

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2016 (JULY TO DECEMBER)

S.NO.	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT/INT	MONTH	PMID
1.	<p>Aalam SM(1), Manian KV(1),(2), Bharathan SP(1),(2), Mayuranathan T(2), Velayudhan SR(1),(2).</p> <p>Identification of Stable OCT4(+)NANOG(-) State in Somatic Cell Reprogramming.</p> <p>Cell Reprogram. 2016 Nov;18(6):367-368. Epub 2016 Sep 13.</p> <p>Author information: (1)1 Centre for Stem Cell Research, Christian Medical College , Vellore, India (2)2 Department of Haematology, Christian Medical College , Vellore, India . DOI: 10.1089/cell.2016.0018</p>	INTL	JUL TO DEC	PMID:27622636
2.	<p>Abhilash K(1), Mannam PR(2), Rajendran K(1), John RA(2), Ramasami P(3).</p> <p>Chest radiographic manifestations of scrub typhus.</p> <p>J Postgrad Med. 2016 Oct-Dec;62(4):235-238. doi: 10.4103/0022-3859.184662.</p> <p>Author information:</p> <p>(1)Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Radio-Diagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND RATIONALE: Respiratory system involvement in scrub typhus is seen in 20-72% of patients. In endemic areas, good understanding and familiarity with the various radiologic findings of scrub typhus are essential in identifying pulmonary complications. MATERIALS AND METHODS: Patients admitted to a tertiary care center with scrub typhus between October 2012 and September 2013 and had a chest X ray done were included in the analysis. Details and radiographic findings were noted and factors associated with abnormal X-rays were analyzed. RESULTS: The study cohort contained 398 patients. Common presenting complaints included fever (100%), generalized myalgia (83%), headache (65%), dyspnea (54%), cough (24.3%), and altered sensorium (14%). Almost half of the patients (49.4%) had normal chest radiographs. Common radiological pulmonary abnormalities included pleural effusion (14.6%), acute respiratory distress</p>	NAT	JUL TO DEC	PMID:27763480 PMCID: PMC5105208

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	<p>syndrome (14%), airspace opacity (10.5%), reticulonodular opacities (10.3%), peribronchial thickening (5.8%), and pulmonary edema (2%). Cardiomegaly was noted in 3.5% of patients. Breathlessness, presence of an eschar, platelet counts of <20,000 cells/cumm, and total serum bilirubin >2 mg/dL had the highest odds of having an abnormal chest radiograph. Patients with an abnormal chest X-ray had a higher requirement of noninvasive ventilation (odds ratio [OR]: 13.98; 95% confidence interval CI: 5.89-33.16), invasive ventilation (OR: 18.07; 95% CI: 6.42-50.88), inotropes (OR: 8.76; 95% CI: 4.35-17.62), higher involvement of other organsystems, longer duration of hospital stay (3.18 ± 3 vs. 7.27 ± 5.58 days; P< 0.001), and higher mortality (OR: 4.63; 95% CI: 1.54-13.85).</p> <p>CONCLUSION: Almost half of the patients with scrub typhus have abnormal chest radiographs. Chest radiography should be included as part of basic evaluation at presentation in patients with scrub typhus, especially in those with breathlessness, eschar, jaundice, and severe thrombocytopenia. DOI: 10.4103/0022-3859.184662</p>			
<p>3.</p>	<p>Abhilash KP(1), Jeevan JA(1), Mitra S(1), Paul N(1), Murugan TP(1), Rangaraj A(1), David S(1), Hansdak SG(1), Prakash JA(2), Abraham AM(3), Ramasami P(4), Sathyendra S(1), Sudarsanam TD(1), Varghese GM(1).</p> <p>Acute Undifferentiated Febrile Illness in Patients Presenting to a Tertiary Care Hospital in South India: Clinical Spectrum and Outcome.</p> <p>J Glob Infect Dis. 2016 Oct-Dec;8(4):147-154.</p> <p>Author information:</p> <p>(1)Department of General Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Acute undifferentiated febrile illness (AUF) may have similar clinical presentation, and the etiology is varied and region specific. MATERIALS AND METHODS: This prospective observational study was conducted in a tertiary hospital in South India. All adult patients presenting with AUF of 3-14 days duration were evaluated for etiology, and the differences in presentation and outcome were analyzed. RESULTS: The study</p>	<p>INT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5126753</p> <p>PMID:27942194</p>

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	<p>cohort included 1258 patients. A microbiological cause was identified in 82.5% of our patients. Scrub typhus was the most common cause of AUFI (35.9%) followed by dengue (30.6%), malaria (10.4%), enteric fever (3.7%), and leptospirosis (0.6%). Both scrub typhus and dengue fever peaked during the monsoon season and the cooler months, whereas no seasonality was observed with enteric fever and malaria. The mean time to presentation was longer in enteric fever (9.9 [4.7] days) and scrub typhus (8.2 [3.2] days). Bleeding manifestations were seen in 7.7% of patients, mostly associated with dengue (14%), scrub typhus (4.2%), and malaria (4.6%). The requirement of supplemental oxygen, invasive ventilation, and inotropes was higher in scrub typhus, leptospirosis, and malaria. The overall mortality rate was 3.3% and was highest with scrub typhus (4.6%) followed by dengue fever (2.3%). Significant clinical predictors of scrub typhus were breathlessness (odds ratio [OR]: 4.96; 95% confidence interval [CI]: 3.38-7.3), total whole blood cell count >10,000 cells/mm³ (OR: 2.31; 95% CI: 1.64-3.24), serum albumin <3.5 g % (OR: 2.32; 95% CI: 1.68-3.2). Overt bleeding manifestations (OR: 2.98; 95% CI: 1.84-4.84), and a platelet count of <150,000 cells/mm³ (OR: 2.09; 95% CI: 1.47-2.98) were independent predictors of dengue fever. CONCLUSION: The similarity in clinical presentation and diversity of etiological agents demonstrates the complexity of diagnosis and treatment of AUFI in South India. The etiological profile will be of use in the development of rational guidelines for control and treatment of AUFI. DOI: 10.4103/0974-777X.192966</p>			
4.	<p>Abiramalatha T(1), Santhanam S(1), Mammen JJ(2), Rebekah G(3), Shabeer MP(1), Choudhury J(2), Nair SC(2).</p> <p>Utility of neutrophil volume conductivity scatter (VCS) parameter changes as sepsis screen in neonates.</p> <p>J Perinatol. 2016 Sep;36(9):733-8. doi: 10.1038/jp.2016.69. Epub 2016 Apr 28.</p> <p>Author information: (1)Department of Neonatology, Christian Medical College, Vellore, India. (2)Department of Transfusion medicine and Immunohematology, Christian Medical College, Vellore, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: The objective of this study was to determine changes in neutrophil volume conductivity scatter (VCS) parameters and their distribution widths (DW) in neonatal sepsis and to estimate their optimal cutoff levels using receiver operating characteristic</p>	INTL	JUL TO DEC	PMID:27123571

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	<p>(ROC) curves. STUDY DESIGN: In a cohort of neonates evaluated for sepsis, blood counts and blood culture were performed initially, with repeat counts and C-reactive protein (CRP) done after 24 to 48 h. Neutrophil VCS parameters from both the initial and repeat blood counts were analyzed. Babies were classified as having blood culture-positive sepsis, probable sepsis (clinical course consistent with sepsis and CRP-positive, but culture-negative) and no sepsis (clinical course not compatible with sepsis, culture- and CRP-negative). RESULTS: A total of 600 babies were included: 240 (40%) babies in the sepsis group and 360 (60%) babies in the control group. All the neutrophil VCS parameters and their DWs (except for low angle light scatter in the repeat counts) were significantly different between the two groups, with an area under curve in the ROC curve of >0.6 for most parameters. The five most significant VCS parameters (mean neutrophil volume (MNV), median angle light scatter (MALS), lower median angle light scatter (LMALS), MNV-DW and ALL-DW) had around 65 to 75% sensitivity and specificity. A combination of leukopenia, thrombocytopenia, MNV and LMALS had a likelihood ratio (LR)+ of 15.3 and LR- of 0.17. With a pre-test probability of 40%, post-test probability increased to 91% for a positive test and decreased to 10% for a negative test. A prospective validation study was performed recruiting an additional 60 babies, which showed similar results, assuring that the cutoffs were robust. CONCLUSION: Neutrophil VCS parameters cannot be considered as stand-alone tests to diagnose or rule out neonatal sepsis, but can be used in combination with other hematological screening tests to improve the diagnostic accuracy of the neonatal sepsis screen. DOI: 10.1038/jp.2016.69</p>			
5.	<p>Abraham P(1).</p> <p>Treatment for hepatitis C virus infection in India: Promising times.</p> <p>Indian J Med Microbiol. 2016 Jul-Sep;34(3):273-4. doi: 10.4103/0255-0857.188312.</p> <p>Author information:</p> <p>(1)Department of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0255-0857.188312</p>	NAT	JUL TO DEC	PMID:27514946
6.	<p>Adcock DM(1), Mammen J(2), Nair SC(2), de Lima Montalvão SA(3).</p>	INT	JUL TO DEC	PMID:27405682

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	<p>Quality laboratory issues in bleeding disorders.</p> <p>Haemophilia. 2016 Jul;22 Suppl 5:84-9. doi: 10.1111/hae.12991.</p> <p>Author information:</p> <p>(1)Colorado Coagulation, Laboratory Corporation of America® Holdings, Englewood, CO, USA. (2)Department of Transfusion Medicine and Immunohaematology, Christian Medical College, Vellore, Tamil Nadu, India. (3)IHTC Hemophilia Unit "Cláudio L. P. Corrêa", Instituto Nacional de Ciência e Tecnologia do Sangue, Hemocentro Unicamp, University of Campinas, São Paulo, Brazil.</p> <p>Selected quality issues pertinent to the determination of accurate results in the haemostasis laboratory are discussed. Specifically, the implementation of a successful external quality-assessment scheme is described, including its impact on result accuracy as well as the programme's unique challenges and opportunities. Errors in the preanalytical phase of laboratory testing represent the greatest source for reporting incorrect test results. Some of the most common preanalytical errors are described including those that necessitate sample rejection. Analytical means to identify potential sources of error and analytical means to overcome particular interferences are described. Representing the most important clinical complication in the treatment of patients with haemophilia, quality issues related to determination of the presence of inhibitory antibodies against factor VIII (FVIII) are reviewed. Heat treatment of patient plasma prior to testing, particularly in patients receiving replacement FVIII concentrate or during induction of immune tolerance to achieve more accurate results is recommended, while screening activated partial thromboplastin time-based mixing tests to rule out inhibitor presence is discouraged. The initiatives presented in this review can be implemented in robust and resource restricted settings to improve the quality of laboratory testing in patients with bleeding disorders.© 2016 John Wiley & Sons Ltd.DOI: 10.1111/hae.12991</p>			
7.	<p>Adde L(1), Thomas N(2), John HB(3), Oommen S(4), Vågen RT(5), Fjørtoft T(6), Jensenius AR(7), Støen R(8).</p> <p>Early motor repertoire in very low birth weight infants in India is associated with motor</p>	INT	JUL TO DEC	PMID:27524392

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<p>development at one year.</p> <p>Eur J Paediatr Neurol. 2016 Nov;20(6):918-924. doi: 10.1016/j.ejpn.2016.07.019. Epub 2016 Jul 30.</p> <p>Author information:(1)Department of Laboratory Medicine, Children's and Women's Health, Faculty of Medicine, Norwegian University of Science and Technology, P.O. Box 8905, 7491 Trondheim, Norway; Department of Physiotherapy, Clinic of Clinical Services, St. Olavs Hospital, Trondheim University Hospital, P.O. Box 3250 Sluppen, 7006 Trondheim, Norway. Electronic address: lars.adde@ntnu.no. (2)Department of Neonatology, Christian Medical College, IDA Scudder Rd, Vellore, Tamil Nadu 632004, India. Electronic address: niranjan@cmcvellore.ac.in. (3)Department of Neonatology, Christian Medical College, IDA Scudder Rd, Vellore, Tamil Nadu 632004, India. Electronic address: lilblessing14@gmail.com. (4)Department of Neonatology, Christian Medical College, IDA Scudder Rd, Vellore, Tamil Nadu 632004, India. Electronic address: docsपो@gmail.com. (5)Department of Physiotherapy, Clinic of Clinical Services, St. Olavs Hospital, Trondheim University Hospital, P.O. Box 3250 Sluppen, 7006 Trondheim, Norway. Electronic address: Randi.Tynes.Vagen@stolav.no. (6)Department of Laboratory Medicine, Children's and Women's Health, Faculty of Medicine, Norwegian University of Science and Technology, P.O. Box 8905, 7491 Trondheim, Norway; Department of Physiotherapy, Clinic of Clinical Services, St. Olavs Hospital, Trondheim University Hospital, P.O. Box 3250 Sluppen, 7006 Trondheim, Norway. Electronic address: toril.fjortoft@ntnu.no. (7)Department of Musicology, University of Oslo, P.O. Box 1072 Blindern, 0316 Oslo, Norway. Electronic address: a.r.jensenius@imv.uio.no. (8)Department of Laboratory Medicine, Children's and Women's Health, Faculty of Medicine, Norwegian University of Science and Technology, P.O. Box 8905, 7491 Trondheim, Norway; Department of Pediatrics, St. Olavs Hospital, Trondheim University Hospital, P.O. Box 3250 Sluppen, 7006 Trondheim, Norway. Electronic address: ragnhild.stoen@ntnu.no.</p> <p>BACKGROUND: Most studies on Prechtl's method of assessing General Movements (GMA) in young infants originate in Europe. AIM: To determine if motor behavior at an age of 3 months post term is associated with motor development at 12 months post age in VLBW infants in India. METHODS: 243 VLBW infants (135 boys, 108 girls; median gestational age 31wks, range 26-39wks) were video-recorded at a median age of 11wks post term (range</p>			
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	<p>9-16wks). Certified and experienced observers assessed the videos by the "Assessment of Motor Repertoire - 2-5 Months". Fidgety movements (FMs) were classified as abnormal if absent, sporadic or exaggerated, and as normal if intermittently or continually present. The motor behaviour was evaluated by repertoire of co-existent other movements (age-adequacy) and concurrent motor repertoire. In addition, videos of 215 infants were analyzed by computer and the variability of the spatial center of motion (CSD) was calculated. The Peabody Developmental Motor Scales was used to assess motor development at 12 months. RESULTS: Abnormal FMs, reduced age adequacy, and an abnormal concurrent motor repertoire were significantly associated with lower Gross Motor and Total Motor Quotient (GMQ, TMQ) scores ($p < 0.05$). The CSD was higher in children with TMQ scores < 90 ($-1SD$) than in children with higher TMQ scores ($p = 0.002$). CONCLUSION: Normal FMs (assessed by Gestalt perception) and a low variability of the spatial center of motion (assessed by computer-based video analysis) predicted higher Peabody scores in 12-month-old infants born in India with a very low birth weight. Copyright © 2016 European Paediatric Neurology Society. Published by Elsevier Ltd. All rights reserved. DOI: 10.1016/j.ejpn.2016.07.019</p>			
8.	<p>Agarwala MK(1), Schwartz ME(2), Smith FJ(2).</p> <p>Pachyonychia Congenita: New Classification and Diagnosis.</p> <p>Indian J Dermatol. 2016 Sep-Oct;61(5):567. doi: 10.4103/0019-5154.190110.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. E-mail: manoj.agw@gmail.com. (2)Pachyonychia Congenita Project, Salt Lake City, UT, USA.</p> <p>Comment in Indian J Dermatol. 2016 Nov-Dec;61(6):675.</p> <p>DOI: 10.4103/0019-5154.190110</p>	NAT	JUL TO DEC	<p>PMCID: PMC5029248</p> <p>PMID:27688452</p>
9.	<p>Ahmed R(1), Devasia AJ(2), Viswabandya A(2), Lakshmi KM(2), Abraham A(2), Karl S(3),</p>	INTL	JUL TO DEC	<p>PMID:27370992</p>

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	<p>Mathai J(3), Jacob PM(4), Abraham D(4), Srivastava A(2), Mathews V(2), George B(5).</p> <p>Long-term outcome following splenectomy for chronic and persistent immunethrombocytopenia (ITP) in adults and children : Splenectomy in ITP.</p> <p>Ann Hematol. 2016 Sep;95(9):1429-34. doi: 10.1007/s00277-016-2738-3. Epub 2016 Jul 2.</p> <p>Author information: (1)Department of Haematology, Rajiv Gandhi Cancer Institute & Research Centre, New Delhi, India. (2)Department of Haematology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Paediatric Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of General Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (5)Department of Haematology, Christian Medical College, Vellore, Tamil Nadu, India. biju@cmcvellore.ac.in.</p> <p>The purpose of this research is to study the outcomes of splenectomy for chronic and persistent immune thrombocytopenia (ITP). This study is a retrospective analysis of 254 patients with chronic or persistent ITP who underwent splenectomy at CMC, Vellore, India between 1995 and 2009. Responses were assessed based on standard criteria. One hundred and sixty seven adults and 87 children with a median age of 29 years (range 2-64) with persistent (n = 103) or chronic ITP (n = 151) was studied. Response was seen in 229 (90.2 %) including CR in 74.4 % at a median time of 1 day (range 1-54). Infections following splenectomy were reported in 16 %. Deaths related to post splenectomy sepsis occurred in 1.57 % and major bleeding in 0.78 %. At median follow-up of 54.3 months (range 1-290), 178 (70.1 %) remain in remission. The 5-year and 10-year overall survival (OS) is 97.4 ± 1.2 % and 94.9 ± 2.1 %, respectively, while the 5-year and 10-year event-free survival (EFS) is 76.5 + 2.9 % and 71.0 + 3.9 %, respectively. Splenectomy is associated with long-term remission rates of >70 % in chronic or persistent ITP. DOI: 10.1007/s00277-016-2738-3</p>			
10.	<p>Alexander A(1), Mathew J(2), Varghese AM(2), Ganesan S(3).</p> <p>Endoscopic Repair of CSF Fistulae: A Ten Year Experience.</p> <p>J Clin Diagn Res. 2016 Aug;10(8):MC01-4. doi: 10.7860/JCDR/2016/18903.8390. Epub 2016</p>	NAT	JUL TO DEC	<p>PMCID: PMC5028510</p> <p>PMID:27656471</p>

