187. Clinical Profile of Suspected Vit. B12 Deficient Patients

A Bhargav, AK Sharma, V Bhargava
Jagjivanram Hospital, Mumbai.

Objective: To study correlation of serum Vit. B12 levels in patients with features of Vit. B12 deficiency syndromes and its association with alcoholism and vegetarianism.

Methodology: A retrospective study involving 50 patients age 20-70 years admitted at JRH (1999-2003) with clinically suspected Vit. B12 deficiency. Workup included detailed history (including diet, chronic alcoholism), clinical examination, Hb, PS, Serum Vit. B12 levels for all patients.

Results: Amongst the 50 patients evaluated, 33 (66%) were males and 17 (34%) were females. Total mean age 47.06 ± 18.73; 17 patients (34%) had decreased S. Vit. B12 levels (mean value 150.9 ± 41.69); 28 patients had neurological manifestations, 22 were anemic and 6 had neuro-psychiatric presentation, of which 28%, 59%, 33% respectively had decreased S. Vit. B12 levels. It was also noted that 23% of patients with decreased S. Vit. B12 levels were anaemic and had neurological manifestations; 6% were anaemic with neuro-psychiatric manifestations and 6% had neurological and psychiatric manifestations. Ten patients (59%) of vegetarians had decreased S. Vit. B12 levels (Z value - 1.21, statistically insignificant); 9 patients (53%) were chronic alcoholics (Z value 2.28, statistically significant).

Conclusion: Amongst patients clinically suspected with S. Vit. B12 deficiency; nearly 1/3rd were deficient. Chronic alcoholism was an important contributing factor and was statistically significant while vegetarian diet was not statistically significant as a contributing factor.

188. Lipid Profile in Chronic Tobacco Chewers

BK Gupta, A Kaushik, S Saran, VP Purohit, DK Kochar, A Gupta
SP Medical College, Bikaner.

We studied 200 subjects (age ranging 25 to 70 years, mean age 46.76 ± 13.02, 163 males, 37 females) who are non smoker and smoke less tobacco non users well matched with other demographic parameters significant observations were being made.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Tobacco chewer (Mean ± SD)</th>
<th>Control (Mean ± SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Total Cholesterol</td>
<td>181.63 ± 42.12</td>
<td>169.78 ± 28.17</td>
<td>0.001</td>
</tr>
<tr>
<td>* ≥ 200</td>
<td>57</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>* LDL</td>
<td>44.46 ± 8.06</td>
<td>99.12 ± 28.07</td>
<td>0.003</td>
</tr>
<tr>
<td>* ≥ 130</td>
<td>56</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>* HDL</td>
<td>44.46 ± 8.06</td>
<td>48.36 ± 7.76</td>
<td>0.0002</td>
</tr>
<tr>
<td>* ≤ 40</td>
<td>56</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>* VLDL</td>
<td>22.91 ± 8.82</td>
<td>22.81 ± 14.56</td>
<td>0.93</td>
</tr>
<tr>
<td>* Triglyceride</td>
<td>116.21 ± 43.79</td>
<td>105.40 ± 29.14</td>
<td>0.031</td>
</tr>
<tr>
<td>* ≥ 150</td>
<td>41</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

Thus we found that chewing tobacco adversely affect lipid profile which is an important risk factor for cardiovascular disease.

193. Mortality Profile in a Tertiary Hospital

R Javherani, YC Lakshmana Kumar, AR Patil
Sri. Devraj URS Medical College, Tamaka, Kolar, Karnataka.

Aim: To study the mortality pattern in the medical wards of tertiary care medial college hospital.

Material and Methods: Retrospective study between the period June 2003 to May 2004. All deaths occurring in the medical wards of RL Jalappa Hospital and MRC are included.

Results: Total admissions were 3540 and deaths were 358 (10%) are range of patients was 15 to 90 yrs. and in gender distribution males exceeded females. Commonest cause of death were IHD, stroke, COPD and OP compound poisoning. Average duration of hospital stay before death was 48 hrs. The details of the mortality will be presented at the time of presentation.

Conclusion: IHD followed by strokes were the important causes of mortality in our hospital. Early intervention is the disease can reduce the mortality.
was to identify instruments to measure uncertainty in medicine

to perceive ambiguous situation as sources of threat. Our objective

197. Can Intolerance to Medical Uncertainty Among
Students and Physicians Explain Practice Variability?

AK Ghosh, TJ Beckman, TE Owan, PJ Erwin
Mayo Clinic College of Medicine, Rochester Minnesota, USA.

Background: Intolerance to uncertainty is defined as a tendency
to perceive ambiguous situation as sources of threat. Our objective
was to identify instruments to measure uncertainty in medicine
and identify the effects of intolerance of medical uncertainty
on medical student and physician behavior.

Method: The search strategy included queries in MEDLINE, EMBASE, PsychInfo, Web of Science, checking reference lists, hand searching of relevant journals and conference abstracts and personal communication with experts. Two investigators independently reviewed the papers and tabulated the study characteristics, effects of uncertainty, and study limitations.

