflammatory bowel disease (esp. Crohn's) , Haematoma , Pancreatitis , Factitious disease

He also discussed Physical examination, differential diagnosis, investigations and management of PUO. It was a very interactive session and the delegates thoroughly enjoyed it.

### **Dr. Panjak Agarwal talked on “Current challenges in Diabetes Management”**

He discussed various Current challenges in diabetes management such as

- Optimizing the use of currently available therapies to make sure adequate glycemic, blood pressure, and lipid control and to reduce complications
- Educating patients on diabetes self-management
- Improving patient adherence to lifestyle and pharmacologic interventions
- Reducing barriers to the early use of insulin
- Improving the delivery of health care to people with chronic conditions.

### **Feedback from Participants:**

- Diabetic foot
- Diabetic Neuropathies
- Early diagnosis of DM complication and its preventive
- Complication( systemic) by diabetes ,combinations of oral antidiabetics
- Role of Vit D3 in diabetes. Role of calcitriol in pregnancy whether teratogenic
- Newer treatment guidelines, Tumors producing hyperglycemia. Pancreas transplantation (Islet cell).Newer and Human Insulin.
- Insulin treatment for managing Diabetic
- Insulin therapy + Neurobiological involvement of DM
- Continue the good work
- Insulin therapy
- Diabetic complication
- DM with CVS /Neuropathy
- management of Insulin types
- To reduce HbA1C
- Diabetic poly neuropathy
- Insulin administration types
- Insulin treatment for managing Diabetic



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### PHOTOS OF THE EVENT



**Faculty Delivering the Lecture**



**Participants Listening the Lecture**



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Felicitation of Faculty