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<p>Aug 1.</p> <p>Author information:</p> <p>(1)Associate Professor, Department of Otolaryngology and Head and Neck Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research , Puducherry, Tamil Nadu, India . (2)Professor, Department of Otolaryngology and Head and Neck Surgery, Christian Medical College , Vellore, Tamil Nadu, India . (3)Assistant Professor, Department of Otolaryngology and Head and Neck Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research , Puducherry, Tamil Nadu, India</p> <p>INTRODUCTION: Cerebrospinal Fluid (CSF) fistulae are repaired endoscopically with varying degrees of success around the world. Large series are still uncommon, and the results varied primarily because of the different techniques by different surgeons and also because of a variation in the patient profile in each series, for example, many series deal primarily with traumatic CSF leaks where the defects are larger and outcomes poorer. AIM: To analyse the surgical outcomes of Endoscopic CSF rhinorrhea closure.</p> <p>MATERIALS AND METHODS: This is a series of 34 cases operated upon primarily by one surgeon in two different centres over a period of 10 years. RESULTS: Of the 34 cases, 76% of the patients were women. Among the patients only 20.6% patients had a history of trauma preceding the CSF leak. The most common site of leak was in the fovea ethmoidalis in 19 (55.8%) followed by 10 (29.4%) in the cribriform plate. An overlay technique of placing the multiple layers of fascia and mucosa was used in 26 (76.5%) patients and underlay technique in the remaining. Postoperative lumbar drain was used in all patients.</p> <p>CONCLUSION: Based on the treatment outcome of the 34 patients, it can be concluded that the success rate of a single endoscopic procedure in our experience is 97% and 100% following the second. Endoscopic approach for closure of CSF leak is safe with minimal complications and little morbidity.</p> <p>DOI: 10.7860/JCDR/2016/18903.8390</p>				
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11.	<p>Alexander V(1), Sindhu KN(1), Zechariah P(1), Resu AV(1), Nair SR(1), Kattula D(2), Mohan VR(1), Alex T RG(3).</p> <p>Occupational safety measures and morbidity among welders in Vellore, SouthernIndia.</p> <p>Int J Occup Environ Health. 2016 Oct;22(4):300-306. Epub 2016 Sep 28.</p> <p>Author information: (1)a Department of Community Health , Christian Medical College , Vellore , India. (2)b Division of GI Sciences , Christian Medical College , Vellore , India. (3)c Department of General Medicine , Christian Medical College , Vellore , India.</p> <p>BACKGROUND: Welders in the unorganized occupational sector in the economically developing world are exposed to respiratory, skin, eye, ear, and neurological problems exacerbated by non-usage of personal protective equipment (PPE).</p> <p>OBJECTIVE: To study the frequency of health problems and the usage of PPE among welders in unorganized welding units in Vellore, India. METHODS: A cross-sectional survey was conducted among 150 welders to determine the frequency of skin, ear, eye, and respiratory morbidity and the usage of PPE. A group of 150 non-welders were chosen for comparison.</p> <p>RESULTS: Significant differences in the frequency of skin burns, redness, hyper pigmentation, itching, eye injuries, and sensorineural deafness were observed among the welders and non-welders (P < 0.001). Hypertension was noted in 12.6% of the welders as compared to 0.7% among the non-welders. None of the welders used appropriate PPE. For welders, low educational attainment was associated with an increased risk of eye injury (P < 0.05, OR = 0.29). There was also a significant difference between sensorineural deafness and a welder having less than 10 years of welding work experience (P < 0.001, OR = 18.18) which could probably be accounted for by the healthy worker effect. CONCLUSION: Welders in this sample experienced a significant skin, eye, and ear morbidity accentuated by the non-usage of PPE. All worked without formal training and were unaware of the safe working guidelines that exist, but are not implemented for the welders in India. DOI: 10.1080/10773525.2016.1228287</p>	INTL	JUL TO DEC	<p>PMCID: PMC5137558</p> <p>PMID:27682579</p>
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12.	<p>Ambikapathi R(1),(2), Kosek MN(2), Lee GO(2), Mahopo C(3), Patil CL(4), Maciel BL(5), Turab A(6), Islam MM(7), Ulak M(8), Bose A(9), Paredes Olortegui M(10),Pendergast LL(11), Murray-Kolb LE(12), Lang D(1), McCormick BJ(1), CaulfieldLE(13).</p> <p>How multiple episodes of exclusive breastfeeding impact estimates of exclusivebreastfeeding duration: report from the eight-site MAL-ED birth cohort study.</p> <p>Matern Child Nutr. 2016 Oct;12(4):740-56. doi: 10.1111/mcn.12352. Epub 2016 Aug 8.</p> <p>Author information:(1)Fogarty International Center, National Institutes of Health, Bethesda, Maryland, USA. (2)Center for Human Nutrition, Department of International Health, The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.(3)Department of Nutrition, School of Health Sciences, University of Venda, Thohoyandou, Limpopo Province, South Africa. (4)Department of Women, Children and Family Health Science, College of Nursing, University of Illinois at Chicago, Chicago, Illinois, USA. (5)Department of Nutrition, State University of Ceará, Fortaleza, Ceará, Brazil. (6)Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan. (7)Centre for Nutrition and Food Security, International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh. (8)Department of Child Health and Institute of Medicine, Tribhuvan University, Kathmandu, Nepal. (9)Christian Medical College, Vellore, India. (10)Biomedical Investigations Unit AB PRISMA, Iquitos, Peru. (11)School Psychology Program, Temple University, Philadelphia, Pennsylvania, USA. (12)Department of Nutritional Sciences, The Pennsylvania State University, State College, Pennsylvania, USA. (13)Center for Human Nutrition, Department of International Health, The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA. lcaulfi1@jhu.edu.</p> <p>The duration of exclusive breastfeeding (EBF) is often defined as the time from birth to the first non-breast milk food/liquid fed (EBFLONG), or it is estimated by calculating the proportion of women at a given infant age who EBF in the previous 24 h (EBFDHS). Others have measured the total days or personal prevalence of EBF (EBFPREV), recognizing that although non-EBF days may occur, EBF can be re-initiated for extended periods. We compared breastfeeding metrics in the MAL-ED study; infants' breastfeeding trajectories were characterized from enrollment (median 7 days, IQR: 4, 12) to 180 days at eight sites. During twice-weekly surveillance, caretakers were queried about infant feeding the prior</p>	INTL	JUL TO DEC	<p>PMCID: PMC5095788</p> <p>PMID:27500709</p>
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	<p>day. Overall, 101 833 visits and 356 764 child days of data were collected from 1957 infants. Median duration of EBF LONG was 33 days (95% CI: 32-36), compared to 49 days based on the EBF DHS. Median EBF PREV was 66 days (95% CI: 62-70). Differences were because of the return to EBF after a non-EBF period. The median number of returns to EBF was 2 (IQR: 1, 3). When mothers re-initiated EBF (second episode), infants gained an additional 18.8 days (SD: 25.1) of EBF, and gained 13.7 days (SD: 18.1) (third episode). In settings where women report short gaps in EBF, programmes should work with women to return to EBF. Interventions could positively influence the duration of these additional periods of EBF and their quantification should be considered in impact evaluation studies. © 2016 John Wiley & Sons Ltd. © 2016 The Authors. Maternal & Child Nutrition published by John Wiley & Sons Ltd. DOI: 10.1111/mcn.12352</p>			
<p>13.</p>	<p>Amour C, Gratz J, Mduma E, Svensen E, Rogawski ET, McGrath M, Seidman JC, McCormick BJ, Shrestha S, Samie A, Mahfuz M, Qureshi S, Hotwani A, Babji S, Trigoso DR, Lima AA, Bodhidatta L, Bessong P, Ahmed T, Shakoor S, Kang G, Kosek M, Guerrant RL, Lang D, Gottlieb M, Houpt ER, Platts-Mills JA;</p> <p>Epidemiology and Impact of Campylobacter Infection in Children in 8 Low-Resource Settings: Results From the MAL-ED Study. Etiology, Risk Factors, and Interactions of Enteric Infections and Malnutrition and the Consequences for Child Health and Development Project (MAL-ED) Network Investigators.</p> <p>Clin Infect Dis. 2016 Nov 1;63(9):1171-1179. Epub 2016 Aug 7.</p> <p>Collaborators: Acosta AM, de Burga RR, Chavez CB, Flores JT, Olotegui MP, Pinedo SR, Salas MS, Trigoso DR, Vasquez AO, Ahmed I, Alam D, Ali A, Bhutta ZA, Qureshi S, Rasheed M, Soofi S, Turab A, Zaidi AK, Bodhidatta L, Mason CJ, Babji S, Bose A, George AT, Hariraju D, Jennifer MS, John S, Kaki S, Kang G, Karunakaran P, Koshy B, Lazarus RP, Muliylil J, Raghava MV, Raju S, Ramachandran A, Ramadas R, Ramanujam K, Rose A, Roshan R, Sharma SL, Sundaram S, Thomas RJ, Pan WK, Ambikapathi R, Carreon JD, Charu V, Doan V, Graham J, Hoest C, Knobler S, Lang DR, McCormick BJ, McGrath M, Miller MA, Mohale A, Nayyar G, Psaki S, Rasmussen Z, Richard SA, Seidman JC, Wang V, Blank R, Gottlieb M, Tountas KH, Amour C, Bayyo E, Mduma ER, Mvungi R, Nshama R, Pascal J, Swema BM, Yarrot L, Ahmed T, Ahmed AM, Haque R, Hossain I, Islam M, Mahfuz M, Mondal D, Tofail F, Chandyo RK, Shrestha PS, Shrestha R, Ulak M, Bauck A, Black R, Caulfield L, Checkley W, Kosek MN, Lee G, Schulze K, Yori PP, Murray-Kolb LE, Ross AC, Schaefer B, Simons S,</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5064165</p> <p>PMID:27501842</p>

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	<p>Pendergast L, Abreu CB, Costa H, Di Moura A, Filho JQ, Havt A, Leite ÁM, Lima AA, Lima NL, Lima IF, Maciel BL, Medeiros PH, Moraes M, Mota FS, Oriá RB, Quetz J, Soares AM, Mota RM, Patil CL, Bessong P, Mahopo C, Maphula A, Nyathi E, Samie A, Barrett L, Dillingham R, Gratz J, Guerrant RL, Houtp E, Petri WA Jr, Platts-Mills J, Scharf R, Shrestha B, Shrestha SK, Strand T, Svensen E.</p> <p>Enteropathogen infections have been associated with enteric BACKGROUND: dysfunction and impaired growth in children in low-resource settings. In a multisite birth cohort study (MAL-ED), we describe the epidemiology and impact of Campylobacter infection in the first 2 years of life. Children were actively followed up until 24 months of age. Diarrheal METHODS: and nondiarrheal stool samples were collected and tested by enzyme immunoassay for Campylobacter Stool and blood samples were assayed for markers of intestinal permeability and inflammation. A total of 1892 children had 7601 diarrheal and 26 267 nondiarrheal RESULTS: stool samples tested for Campylobacter We describe a high prevalence of infection, with most children (n = 1606; 84.9%) having a Campylobacter-positive stool sample by 1 year of age. Factors associated with a reduced risk of Campylobacter detection included exclusive breastfeeding (risk ratio, 0.57; 95% confidence interval, .47-.67), treatment of drinking water (0.76; 0.70-0.83), access to an improved latrine (0.89; 0.82-0.97), and recent macrolide antibiotic use (0.68; 0.63-0.74). A high Campylobacter burden was associated with a lower length-for-age Z score at 24 months (-1.82; 95% confidence interval, -1.94 to -1.70) compared with a low burden (-1.49; -1.60 to -1.38). This association was robust to confounders and consistent across sites. Campylobacter infection was also associated with increased intestinal permeability and intestinal and systemic inflammation. Campylobacter was prevalent across diverse settings and associated CONCLUSIONS: with growth shortfalls. Promotion of exclusive breastfeeding, drinking water treatment, improved latrines, and targeted antibiotic treatment may reduce the burden of Campylobacter infection and improve growth in children in these settings. © The Author 2016. Published by Oxford University Press for the Infectious Diseases Society of America. DOI: 10.1093/cid/ciw542</p>			
14.	<p>Antonisamy B(1), Vasani SK(2), Geethanjali FS(3), Gowri M(1), Hepsy YS(1), RichardJ(1), Raghupathy P(4), Karpe F(5), Osmond C(6), Fall CH(6).</p> <p>Weight Gain and Height Growth during Infancy, Childhood, and Adolescence as Predictors of Adult Cardiovascular Risk.</p>	INT	JUL TO DEC	PMID:27823768

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[J. Pediatr.](#) 2017 Jan;180:53-61.e3. doi: 10.1016/j.jpeds.2016.09.059. Epub 2016 Nov 4.

Author information:(1)Department of Biostatistics, Christian Medical College, Vellore, India. (2)Oxford Center for Diabetes, Endocrinology, and Metabolism, University of Oxford, Oxford, United Kingdom. Electronic address: senthil.vasan@ocdem.ox.ac.uk. (3)Department of Clinical Biochemistry, Christian Medical College, Vellore, India. (4)Department of Child Health, Christian Medical College, Vellore, India. (5)Oxford Center for Diabetes, Endocrinology, and Metabolism, University of Oxford, Oxford, United Kingdom; National Institute for Health Research Oxford Biomedical Research Centre, Oxford University Hospital, Oxford, United Kingdom. (6)Medical Research Council Lifecourse Epidemiology Unit, University of Southampton, Southampton, United Kingdom.

OBJECTIVES: To investigate independent relationships of childhood linear growth (height gain) and relative weight gain to adult cardiovascular disease (CVD) risk traits in Asian Indians. **STUDY DESIGN:** Data from 2218 adults from the Vellore Birth Cohort were examined for associations of cross-sectional height and body mass index (BMI) and longitudinal growth (independent conditional measures of height and weight gain) in infancy, childhood, adolescence, and adulthood with adult waist circumference (WC), blood pressure (BP), insulin resistance (homeostatic model assessment-insulin resistance [HOMA-IR]), and plasma glucose and lipid concentrations. **RESULTS:** Higher BMI/greater conditional relative weight gain at all ages was associated with higher adult WC, after 3 months with higher adult BP, HOMA-IR, and lipids, and after 15 years with higher glucose concentrations. Taller adult height was associated with higher WC (men $\beta = 2.32$ cm per SD, women $\beta = 1.63$, both $P < .001$), BP (men $\beta = 2.10$ mm Hg per SD, women $\beta = 1.21$, both $P \leq .001$), and HOMA-IR (men $\beta = 0.08$ log units per SD, women $\beta = 0.12$, both $P \leq .05$) but lower glucose concentrations (women $\beta = -0.03$ log mmol/L per SD $P = .003$). Greater height or height gain at all earlier ages were associated with higher adult CVD risk traits. These positive associations were attenuated when adjusted for adult BMI and height. Shorter length and lower BMI at birth were associated with higher glucose concentration in women. **CONCLUSIONS:** Greater height or weight gain relative to height during childhood or adolescence was associated with a more adverse adult CVD risk marker profile, and this was mostly attributable to larger adult size. Copyright © 2016 The Authors. Published by Elsevier Inc. All rights reserved. DOI: 10.1016/j.jpeds.2016.09.059

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15.	<p>Arora R(1), George AJ(1), Eapen A(2), Devasia A(1).</p> <p>Carcinoma prostate masquerading as a hemorrhagic pelvic cyst.</p> <p>Int Braz J Urol. 2016 Nov 2. doi: 10.1590/S1677-5538.IBJU.2015.0207. [Epub ahead of print]</p> <p>Author information: (1)Department of Internal Medicine, Christian Medical College Hospital, Vellore, Tamil Nadu, India. Electronic address: dr.shalabharora@gmail.com. (2)Department of Internal Medicine, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p>	INTL	JUL TO DEC	<p>PMCID: PMC5032849</p> <p>PMID:27802006</p>
16.	<p>Arumugam R(1), Rai E(2), Ancheri S(2), Thulasiraman R(3).</p> <p>Unusually narrow caudal space with undue resistance to drug injection in a congenital adrenal hyperplasia child.</p> <p>Paediatr Anaesth. 2016 Nov;26(11):1117-1118. doi: 10.1111/pan.12962.</p> <p>Author information: (1)Department of Anaesthesia, Christian Medical College, Vellore, Tamil Nadu, India. sendmailtodrrajasekar@gmail.com. (2)Department of Anaesthesia, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Anaesthesia, Government Vellore Medical College, Vellore, Tamil Nadu, India.</p>	INTL	JUL TO DEC	<p>PMID:27747980</p>
17.	<p>Arun AK(1), Senthamizhselvi A(1), Mani S(1), Vinodhini K(1), Janet NB(1), Lakshmi KM(1), Abraham A(1), George B(1), Srivastava A(1), Srivastava VM(2), Mathews V(1), Balasubramanian P(1).</p> <p>Frequency of rare BCR-ABL1 fusion transcripts in chronic myeloid leukemia patients.</p> <p>Int J Lab Hematol. 2016 Dec 29. doi: 10.1111/ijlh.12616. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Haematology, Christian Medical College, Vellore, India. (2)Cytogenetics Unit, Christian Medical College, Vellore, India.</p>	INT	JUL TO DEC	<p>PMID: 28035733</p>

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	<p>INTRODUCTION: The hallmark of chronic myeloid leukemia (CML) is the presence of Philadelphia chromosome, its resultant fusion transcript (BCR-ABL1), and fusion protein (p210). Alternate breakpoints in BCR (m-bcr, μ-bcr, and others) or ABL1 result in the expression of few rare fusion transcripts (e19a2, e1a2, e13a3, e14a3) and fusion proteins (p190, p200, p225) whose exact clinical significance remains to be determined. METHODS: Our study was designed to determine the type and frequency of BCR-ABL1 fusion transcripts in 1260 CML patients and to analyze the prognosis and treatment response in patients harboring rare BCR-ABL1 fusion transcripts. RESULTS: The frequency of various BCR-ABL1 fusion transcripts was as follows: e14a2 (60%), e13a2 (34.3%), e1a2 (1.2%), e1a2 + e13a2 (2.0%), e1a2 + e14a2 (1.8%), e19a2 (0.3%), and e14a3 (0.3%). CML patients with e1a2 transcripts had higher rates of disease progression, resistance, or suboptimal response to imatinib and failed to achieve major molecular response. CONCLUSION: Characterization of the specific fusion transcript in CML patients is important owing to the difference in prognosis and response to therapy in addition to the conventional need for monitoring treatment response. CML patients with e1a2 transcripts have to be closely monitored due to the high incidence of disease progression and treatment resistance/failure.</p> <p>© 2016 John Wiley & Sons Ltd. DOI: 10.1111/ijlh.12616</p>			
18.	<p>Arun S(1), Kumar M(2), Ross BJ(1).</p> <p>mediastinal bronchogenic cyst mimicking congenital lobar emphysema.</p> <p>BMJ Case Rep. 2016 Sep 8;2016. pii: bcr2016216704. doi: 10.1136/bcr-2016-216704.</p> <p>Author information: (1)Department of Neonatology, Christian Medical College and Hospital Vellore,Vellore, Tamil Nadu, India. (2)Department of Neonatology, Christian MedicalCollege, Vellore, Tamil Nadu, India.Bronchogenic cyst (BC) is a rare congenital malformation of the lung. Mostpatients remain asymptomatic until adulthood while some are symptomatic in thefirst few years of life. However, symptoms in newborn period are rare. We reporta case of a 3-day-old preterm baby with respiratory distress diagnosed ascongenital lobar emphysema on chest X-ray. A CT scan revealed a mediastinal cystcausing obstructive lobar emphysema.</p>	INTL	JUL TO DEC	PMID:27609589

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19.	<p>Azad K(1), Mathews J(2).</p> <p>Preventing newborn deaths due to prematurity</p> <p>Best Pract Res Clin Obstet Gynaecol. 2016 Oct;36:131-144. doi:10.1016/j.bpobgyn.2016.06.001. Epub 2016 Jun 24.</p> <p>Author information: (1)Perinatal Care Project, Diabetic Association of Bangladesh, 122 Kazi Nazrullslam Avenue, Dhaka 1000, Bangladesh. Electronic address: kishwar.azad@gmail.com(2)Department of Obstetrics & Gynaecology, Christian Medical College, Ida ScudderRoad, Vellore 632 004, India.Preterm births (PTBs), defined as births before 37 weeks of gestation account forthe majority of deaths in the newborn period. Prediction and prevention of PTB ischallenging. A history of preterm labour or second trimester losses and accuratemeasurement of cervical length help to identify women who would benefit fromprogesterone and cerclage. Fibronectin estimation in the cervicovaginalsecretions of a symptomatic woman with an undilated cervix can predict PTB within10 days of testing. Antibiotics should be given to women with preterm prelabourrupture of membranes but tocolysis has a limited role in the management ofpreterm labour. Antenatal corticosteroids to prevent complications in the neonateshould be given only when gestational age assessment is accurate PTB isconsidered imminent, maternal infection and the preterm newborn can receiveadequate care. Magnesium sulphate for fetal neuroprotection should be given whendelivery is imminent. After birth, most babies respond to simple interventionsessential newborn care, basic care for feeding support, infections and breathingdifficulties. Newborns weighing 2000 g or less, benefit from KMC. Babies, who areclinically unstable or cannot be given KMC may be nursed in an incubator or undera radiant warmer. Treatment modalities include oxygen therapy, CPAP, surfactantand assisted ventilation.Copyright © 2016. Published by Elsevier L</p>	INTL	JUL TO DEC	PMID:27545716
20.	<p>Bajpai R(1), Chaturvedi H(2), Jayaseelan L(3), Harvey P(4), Seguy N(5), Chavan L(5), Raj P(6), Pandey A(2).</p> <p>Effects of Antiretroviral Therapy on the Survival of Human ImmunodeficiencyVirus-positive Adult Patients in Andhra Pradesh, India: A Retrospective CohortStudy, 2007-</p>	INT	JUL TO DEC	PMID:27951632

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	<p>2013. J Prev Med Public Health. 2016 Nov;49(6):394-405. Epub 2016 Oct 28.</p> <p>Author information: (1)Department of Community Medicine, Army College of Medical Sciences, New Delhi,India. (2)National Institute of Medical Statistics, New Delhi, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India.(4)Division of Global HIV/AIDS, Centers for Disease Control and Prevention, NewDelhi, India. (5)World Health Organization Country Office for India, New Delhi,India. (6)National AIDS Control Organization, New Delhi, India.OBJECTIVES: The survival outcomes of antiretroviral treatment (ART) programs havenot been systematically evaluated at the state level in India. This retrospectivestudy assessed the survival rates and factors associated with survival amongadult human immunodeficiency virus (HIV)-infected patients in Andhra Pradesh,India.METHODS: The present study used data from 139 679 HIV patients aged ≥15 years onART who were registered from 2007 to 2011 and were followed up through December2013. The primary end point was death of the patient. Mortality densities (per1000 person-years) were calculated. Kaplan-Meier and Cox-regression models wereused to estimate survival and explore the factors associated with survival.RESULTS: The overall median follow-up time was 16.0 months (2.0 months for thedeceased and 14.0 months for those lost to follow-up). Approximately 13.2% ofthose newly initiated on ART died during follow-up. Of those deaths, 56% occurredin the first three months. The crude mortality rate was 80.9 per 1000person-years at risk. The CD4 count (adjusted hazard ratio [aHR],4.88; 95%confidence interval [CI], 4.36 to 5.46 for <100 cells/mm(3) vs. >350cells/mm(3)), functional status (aHR, 3.05; 95% CI, 2.82 to 3.30 for bedriddenvs. normal), and body weight (aHR, 3.69; 95% CI, 3.42 to 3.97 for <45 kg vs. >60kg) were strongly associated with the survival of HIV patients.CONCLUSIONS: The study findings revealed that high mortality was observed withinthe first three months of ART initiation. Patients with poor baseline clinicalcharacteristics had a higher risk of mortality. Expanded testing and counselingsould be encouraged, with the goal of ensuring early enrollment into the programfollowed by the initiation of ART in HIV-infected patients.DOI: 10.3961/jpmph.16.073</p>			
21.	<p>Bakthavatchalam YD(1), Veeraraghavan B(1), Mathur P(2), Purighalla S(3), RichardVS(3).</p> <p>Polymyxin Nordmann/Poirel test for rapid detection of polymyxin resistance inEnterobacteriaceae: Indian experience.</p>	NAT	JUL TO DEC	PMID:27934849