Results: Twenty articles investigated the different instruments
used to measure uncertainty. They included, Physicians response
to uncertainty scale and modifications, Budner’s Intolerance to
ambiguity and modifications, Dutch risk scales, Mach V,
ambiguity intolerance, Pearson risk scale, Ogden’s scale,
complexity scale.

Twenty five articles measured the impact of uncertainty on
student and physician behaviour. Younger age of entry at medical
school, having a science major and fewer years of experience
correlated with high intolerance to uncertainty. The effect of gender
on tolerance uncertainty was inconclusive.

Increased anxiety, decreased comfort with geriatric and
psychological problems correlated with. Physicians intolerant to
uncertainty ordered more tests and consultations and admitted
more patients to the hospital.

Discussion: Uncertainty in medical encounters is prevalent in
general practice. Although it is clear that physicians’ tolerance to
uncertainty may determine their behavior, current evidence is
deficient to ascertain its role in current practice variability.

198. To Determine the Correlation Between Serum C-
Reactive Protein Levels and Blood Pressure Levels

SK Goel, SK Mishra
Lady Hardinge Medical College, New Delhi.

Objective of Study: Essential hypertension is a widely prevalent
polygenic multifactorial disorder. Inflammation has been
associated with endothelial dysfunction, a potential risk factor
for hypertension. This study was done to determine the relationship
between serum C-reactive protein (CRP) levels, a marker of inflammation, and blood pressure.

Methodology: A cross sectional population based study was
done in which 50 newly diagnosed hypertensive patients between
20 to 65 years of age without any other cardiovascular risk factor
like diabetes, stroke, coronary heart disease or any inflammatory
or infectious disease were selected by detailed history, physical
examination and relevant investigations.

A group of 50 age and sex matched healthy controls were also
chosen. Serum CRP levels were determined for all the subjects
using latex agglutination method. They were categorized into 3
groups according to the CRP values; Group 1 - < 0.6 mg/dl, Group 2 - 0.6 mg/dl to < 1.2 mg/dl, Group 3 - 1.2 mg/dl to < 2.4
mg/dl.

Results: In the hypertensive patients, the distribution across
various groups was 72%, 22% and 6% in group 1, 2 and 3 respectively. In the control group the distribution was 94%, 6%
and 0% respectively. On applying chi-square test this difference
of CRP levels between the cases and controls were otherwise
comparable with respect to other parameters including
anthropometric measurements, blood sugar values and lipid
values.

Conclusion: Our results showed that serum CRP levels were
independently and significantly associated with blood pressure
levels. Inflammation leading to decreased endothelial dependent
relaxation may be the primary defect leading to essential
hypertension or hypertension may itself be a stimulus for
inflammation and endothelial dysfunction. However, due to the
cross sectional nature of this study and limitation of the sensitivity
of the latex agglutination kit used, these findings need to be confirmed in prospective cohort studies aimed at elucidating the cause and effect relationship of CRP with hypertension.

199. Evaluation of Patients Admitted with Acute Abdominal Pain

SN Kumar

BC Roy Technology Hospital, IIT, Kharagpur - 721 302.

Aim : To study clinical profile and etiology of acute abdominal pain.

Material and Methods : One hundred and thirty two patients (83 male and 49 female) admitted in BC Roy Tech. Hospital with acute abdominal pain during June 2003 to May 2004, were included in the study. Detailed history, clinical examination, routine investigation, USG abdomen, urine culture sensitivity, upper GI endoscopy done.

Result : Among 132 patients, 83 male (63%) and 49 female (37%) mostly 32.6% age group. Beside abdominal pain, they have also vomiting (30.7%), dysuria (25%), loose motion (22.8%), dyspepsia (20%). Examination revealed 17.4% patients are febrile, 19% are tachycardic. Most patient have localized tenderness - epigastric (27%), suprapubic (25%), colonic (17.4%), loin (14%), rt. hypochondrium (6%), rt. iliac fossa (6%). 4% patient have diffuseness tenderness. Etiology reveals. Urinary tract infection (29.3%), acid peptic disorder (17.4%), Ac. Gastroenteritis (10.9%), Ac. Cholecystitis (8.7%). Int. Amoebiasis (6.5%), ureteric stone (5.4%), infective colitis (4.3%), Ac. Appendicitis (3.3%), Ac. Gastritis (3.3%), ovarian cyst (3.3%), DUB (3.3%), Int. Obst (2%), round worm (2.1%), 3.2% case etiology not found.

Conclusion : Most patient admitted with acute abdominal pain are young age group. Among male acid peptic disorder is most common followed by acute gastroenteritis, Int. Amoebiasis, ovarian cyst, DUB. Int. Amoebiasis, ureteric store. Among female, 1 urinary tract infection common most followed by acute gastroenteritis, Int. Amoebiasis, ovarian cyst, DUB. Int. Amoebiasis, Ac. Gastritis, Ac. Appendicitis common in both sex. A thorough history, clinical examination and relevant investigation help in diagnosis in most of the cases.

206. Effect of Driving on Cardiopulmonary Functions in Healthy Young Subjects

S Batra, D Manocha, S Zachariah, R Dewan
Maulana Azad Medical College, New Delhi.