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	<p>Indian J Med Microbiol. 2016 Oct-Dec;34(4):564-565. doi:</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, TamilNadu, India. (2)Department of Pathology, All Institute of Medical Science, NewDelhi, India. (3)Department of Hospital Infection Control, Narayana HealthBengaluru, Karnataka, India</p>			
22.	<p>Bal HS(1), Sen S(2), Karl S(1), Mathai J(1), Thomas RJ(1).</p> <p>An assessment of quality of life of operated cases of esophageal atresia in thecommunity</p> <p>J Indian Assoc Pediatr Surg. 2016 Jul-Sep;21(3):131-8. doi:10.4103/0971-9261.182588.</p> <p>Author information:</p> <p>(1)Department of Pediatric Surgery, Christian Medical College, Vellore, India.(2)Department of Pediatric Surgery, PSG Institute of Medical Sciences andResearch, Coimbatore, Tamil Nadu, India</p> <p>AIMS: To evaluate the outcome of the operated children of esophageal atresia (EA)focusing on their early and late morbidity and mortality and quality of life(QoL) of survivors</p> <p>SETTINGS AND DESIGN: A cross-sectional follow-up with retrospective analysis ofavailable medical and surgical records of children who underwent repair for EA.</p> <p>MATERIALS AND METHODS: The medical records of the children who underwent repairfor EA during the period from 2000 to 2011 at the Christian Medical CollegeHospital, Vellore, were collected retrospectively. Patients with parents wereinvited to visit the hospital for follow-up and nutritional status, digestive andrespiratory symptoms, status of associated anomalies and QoL assessment ofchildren done. QoL assessment was done using the PedsQL™ 4.0 generic core scalesquestionnaire comprising 4 scale scores: physical, emotional, social functioning,and school functioning. Mean scores are calculated based on a 5-point responsescale for each item and transformed to a 0-100 scale with a higher</p>	NAT	JUL TO DEC	<p>PMCID: PMC4895739</p> <p>PMID:27365908</p>

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	<p>score representing better QoL.</p> <p>STATISTICAL ANALYSIS USED: Statistical Package for Social Sciences (SPSS) version 16 using Chi-square or Fisher's exact test.</p> <p>RESULTS: Of 79 patients operated during the said period, there were 10 deaths and a total of 69 (87%) children survived. Of the 66 patients available for follow-up, we interviewed 30 parents and children while for the remaining 36 children, out-patient charts were reviewed retrospectively. Mean follow-up duration was 3.56 years. The height and weight for age measurement showed 47% and 56% of children respectively as below the 5(th) percentile. Main problems faced by operated EA children were of the respiratory (26%) and gastroesophageal (36%) tracts. In spite of the mentioned problems faced, the overall QoL of this group appeared good. In 23 of 30 patients, who answered PedsQL™, more than 70% had scores >85 out of 100 in QoL scoring.</p> <p>CONCLUSIONS: While survival of the children born with EA have improved, these children still face nutritional, respiratory, and gastroesophageal problems during their early childhood. In spite of this, the overall QoL of this patient group appears good. DOI: 10.4103/0971-9261.182588</p>			
23.	<p>Bal HS(1), Sen S(2).</p> <p>The use of ileocolic segment for esophageal replacement in children.</p> <p>J Indian Assoc Pediatr Surg. 2016 Jul-Sep;21(3):116-9. doi:10.4103/0971-9261.182584.</p> <p>Author information:</p> <p>(1) Department of Pediatric Surgery, Christian Medical College, Vellore, India.</p> <p>(2) Department of Pediatric Surgery, PSG Institute of Medical Science and Research, Coimbatore, Tamil Nadu, India.</p> <p>AIMS: To evaluate and describe the procedure and outcome of ileocolic replacement of</p>	NAT	JUL TO DEC	<p>PMCID: PMC4895735</p> <p>PMID: 27365904</p>

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	<p>esophagus.</p> <p>MATERIALS AND METHODS: We review 7 children with esophageal injuries, who underwent esophageal replacement using ileocolic segment in Christian Medical College, Vellore, India between 2006 and 2014.</p> <p>RESULTS: The ileocolic segment was used in 7 children with scarred or inadequate esophagus. There were 4 girls and 3 boys, who underwent esophageal replacement using isoperistaltic ileocolic segment in this period. Age at presentation varied from 1 month to 14 years with an average of 4.6 years. The indications for ileocolic replacements were corrosive strictures in 5, failed esophageal atresia repair in one and gastric volvulus related esophageal stricture in another. The average follow-up duration was 37 months. One child with corrosive stricture lost to follow-up and died 2 years later in another center. Other 6 children were free of dysphagia till the last follow-up.</p> <p>CONCLUSIONS: Although the ileocolic segment is not commonly used for esophageal substitution, it can be useful in special situations where the substitution needs to reach the high cervical esophagus and also where the stomach is scarred and not suitable for gastric pull-up DOI: 10.4103/0971-9261.182584</p>			
24.	<p>Bal SK(1), Gupta R, Vimala LR, Paul A, Thangakunam B, Christopher DJ.</p> <p>A Curious Case of a Low-Protein Pleural Effusion.</p> <p>J Bronchology Interv Pulmonol. 2016 Jul;23(3):e23-4. doi: 10.1097/LBR.0000000000000280.</p> <p>Author information:(1)Departments of JUL TO DEC Pulmonary Medicine †Radiology, Christian Medical College Vellore, Tamil Nadu, India. DOI: 10.1097/LBR.0000000000000280</p>	INTL	JUL TO DEC	PMID:27454476
25.	<p>Bal SK(1), Thangakunam B, Irodi A, Gupta M, Christopher DJ.</p> <p>Small Sample Lung Biopsy Findings in Patients With Clinico-radiologic Suspicion of Pulmonary Venocclusive Disease-Pulmonary Capillary Hemangiomatosis.</p>	INTL	JUL TO DEC	PMID:27623416

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	<p>J Bronchology Interv Pulmonol. 2016 Oct;23(4):308-315.</p> <p>Author information: (1)Departments of JUL TO DECPulmonary Medicine †Radiology ‡General Pathology, ChristianMedical College, Vellore, Tamil Nadu, India.Pulmonary venoocclusive disease (PVOD) and pulmonary capillary hemangiomatosis(PCH) form a sinister subgroup of pulmonary arterial hypertension where thepredominant pathology lies in the pulmonary veins and capillaries, thus makingthe use of pulmonary vasodilators potentially dangerous in these patientsRadiologically, the presence of centrilobular nodules, interlobular septalthickening, and significant mediastinal adenopathy are useful in identifying thissubgroup from patients with pulmonary arterial hypertension. The combination ofall three has a sensitivity of 66% and a specificity of 100% in identifying thissubgroup. We present a case series of 3 patients who were radiologicallysuspected to have PVOD or PCH and in whom pathologic corroborative evidencesuggestive of PVOD and PCH was found in small sample lung biopsy specimens:transbronchial lung biopsy (2 patients) and trucut biopsy of the postmortem lung(1 patient). Histopathology, in our patients, showed pulmonary arteriole smoothmuscle proliferation and narrowing, capillary proliferation, intimal fibrosis ofpulmonary veins and arteries, interstitial fibrosis, interstitial foreign bodytype of multinucleate giant cells, and aggregates of alveolar and interstitialhemosiderophages. In conclusion, histopathology of small lung biopsy samples canprovide useful corroborative pathologic evidence in patients withclinicoradiologic suspicion of PVOD-PCH.OI: 10.1097/LBR.0000000000000320</p>			
26.	<p>Balekuduru A(1), Dutta AK(2), Subbaraj SB(1).</p> <p>Endoscopic ultrasound-guided transoral drainage of parapharyngeal abscess.</p> <p>Dig Endosc. 2016 Nov;28(7):756. doi: 10.1111/den.12696. Epub 2016 Aug 8.</p> <p>Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, Tamilnadu,India. (2)Department of Gastroenterology, M.S. Ramaiah Memorial HospitalsBangalore, Karnataka, India.DOI: 10.1111/den.12696</p>	INTL	JUL TO DEC	PMID:27411396
27.	<p>Ballen K(1), Woo Ahn K(2), Chen M(3), Abdel-Azim H(4), Ahmed I(5), Aljurf M(6),Antin J(7), Bhatt AS(8), Boeckh M(9), Chen G(10), Dandoy C(11), George B(12),Laughlin MJ(13), Lazarus HM(14), MacMillan ML(15), Margolis DA(16), Marks DI(17),Norkin M(18), Rosenthal J(19), Saad A(20), Savani B(21), Schouten HC(22), Storek(23), Szabolcs P(24), Ustun C(25), Verneris MR(15), Waller EK(26), WeisdorfDJ(25), Williams KM(27), Wingard</p>	INTL	JUL TO DEC	PMCID: PMC5008458 PMID:27343716

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<p>JR(18), Wirk B(28), Wolfs T(29), Young JA(15),Auletta J(30), Komanduri KV(31), Lindemans C(32), Riches ML(33).</p> <p>Infection Rates among Acute Leukemia Patients Receiving Alternative DonorHematopoietic Cell Transplantation.</p> <p>Biol Blood Marrow Transplant. 2016 Sep;22(9):1636-45. doi:10.1016/j.bbmt.2016.06.012. Epub 2016 Jun 22.</p> <p>Author information: (1)Division of Hematology/Oncology, Massachusetts General Hospital,Boston,Massachusetts. Electronic address: kballen@partners.org. (2)Center forInternational Blood and Marrow Transplant Research, Department of Medicine,Medical College of Wisconsin, Milwaukee, Wisconsin; Division of Biostatistics,Institute for Health and Society, Medical College of Wisconsin, Milwaukee,Wisconsin. (3)Center for International Blood and Marrow Transplant Research,Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin.(4)Division of Hematology, Oncology, and Blood and Marrow Transplantation,Children's Hospital Los Angeles, University of Southern California Keck School ofMedicine, Los Angeles, California. (5)Department of Hematology, Oncology and BoneMarrow Transplantation, The Children's Mercy Hospitals and Clinics, Kansas City,Missouri. (6)Department of Oncology, King Faisal Specialist Hospital Center andResearch, Riyadh, Saudi Arabia. (7)Center for Hematologic Oncology, Department ofMedical Oncology, Dana-Farber Cancer Institute, Boston, Massachusetts.(8)Stanford University School of Medicine, Stanford, California. (9)Vaccine andInfectious Disease Division, Fred Hutchinson Cancer Research Center, Seattle,Washington. (10)Department of Medicine, Roswell Park Cancer Institute, Buffalo,New York. (11)Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio.(12)Christian Medical College, Vellore, India. (13)Medical Director, ClevelandCord Blood Center, Cleveland, Ohio. (14)Seidman Cancer Center, UniversityHospitals Case Medical Center, Cleveland, Ohio. (15)Division of Blood and MarrowTransplantation, Department of Pediatrics, University of Minnesota, Minneapolis,Minnesota. (16)Section of Hematology, Oncology and BMT, Department of Pediatrics,Medical College of Wisconsin, Milwaukee, Wisconsin. (17)Pediatric Bone MarrowTransplant, University Hospitals Bristol NHS Trust, Bristol, United Kingdom.(18)Division of Hematology/Oncology, University of Florida College of Medicine,Gainesville, Florida. (19)City of Hope National Medical Center, Duarte,California. (20)Division of Hematology/Oncology Department of Medicine,University of Alabama at</p>			
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<p>Birmingham, Birmingham, Alabama. (21)Division of Hematology/Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, Tennessee. (22)Department of Hematology, Academische Ziekenhuis, Maastricht, Netherlands. (23)Department of Medicine, University of Calgary, Calgary, Alberta, Canada. (24)Division of Blood and Marrow Transplantation, Children's National Health System, Washington, District of Columbia. (25)Division of Hematology, Oncology and Transplantation, Department of Medicine, University of Minnesota Medical Center, Minneapolis, Minnesota (26)Department of Hematology and Medical Oncology, Winship Cancer Institute, Emory University, Atlanta, Georgia. (27)Experimental Transplantation and Immunology Branch, National Cancer Institute, National Institute of Health, Bethesda, Maryland. (28)Division of Bone Marrow Transplant, Seattle Cancer Care Alliance, Seattle, Washington. (29)Division of Pediatrics, Wilhelmina Children's Hospital, Utrecht, Netherlands. (30)Host Defense Program, Divisions of Hematology/Oncology/Bone Marrow Transplant and Infectious Diseases, Nationwide Children's Hospital, Columbus, Ohio. (31)Adult Stem Cell Transplantation Program, University of Miami, Miami, Florida. (32)Pediatric Blood and Marrow Transplantation Program, University Medical Center Utrecht, Utrecht, Netherlands. (33)Division of Hematology/Oncology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. Alternative graft sources (umbilical cord blood [UCB], matched unrelated donors [MUD], or mismatched unrelated donors [MMUD]) enable patients without a matched sibling donor to receive potentially curative hematopoietic cell transplantation (HCT). Retrospective studies demonstrate comparable outcomes among different graft sources. However, the risk and types of infections have not been compared among graft sources. Such information may influence the choice of a particular graft source. We compared the incidence of bacterial, viral, and fungal infections in 1781 adults with acute leukemia who received alternative donor HCT (UCB, n=568; MUD, n=930; MMUD, n=283) between 2008 and 2011. The incidences of bacterial infection at 1 year were 72%, 59%, and 65% (P<.0001) for UCB, MUD, and MMUD, respectively. Incidences of viral infection at 1 year were 68%, 45%, and 53% (P<.0001) for UCB, MUD, and MMUD, respectively. In multivariable analysis, bacterial, fungal, and viral infections were more common after either UCB or MMUD than after MUD (P<.0001). Bacterial and viral but not fungal infections were more common after UCB than MMUD (P=.0009 and <.0001, respectively). The presence of viral infection was not associated with an increased mortality. Overall survival (OS) was comparable among UCB and MMUD patients with Karnofsky performance status (KPS) ≥90% but was inferior for UCB for patients with KPS <90%. Bacterial and fungal infections were associated</p>			
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	<p>withpoorer OS. Future strategies focusing on infection prevention and treatment are indicated to improve HCT outcomes.</p> <p>Copyright © 2016 The American Society for Blood and Marrow Transplantation Published by Elsevier Inc. All rights reserved. DOI: 10.1016/j.bbmt.2016.06.012</p>			
28.	<p>Basu P(1), Banerjee D(1), Mittal S(1), Dutta S(1), Ghosh I(1), Chowdhury N(1), Abraham P(2), Chandna P(3), Ratnam S(4)</p> <p>Sensitivity of APTIMA HPV E6/E7 mRNA test in comparison with hybrid capture 2 HPV DNA test for detection of high risk oncogenic human papillomavirus in 396 biopsy confirmed cervical cancers</p> <p>J Med Virol. 2016 Jul;88(7):1271-8. doi: 10.1002/jmv.24453. Epub 2016 Jan 6.</p> <p>Author information:</p> <p>(1)Chittaranjan National Cancer Institute, Kolkata, India. (2)Department of Clinical Virology, Christian Medical College, Vellore, India. (3)Department of Molecular Oncology, AceProbe Technologies (India) Pvt. Ltd, New Delhi, India. (4)Memorial University, St. John's, Newfoundland and Labrador, Canada. The sensitivity of E6/E7 mRNA-based Aptima HPV test (AHPV; Hologic, Inc.) for detection of cervical cancer has been reported based on only a small number of cases. We determined the sensitivity of AHPV in comparison with the DNA-based Hybrid Capture 2 HPV test (HC2; Qiagen) for the detection of oncogenic HPV in a large number of cervical cancers at the time of diagnosis using cervical samples obtained in ThinPrep (Hologic). Samples yielding discordant results were genotyped using Linear Array assay (LA; Roche). Of 396 cases tested, AHPV detected 377 (sensitivity, 95.2%; 95%CI: 93.1-97.3), and HC2 376 (sensitivity, 94.9%; 95%CI: 92.7-97.1) with an agreement of 97.2% (kappa 0.7; 95%CI: 0.54-0.87). Among six AHPV+/HC2- cases, LA identified oncogenic HPV types in four including a type 73 and was negative in two. Among five AHPV-/HC2+ cases, LA detected oncogenic HPV types in two including a type 73 and was negative in three. Of 14 AHPV-/HC2- cases, 13 were genotyped. LA detected oncogenic HPV types in six, non-oncogenic types in three, and was negative in four. This is the largest study to demonstrate the sensitivity of AHPV for the detection of invasive cervical cancer and this assay showed equal sensitivity to HC2. © 2015 Wiley Periodicals, Inc. DOI: 10.1002/jmv.24453</p>	INTL	JUL TO DEC	PMID:26693677

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CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2016 (JULY TO DECEMBER)

29.	<p>Baxi R(1), Vasan SK(1),(2), Hansdak S(3), Samuel P(4), Jeyaseelan V(4), Geethanjali FS(5), Murray RR(1), Venkatesan P(1), Thomas N(1).</p> <p>Parental determinants of metabolic syndrome among adolescent Asian Indians: Across-sectional analysis of parent-offspring trios.</p> <p>J Diabetes. 2016 Jul;8(4):494-501. doi: 10.1111/1753-0407.12319. Epub 2015 Jul</p> <p>Author information: (1)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India. (2)Department of Clinical Biochemistry, Christian Medical College, Vellore, India. (3)Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden. (4)Department of General Medicine, Christian Medical College, Vellore, India. (5)Department of Biostatistics, Christian Medical College, Vellore, India. BACKGROUND: The aim of the present study was to investigate the relationship between parental metabolic syndrome (MS) and the risk of MS and associated abnormalities in adolescent offspring. METHODS: This cross-sectional study was performed on 304 adolescents (12-16 years; 236 children with at least one parent and 124 father-mother-child trios) recruited from four schools representing different socioeconomic strata from Vellore, India. Anthropometric data was collected and blood pressure, blood glucose, and lipids were measured. RESULTS: The prevalence of MS in adolescent offspring, fathers, and mothers was 3.3%, 52.5%, and 48.7% respectively. The most commonly observed metabolic abnormality among adolescents was lower high-density lipoprotein. Maternal waist circumference (WC) was strongly correlated with adolescent body mass index ($P = 0.007$), WC ($P < 0.001$), serum triglycerides ($P = 0.02$), and systolic ($P = 0.005$) and diastolic ($P = 0.01$) blood pressure. Maternal MS status was significantly associated with a greater risk of central obesity (WC odds ratio [OR] 2.02; 95% confidence interval [CI] 1.21-3.17) in offspring. Both parents having MS conferred a significant effect on the child's WC (OR 1.21; 95% CI 1.72-2.07) and increased risk of MS (OR 6.19; 95% CI 1.64-23.26). CONCLUSIONS: This study highlights the possible heritable parental components that may contribute to the MS phenotype in offspring: MS in adolescent offspring is related to parental MS status, and maternal traits reflect offspring adiposity and metabolic traits more strongly than paternal factors. Therefore, adolescent children of parents with MS should be targets for primordial prevention of cardiometabolic disease. © 2015 Ruijin Hospital, Shanghai Jiaotong University School of</p>	INTL	JUL TO DEC	PMID:26040846
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	Medicine and JohnWiley & Sons Australia, Ltd.DOI: 10.1111/1753-0407.12319			
30.	<p>Bhageerathy PS(1), Thomas A(1), Thomas V(1), Keshava SN(2), Peedicayil A(1).</p> <p>Femoral Arterial Blowout Post Groin Recurrence in Vulvar Carcinoma - NovelEndovascular Management</p> <p>Indian J Surg Oncol. 2016 Dec;7(4):456-459. Epub 2016 Apr 23.</p> <p>Author information:</p> <p>(1)Department of Gynaecologic Oncology, Christian Medical College, Vellore, TamilNadu 632004 India. (2)Department of Interventional Radiology, Christian MedicalCollege, Vellore, Tamil Nadu 632004 India.DOI: 10.1007/s13193-016-0521-5</p>	NAT	JUL TO DEC	PMID:27872535
31.	<p>Bhowmick K(1), Matthai T(2), Nesaraj J(2), Jepegnanam TS(2).</p> <p>Claw Toe Deformity of the Foot due to Foreign Body Granuloma.</p> <p>Foot Ankle Spec. 2016 Jun;9(3):271-4. doi: 10.1177/1938640015585965. Epub 2015May 8.</p> <p>Author information: (1)Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu,India kaushikbhowmick97@yahoo.co.in. (2)Department of Orthopaedics, ChristianMedical College, Vellore, Tamil Nadu, India.We present a case of dynamic claw deformity of the right third toe due to aforeign body granuloma adhering to the flexor digitorum longus (FDL) tendon atth level of the body of the metacarpal bone. The deformity was completelycorrected after removal of the granuloma and lengthening of the FDL tendon. A25-year-old woman presented with pain and claw deformity of the right third toe,which corrected with ankle plantar flexion. Ultrasound and magnetic resonanceimaging suggested the presence of foreign body granuloma of the right FDL tendonat the level of body of third metacarpal bone. On removal of the granuloma and Zplasty of the FDL tendon, there was complete correction of the claw. In thereported literature, claw deformity is seen with compartment syndrome or anklefractures due to fixed length phenomenon or checkrein deformity of the flexortendons usually at the level</p>	INTL	JUL TO DEC	PMID:25956874

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	of medial part of the ankle. Here, we present a case of checkrein claw deformity of the FDL tendon due to a foreign body granuloma. LEVELS OF EVIDENCE: Therapeutic, Level IV: Case study. © 2015 The Author(s). OI: 10.1177/1938640015585965			
32.	<p>Bhowmick K(1), Varghese VD(2).</p> <p>Retrograde Intramedullary Nailing for Recurrent Fracture in Congenital Pseudarthrosis of the Tibia.</p> <p>J Foot Ankle Surg. 2016 Nov - Dec;55(6):1287-1291. doi:</p> <p>Author information: (1) Assistant Professor, Department of Orthopaedics, Christian Medical College, Vellore, India. Electronic address: kaushikbhowmick97@yahoo.co.in. (2) Assistant Professor, Department of Orthopaedics, Christian Medical College, Vellore, India. We present the case of a 23-year-old male with congenital pseudarthrosis of the tibia, who had undergone treatment with Ilizarov ring fixation and had experienced 4 episodes of repeat fracture. He had associated type 1 neurofibromatosis, and his radiographs confirmed a type 6 Boyd's congenital pseudarthrosis of the left tibia, with concomitant arthritic ankle and subtalar joints. He was treated successfully with retrograde intramedullary nailing of the tibia and autologous bone grafting. At his final follow-up visit at 3 years postoperatively, he displayed complete union with no repeat fractures. Copyright © 2015 American College of Foot and Ankle Surgeons. Published by Elsevier Inc. All rights reserved. DOI: 10.1053/j.jfas.2015.07.009</p>	INTL	JUL TO DEC	PMID:26342666
33.	<p>Bose A(1), Munshi R(2), Tripathy RM(3), Madhusudana SN(4), Harish BR(5), Thaker S(6), Mahendra BJ(5), Gunale B(7), Gogtay NJ(6), Thatte UM(6), Mani RS(4), Manjunath K(1), George K(1), Yajaman AB(4), Sahai A(7), Dhare RM(7), Alex RG(1), Adhikari DD(1), Abhilash(1), Raghava V(1), Kumbhar D(2), Behera TR(3), Kulkarni PS(8).</p> <p>A randomized non-inferiority clinical study to assess post-exposure prophylaxis by a new purified vero cell rabies vaccine (Rabivax-S) administered by intramuscular and intradermal routes.</p> <p>Vaccine. 2016 Sep 14;34(40):4820-6. doi: 10.1016/j.vaccine.2016.08.005. Epub 2016 Aug 21.</p>	INTL	JUL TO DEC	PMID:27554534

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CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2016 (JULY TO DECEMBER)

	<p>Author information: (1)Christian Medical College, Vellore, India. (2)T.N. Medical College & BYL NairCh. Hospital, Mumbai, India. (3)M.K.C.G. Medical College and Hospital, Berhampur,India. (4)National Institute of Mental Health and NeuroSciences (NIMHANS),Bangalore, India. (5)Mandya Institute of Medical Sciences, Mandya, India. (6)SethGordhandas Sunderdas Medical College and King Edward Memorial Hospital, MumbaiIndia. (7)Serum Institute of India Pvt. Ltd., Pune, India. (8)Serum Institute ofIndia Pvt. Ltd., Pune, India. Electronic address: drpsk@seruminstitute.com.BACKGROUND: Rabies is a 100% fatal disease but preventable with vaccines andimmunoglobulins. We have developed a new purified vero cell rabies vaccine(Rabivax-S) and evaluated its safety and immunogenicity in post-exposureprophylaxis by intramuscular (IM) and intradermal (ID) routes.METHODS: This was a randomized active-controlled non-inferiority study in 180individuals (age 5years and above) with suspected rabies exposure (90 each withWHO Category II and Category III exposures). The participants received eitherRabivax-S (1mL IM; five doses), Rabivax-S (0.1mL ID; eight doses) or purifiedchick embryo cell vaccine (PCEC, Rabipur®) (1mL IM; five doses). The IM doseswere given on Day 0, 3, 7, 14 and 28 while the ID doses were given on days 0, 3,7 and 28. Category III patients also received a human rabies immunoglobulin(HRIG) on Day 0. Adverse events (AEs) were recorded with diary cards till day 42.Rabies neutralizing antibody levels were measured on day 0, 7, 14, 28 and 42.RESULTS: In both the category II and III patients, the geometric mean concentration (GMC) ratios of Rabivax-S IM and Rabivax-S ID groups to PCEC IMwere more than 1, thus proving the non-inferiority. GMCs were similar or higherin Rabivax-S groups at all the time points. Seroresponse against rabies (RFFITtitre\geq0.5IU/mL) was achieved in all participants. Mostly mild local and systemicadverse events were reported across the three groups and all resolved withoutsequelae.CONCLUSIONS: Rabivax-S was well tolerated and showed immunogenicity comparable toa licensed rabies vaccine by both IM and ID routes in post-exposure prophylaxis.Registry No.: CTRI/2012/11/003135.Copyright © 2016 Elsevier Ltd. All rights reserved.DOI: 10.1016/j.vaccine.2016.08.005</p>			
34.	<p>Brinda EM(1), Rajkumar AP(2), Attermann J(3), Gerdtham UG(4), Enemark U(1), JacobKS(5).</p> <p>Health, Social, and Economic Variables Associated with Depression Among OlderPeople in Low and Middle Income Countries: World Health Organization Study onGlobal AGEing and Adult Health.</p>	INTL	JUL TO DEC	PMID:27743841

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<p>Am J Geriatr Psychiatry. 2016 Dec;24(12):1196-1208. doi:10.1016/j.jagp.2016.07.016. Epub 2016 Jul 25.</p> <p>Author information: (1)Section for Health Promotion and Health Services Research, Department of Public Health, Aarhus University, Aarhus, Denmark. (2)Department of Old Age Psychiatry, Institute of Psychiatry, Psychology, & Neuroscience, King's College London, London, UK; Mental Health of Older Adults and Dementia Clinical Academic Group, South London and Maudsley NHS Foundation Trust, London, UK. Electronic address: Anto.Rajamani@kcl.ac.uk. (3)Section of Epidemiology, Department of Public Health, Aarhus University, Aarhus, Denmark. (4)Health Economics Unit, Department of Clinical Sciences, Lund University, Lund, Sweden; Institute of Economic Research, Health Economics & Management, Lund University, Lund, Sweden. (5)Department of Psychiatry, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: Although depression among older people is an important public health problem worldwide, systematic studies evaluating its prevalence and determinants in low and middle income countries (LMICs) are sparse. The biopsychosocial model of depression and prevailing socioeconomic hardships for older people in LMICs have provided the impetus to determine the prevalence of geriatric depression; to study its associations with health, social, and economic variables; and to investigate socioeconomic inequalities in depression prevalence in LMICs.</p> <p>METHODS: The authors accessed the World Health Organization Study on Global AGEing and Adult Health Wave 1 data that studied a nationally representative sample from six large LMICs (N = 14,877). A computerized algorithm derived depression diagnoses. The authors assessed hypothesized associations using survey multivariate logistic regression models for each LMIC and pooled their risk estimates by meta-analysis and investigated related socioeconomic inequalities using concentration indices.</p> <p>RESULTS: Cross-national prevalence of geriatric depression was 4.7% (95% CI: 1.9%-11.9%). Female gender, illiteracy, poverty, indebtedness, past informal-sector occupation, bereavement, angina, and stroke had significant positive associations, whereas pension support and health insurance showed significant negative associations with geriatric depression. Pro-poor inequality of geriatric depression were documented in five LMICs.</p> <p>CONCLUSIONS: Socioeconomic factors and related inequalities may predispose, precipitate, or perpetuate depression among older people in LMICs. Relative absence of health safety net places socioeconomically disadvantaged older people in LMICs at risk. The need for population-based public health interventions and policies to prevent and to manage geriatric depression effectively in LMICs cannot be overemphasized. Copyright © 2016 American</p>			
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	Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved. DOI: 10.1016/j.jagp.2016.07.016			
35.	<p>Brito-Zerón P, Acar-Denizli N, Zeher M, Rasmussen A, Seror R, Theander E, Li X, Baldini C, Gottenberg JE, Danda D, Quartuccio L, Priori R, Hernandez-Molina G, Kruize AA, Valim V, Kvarnstrom M, Sene D, Gerli R, Praprotnik S, Isenberg D, Solans R, Rischmueller M, Kwok SK, Nordmark G, Suzuki Y, Giacomelli R, Devauchelle-Pensec V, Bombardieri M, Hofauer B, Bootsma H, Brun JG, Fraile G, Carsons SE, Gheita TA, Morel J, Vollenveider C, Atzeni F, Retamozo S, Horvath IF, Sivils K, Mandl T, Sandhya P, De Vita S, Sanchez-Guerrero J, van der Heijden E, Trevisani VF, Wahren-Herlenius M, Mariette X, Ramos-Casals M; EULAR-SS</p> <p>Influence of geolocation and ethnicity on the phenotypic expression of primary Sjögren's syndrome at diagnosis in 8310 patients: a cross-sectional study from the Big Data Sjögren Project Consortium.</p> <p>Ann Rheum Dis. 2016 Nov 29. pii: annrheumdis-2016-209952. doi:</p> <p>OBJECTIVES: To analyse the influence of geolocation and ethnicity on the clinical presentation of primary Sjögren's syndrome (SjS) at diagnosis METHODS: The Big Data Sjögren Project Consortium is an international, multicentre registry designed in 2014. By January 2016, 20 centres from five continents were participating. Multivariable logistic regression analyses were performed. RESULTS: We included 7748 women (93%) and 562 men (7%), with a mean age at diagnosis of primary SjS of 53 years. Ethnicity data were available for 7884 patients (95%): 6174 patients (78%) were white, 1066 patients (14%) were Asian, 393 patients (5%) were Hispanic, 104 patients (1%) were black/African-American and 147 patients (2%) were of other ethnicities. SjS was diagnosed a mean of 7 years earlier in black/African-American compared with white patients; the female-to-male ratio was highest in Asian patients (27:1) and lowest in black/African-American patients (7:1); the prevalence of sicca symptoms was lowest in Asian patients; a higher frequency of positive salivary biopsy was found in Hispanic and white patients. A north-south gradient was found with respect to a lower frequency of ocular involvement in northern countries for dry eyes and abnormal ocular tests in Europe (OR 0.46 and 0.44, respectively) and Asia (OR 0.18 and 0.49, respectively) compared with southern countries. Higher frequencies of antinuclear antibodies (ANAs) were reported in northern countries in America (OR=1.48) and Asia (OR=3.80) while, in Europe, northern countries had lowest frequencies of ANAs (OR=0.67) and Ro/La (OR=0.69) CONCLUSIONS: This study provides the first evidence of a</p>	INTL	JUL TO DEC	PMID:27899373

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	strong influence of geolocation and ethnicity on the phenotype of primary SjS at diagnosis. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/ . DOI: 10.1136/annrheumdis-2016-209952			
36.	<p>Buchmann EJ(1), Stones W(2), Thomas N(3).</p> <p>Preventing deaths from complications of labour and delivery.</p> <p>Best Pract Res Clin Obstet Gynaecol. 2016 Oct;36:103-115. doi:</p> <p>Author information: (1)Department of Obstetrics and Gynaecology, Chris Hani Baragwanath Academic Hospital, PO Bertsham 2013, Johannesburg, South Africa. Electronic address: eckhart.buchmann@wits.ac.za. (2)School of Medicine, University of St Andrews and College of Medicine, University of Malawi, Fife KY16 9JT, UK. Electronic address: rws6@st-andrews.ac.uk. (3)Department of Neonatology, Christian Medical College, Vellore 632004, India. Electronic address: niranjan@cmcvellore.ac.in. The process of labour and delivery remains an unnecessary and preventable cause of death of women and babies around the world. Although the rates of maternal and perinatal death are declining, there are large disparities between rich and poor countries, and sub-Saharan Africa has not seen the scale of decline as seen elsewhere. In many areas, maternity services remain sparse and under-equipped with insufficient and poorly trained staff. Priorities for reducing the mortality burden are provision of safe caesarean section, prevention of sepsis and appropriate care of women in labour in line with the current best practices, appropriately and affordably delivered. A concern is that large-scale recourse to caesarean delivery has its own dangers and may present new dominant causes for maternal mortality. An area of current neglect is newborn care. However, innovative training methods and appropriate technologies offer opportunities for affordable and effective newborn resuscitation and follow-up management in low-income settings. Copyright © 2016. Published by Elsevier Ltd. DOI: 10.1016/j.bpobgyn.2016.05.012</p>	INTL	JUL TO DEC	PMID:27427491
37.	<p>Burad DK(1), Kodiatte TA(1), Rajeeb SM(1), Goel A(1), Eapen CE(1), Ramakrishna B(1).</p> <p>Neuroendocrine neoplasms of liver - A 5-year retrospective clinico-pathological study applying</p> <p>World Health Organization 2010 classification. World J Gastroenterol. 2016 Oct</p>	INTL	JUL TO DEC	PMCID: PMC5083801 PMID:27833387

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	<p>28;22(40):8956-8966.</p> <p>Author information: (1)Deepak Kalyansingh Burad, Thomas Alex Kodiatte, Banumathi Ramakrishna, Department of Pathology, Christian Medical College, Vellore 632004, Tamil Nadu, India</p> <p>AIM: To study the clinicopathological characteristics of neuroendocrine neoplasms (NEN) on liver samples and apply World Health Organization (WHO) 2010 grading of gastroenteropancreatic (GEP) NEN.</p> <p>METHODS: Clinicopathological features of 79 cases of NEN of the liver diagnosed between January 2011 to December 2015 were analyzed. WHO 2010 classification of GEP NEN was applied and the tumors were graded as G1, G2 or G3. Two more categories, D1/2 (discordant 1/2) and D2/3 (discordant 2/3) were also applied. The D1/2 grade tumors had a mitotic count of G1 and Ki-67 index of G2. The D2/3 tumors had a mitotic count of G2 and Ki-67 index of G3. The follow up details which were available till the end of the study period (December 2015) were collected.</p> <p>RESULTS: Of the 79 tumors, 16 each were G1 and G2, and 18 were G3 tumors. Of the remaining 29 tumors, 13 were assigned to D1/2 and 16 were D2/3 grade. Male preponderance was noted in all tumors except for G2 neoplasms, which showed a slight female predilection. The median age at presentation was 47 years (range 10-82 years). The most common presentation was abdominal pain (81%). Pancreas (49%) was the most common site of primary followed by gastrointestinal tract (24.4%) and lungs (18%). Radiologically, 87% of the patients had multiple liver lesions. Histopathologically, necrosis was seen in only D2/3 and G3 tumors. Microvascular invasion was seen in all grades. Metastasis occurred in all grades of primary NEN and the grades of the metastatic tumors and their corresponding primary tumors were similar in 67% of the cases. Of the 79 patients, 36 had at least one follow up visit with a median duration of follow up of 8.5 mo (range: 1-50 mo). This study did not show any impact of the grade of tumor on the short term clinical outcome of these patients.</p> <p>CONCLUSION: Liver biopsy is an important tool for clinicopathological characterization and grading of NEN, especially when the primary is not identified. Eighty-seven percent of the patients had multifocal liver lesions irrespective of the WHO grade, indicating a higher stage of disease at presentation. Follow up duration was inadequate to derive any meaningful conclusion on long term outcome in our study patients. DOI: 10.3748/wjg.v22.i40.8956</p>			
38.	<p>Burad DK(1), Ramakrishna B(1).</p> <p>Cytological diagnosis of biliary cryptococcosis in an immunocompromised patient with mid</p>	INTL	JUL TO DEC	PMID:27592857

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	<p>common bile duct stricture masquerading as cholangiocarcinoma.</p> <p>Cytopathology. 2016 Sep 4. doi: 10.1111/cyt.12369. [Epub ahead of print]</p> <p>Author information: (1)Department of General Pathology, Christian Medical College, Vellore, TamilNadu, India.DOI: 10.1111/cyt.12369</p>			
39.	<p>Chadha AS(1), Khoo A(1), Aliru ML(1), Arora HK(2), Gunther JR(1), Krishnan S(3).</p> <p>Recent Advances and Prospects for Multimodality Therapy in Pancreatic Cancer.</p> <p>Semin Radiat Oncol. 2016 Oct;26(4):320-37. doi: 10.1016/j.semradonc.2016.05.002.Epub 2016 May 26.</p> <p>Author information: (1)Department of Radiation Oncology, The University of Texas MD Anderson Cancer,Houston, TX. (2)Department of Internal Medicine, Christian Medical CollegeVellore, India. (3)Department of Radiation Oncology, The University of Texas MDAnderson Cancer, Houston, TX. Electronic address: krishnan@mdanderson.org.The outcomes for treatment of pancreatic cancer have not improved dramatically in many decades. However, the recent promising results with combination chemotherapy regimens for metastatic disease increase optimism for future treatments. With greater control of overt or occult metastatic disease, there will likely be an expanding role for local treatment modalities, especially given that nearly a third of pancreatic cancer patients have locally destructive disease without distant metastatic disease at the time of death. Technical advances have allowed for the safe delivery of dose-escalated radiation therapy, which can then be combined with chemotherapy, targeted agents, immunotherapy, and nanoparticulate drug delivery techniques to produce novel and improved synergistic effects. Here we discuss recent advances and future directions for multimodality therapy in pancreatic cancer. Copyright © 2016 Elsevier Inc. All rights reserved.DOI: 10.1016/j.semradonc.2016.05.002</p>	INTL	JUL TO DEC	PMID:27619253
40.	<p>Chanana L(1), Atre K(2), Galwankar S(3), Kelkar D(4).</p> <p>State of the Globe: What's the Right Test for Diagnosing Rickettsial Diseases.</p>	NAT	JUL TO DEC	PMCID: PMC4997799 PMID:27621558

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	<p>J Glob Infect Dis. 2016 Jul-Sep;8(3):95-6. doi: 10.4103/0974-777X.188581.</p> <p>Author information:</p> <p>(1)Honourable Fellow of the Academic College of Emergency Experts, Vellore,India. (2)Christian Medical College, Vellore, India. (3)Department of EmergencyMedicine, University of Florida, Jacksonville, USA. (4)Department of EmergencyMedicine, Section of Infectious Diseases, Winter Haven Hospital Division,University of Florida, Jacksonville, USA.DOI: 10.4103/0974-777X.188581</p>			
41.	<p>Chandy SJ(1).</p> <p>The need for a comprehensive medication safety module in medical education.</p> <p>Indian J Pharmacol. 2016 Oct;48(Suppl 1):S57-S60. doi: 10.4103/0253-7613.193324.</p> <p>Author information:</p> <p>(1)Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, Tamil Nadu, India; Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden.</p> <p>OBJECTIVE: A rising number of medicines and minimal emphasis on rational prescribing in the medical curriculum may compromise medication safety. There is no focused module in the curriculum dealing with factors affecting safety such as quality, medicines management, rational use, and approach to adverse effects. Creating awareness of these issues would hopefully plant a seed of safe prescribing and encourage pharmacovigilance. A study was therefore done to determine the need for such a module. METHOD: A quasi-experimental pre-post module study. Medical students (n = 88) completing pharmacology term were recruited after informed consent. A questionnaire containing 20 questions on various themes was administered and scored. Subsequently a module was developed and relevant safety themes taught to the students. After one month, the questionnaire was re-administered. RESULTS: The pre module score was 9.52/20. Knowledge about the various</p>	NAT	JUL TO DEC	<p>PMID: 28031610</p> <p>PMCID: PMC5178058</p>

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	<p>themes, adverse effects, medication management, quality issues and rational use were similar though poor knowledge was evident in specific areas such as clinical trials, look alike-sound alike medicines (LASA) and medicine storage. The post module score was 12.24/20. The improvement of score was statistically significant suggesting the effectiveness of the module. CONCLUSION: The relatively poor knowledge and improvement with a specific educational module emphasizes the need of such a module within the medical curriculum to encourage safe use of medicines by Indian Medical Graduates (IMG). It is hoped that the policy makers in medical education will introduce such a module within the medical curriculum.</p> <p>DOI: 10.4103/0253-7613.193324</p>			
42.	<p>Chaudhuri B(1), Mondal B(2), Ray SK(3), Sarkar SC(4).</p> <p>A novel biocompatible conducting polyvinyl alcohol (PVA)-polyvinylpyrrolidone(PVP)-hydroxyapatite (HAP) composite scaffolds for probable biological application.</p> <p>Colloids Surf B Biointerfaces. 2016 Jul 1;143:71-80. doi:10.1016/j.colsurfb.2016.03.027. Epub 2016 Mar 11.</p> <p>Author information: (1)Centre for Rural & Cryogenic Technologies, Jadavpur University, Kolkata700032, India. Electronic address: chaudhuri.bis12345@gmail.com. (2)CentralScientific Service, Indian Association for the Cultivation of Science, Kolkata700032, India. (3)Centre for Bioseparation Technology (CBST), VIT-University,Vellore, Tamil Nadu 632014, India. (4)Centre for Rural & Cryogenic Technologies,Jadavpur University, Kolkata 700032, India.We have prepared biocompatible composites of 80wt% polyvinyl alcohol(PVA)-(20wt%) polyvinylpyrrolidone (PVP) blend with different concentrations of bioactive nanohydroxyapatite, Ca₁₀(PO₄)₆(HO)₂ (HAP). The composite films demonstrated maximum effective conductivity ($\sigma \sim 1.64 \times 10^{-4}$ S/m) and effective dielectric constant ($\epsilon \sim 290$) at percolation threshold concentration (~ 10wt% HAP) at room temperature. These values of σ and ϵ are much higher than those of PVA, PVP or HAP. Our preliminary observation indicated excellent biocompatibility of the contents (8.5 and 5wt% within percolation threshold concentration) using NIH 3T3 fibroblast cell line. Cells viability on the well characterized composite fibrous scaffolds</p>	INTL	JUL TO DEC	PMID:26998868