While driving one is exposed to a diverse array of natural and anthropogenic emissions including carbon monoxide, carbon dioxide, inorganic lead, benzene, toluene and many more. Besides the drivers also experience stress. No information is available on affect of these factors on healthy young adults driving in Delhi.

Objectives : To measure the following parameters in 30 test subjects between 18-25 years of age on driving for 1 hour on Delhi roads: blood pressure, respiratory rate.

Heart rate, single breath count and peak expiratory flow rate and to compare them with 30 age and sex matched non driving subjects.

Methods : The test subjects were evaluated before driving, immediately after driving and 1 hour after driving. Multiple records of blood pressure were taken at ten-minute intervals using ambulatory BP apparatus.

The controls were also assessed for the same over a three hour duration at regular intervals of 10 minutes.

Results : Table.

209. Burning Head Syndrome

KK Samal, CD Majhi, S Panda, M Srinivas, S Panigrahi, SN Jali, PK Rout
MKCG Medical College, Berhampur, Orissa.

Present study describes 500 patients (450 females and 50 males; M:F = 1:9) with burning head syndrome (BHS). The age ranged from 20 to 80 years. The distribution of patients in the age groups of 20-30 years, 30-40 years, 40-50 years, 50-60 years and more than 60 years were 20, 60, 100, 140 and 180 respectively.

The study protocol included a detailed history, clinical examination and appropriate laboratory and biochemical investigations. Patients having known diseases and psychoses were excluded. The specific complaints of the patients were “The head was burning and piece of burning charcoal or wood was there on the head and it was relieved after repeated washing of the head with cold water or putting a piece of wet cloth”. The other described features were sense of insect crawling and pruritus, and pin prickling. Burning sensation of other parts of the body were present in 30% of cases. Insomnia, tinnitus, reeling head, bodyache, restlessness, apprehension and palpitation were present in 90 (18%), 60 (12%), 80 (16%), 50 (10%), 125 (25%), 150 (30%) and 140 (28%) patients respectively.

Conclusion : The significant rise in both systolic and diastolic blood pressure is seen immediately at the start and during driving. Airway obstruction noted during driving may be a direct effect of air pollutants. All these changes are temporary as they fall back to baseline 1 hr after the cessation of driving.

266. Clinical Profile of Cases of Hanging in Clinical Practice

OP Kalra, S Agarwal, AK Yadav, Priyanka Vinod, P Singh
University College of Medical Sciences and GTB Hospital, Delhi.

Hanging is not an uncommon mode of suicide. In majority of the cases, death is almost instantaneous or occurs within 5 to 10 minutes. Rarely, few cases may be rescued soon after the onset of hanging process and may be brought to the medical emergency in a critical condition. We analysed 16 cases of hanging, who were admitted to our medical unit from 1995 to 2003. Age of patients
ranged from 15 to 37 (mean 23.9 ± 6.6) years. There were 10 male and 6 female patients. Most patients were rescued shortly after the process of hanging and were brought to our emergency immediately. In 6 cases, there was history of preceding intoxication by various agents: alcohol - 4, sedative - 1, and rodenticide - 1. Five patients had underlying depressive illness. In 15 cases, hanging was suicidal in nature, while in 1 case it was homicidal. Precipitating event was domestic quarrel - 2 and failure in examination -1. All except 2 patients had a ligature mark on the neck. At the time of admission, clinical features included: loss of consciousness - 8, suffusion of face - 2, and acute renal failure - 1. An X-ray of cervical spine was obtained in 14 cases and no patient had any evidence of fracture of cervical of victims of hanging and urgent medical treatment can help in saving patients of hanging with attempted suicide.

Methodology: A descriptive study on etiologic spectrum of patients and the role of various investigative modalities in FUO was conducted. Fifty-two patients satisfying revised Petersdorf criteria were included. Definitive diagnosis was arrived at using clinical features, various investigations (hematological, biochemical, cultures, serology, imaging techniques and invasive procedures) and response to therapy.

Results: A definitive diagnosis could be achieved in 43 (82.7%) of the 52 patients. Thirty-two patients had infectious etiology with extrapulmonary tuberculosis being the commonest. Six patients had malignancy, which included three patients with lymphoreticular malignancy. Non-infectious inflammatory disorder was present in three while two patients had megaloblastic anaemia. Nine (17.3%) patients remained undiagnosed of whom 4 had self-limiting fever suggesting a benign etiology. Radiological investigations were diagnostic in 13.5% patients and were contributory to diagnosis by way of guiding various invasive procedures or forming the basis of therapeutic trial in 15.4% patients invasive procedures contributed to diagnosis in 50% patients.

Conclusions: Infection continues to be the predominant cause of FUO in developing countries like ours with extrapulmonary tuberculosis as the leading cause. Conditions like abscess, malaria and infective endocarditis are no longer important cause of FUO due to their early detection by improved radiological and serological techniques. Details of various investigative modalities in the diagnosis of FUO will be presented.

*Adjudged Best Papers and got an award of Rs. 1000/- each from Chairman Scientific Committee, Diamond APICON 2005.