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	<p>was determined by MTT[3-(4,5-di-methylthiazol-2-yl)-2,5-diphenyltetrazolium bromide] assay analysis. Enhancement of σ, due to HAP addition, was found to show increased biocompatibility of the fibrous scaffold. Enhanced σ value of the PVA/PVP-HAP composite provided supporting cues for the increased cell viability and biocompatibility of the composite fibrous meshes. Excellent biocompatibility these electrospun composite scaffolds made them to plausible potential candidates for tissue engineering or other biomedical applications. Copyright © 2016 Elsevier B.V. All rights reserved.</p>			
43.	<p>Cherian AG(1), Jamkhandi D(2), George K(2), Bose A(2), Prasad J(2), Minz S(2).</p> <p>Prevalence of Congenital Anomalies in a Secondary Care Hospital in South India: A Cross-Sectional Study.</p> <p>J Trop Pediatr. 2016 Oct;62(5):361-7. doi: 10.1093/tropej/fmw019. Epub 2016 Apr 4.</p> <p>Author information: (1)Community Health Department, Christian Medical College, Vellore, India annegc97@yahoo.co.in. (2)Community Health Department, Christian Medical College, Vellore, India. OBJECTIVE: To study the prevalence and types of congenital anomalies that present at birth in a secondary-level hospital in South India and its contribution to perinatal mortality. MATERIALS AND METHODS: A total of 36,074 births over 10 years, from 2003 to 2013, were studied for the prevalence of gross congenital malformations at birth. It was a descriptive, cross-sectional study using data from the birth register and available medical records. RESULTS: The incidence of birth defects was 12.5 per 1000 live births, with musculoskeletal disorders being the commonest, followed by craniovertebral anomalies. The prevalence of anomalies over the past 10 years has not shown any significant change ($p=0.555$). DISCUSSION: The high prevalence of neural tube defects indicates the need for preconceptional folic acid supplementation and early detection of anomalies, which would help in timely management. Detection of musculoskeletal anomalies would help in counseling patients antenatally. © The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com. DOI: 10.1093/tropej/fmw019</p>	INTL	JUL TO DEC	PMID:27044502
44.	<p>Chilbule SK(1), Dutt V(1), Madhuri V(1).</p> <p>Limb lengthening in achondroplasia.</p>	NAT	JUL TO DEC	PMCID: PMC4964773 PMID:27512222

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<p>Indian J Orthop. 2016 Jul-Aug;50(4):397-405. doi: 10.4103/0019-5413.185604.</p> <p>Author information:</p> <p>(1)Pediatric Orthopedics Unit, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Stature lengthening in skeletal dysplasia is a contentious issue. Specific guidelines regarding the age and sequence of surgery, methods and extent of lengthening at each stage are not uniform around the world. Despite the need for multiple surgeries, with their attendant complications, parents demanding stature lengthening are not rare, due to the social bias and psychological effects experienced by these patients. This study describes the outcome and complications of extensive stature lengthening performed at our center.</p> <p>MATERIALS AND METHODS: Eight achondroplastic and one hypochondroplastic patient underwent bilateral transverse lengthening for tibiae, humeri and femora. Tibia lengthening was carried out using a ring fixator and bifocal corticotomy, while a monolateral pediatric limb reconstruction system with unifocal corticotomy was used for the femur and humerus. Lengthening of each bone segment, height gain, healing index and complications were assessed. Subgroup analysis was carried out to assess the effect of age and bone segment on the healing index.</p> <p>RESULTS: Nine patients aged five to 25 years (mean age 10.2 years) underwent limb lengthening procedures for 18 tibiae, 10 femora and 8 humeri. Four patients underwent bilateral lengthening of all three segments. The mean length gain for the tibia, femur and humerus was 15.4 cm (100.7%), 9.9 cm (52.8%) and 9.6 cm (77.9%), respectively. Healing index was 25.7, 25.6 and 20.6 days/cm, respectively, for the tibia, femur and humerus. An average of 33.3% height gain was attained. Lengthening of both tibia and femur added to projected height achieved as the 3(rd) percentile of standard height in three out of four patients. In all, 33 complications were encountered (0.9 complications per segment). Healing index was not affected by age or bone segment.</p> <p>CONCLUSION: Extensive limb lengthening (more than 50% over initial length) carries significant risk and should be undertaken only after due consideration.</p>			
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	DOI: 10.4103/0019-5413.185604			
45.	<p>Chowdhury SD(1), Kurien RT(1), Bharath AK(1), Dutta AK(1), David D(1), BharathCK(1), Joseph AJ(1).</p> <p>Endoscopic ultrasound-guided gastrojejunostomy with a Nagi stent for relief of jejunal loop obstruction following hepaticojejunostomy. Endoscopy. 2016;48 Suppl 1:E263-4. doi: 10.1055/s-0042-112971. Epub 2016 Aug 10.</p> <p>Author information: (1)Department of Gastroenterology, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.1055/s-0042-112971</p>	INTL	JUL TO DEC	PMID:27509466
46.	<p>Chowdhury SD(1), Kurien RT(2), Ramachandran A(2), Joseph AJ(2), Simon EG(2), Dutta AK(2), David D(2), Kumar C B(2), Samuel P(3), Balasubramaniam KA(2).</p> <p>Pancreatic exocrine insufficiency: Comparing fecal elastase 1 with 72-h stool for fecal fat estimation.</p> <p>Indian J Gastroenterol. 2016 Nov;35(6):441-444. Epub 2016 Nov 23.</p> <p>Author information:</p> <p>(1)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, 632 004, India. sudipto.d.c@gmail.com. (2)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, 632 004, India. (3)Department of Biostatistics, Christian Medical College, Vellore, 632 004, India.</p> <p>INTRODUCTION: Identification of pancreatic exocrine insufficiency (PEI) is important in the management of chronic pancreatitis. The 72-h stool for fecal fat estimation (FFE) has long been considered a gold standard indirect test for the diagnosis of PEI. However, the test is cumbersome for both patients and laboratory personnel alike. In this study, we aimed to assess fecal elastase 1 (FE1) as an alternate to FFE for the diagnosis of PEI.</p> <p>METHODS: In all, 87 consecutive patients diagnosed with chronic pancreatitis were included in this study. FFE and FE1 estimation was done for all the patients. For FE1, two cutoffs (<100 and <200 µg) were selected to define pancreatic exocrine insufficiency. The</p>	NAT	JUL TO DEC	PMID:27878466

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	<p>sensitivity, specificity, and positive and negative predictive values for the two cutoffs were estimated. Kappa statistics was used to assess degree of agreement between both tests.</p> <p>RESULTS: All patients completed the study and were included in the analysis. The sensitivity, specificity, and positive and negative predictive value and PABAK (prevalence and bias adjusted kappa) for FE1 <100 µg was 84.9, 47.6, 83.6, 50, and 0.52, respectively. For FE1 <200 µg, it was 90.9, 9.5, 75.95, 25, and 0.43, respectively.</p> <p>CONCLUSION: FE1 is a sensitive test; however, it does not have a good agreement with FFE. FE1 may be used as screening test for PEI in patients with chronic pancreatitis.</p> <p>DOI: 10.1007/s12664-016-0714-4</p>			
47.	<p>Christudoss P(1), Chacko G(2), Selvakumar R(1), Fleming JJ(1), Pugazhendhi S(3), Mathew G(4).</p> <p>Expression of metallothionein in dimethylhydrazine-induced colonic precancerous and cancerous model in rat.</p> <p>J Cancer Res Ther. 2016 Oct-Dec;12(4):1307-1312. doi: 10.4103/0973-1482.179107.</p> <p>Author information:</p> <p>(1)Department of Clinical Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neuropathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of General Surgery, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>AIM: Metallothionein (MT) is a small protein with a high affinity for divalent heavy metals and has a function in zinc homeostasis. The purpose of this study was to assess the MT mRNA gene expression as well as the MT protein content by immunohistochemistry and radioimmunoassay (RIA) in 1,2-dimethylhydrazine (DMH)-induced precancerous and cancerous colonic tissue in rats. MATERIALS AND METHODS: Six-week-old rats were given</p>	INT	JUL TO DEC	PMID: 28169244

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	<p>subcutaneous injections of DMH twice a week for 3 months and sacrificed at 4 months (precancerous model) and 6 months (cancerous model). We determined MT mRNA expression by reverse transcription polymerase chain reaction and MT protein content by both immunohistochemical expression and cadmium-109 RIA. RESULTS: MT mRNA expression in the large intestine showed statistically significant decrease in the precancerous (P < 0.01) and the cancerous (P < 0.001) model as compared with controls. Immunohistochemical expression of MT showed statistically significant decrease (P < 0.05) in the colonic cancerous tissue. MT content in the large intestine showed statistically significant decrease in precancerous (P < 0.005) and cancerous (P < 0.001) model as compared with controls. CONCLUSION: This study suggests that a decrease in the colonic MT Mrna expression, MT protein expression, and content in DMH-induced colonic cancer model is associated with the development of preneoplastic lesions and further progression to carcinoma in the colon results in a greater reduction in the levels of each of these parameters. DOI: 10.4103/0973-1482.179107</p>			
48.	<p>Cunliffe NA(1), Kang G(2).</p> <p>Can Changes to Scheduling Enhance the Performance of Rotavirus Vaccines in Low-Income Countries?</p> <p>J Infect Dis. 2016 Jun 1;213(11):1673-5. doi: 10.1093/infdis/jiw026. Epub 2016 Jan 27.</p> <p>Author information: (1)Centre for Vaccine Development and Evaluation, Institute of Infection and Global Health, University of Liverpool, United Kingdom. (2)Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. DOI: 10.1093/infdis/jiw026</p>	INTL	JUL TO DEC	PMID:26823336
49.	<p>Daniel HD(1), David J(1), Raghuraman S(1), Gnanamony M(1), Chandy GM(2), Sridharan G(1), Abraham P(1).</p> <p>Comparison of Three Different Hepatitis C Virus Genotyping Methods: 5'NCRPCR-RFLP, Core Type-Specific PCR, and NS5b Sequencing in a Tertiary Care Hospital in South India.</p> <p>J Clin Lab Anal. 2016 Sep 1. doi: 10.1002/jcla.22045. [Epub ahead of print]</p> <p>Author information:(1)Department of Clinical Virology, Christian Medical College, Vellore,</p>	INTL	JUL TO DEC	PMID:27580956

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	<p>India. (2)Department of Gastrointestinal Sciences, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Based on genetic heterogeneity, hepatitis C virus (HCV) is classified into seven major genotypes and 64 subtypes. In spite of the sequence heterogeneity, all genotypes share an identical complement of colinear genes within the large open reading frame. The genetic interrelationships between these genes are consistent among genotypes. Due to this property, complete sequencing of the HCV genome is not required. HCV genotypes along with subtypes are critical for planning antiviral therapy. Certain genotypes are also associated with higher progression to liver cirrhosis.</p> <p>METHODS: In this study, 100 blood samples were collected from individuals who came for routine HCV genotype identification. These samples were used for the comparison of two different genotyping methods (5'NCR PCR-RFLP and HCV core type-specific PCR) with NS5b sequencing. RESULTS: Of the 100 samples genotyped using 5'NCR PCR-RFLP and HCV coretype-specific PCR, 90% ($\kappa = 0.913$, $P < 0.00$) and 96% ($\kappa = 0.794$, $P < 0.00$) correlated with NS5b sequencing, respectively. Sixty percent and 75% of discordant samples by 5'NCR PCR-RFLP and HCV core type-specific PCR, respectively, belonged to genotype 6. All the HCV genotype 1 subtypes were classified accurately by both the methods.</p> <p>CONCLUSION: This study shows that the 5'NCR-based PCR-RFLP and the HCV core type-specific PCR-based assays correctly identified HCV genotypes except genotype 6 from this region. Direct sequencing of the HCV core region was able to identify all the genotype 6 from this region and serves as an alternative to NS5b sequencing. © 2016 Wiley Periodicals, Inc. DOI: 10.1002/jcla.22045</p>			
50.	<p>Das M(1), Chaitanya VS(2), Kanmani K(2), Rajan L(2), Ebenezer M(2).</p> <p>Genomic diversity in Mycobacterium leprae isolates from leprosy cases in SouthIndia.</p> <p>Infect Genet Evol. 2016 Nov;45:285-289. doi: 10.1016/j.meegid.2016.09.014. Epub2016 Sep 15.</p> <p>Author information: (1)Molecular Biology Lab, Schieffelin Institute of Health-Research and</p>	INTL	JUL TO DEC	PMID:27642139

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	<p>Leprosy Center (SIH-R&LC), Karigiri, Vellore, Tamil Nadu 632106, India. Electronic address: madhusmitadas21@gmail.com. (2)Molecular Biology Lab, Schieffelin Institute of Health-Research and Leprosy Center (SIH-R&LC), Karigiri, Vellore, Tamil Nadu 632106, India.</p> <p>OBJECTIVE: The Objective of this study was to identify the strain diversity of Mycobacterium leprae in terms of SNP types and subtypes stratified as per genomic single nucleotide polymorphisms, in clinical isolates of leprosy patients from a tertiary care leprosy center in South India. Further, the associations of SNP types with clinical outcomes in leprosy were also investigated. METHODS: DNA was extracted from excisional skin biopsies of a total of 172 newly diagnosed untreated leprosy patients from a clinic in Tamil Nadu, in south India, that also serves patients from neighboring states. All the leprosy patients were those who voluntarily reported at the clinic during the study period of one year i.e., 2015. Clinical and histopathological details were collected at diagnosis and leprosy was confirmed through bacteriological smear examination and PCR for M. leprae specific RLEP region. SNP types and subtypes were determined by PCR amplification and Sanger sequencing of PCR products. RESULTS: M. leprae specific RLEP gene amplification was achieved in 160 out of 172 patients. Among 160 specimens 118(73.75%) were type 1 and 42 (26.25%) were type 2 and on subtyping it was noted that 88/160 (55.00%) were 1D, 25/160 (15.62%) 1C, 5/160 (3.12%) 1A, 33/160 (20.62%) 2G and 9/160 (5.62%) were 2H. CONCLUSION: Our results indicated that subtype 1D is predominant in the south Indian population. We also noted 2G, 1C and 1A in the patient sample tested. Additionally we identified subtype 2H for the first time in India. Copyright © 2016. Published by Elsevier B.V. DOI: 10.1016/j.meegid.2016.09.014</p>			
51.	<p>David S(1), Abraham AM(1).</p> <p>Epidemiological and clinical aspects on West Nile virus, a globally emerging pathogen.</p> <p>Infect Dis (Lond). 2016 Aug;48(8):571-86. doi: 10.3109/23744235.2016.1164890.Epub 2016 May 20.</p> <p>Author information: (1)a Department of Clinical Virology , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>BACKGROUND: Since the isolation of West Nile virus (WNV) in 1937, in Uganda, it has</p>	INTL	JUL TO DEC	PMID:27207312

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	<p>spread globally, causing significant morbidity and mortality. While birds serve as amplifier hosts, mosquitoes of the Culex genus function as vectors. Humans and horses are dead end hosts. The clinical manifestations of West Nile infection in humans range from asymptomatic illness to West Nile encephalitis. METHODS: The laboratory offers an array of tests, the preferred method being detection of RNA and serum IgM for WNV, which, if detected, confirms the clinical diagnosis. Although no definitive antiviral therapy and vaccine are available for humans, many approaches are being studied. STUDY: This article will review the current literature of the natural cycle, geographical distribution, virology, replication cycle, molecular epidemiology, pathogenesis, laboratory diagnosis, clinical manifestations, blood donor screening for WNV, treatment, prevention and vaccines. DOI: 10.3109/23744235.2016.1164890</p>			
52.	<p>Deshpande P(1), Kathirvel K(1), Alex AA(1), Korula A(1), George B(1), Shaji RV(1), Mathews V(2).</p> <p>Leukocyte Adhesion Deficiency-I: Clinical and Molecular Characterization in an Indian Population.</p> <p>Indian J Pediatr. 2016 Aug;83(8):799-804. doi: 10.1007/s12098-016-2051-0. Epub 2016 Feb 29.</p> <p>Author information:</p> <p>(1)Department of Hematology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. (2)Department of Hematology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. vikram@cmcvellore.ac.in.</p> <p>OBJECTIVE: To describe clinical and flow cytometric immunophenotyping details of 26 patients of Leukocyte adhesion deficiency-I (LAD-I) along with molecular characterization of 7 patients.</p> <p>METHODS: Diagnosis of LAD-I was suspected on the basis of clinical features, white blood cell count and absolute neutrophil counts and flow cytometric assessment of expression of CD18 and CD11(a, b, c) on leukocytes. Mutation analysis was performed using DNA PCR</p>	NAT	JUL TO DEC	PMID:26924654

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	<p>and conformation sensitive gel electrophoresis (CSGE) technique followed by sequencing.</p> <p>RESULTS: All the patients were symptomatic by the age of 6 mo, with history of recurrent bacterial infections involving skin, mucosa or umbilical cord (omphalitis) being the most frequent presenting symptoms. White blood cells (WBC) and absolute neutrophil counts (ANC) were markedly elevated, without any specific morphological findings. On flow cytometry, CD11a and CD11c showed moderate correlation with CD18 expression. Mutation analysis was performed in 7 patients and six different mutations (4 missense, 2 nonsense and 1 splice site) were identified, all of which were homozygous in nature.</p> <p>CONCLUSIONS: A presentation of repeated bacterial infections during infancy, especially omphalitis, with markedly elevated absolute neutrophil counts should trigger investigations for LAD-I including flow cytometric analysis of CD11/CD18 expression.</p> <p>DOI: 10.1007/s12098-016-2051-0</p>			
53.	<p>Deshpande PA(1), Srivastava VM(2), Mani S(1), Anandhan S(1), Meena J(1), AbrahamA(1), Viswabandya A(1), George B(1), Srivastava A(1), Mathews V(1),Balasubramanian P(1).</p> <p>Atypical BCR-ABL1 fusion transcripts in adult B-acute lymphoblastic leukemia,including a novel fusion transcript-e8a1.</p> <p>Leuk Lymphoma. 2016 Oct;57(10):2481-4. doi: 10.3109/10428194.2016.1151512. Epub2016 Mar 4.</p> <p>Author information: (1)a Department of Haematology , Christian Medical College , Vellore , Tamil Nadu, India ; (2)b Cytogenetics Unit , Christian Medical College , Vellore , Tamil Nadu , India. DOI: 10.3109/10428194.2016.1151512</p>	INTL	JUL TO DEC	PMID:26942999
54.	<p>Devanga Ragupathi NK(1), Muthuirulandi Sethuvel DP(1), Shankar BA(1), MunusamyE(1), Anandan S(1), Veeraraghavan B(2).</p> <p>Draft genome sequence of blaTEM-1-mediated cephalosporin-resistant Salmonellaenterica serovar Typhi from bloodstream infection.</p> <p>J Glob Antimicrob Resist. 2016 Dec;7:11-12. doi: 10.1016/j.jgar.2016.06.003. Epub2016 Jul</p>	INTL	JUL TO DEC	PMID:27530999

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	<p>12.</p> <p>Author information: (1)Department of Clinical Microbiology, Christian Medical College, Vellore 632004, Tamil Nadu, India. (2)Department of Clinical Microbiology, Christian Medical College, Vellore 632 004, Tamil Nadu, India. Electronic address: vbalaji@cmcvellore.ac.in.</p> <p>Enteric fever is a major cause of concern in developing countries across the globe. The primary choice of antibiotics remains fluoroquinolones, followed by cephalosporins. Resistance to third-generation cephalosporins is rarely reported in Salmonella enterica serovar Typhi. This study reports the whole genome sequence of an S. Typhi isolate resistant to cefixime [minimum inhibitory concentration (MIC)=512µg/mL] by microbroth dilution. Interestingly, the isolate was negative for the cephalosporin resistance gene blaCTX-M by PCR, which is a known mechanism for higher cephalosporin resistance. The isolate was further subjected to next-generation sequencing that identified blaTEM-1B and blaDHA-1 genes in association with qnrB4 and sul1. blaTEM is a known gene coding for β-lactam resistance. In certain cases, overexpression of blaTEM was reported to result in cephalosporin resistance. This suggests that the high cefixime MIC would have been contributed by overexpression of blaTEM-1B. The blaTEM-1B gene was found to be associated with a promoter Px with -35 and -10 regions as TTAATA and TAAAGT, respectively. The promoter regions were unique, but the -10 region was similar to that found in Pa/Pb (previously reported promoter for blaTEM) with a single nucleotide change. In addition, an IncN plasmid was identified, which is usually reported in association with the most prevalent extended-spectrum β-lactamase (ESBL), metallo- and non-metallo-carbapenemase, and plasmid-mediated quinolone resistance (PMQR) genes. Plasmids such as IncN might possibly confer resistance and enhance spread. It is imperative to continuously monitor the drug resistance profile and evolving genetic elements. Copyright © 2016 International Society for Chemotherapy of Infection and Cancer. Published by Elsevier Ltd. All rights reserved. DOI: 10.1016/j.jgar.2016.06.003</p>			
55.	<p>Devasia AJ(1), Irodi A(2), George B(3).</p> <p>Broncho-Pericardial Fistula Leading to Pneumopericardium Following Allogeneic Stem Cell Transplantation.</p> <p>Indian J Pediatr. 2016 Oct;83(10):1206-7. doi: 10.1007/s12098-016-2117-z. Epub 2016 Apr</p>	NAT	JUL TO DEC	PMID:27130507

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	<p>29.</p> <p>Author information:</p> <p>(1)Department of Clinical Hematology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. (2)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Clinical Hematology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. biju@cmcvellore.ac.in.</p> <p>DOI: 10.1007/s12098-016-2117-z</p>			
56.	<p>Divyashree S(1), Nabarro LE(2),(3), Veeraraghavan B(4), Rupali P(1).</p> <p>Enteric fever in India: current scenario and future directions.</p> <p>Trop Med Int Health. 2016 Oct;21(10):1255-1262. doi: 10.1111/tmi.12762. Epub 2016Sep 8.</p> <p>Author information: (1)Department of Infectious Disease, Christian Medical College, Vellore, India. (2)Department of Infectious Disease, Christian Medical College, Vellore, India. laura.nabarro@phe.gov.uk. (3)Public Health England, London, UK. laura.nabarro@phe.gov.uk. (4)Department of Microbiology, Christian Medical College, Vellore, India.</p> <p>Enteric fever is a major cause of morbidity and mortality in tropical areas worldwide. The Indian subcontinent bears the brunt of the disease, both in terms of absolute case numbers and drug-resistant strains. Recent phylogenetic studies suggest that the multidrug-resistant clade H58 originated in India and subsequently expanded through Asia and Africa. In Africa, it caused unrecognized outbreaks in areas previously considered free of the disease. In this study, we discuss the current status of enteric fever in India, the factors preventing its control and its future directions in this rapidly developing nation. © 2016 John Wiley & Sons Ltd. DOI: 10.1111/tmi.12762</p>	INTL	JUL TO DEC	PMID:27495900
57.	<p>D'sa SR(1), Peter JV(1), Chacko B(1), Pichamuthu K(1), Sathyendra S(2).</p> <p>Intra-aortic balloon pump (IABP) rescue therapy for refractory cardiogenic shock due to</p>	INTL	JUL TO DEC	PMID:26696217

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	<p>scorpion sting envenomation.</p> <p>Clin Toxicol (Phila). 2016;54(2):155-7. doi: 10.3109/15563650.2015.1116043. Epub2015 Dec 22.</p> <p>Author information: (1)a Medical ICU , Christian Medical College , Vellore , Tamil Nadu , India; (2)b Department of Medicine , Christian Medical College , Vellore , Tamil Nadu, India.</p> <p>BACKGROUND: Cardiomyopathy, cardiogenic shock or acute pulmonary oedema are well recognised complications of scorpion sting envenomation occurring in about 1-3% of patients. Current treatment recommendations include afterload reduction using prazosin and improving cardiac contractility with inotropes like dobutamine. We report the use of intra-aortic balloon pump (IABP) as rescue therapy in a patient with refractory cardiogenic shock due to Mesobuthus tamulus (Indian red scorpion) envenomation. CASE: A 32-year-old woman was referred 24 h after a scorpion sting. At presentation she was ventilated and in circulatory shock (systolic blood pressure < 50 mmHg). After admission, the patient had four cardiac arrests (three episodes of pulseless ventricular tachycardia/ventricular fibrillation and one episode of asystole) over the next few hours. Following resuscitation, despite a combination of dobutamine, noradrenaline, and adrenaline, blood pressure did not improve significantly. In view of persistent tachycardia (heart rate 160/min), catecholamine storm was suspected and prazosin was added. However, shock was refractory. Hence, IABP was considered as rescue therapy. Following initiation of IABP, there was improvement in cardiac function (improved ejection fraction) which translated to weaning of inotropes over 48 h and improved organ function (renal, respiratory) in the next 2-3 d. However, following extubation, on Day 8, she was noted to have features of hypoxic brain injury. This improved gradually. At discharge (Day 30) she was independent for activities of daily living and was able to mobilise without support. CONCLUSION: IABP could be generally considered as a rescue therapy in refractory cardiogenic shock in envenomations. DOI: 10.3109/15563650.2015.1116043</p>			
58.	<p>Dutta AK(1), Ekbote AV, Thomas N, Omprakash S, Danda S.</p> <p>De Bary syndrome type B presenting with cardiac and genitourinary abnormalities.</p> <p>Clin Dysmorphol. 2016 Oct;25(4):190-1. doi: 10.1097/MCD.000000000000142.</p>	INTL	JUL TO DEC	PMID:27379772

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	Author information: (1)Departments of aClinical Genetics bNeonatology, Christian Medical College, Vellore, India. DOI: 10.1097/MCD.0000000000000142			
59.	<p>Dutta AK(1), Paulose BK(2), Danda S(1), Alexander S(2), Tamilarasi V(2), Omprakash S(1).</p> <p>Recurrent truncating mutations in alanine-glyoxylate aminotransferase gene in two South Indian families with primary hyperoxaluria type 1 causing later onset end-stage kidney disease.</p> <p>Indian J Nephrol. 2016 Jul-Aug;26(4):288-90. doi: 10.4103/0971-4065.171244.</p> <p>Author information:</p> <p>(1)Department of Medical Genetics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Nephrology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>Primary hyperoxaluria type 1 is an autosomal recessive inborn error of metabolism due to liver-specific peroxisomal enzyme alanine-glyoxylate transaminase deficiency. Here, we describe two unrelated patients who were diagnosed to have primary hyperoxaluria. Homozygous c.445_452delGTGCTGCT (p.L151NfsJUL TO DEC14) (Transcript ID: ENST00000307503; human genome assembly GRCh38.p2) (HGMD ID CD073567) mutation was detected in both the patients and the parents were found to be heterozygous carriers. Our patients developed end-stage renal disease at 23 years and 35 years of age. However, in the largest series published from OxalEurope cohort, the median age of end-stage renal disease for null mutations carriers was 9.9 years, which is much earlier than our cases. Our patients had slower progressions as compared to three unrelated patients from North India and Pakistan, who had homozygous c.302T>C (p.L101P) (HGMD ID CM093792) mutation in exon 2. Further, patients need to be studied to find out if c.445_452delGTGCTGCT mutation represents a founder mutation in Southern India.</p> <p>DOI: 10.4103/0971-4065.171244</p>	NAT	JUL TO DEC	<p>PMCID: PMC4964691</p> <p>PMID:27512303</p>
60.	Eapen A, Gibikote S(1).	NAT	JUL TO DEC	PMID:26964550

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	<p>Role of Computed Tomography in Pediatric Abdominal Conditions.</p> <p>Indian J Pediatr. 2016 Jul;83(7):691-701. doi: 10.1007/s12098-016-2030-5. Epub2016 Mar 11.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. gibikote@cmcvellore.ac.in.</p> <p>In the pediatric patient, computed tomography (CT) scan as an imaging modality for evaluation of the abdomen is to be used judiciously. The use of correct scanning protocols, single phase scanning, scanning only when required are key factors to minimize radiation doses to the child, while providing diagnostic quality. CT is the preferred modality in the evaluation of trauma, to assess extent of solid organ or bowel injury. It is also useful in several inflammatory conditions such as inflammatory bowel diseases and acute pancreatitis. CT also has an important role in evaluating intra-abdominal tumors, although magnetic resonance imaging (MRI) can be used as an alternative to CT.</p> <p>DOI: 10.1007/s12098-016-2030-5</p>			
61.	<p>Ebenezer K(1), Dawodu A(2), Steinhoff M(2).</p> <p>Serum Vitamin D Status and Outcome among Critically Ill Children Admitted to the Pediatric Intensive Care Unit in South India: Authors' Reply.</p> <p>Indian J Pediatr. 2016 Aug;83(8):912-3. doi: 10.1007/s12098-015-1991-0. Epub 2016Jan 14.</p> <p>Author information:</p> <p>(1)Department of Pediatrics, Christian Medical College, Vellore, 632004, Tamil Nadu, India. kinbaraj@cmcvellore.ac.in. (2)Global Health Centre, Cincinnati Children's Medical Centre, Cincinnati, OH, USA.</p>	NAT	JUL TO DEC	PMID:26762329

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	DOI: 10.1007/s12098-015-1991-0			
62.	<p>Edison E(1), Konkle BA(2), Goodeve AC(3),(4).</p> <p>Genetic analysis of bleeding disorders.</p> <p>Haemophilia. 2016 Jul;22 Suppl 5:79-83. doi: 10.1111/hae.13024.</p> <p>Author information: (1)Department of Haematology, Christian Medical College, Vellore, India. (2)Bloodworks Northwest and University of Washington, Seattle, WA, USA. (3)Sheffield Diagnostic Genetics Service, Sheffield Children's NHS Foundation Trust, heffield, UK. (4)Department of Infection, Immunity and Cardiovascular Disease, University of Sheffield, Sheffield, UK.</p> <p>Molecular genetic analysis of inherited bleeding disorders has been practised for over 30 years. Technological changes have enabled advances, from analyses using extragenic linked markers to next-generation DNA sequencing and microarray analysis. Two approaches for genetic analysis are described, each suiting their environment. The Christian Medical Centre in Vellore, India, uses conformation-sensitive gel electrophoresis mutation screening of multiplexed PCR products to identify candidate mutations, followed by Sanger sequencing confirmation of variants identified. Specific analyses for F8 intron 1 and 22 inversions are also undertaken. The MyLifeOurFuture US project between the American Thrombosis and Hemostasis Network, the National Hemophilia Foundation , Bloodworks Northwest and Biogen uses molecular inversion probes (MIP) to capture target exons, splice sites plus 5' and 3' sequences and to detect F8 intron 1 and 22 inversions. This allows screening for all F8 and F9 variants in one sequencing run of multiple samples (196 or 392). Sequence variants identified are</p> <p>Subsequently confirmed by a diagnostic laboratory. After having identified variants in genes of interest through these processes, a systematic procedure determining their likely pathogenicity should be applied. Several scientific societies have prepared guidelines. Systematic analysis of the available evidence facilitates reproducible scoring of likely pathogenicity. Documentation of frequency in population databases of variant prevalence and in locus-specific mutation databases can provide initial information on likely pathogenicity. Whereas null mutations are often pathogenic, missense and splice site</p>	INTL	JUL TO DEC	PMID:27405681

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	<p>variants often require in silico analyses to predict likely pathogenicity and using an accepted suite of tools can help standardize their documentation. © 2016 John Wiley & Sons Ltd. DOI: 10.1111/hae.13024</p>			
63.	<p>Fenwick AL(1), Kliszczak M(2), Cooper F(3), Murray J(3), Sanchez-Pulido L(3), Twigg SR(1), Goriely A(1), McGowan SJ(4), Miller KA(1), Taylor IB(1), Logan C(3); WGS500 Consortium, Bozdogan S(5), Danda S(6), Dixon J(7), Elsayed SM(8), Elsobky E(8), Gardham A(9), Hoffer MJ(10), Koopmans M(10), McDonald-McGinn DM(11), Santen GW(10), Savarirayan R(12), de Silva D(13), Vanakker O(14), Wall SA(15), Wilson LC(9), Yuregir OO(16), Zackai EH(11), Ponting CP(3), Jackson AP(3), Wilkie AO(17), Niedzwiedz W(18), Bicknell LS(19).</p> <p>Mutations in CDC45, Encoding an Essential Component of the Pre-initiation Complex, Cause Meier-Gorlin Syndrome and Craniosynostosis.</p> <p>Am J Hum Genet. 2016 Jul 7;99(1):125-38. doi: 10.1016/j.ajhg.2016.05.019. Epub 2016 Jun 30.</p> <p>Author information: (1)Clinical Genetics Group, MRC Weatherall Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Oxford OX3 9DS, UK. (2)Clinical Genetics Group, MRC Weatherall Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Oxford OX3 9DS, UK; Department of Oncology, MRC Weatherall Institute of Molecular Medicine, University of Oxford, Oxford OX3 9DS, UK. (3)MRC Human Genetics Unit, IGMM, University of Edinburgh, Edinburgh EH4 2XU, UK. (4)Computational Biology Research Group, MRC Weatherall Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Oxford OX3 9DS, UK. (5)Department of Medical Genetics, Mersin University, Mersin, 33343 Cukurova, Turkey. (6)Department of Clinical Genetics, Christian Medical College and Hospital, Vellore, Tamil Nadu 632004, India. (7)Genetic Health Service NZ-South Island Hub, Christchurch Hospital, Christchurch, Canterbury 8140, New Zealand. (8)Children's Hospital, Ain Shams University, Cairo 11566, Egypt. (9)North East Thames Regional Genetics Service, Great Ormond Street Hospital for Children NHS Foundation Trust, Great Ormond Street Hospital, London WC1N 3JH, UK. (10)Department of Clinical Genetics, Leiden University Medical Center, 2300 RC Leiden, the Netherlands. (11)Clinical Genetics, The Children's Hospital of Philadelphia, 34th & Civic Center Boulevard, Philadelphia, PA 19104, USA. (12)Victorian Clinical Genetics Services, Murdoch Children's Research Institute, University of Melbourne, Melbourne, VIC</p>	INTL	JUL TO DEC	<p>PMCID: PMC5005452</p> <p>PMID:27374770</p>

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<p>3052, Australia. (13)Department of Physiology, Faculty of Medicine, University of Kelaniya, Ragama, Gampaha GQ 11010, Sri Lanka. (14)Center for Medical Genetics, Ghent University Hospital, 9000 Ghent, Belgium. (15)Craniofacial Unit, Department of Plastic and Reconstructive Surgery, Oxford University Hospitals NHS Foundation Trust, John Radcliffe Hospital, Oxford OX3 9DU, UK. (16)Genetic Diagnosis Center, Adana Numune Training and Research Hospital, Cukurova, Adana, 01170, Turkey. (17)Clinical Genetics Group, MRC Weatherall Institute of Molecular Medicine, University of Oxford, John Radcliffe Hospital, Oxford OX3 9DS, UK; Craniofacial Unit, Department of Plastic and Reconstructive Surgery, Oxford University Hospitals NHS Foundation Trust, John Radcliffe Hospital, Oxford OX3 9DU, UK. (18)Department of Oncology, MRC Weatherall Institute of Molecular Medicine, University of Oxford, Oxford OX3 9DS, UK. Electronic address: wojciech.niedzwiedz@imm.ox.ac.uk. (19)MRC Human Genetics Unit, IGMM, University of Edinburgh, Edinburgh EH4 2XU, UK; Department of Pathology, Dunedin School of Medicine, University of Otago, Dunedin, Otago 9016, New Zealand. Electronic address: louise.bicknell@otago.ac.nz.</p> <p>DNA replication precisely duplicates the genome to ensure stable inheritance of genetic information. Impaired licensing of origins of replication during the G1 phase of the cell cycle has been implicated in Meier-Gorlin syndrome (MGS), a disorder defined by the triad of short stature, microtia, and a/hypoplastic patellae. Biallelic partial loss-of-function mutations in multiple components of the pre-replication complex (preRC; ORC1, ORC4, ORC6, CDT1, or CDC6) as well as de novo stabilizing mutations in the licensing inhibitor, GMNN, cause MGS. Here we report the identification of mutations in CDC45 in 15 affected individuals from 12 families with MGS and/or craniosynostosis. CDC45 encodes a component of both the pre-initiation (preIC) and CMG helicase complexes, required for initiation of DNA replication origin firing and ongoing DNA synthesis during S-phase itself, respectively, and hence is functionally distinct from previously identified MGS-associated genes. The phenotypes of affected individuals range from syndromic coronal craniosynostosis to severe growth restriction, fulfilling diagnostic criteria for Meier-Gorlin syndrome. All mutations identified were biallelic and included synonymous mutations altering splicing of physiological CDC45 transcripts, as well as amino acid substitutions expected to result in partial loss of function. Functionally, mutations reduce levels of full-length transcripts and protein in subject cells, consistent with partial loss of CDC45 function and a predicted limited rate of DNA replication and cell proliferation. Our findings therefore implicate the preIC as an additional protein complex involved in the etiology of</p>			
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	MGS and connect the core cellular machinery of genomereplication with growth, chondrogenesis, and cranial suture homeostasis. Copyright © 2016 American Society of Human Genetics. Published by Elsevier Inc. All rights reserved. DOI: 10.1016/j.ajhg.2016.05.019			
64.	<p>Fischer K(1), Poonnoose P(2), Dunn AL(3), Babyn P(4), Manco-Johnson MJ(5), DavidJA(6), van der Net J(7), Feldman B(8), Berger K(9), Carcao M(10), de KleijnP(11), Silva M(12), Hilliard P(13), Doria A(14), Srivastava A(15), BlanchetteV(10); participants of the International Symposium on Outcome Measures in Hemophilic Arthropathy.</p> <p>Collaborators: Avila L, Boma-Fischer L, Brandao L, Busch MT, Castro D, Chiu A, Funk S, Luke B, Manco-Johnson M, Mohanta A, Monahan P, St-Louis J, Shupak R, Stimec J, Teitel J, Zourikian N, Bonanad S, Gouw S, Querol F, Santagostino E, Solimeno PL, von Mackensen S, Wells A, Carneiro JD, Gibokte S, Keshava SN, MattaM, Natesirinilkul R, Ozelo M, Poonnoose P, Sakamoto F, Sun J, Uchoa M, Wu R.</p> <p>Choosing outcome assessment tools in haemophilia care and research: a multidisciplinary perspective.</p> <p>Haemophilia. 2016 Sep 15. doi: 10.1111/hae.13088. [Epub ahead of print]</p> <p>Author information: (1)Van Creveldkliniek, University Medical Center Utrecht, Utrecht, The Netherlands. k.fischer@umcutrecht.nl. (2)Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu, India. (3)Division of Hematology and Oncology, Nationwide Children's Hospital and The Ohio State University, Columbus, OH, USA. (4)Department of Medical Imaging, University of Saskatchewan and Saskatoon Health Region Royal University Hospital, Saskatoon, SK, Canada. (5)Section of Hematology/Oncology/Bone Marrow Transplantation, Department of Pediatrics, University of Colorado Anschutz Medical Campus and Children's Hospital, Aurora, CO, USA. (6)Department of PMR, Christian Medical College, Vellore, Tamil Nadu, India. (7)Child Health Services, Child Development and Exercise Center, University Medical Center and Children's Hospital, Utrecht, The Netherlands. (8)Division of Rheumatology, Department of Paediatrics and Child Health Evaluative Sciences, Research Institute, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada. (9)Division of Haematology/Oncology, University Hospital of Munich, Munich, Germany. (10)Division of Haematology/Oncology, Department of Paediatrics and Child Health Evaluative Sciences,</p>	INTL	JUL TO DEC	PMID:27633342

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	<p>Research Institute, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada. (11)Department of Rehabilitation, Nursing Science and Sports, and Van Creveldkliniek, University Medical Center Utrecht, Utrecht, The Netherlands. (12)Department of Orthopaedic Surgery, Orthopaedic Institute for Children, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA. (13)Department of Rehabilitation, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada. (14)Department of Diagnostic Imaging, Research Institute, Hospital for Sick Children, University of Toronto, Toronto, ON, Canada. (15)Department of Haematology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>INTRODUCTION: The implementation of early long-term, regular clotting factor concentrate (CFC) replacement therapy ('prophylaxis') has made it possible to offer boys with haemophilia a near normal life. Many different regimens have reported favourable results, but the optimum treatment regimens have not been established and the cost of prophylaxis is very high. Both for optimizing treatment and reimbursement issues, there is a need to provide objective evidence of both short- and long-term results and benefits of prophylactic regimens. AIMS: This report presents a critical review of outcome measures for use in the assessment of musculoskeletal health in persons with haemophilia according to the International Classification of Functioning, Disability and Health (ICF). This framework considers structural and functional changes, activities and</p> <p>participation in a context of both personal and environmental factors. METHODS: Results were generated by a combination of a critical review of available literature plus expert opinion derived from a two day consensus conference between 48 health care experts from different disciplines involved in haemophilia assessment and care. Outcome tools used in haemophilia were reviewed for reliability and validity in different patient groups and for resources required.</p> <p>RESULTS AND CONCLUSION: Recommendations for choice of outcome tools were made according to the ICF domains, economic setting, and reason for use (clinical or research). The next step will be to identify a 'core' set of outcome measures for use in clinical care or studies evaluating treatment. © 2016 The Authors. Haemophilia Published by John Wiley & Sons Ltd. DOI: 10.1111/hae.13088</p>			
65.	Flenady V(1,)(2), Wojcieszek AM(3,)(4), Fjeldheim I(5), Friberg IK(5), NankabirwaV(6,)(7), Jani JV(5,)(7), Myhre S(5), Middleton P(4,)(8), Crowther C(8,)(9), Ellwood D(4,)(10),	INTL	JUL TO DEC	PMCID: PMC5045645

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	<p>Tudehope D(3), Pattinson R(11), Ho J(12), Matthews J(13), Bermudez Ortega A(14), Venkateswaran M(5,)(7), Chou D(15), Say L(15), Mehl G(15), Frøen JF(4,)(5,)(7). eRegistries: indicators for the WHO Essential Interventions for reproductive, maternal, newborn and child health.</p> <p>BMC Pregnancy Childbirth. 2016 Sep 30;16(1):293.</p> <p>Author information: (1)Mater Research Institute, The University of Queensland (MRI-UQ), Brisbane, Australia. vicki.flenady@mater.uq.edu.au. (2)International Stillbirth Alliance, Bristol, UK. vicki.flenady@mater.uq.edu.au. (3)Mater Research Institute, The University of Queensland (MRI-UQ), Brisbane, Australia. (4)International Stillbirth Alliance, Bristol, UK. (5)Department of International Public Health, Norwegian Institute of Public Health, Oslo, Norway. (6)Department of Epidemiology and Biostatistics, School of Public Health, College of Health Sciences, Makerere University, Kampala, Uganda. (7)Centre for Intervention Science in Maternal and Child Health (CISMAC), Centre for International health, University of Bergen, Bergen, Norway. (8)South Australian Health and Medical Research Institute (SAHMRI), Adelaide, Australia. (9)Liggins Institute, University of Auckland, Auckland, New Zealand. (10)Griffith University & Gold Coast University Hospital, Gold Coast, Australia. (11)Medical Research Council, University of Pretoria, Pretoria, South Africa. (12)Penang Medical College and Penang Hospital, Penang, Malaysia. (13)Christian Medical College, Vellore, Tamil Nadu, India. (14)The Australian Nurse Family Partnership Program National Program Centre, Abt Australia, Brisbane, Australia. (15)Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland.</p> <p>BACKGROUND: Electronic health registries - eRegistries - can systematically collect relevant information at the point of care for reproductive, maternal, newborn and child health (RMNCH). However, a suite of process and outcome indicators is needed for RMNCH to monitor care and to ensure comparability between settings. Here we report on the assessment of current global indicators and the development of a suite of indicators for the WHO Essential Interventions for use at various levels of health care systems nationally and globally. METHODS: Currently available indicators from both household and facility surveys were collated through publicly available global databases and respective survey instruments. We then developed a suite of potential indicators and associated data points for the 45 WHO Essential Interventions spanning preconception to newborn care. Four types of performance indicators were identified (where applicable): process (i.e.</p>			<p>PMID:27716088</p>
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	<p>coverage) and outcome (i.e. impact) indicators for both screening and treatment/prevention. Indicators were evaluated by an international expert panel against the eRegistries indicator evaluation criteria and further refined based on feedback by the eRegistries technical team. RESULTS: Of the 45 WHO Essential Interventions, only 16 were addressed in any of the household survey data available. A set of 216 potential indicators was developed. These indicators were generally evaluated favourably by the panel, but difficulties in data ascertainment, including for outcome measures of cause-specific morbidity and mortality, were frequently reported as barriers to the feasibility of indicators. Indicators were refined based on feedback, culminating in the final list of 193 total unique indicators: 93 for preconception and antenatal care; 53 for childbirth and postpartum care; and 47 for newborn and small and ill baby care. CONCLUSIONS: Large gaps exist in the availability of information currently collected to support the implementation of the WHO Essential Interventions. The development of this suite of indicators can be used to support the implementation of eRegistries and other data platforms, to ensure that data are utilised to support evidence-based practice, facilitate measurement and accountability, and improve maternal and child health outcomes. DOI: 10.1186/s12884-016-1049-y</p>			
66.	<p>Fletcher GJ(1), Anantharam R(1), Radhakrishnan K(1), Karunakaran A(1), AbrahamP(2). Cost-Effective In-House Neutralization Assay for the Confirmation of HBeAg. J Clin Lab Anal. 2016 Nov;30(6):1146-1149. doi: 10.1002/jcla.21995. Epub 2016 May21. Author information: (1)Department of Clinical Virology, Christian Medical College, Vellore, India. (2)Department of Clinical Virology, Christian Medical College, Vellore, India. priyaabraham@cmcvellore.ac.in. BACKGROUND & AIM: Hepatitis B virus-e-antigen (HBeAg) is an affordable viral marker to assess viral replication kinetics and response to antiviral therapy. In the absence of confirmatory assays, discrepant or false-positive HBeAg results are resolved by screening for other HBV markers. We standardized an in-house HBeAg neutralization assay (HBeAg-NT) to confirm HBeAg in clinical samples. METHODS: The performance and reliability of this assay were evaluated by first WHO International Standard for HBeAg (first WHO-IS HBeAg) from Paul Ehrlich Institute and clinical samples (n = 150) from chronic HBV carriers. Of these, 71 HBeAg-positive sera were used for HBeAg-NT. RESULTS:</p>	INTL	JUL TO DEC	PMID:27207380

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	<p>Concentrations spanning 0.25-10 U of first WHO-IS HBeAg and clinical samples (S/Co ranges from 1.00 to 10.00) were neutralized completely in the HBeAg-NT.</p> <p>CONCLUSIONS: HBeAg-NT is a simple, cost-effective, and reliable direct approach to confirm HBeAg in clinical samples which precludes the need for screening additional HBV markers in low resource settings. © 2016 Wiley Periodicals, Inc. DOI: 10.1002/jcla.21995</p>			
67.	<p>Francis MR(1), Sarkar R(1), Roy S(1), Jaffar S(2), Mohan VR(3), Kang G(1), BalrajV(4).</p> <p>Effectiveness of Membrane Filtration to Improve Drinking Water: AQuasi-Experimental Study from Rural Southern India.</p> <p>Am J Trop Med Hyg. 2016 Nov 2;95(5):1192-1200. Epub 2016 Sep 6.</p> <p>Author information: (1)Division of Gastrointestinal Sciences, Christian Medical College, Vellore,India. (2)London School of Hygiene and Tropical Medicine, London, United Kingdom. (3)Department of Community Health, Christian Medical College, Vellore, India. (4)Society for Applied Studies, Vellore, India. vinoharbalraj@gmail.com.</p> <p>Since point-of-use methods of water filtration have shown limited acceptance in Vellore, southern India, this study evaluated the effectiveness of decentralized membrane filtration 1) with safe storage, 2) without safe storage, versus 3) no intervention, consisting of central chlorination as per government guidelines, in improving the microbiological quality of drinking water and preventing childhood diarrhea. Periodic testing of water sources, pre-/postfiltration samples, and household water, and a biweekly follow up of children less than 2 years of age was done for 1 year. The membrane filters achieved a log reduction of 0.86 (0.69-1.06), 1.14 (0.99-1.30), and 0.79 (0.67-0.94) for total coliforms, fecal coliforms, and Escherichia coli, respectively, in field conditions. A 24% (incidence rate ratio, IRR [95% confidence interval, CI] = 0.76 [0.51-1.13]; P = 0.178) reduction in diarrheal incidence in the intervention village with safe storage and a 14% (IRR [95% CI] = 1.14 [0.75-1.77]; P = 0.530) increase in incidence for the intervention village without safe storage versus no intervention village was observed, although not statistically significant. Microbiologically, the membrane filters decreased fecal contamination; however, provision of decentralized membrane-filtered water with or without safe storage was not protective against childhood diarrhea. © The American Society of Tropical Medicine and Hygiene. DOI: 10.4269/ajtmh.15-0675</p>	INTL	JUL TO DEC	PMCID: PMC5094238 PMID:27601525

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68.	<p>G C(1), D S F(2), S S(3), M S(4), S G(5).</p> <p>Indole-3-acetic acid/diol based pH-sensitive biological macromolecule for antibacterial, antifungal and antioxidant applications.</p> <p>Int J Biol Macromol. 2016 Nov 22;95:363-375. doi: 10.1016/j.ijbiomac.2016.11.068.[Epub ahead of print]</p> <p>Author information: (1)Department of Chemistry, Periyar University, Salem 636011, Tamilnadu, India; Department of Chemistry, Bangalore College of Engineering and Technology, Chandapura, Bangalore 560081, India. Electronic address: chitramuralikrishnan@gmail.com. (2)Department of Chemistry, C. Abdul Hakeem College of Engineering and Technology, Melvisharam 632509, Tamilnadu, India. Electronic address: loyolafrank@yahoo.co.in. (3)Department of Chemistry, C. Abdul Hakeem College of Engineering and Technology, Melvisharam 632509, Tamilnadu, India. Electronic address: srsudarsan29@gmail.com. (4)Research and Development Centre, Bharathiar University, Coimbatore 641046, India. Electronic address: msakthi81986@gmail.com. (5)PG & Research Department of Chemistry, Muthurangam Government Arts College, Vellore 632002, Tamilnadu, India. Electronic address: sai_gugan@yahoo.com.</p> <p>Indole-3-acetic acid (IAA)/diol based pH-sensitive biopolymeric hydrogels with tunable biological properties (cytotoxicity, anti-oxidant and anti-fungal) have been synthesized via condensation polymerization. The present study focused on the synthesis of heterocyclic hydrogel using citric acid (CA), indole-3-acetic acid (IAA) and diethylene glycol (DEG) by condensation polymerization. The hydrogels revealed a pH-sensitive swelling behaviour, with increased swelling in acidic media, then turns to decreased the swelling in the basic media. The hydrogel samples were tested for antifungal activity against <i>Aspergillus fumigates</i>, <i>Rhizopusoryzae</i> and <i>Candida albicans</i> at different concentrations using ketoconazole as positive control and DMSO as negative control for antifungal activity. Antioxidant activity increasing nature in DPPH than NO radical compared with rutin and confirmed non toxic property using cytotoxicity analysis. The biopolymeric hydrogels were characterized by Fourier transform infrared (FT-IR) spectroscopy, ¹H NMR, ¹³C NMR, TGA, DSC followed by scanning electron microscopy (SEM). Such hydrogels with antioxidant properties is recommended for medical applications such as bandages, catheters, drains and tubes to prevent infection. Copyright © 2016 Elsevier B.V. All rights</p>	INTL	JUL TO DEC	PMID:27888010
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	reserved. DOI: 10.1016/j.ijbiomac.2016.11.068			
69.	<p>Ganesan S(1), Alex AA(1), Chendamalai E(1), Balasundaram N(1), Palani HK(1), David S(1), Kulkarni U(1), Aiyaz M(2), Mugasimangalam R(2), Korula A(1), Abraham A(1), Srivastava A(1), Padua RA(3),(4), Chomienne C(3),(4), George B(1), Balasubramanian P(1), Mathews V(1).</p> <p>Rationale and efficacy of proteasome inhibitor combined with arsenic trioxide in the treatment of acute promyelocytic leukemia.</p> <p>Leukemia. 2016 Nov;30(11):2169-2178. doi: 10.1038/leu.2016.227. Epub 2016 Aug 18.</p> <p>Author information: (1)Department of Haematology, Christian Medical College, Vellore, India. (2)Genotypic Technology, Bengaluru, India. (3)UMR-S1131, Hôpital Saint Louis, Paris, France. (4)Institut Universitaire d' Hématologie, Université Paris Diderot, Paris, France.</p> <p>Arsenic trioxide (ATO) mediates PML-RARA (promyelocytic leukemia-retinoic acid receptor-α) oncoprotein degradation via the proteasome pathway and this degradation appears to be critical for achieving cure in acute promyelocytic leukemia (APL). We have previously demonstrated significant micro-environment-mediated drug resistance (EMDR) to ATO in APL. Here we demonstrate that this EMDR could be effectively overcome by combining a proteasome inhibitor (bortezomib) with ATO. A synergistic effect on combining these two agents in vitro was noted in both ATO-sensitive and ATO-resistant APL cell lines. The mechanism of this synergy involved downregulation of the nuclear factor-κB pathway, increase in unfolded protein response (UPR) and an increase in reactive oxygen species generation in the malignant cell. We also noted that PML-RARA oncoprotein is effectively cleared with this combination in spite of proteasome inhibition by bortezomib, and that this clearance is mediated through a p62-dependent autophagy pathway. We further demonstrated that proteasome inhibition along with ATO had an additive effect in inducing autophagy. The beneficial effect of this combination was further validated in an animal model and in an on-going clinical trial. This study raises the potential of a non-myelotoxic proteasome inhibitor replacing anthracyclines in the management of high-risk and relapsed APL. DOI: 10.1038/leu.2016.227</p>	INTL	JUL TO DEC	PMCID: PMC5097069 PMID:27560113
70.	Garg P(1), Gupta N(2), Arora M(3). Monoarticular Poncet Disease after Pulmonary Tuberculosis: A Rare Case Report and Review of Literature.	INT	JUL TO DEC	PMCID: PMC4991904

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	<p>Perm J. Summer 2016;20(3). doi: 10.7812/TPP/15-199. Epub 2016 Jul 15.</p> <p>Author information: (1)Pathologist at the University College of Medical Sciences and Guru Tag Bahadur Hospital in Dilshad Garden, Delhi, India. drparitoshgarg@gmail.com. (2)Fellow in Clinical Immunology and Rheumatology at the Christian Medical College and Hospital in Vellore, Tamil Nadu, India. nik.gupta4u@gmail.com. (3)Orthopedician at the University College of Medical Sciences and Guru Tag Bahadur Hospital in Dilshad Garden, Delhi, India. drmkarora@yahoo.com.</p> <p>INTRODUCTION: Tuberculosis is a major health problem worldwide, more so in Asian countries and especially India. Being a communicable disease, it can affect the lives of many people. Tuberculosis has varied manifestations and can affect almost every part of the human body. Pulmonary tuberculosis is the most common form. Poncet disease (tuberculous rheumatism) is a polyarticular arthritis that occurs during acute tuberculosis infection in which no mycobacterial involvement can be found or no other known cause of polyarthritis is detected. CASE PRESENTATION: We describe an atypical presentation of active pulmonary tuberculosis with monoarticular Poncet disease of the right knee in a 24-year-old woman. DISCUSSION: The diagnosis of Poncet disease is mainly clinical with exclusion of other causes. It generally presents as an acute or subacute form; however, chronic forms have been described in the literature. DOI: 10.7812/TPP/15-199</p>			PMID:27455057
71.	<p>Garge S(1), Keshava SN(1), Moses V(1), Mammen S(1), Ahmed M(1), Chiramel GK(1),Cherian V(2), Manasseh N(2), George B(3), Mathews V(3), Abraham A(3), ViswabandyaA(3), Srivastava A(3), Gibikote S(1).</p> <p>Role of endovascular embolization in treatment of acute bleeding complications in haemophilia patients.</p> <p>Br J Radiol. 2016 Jul 12:20151064. [Epub ahead of print]</p> <p>Author information: (1)1 Department of Radiology, Christian Medical College, Vellore, India. (2)2 Department of Orthopedics, Christian Medical College, Vellore, India. (3)3 Department of Hematology, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: Bleeding complications either spontaneously or post-operatively are very common in patients with haemophilia. Sometimes these bleeding complications remain</p>	INTL	JUL TO DEC	PMCID: PMC5124877 PMID:27327402

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	<p>unresponsive despite being on high dose of clotting factor replacement. The aim was to assess the role of endovascular embolization in patients with haemophilia in (a) treating haemorrhagic complications due to local causes refractory to clotting factors substitution and (b) reducing intraoperative blood loss in elective pseudotumour surgery.</p> <p>METHODS: 10 patients seen between January 2000 and April 2015 with severe haemophilia A or B who had unexplained profuse persistent bleeding or required large pseudotumour excision and were taken up for digital subtraction angiography and embolization were included in the study. Data of all these patients were reviewed using the computerized hospital information system and picture archiving and communication system. Details including indications for the procedure, patient preparation for the procedure, imaging findings, details of angiography with intervention, if any, and outcome as well as follow-up data were analyzed. RESULTS: In 6 of these 10 cases, bleeding was spontaneous, in 2 cases due to trivial fall and in 2 cases due to post-operative bleeding. Angiography in these patients revealed vascular blush, abnormal hypervascularity or active extravasation. In all 10 patients, an embolization procedure was performed, with bleeding controlled in 8 patients. There were no procedure-related complications during the procedure, post-procedure bleeding or haematoma at the site of arterial access. One patient had recurrence of bleeding for whom surgical exploration was required, and one patient had significant bleeding intraoperatively which was controlled with high-dose clotting factors, blood transfusion and fresh frozen plasma intraoperatively. CONCLUSION: Endovascular embolization is a safe, effective and cost-saving procedure in arresting bleeding in selected patients with severe haemophilia who are unresponsive to adequate clotting factor replacement and where local vascular causes could be contributing to the bleeding. Pre-operative embolization is also a good procedure to reduce intraoperative blood loss in patients with large pseudotumours. ADVANCES IN KNOWLEDGE: Angiography and embolization in patients with haemophilia is technically challenging and should be performed by highly skilled interventional radiologists, which limits its wider use and familiarity among multidisciplinary teams managing haemophilia. By bringing the knowledge of this effective treatment to the specialist groups who care for patients with haemophilia, its wider application may be possible which can save life and/or reduce morbidity. DOI: 10.1259/bjr.20151064</p>			
72.	<p>Garge S(1), Keshava SN(2), Moses V(2).</p> <p>Cannula-Assisted, Transabdominal Ultrasound-Guided Inferior Vena Cava Recanalization in</p>	INTL	JUL TO DEC	PMID:27667701

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	<p>Inferior Vena Cava Occlusion.</p> <p>Curr Probl Diagn Radiol. 2016 Aug 3. pii: S0363-0188(16)30029-9. doi:10.1067/j.cpradiol.2016.07.003. [Epub ahead of print]</p> <p>Author information: (1)Department of Radiology, Christian Medical College, Vellore, India. Electronic address: drshaileshgarge@gmail.com. (2)Department of Radiology, Christian Medical College, Vellore, India. We describe a novel technique for facilitating recanalization of intrahepatic inferior vena cava (IVC) via the transjugular approach in patients with short segmental hepatic IVC occlusion, where a transjugular liver biopsy cannula provides additional support to the catheter-wire combination and trans-abdominal ultrasound helps in positioning the tip of the cannula at the stump of suprahepatic IVC. Copyright © 2016 Elsevier Inc. All rights reserved. DOI: 10.1067/j.cpradiol.2016.07.003</p>			
73.	<p>Garon J(1), Orenstein W, John TJ.</p> <p>The Need and Potential of Inactivated Poliovirus Vaccine.</p> <p>Indian Pediatr. 2016 Aug 7;53 Suppl 1:S2-S6.</p> <p>Author information:</p> <p>(1)Division of Infectious Diseases, Emory University School of Medicine, Atlanta, Georgia, USA, and Retired Professor of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India. Correspondence to: Julie Garon, Emory University, School of Medicine, Division of Infectious Diseases, 1462 Clifton Road, Room 446, Atlanta, GA 30322, USA. julie.garon@emory.edu.</p> <p>As the polio endgame progresses, the world will increasingly rely on inactivated polio vaccine (IPV) for protection against polio (wild and vaccine-related) and for risk mitigation during the phased removal of oral polio vaccine (OPV). IPV has already been introduced in most countries and strategies are underway to ensure the remaining OPV-only using countries succeed in introducing IPV in light of operational challenges. Questions remain as to the ideal dosing schedule for IPV in developing countries as well as the length of time</p>	NAT	JUL TO DEC	PMID:27771632

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	for IPV to be administered beyond certification of eradication of wild polioviruses and total OPV withdrawal. IPV policies will likely evolve and new technologies will become available to meet unforeseen needs during this historical and unprecedented public health endeavor. Pediatricians in India have a crucial role to play in this global effort by supporting the overall polio eradication strategy and ensuring that all targeted children in India receive IPV.			
74.	<p>George A(1), Peter D(1), Pulimood S(1), Manipadam MT(2), George B(3), Paul MJ(4), Thomas JK(4).</p> <p>Rapidly progressing necrotic ulcerations and sinuses in specific cutaneousHodgkin's disease.</p> <p>Indian Dermatol Online J. 2016 Sep-Oct;7(5):436-438.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Haematology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Surgery, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/2229-5178.190503</p>	NAT	JUL TO DEC	<p>PMCID: PMC5038116</p> <p>PMID:27730051</p>
75.	<p>George AA(1), Peter D(1), Masih D(2), Thomas M(2), Pulimood S(1).</p> <p>Cutaneous metastases from signet cell carcinoma of the gut: A report of twocases.</p> <p>Indian Dermatol Online J. 2016 Jul-Aug;7(4):281-4. doi: 10.4103/2229-5178.185462.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Cutaneous metastasis from visceral tumors is a rare entity with a reported incidence</p>	NAT	JUL TO DEC	<p>PMCID: PMC4976407</p> <p>PMID:27559503</p>

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	<p>between 0.3% and 9.8%. These usually occur late in the course of the disease; the average time interval between the diagnosis of malignancy and presentation of cutaneous metastases has been reported to be 33 months. In rare instances (in about 0.8%-1.3% of patients), cutaneous metastases may be a pointer to an underlying undiagnosed malignancy. We report two patients presenting to us with soft, nodular, cutaneous lesions, which was the manifestation of metastatic signet cell carcinoma arising from the gut. We report these cases owing to their rarity.</p> <p>DOI: 10.4103/2229-5178.185462</p>			
<p>76.</p>	<p>George AJ(1), Nair S(2), Karthic JC(3), Joseph M(2).</p> <p>The incidence of deep venous thrombosis in high-risk Indian neurosurgical patients: Need for early chemoprophylaxis?</p> <p>Indian J Crit Care Med. 2016 Jul;20(7):412-6. doi: 10.4103/0972-5229.186223.</p> <p>Author information:</p> <p>(1)Department of General Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of General Medicine, Changi General Hospital, Singapore City, Singapore.</p> <p>INTRODUCTION: Deep venous thrombosis (DVT) is thought to be less common in Asians than in Caucasian population. The incidence of DVT in high-risk groups, especially the neurosurgical (NS) patients, has not been well studied. This leaves no firm basis for the start of early prophylactic anticoagulation within first 5 postoperative days in Indian NS patients. This is a prospective observational study to determine the early occurrence of DVT in the NS patients.</p> <p>PATIENTS AND METHODS: We screened 137 consecutive high-risk NS patients based on inclusion and exclusion criteria. The femoral veins were screened using Doppler ultrasound on day 1, 3, and 5 of admission into the NS Intensive Care Unit (ICU) at tertiary</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4968064</p> <p>PMID:27555696</p>

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	<p>center from South India.</p> <p>RESULTS: Among 2887 admissions to NICU 147 patients met inclusion criteria. One hundred thirty seven were screened for DVT. There was a 4.3% (6/137) incidence of DVT with none of the six patients having signs or symptoms of pulmonary embolism. Among the risk factors studied, there was a significant association with femoral catheterization and a probable association with weakness/paraparesis/paraplegia. The mortality in the study group was 10.8% with none attributable to DVT or pulmonary embolism.</p> <p>CONCLUSION: There is a low incidence of DVT among the high risk neurosurgical population evaluated within the first 5 days of admission to NICU, limiting the need for early chemical thrombo-prophylaxis in these patients. With strict protocols for mechanical prophylaxis with passive leg exercise, early mobilization and serial femoral Doppler screening, heparin anticoagulation can be restricted within the first 5 days of ICU admission in high risk patients.</p> <p>DOI: 10.4103/0972-5229.186223</p>			
77.	<p>George L(1), Peter D(1), Chopra M(1), George B(2), Abraham A(2), Mathews V(2),Srivastava A(2), Pulimood SA(1).</p> <p>Efficacy of narrow band UVB in the treatment of cutaneous GvHD: an Indianexperience.</p> <p>Bone Marrow Transplant. 2016 Jul;51(7):988-90. doi: 10.1038/bmt.2016.13. Epub2016 Feb 22.</p> <p>Author information: (1)Department of Dermatology, Venereology and Leprosy, Christian Medical College, Vellore, India. (2)Department of Haematology, Christian Medical College, Vellore, India. DOI: 10.1038/bmt.2016.13</p>	INTL	JUL TO DEC	PMID:26901707
78.	<p>George R(1), Kandasamy R(2).</p> <p>A Space to Heal.</p> <p>J Clin Oncol. 2016 Sep 20;34(27):3349-50. doi: 10.1200/JCO.2016.68.6816. Epub2016 Aug</p>	INTL	JUL TO DEC	PMID:27480151

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	1. Author information: (1)All authors: Christian Medical College, Vellore, India. reena.vellore@gmail.com. (2)All authors: Christian Medical College, Vellore, India. DOI: 10.1200/JCO.2016.68.6816			
79.	George R(1), Santhanam S(2), Samuel R(3), Chapla A(4), Hilmarsen HT(5), BraathenGJ(5), Reinholt FP(6), Jahnsen F(6), Khnykin D(7). Ichthyosis prematurity syndrome caused by a novel missense mutation in FATP4gene-a case report from India. Clin Case Rep. 2015 Dec 1;4(1):87-9. doi: 10.1002/ccr3.462. eCollection 2016. Author information: (1)Department of Dermatology Christian Medical College Vellore India. (2)Department of Neonatology Christian Medical College Vellore India. (3)Centre for Stem Cell Research Christian Medical College Vellore India. (4)Department of Endocrinology Christian Medical College Vellore India. (5)Section of Medical Genetics Department of Laboratory Medicine Telemark Hospital Skien Norway. (6)Department of Pathology Oslo- University Hospital- Rikshospitalet Oslo Norway. (7)Department of PathologyOslo- University Hospital- RikshospitaletOsloNorway; Department of DermatologyOslo- University Hospital- RikshospitaletOsloNorway. Ichthyosis prematurity syndrome (IPS) is reported mainly from Scandinavia where most of the cases are homozygous or compound heterozygous for the nonsense mutation c.504C>A (p.Cys168JUL TO DEC) in exon3 indicating a common ancestor for this mutation. The occurrence of IPS in an Indian patient suggests that it is more widespread than previously reported. DOI: 10.1002/ccr3.462	INTL	JUL TO DEC	PMCID: PMC4706401 PMID:26783444
80.	George S(1),(2), Leveck B(2), Kattula D(1), Velusamy V(1), Roy S(1), GeldhofP(2), Sarkar R(1), Kang G(1). Molecular Identification of Hookworm Isolates in Humans, Dogs and Soil in aTribal Area in Tamil Nadu, India. PLoS Negl Trop Dis. 2016 Aug 3;10(8):e0004891. doi:	INTL	JUL TO DEC	PMCID: PMC4972381 PMID:27486798

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	<p>10.1371/journal.pntd.0004891.eCollection 2016.</p> <p>Author information: (1)Department of Gastrointestinal Sciences, Christian Medical College, Vellore, India. (2)Department of Virology, Parasitology and Immunology, Ghent University, Merelbeke, Belgium.</p> <p>BACKGROUND: Hookworms (<i>Necator americanus</i> and <i>Ancylostoma duodenale</i>) remain a major public health problem worldwide. Infections with hookworms (e.g., <i>A. caninum</i>, <i>A. eylanicum</i> and <i>A. braziliense</i>) are also prevalent in dogs, but the role of dogs as a reservoir for zoonotic hookworm infections in humans needs to be further explored.</p> <p>METHODOLOGY/PRINCIPAL FINDINGS: As part of an open-label community based cluster-randomized trial in a tribal area in Tamil Nadu (India; 2013-2015), a total of 143 isolates of hookworm eggs from human stool were speciated based on a previously described PCR-RFLP methodology. The presence of hookworm DNA was confirmed in 119 of 143 human samples. <i>N. americanus</i> (100%) was the most prevalent species, followed by <i>A. caninum</i> (16.8%) and <i>A. duodenale</i> (8.4%).</p> <p>Because of the high prevalence of <i>A. caninum</i> in humans, dog samples were also collected to assess the prevalence of <i>A. caninum</i> in dogs. In 68 out of 77 canine stool samples the presence of hookworms was confirmed using PCR-RFLP. In dogs, both <i>A. caninum</i> (76.4%) and <i>A. ceylanicum</i> (27.9%) were identified. Additionally, to determine the contamination of soil with zoonotic hookworm larvae, topsoil was collected from defecating areas. Hookworm DNA was detected in 72 out of 78 soil samples that revealed presence of hookworm-like nematode larvae. In soil, different hookworm species were identified, with animal hookworms being more prevalent (<i>A. ceylanicum</i>: 60.2%, <i>A. caninum</i>: 29.4%, <i>A. duodenale</i>: 16.6%, <i>N. americanus</i>: 1.4%, <i>A. braziliense</i>: .4%).</p> <p>CONCLUSIONS/SIGNIFICANCE: In our study we regularly detected the presence of <i>A. caninum</i> DNA in the stool of humans. Whether this is the result of infection is currently unknown but it does warrant a closer look at dogs as a potential reservoir. DOI: 10.1371/journal.pntd.0004891</p>			
81.	<p>Ghosh GC(1), Sharma B(2).</p> <p>Hypoglossal palsy in a case of cavernous sinus thrombosis.</p>	NAT	JUL TO DEC	PMID:27841209

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	<p>Neurol India. 2016 Nov-Dec;64(6):1316-1318. doi: 10.4103/0028-3886.193802.</p> <p>Author information:</p> <p>(1)Department of Cardiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Medicine, PGIMER and Dr. RML Hospital, New Delhi, India.</p> <p>DOI: 10.4103/0028-3886.193802</p>			
82.	<p>Godson HF(1),(2), Manickam R(3), Saminathan S(1), Ganesh KM(1), PonmalarR(1),(2).</p> <p>The effect of influence quantities and detector orientation on small-fieldpatient-specific IMRT QA: comparison of measurements with various ionizationchambers.</p> <p>Radiol Phys Technol. 2016 Dec 1. [Epub ahead of print]</p> <p>Author information: (1)Department of Radiation Physics, Kidwai Memorial Institute of Oncology, Dr. M.H. Marigowda Road, Bangalore, 560 029, India. (2)Department of Radiotherapy, Christian Medical College, Vellore, India. (3)Department of Radiation Physics, Kidwai Memorial Institute of Oncology, Dr. M.H. Marigowda Road, Bangalore, 560 029, India. drmravi59@yahoo.com.</p> <p>Intensity-modulated radiation therapy (IMRT) requires a patient-specific quality assurance (QA) program to validate the treatment plan and a high level of dosimetric accuracy in the treatment delivery. Dosimetric verification generally consists of both absolute- and relative-dose measurements in a phantom using ionization chambers. Measurements were carried out with three different ionization chambers (Scanditronix FC 65G, Exradin A18, and PTW PinPoint 31014) to assess the effects of influence quantities such as the stability, pre- and post-irradiation leakage, stem effect, polarity, and ion recombination on the IMRT point-dose verification with two different orientations. The Exradin A18 and PTW PinPoint ion chambers demonstrated noticeable leakage to magnitudes of 0.6 and 1.2%, whereas negligible leakage was observed with FC 65G ion chamber. Maximum deviations of 0.5 and 0.6% were noticed for the smallest field owing to the ion recombination effect with the PTW PinPoint ion chamber in the parallel and perpendicular orientations, respectively. The calculated total uncertainties of all influence quantities for</p>	INTL	JUL TO DEC	PMID:27910001

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	<p>the FC 65G, A18, and PTW PinPoint ion chambers were 0.5, 0.7, and 1.3%, respectively. The uncertainties determined for each chamber were incorporated into the point-dose measurements of 30 head and neck patient-specific QA plans, and the variation was found to be within $\pm 3\%$. The magnitude of the leakage in a small-volume ion chamber indicated the significance of incorporating the correction factors in the absolute-dose measurement. A paired t test analysis indicated that the influence quantities significantly affect the point-dose measurements in the patient-specific IMRT QA. DOI: 10.1007/s12194-016-0385-y</p>			
<p>83.</p>	<p>Gouse M(1), Albert S, Inja DB, Nithyananth M.</p> <p>Incidence and predictors of radial nerve palsy with the anterolateral brachialissplitting approach to the humeral shaft.</p> <p>Chin J Traumatol. 2016 Aug 1;19(4):217-20.</p> <p>Author information: (1)Department of Orthopaedics Unit 1, Christian Medical College, Vellore 632004, Tamil Nadu, India.</p> <p>PURPOSE: Fractures of the humeral shaft are common and account for 3%-5% of all orthopedic injuries. This study aims to estimate the incidence of radial nerve palsy and its outcome when the anterior approach is employed and to analyze the predictive factors.</p> <p>METHODS: The study was performed in the department of orthopaedics unit of a tertiary care trauma referral center. Patients who underwent surgery for acute fractures and nonunions of humerus shaft through an anterior approach from January 2007 to December 2012 were included. We retrospectively analyzed medical records, including radiographs and discharge summaries, demographic data, surgical procedures prior to our index surgery, AO fracture type and level of fracture or nonunion, experience of the operating surgeon, time of the day when surgery was performed, and radial nerve palsy with its recovery condition. The level of humerus shaft fracture or nonunion was divided into upper third, middle third and lower third. Irrespective of prior surgeries done elsewhere, the first surgery done in our institute through an anterior approach was considered as the index surgery and subsequent surgical exposures were considered as secondary procedures.</p> <p>RESULTS: Of 85 patients included, 19 had preoperative radial nerve palsy. Eleven (16%)</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4992102</p> <p>PMID:27578378</p>

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	<p>patients developed radial nerve palsy after our index procedure. Surgeons who have two or less than two years of surgical experience were 9.2 times more likely to induce radial nerve palsy ($p=0.002$). Patients who had surgery between 8 p.m. and 8 a.m. were about 8 times more likely to have palsy ($p=0.004$). The rest risk factor is AO type A fractures, whose incidence of radial nerve palsy was 1.3 times as compared with type B fractures ($p=0.338$). For all the 11 patients, one was lost to follow-up and the others recovered within 6 months. CONCLUSION: Contrary to our expectations, secondary procedures and prior multiple surgeries with failed implants and poor soft tissue were not predictive factors of postoperative deficit. From our study, we also conclude that radial nerve recovery can be reasonably expected in all patients with a postoperative palsy following the anterolateral approach.</p>			
84.	<p>Grassly NC(1), Praharaj I(2), Babji S(2), Kaliappan SP(2), Giri S(2), VenugopalS(2), Parker EP(3), Abraham A(2), Muliylil J(2), Doss S(2), Raman U(2), Liu J(4), Peter JV(2), Paranjape M(2), Jeyapaul S(2), Balakumar S(2), Ravikumar J(2), Srinivasan R(2), Bahl S(5), Iturriza-Gómara M(6), Uhlig HH(7), Houpt ER(4), JohnJ(2), Kang G(2).</p> <p>The effect of azithromycin on the immunogenicity of oral poliovirus vaccine: a double-blind randomised placebo-controlled trial in seronegative Indian infants.</p> <p>Lancet Infect Dis. 2016 Aug;16(8):905-14. doi: 10.1016/S1473-3099(16)30023-8. Epub 2016 May 4.</p> <p>Author information: (1)Department of Infectious Disease Epidemiology, Imperial College London, London, UK; Christian Medical College, Vellore, Tamil Nadu, India. Electronic address: n.grassly@imperial.ac.uk. (2)Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Infectious Disease Epidemiology, Imperial College London, London, UK. (4)Division of Infectious Diseases and International Health, University of Virginia School of Medicine, Charlottesville, VA, USA. (5)WHO Regional Office for South-East Asia, New Delhi, India. (6)Institute of Infection and Global Health, and NIHR Health Protection Research Unit in Gastrointestinal Infection, University of Liverpool, Liverpool, UK. (7)Translational Gastroenterology Unit, Nuffield Department of Medicine, and Department of Paediatrics, University of Oxford, Oxford, UK.</p> <p>BACKGROUND: Oral poliovirus vaccine is less immunogenic and effective in low-income countries than in high-income countries, similarly to other oral vaccines. The high</p>	INTL	JUL TO DEC	PMID:27156189

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	<p>prevalence of intestinal pathogens and associated environmental enteropathy has been proposed to explain this problem. Because administration of an antibiotic has the potential to resolve environmental enteropathy and clear bacterial pathogens, we aimed to assess whether antibiotics would improve oral poliovirus vaccine immunogenicity. METHODS: We did a double-blind, randomised, placebo-controlled trial of the effect of azithromycin on the immunogenicity of serotype-3 monovalent oral poliovirus vaccine given to healthy infants living in 14 blocks of Vellore district, India. Infants were eligible to participate if they were 6-11 months old, available for the study duration, and lacked serum neutralising antibodies to serotype-3 poliovirus. Infants were randomly assigned (1:1) at enrolment to receive oral 10 mg/kg azithromycin or placebo once daily for 3 days, followed by serotype-3 monovalent oral poliovirus vaccine on day 14. The primary outcome was detection of serum neutralising antibodies to serotype-3 poliovirus at a dilution of one in eight or more on day 35 and was assessed in the per-protocol population (ie, all those who received azithromycin or placebo, oral poliovirus vaccine, and provided a blood sample according to the study protocol). Safety outcomes were assessed in all infants enrolled in the study. The trial is registered with the Clinical Trials Registry India, number CTRI/2014/05/004588. FINDINGS: Between Aug 5, 2014, and March 21, 2015, 754 infants were randomly assigned: 376 to receive azithromycin and 378 to placebo. Of these, 348 (93%) of 376 in the azithromycin group and 357 (94%) of 378 infants in the placebo group completed the study per protocol. In the azithromycin group, 175 (50%) seroconverted to serotype-3 poliovirus compared with 192 (54%) in the placebo group (risk ratio 0.94, 95% CI 0.81-1.08; p=0.366). Azithromycin reduced faecal biomarkers of environmental enteropathy (calprotectin, myeloperoxidase, α1-antitrypsin) and the prevalence of bacterial but not viral or eukaryotic pathogens. Viral pathogens were associated with lower seroconversion. Three serious adverse events were reported (two in the azithromycin group and one in the placebo group), but none was considered related to the study interventions. INTERPRETATION: Azithromycin did not improve the immunogenicity of oral poliovirus vaccine despite reducing biomarkers of environmental enteropathy and the prevalence of pathogenic intestinal bacteria. Viral interference and innate antiviral immune mechanisms might be more important determinants of the immunogenicity of live-virus oral vaccines. FUNDING: Bill & Melinda Gates Foundation. Copyright © 2016 Elsevier Ltd. All rights reserved. DOI: 10.1016/S1473-3099(16)30023-8</p>			
85.	<p>Gupta A(1), Moorthy RK(1), Prabhu AJ(2), Rajshekhar V(1). Lumbar paraspinal primary high-grade leiomyosarcoma mimicking an</p>	NAT	JUL TO DEC	PMID:27625268

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	<p>extraforaminalschwannoma.</p> <p>Neurol India. 2016 Sep-Oct;64(5):1071-4. doi: 10.4103/0028-3886.190226.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Department of Pathology, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0028-3886.190226</p>			
86.	<p>Gupta M(1), Gnanasekaran KK, Manojkumar R, Thomas A, Sebastian A.</p> <p>Extrauterine Placental Site Trophoblastic Tumor Involving the Vagina.</p> <p>Int J Gynecol Pathol. 2016 Aug 10. [Epub ahead of print]</p> <p>Author information: (1)Departments of General Pathology (M.G., K.K.G., R.M.) Radiology Gynecologic Oncology (A.T., A.S.), Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Very few cases of placental site trophoblastic tumor (PSTT) primarily involving the extrauterine sites have been reported to date. We report a case of a 29-year-old female who presented with a vaginal nodule 9 months after delivery at an outside hospital which was initially diagnosed as a poorly differentiated squamous cell carcinoma. Subsequently she was referred to our institute and on the basis of histology, mildly elevated serum β-HCG level, and immunohistochemistry, PSTT was diagnosed. After the completion of chemotherapy, the vaginal nodule completely regressed and serum β-hCG returned to the baseline. Her follow-up has been unremarkable. This case highlights the importance of the fact that PSTT can be easily misdiagnosed at extrauterine sites in the absence of proper clinical, histologic, and immunohistochemical correlation. DOI: 10.1097/PGP.0000000000000318</p>	INTL	JUL TO DEC	PMID:27513078
87.	<p>Gupta M(1).</p>	INTL	JUL TO DEC	PMID:27895081

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	<p>Malignant melanoma of cervix.</p> <p>BMJ Case Rep. 2016 Nov 28;2016. pii: bcr2016217970. doi: 10.1136/bcr-2016-217970.</p> <p>Author information: (1)Department of General Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>A 68-year-old woman presented with symptoms of bleeding per vaginum. On examination, a growth was seen in the cervix, clinically considered to be squamous cell carcinoma. The growth was confined to the cervix and did not involve the parametria. However, on biopsy it was diagnosed as malignant melanoma. She underwent surgery elsewhere and was advised chemotherapy as these tumours are aggressive; however, she refused chemotherapy. She has been on regular follow-up and has an ongoing survival and disease-free period of more than 5 years. Primary cervical malignant melanomas are very rare as compared with vulval and vaginal counterparts and should be considered in the histological differential diagnosis of poorly differentiated malignant neoplasms involving cervix. Moreover, it is important to rule out metastasis from common primary sites such as skin, oesophagus, uveal tract and anorectal region before considering diagnosis of primary cervical melanoma. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2016-217970</p>			
88.	<p>Gupta N(1), Chacko G(1), Chacko AG(2), Rajshekhar V(2), Jayprakash M(3).</p> <p>Fluorescence in situ hybridization for chromosome 14q deletion in subsets of meningioma segregated by MIB-1 labelling index.</p> <p>Neurol India. 2016 Nov-Dec;64(6):1256-1263. doi: 10.4103/0028-3886.193768.</p> <p>Author information:</p> <p>(1)Department of General Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (3)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p>	NAT	JUL TO DEC	PMID:27841196

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	<p>AIM: To correlate histopathological grading of meningiomas segregated into subgroups based on the MIB-1 labelling index (MIB-1 LI) with chromosomal loss of 14q using fluorescence in situ hybridization (FISH).</p> <p>SETTINGS AND DESIGN: Retrospective study conducted in a tertiary hospital.</p> <p>METHODS AND MATERIAL: Forty-six cases from January to December 2011 were segregated into 5 categories based on the MIB-1 LI. Slides were reviewed to ascertain the grade. Immunohistochemical staining for MIB-1 was performed using a Ventana Benchmark XT autostainer. Commercially available FISH paraffin pretreatment kit and SpectrumOrange fluorophore labelled probe were used. The Statistical Package for the Social Sciences version 16.0 for Windows was used for statistical analysis.</p> <p>RESULTS: There were 21 World Health Organisation (WHO) grade I, 24 grade II, and 1 grade III meningiomas. There was a statistically significant difference between the mean duration of symptoms, maximum dimension, and the MIB-1 LI of grade I and grade II meningiomas. 33.3% grade I cases showed 14q deletion, compared to 84% of grade II and III meningiomas. Histologically, hypercellularity, small cell formation, prominent nucleoli, and sheet-like growth were significantly associated with 14q deletion. All brain invasive meningiomas had 14q deletion. As MIB-1% increased, the prevalence of deletions was significantly higher. The mean MIB-1 of the 7 grade I meningiomas that had 14q deletions was $8.86 \pm 1.95\%$ when compared to $4.14 \pm 1.35\%$ for those without 14q deletions.</p> <p>CONCLUSIONS: A strong association existed between histologic grade, MIB-1 LI, and the presence of chromosome 14q deletion. Association of high MIB-1 LI with 14q deletions, even in meningiomas with a Grade I histology, defines a distinct subset of benign meningiomas.</p> <p>DOI: 10.4103/0028-3886.193768</p>			
89.	<p>Gupta N(1), Giri S(2), Rathi V(3), Ranga GS(2).</p> <p>Flow Mediated Dilatation, Carotid Intima Media Thickness, Ankle Brachial Pressure Index and Pulse Pressure in Young Male Post Myocardial Infarction Patients in India.</p>	NAT	JUL TO DEC	<p>PMCID: PMC5121713</p> <p>PMID:27891375</p>

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CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2016 (JULY TO DECEMBER)

<p>J Clin Diagn Res. 2016 Oct;10(10):OC35-OC39. Epub 2016 Oct 1.</p> <p>Author information:</p> <p>(1)Senior Resident, Department of Rheumatology, CMC , Vellore, Tamilnadu, India . (2)Professor, Department of Medicine, University College of Medical Sciences , Dilshad Garden, Delhi, India . (3)Professor, Department of Radio-Diagnosis, University College of Medical Sciences , Dilshad Garden, Delhi, India .</p> <p>INTRODUCTION: Due to increase in Coronary Artery Disease (CAD) at a younger age, we should try to diagnose atherosclerotic process and population at risk, at the earliest. Flow Mediated Dilatation (FMD), Carotid Intima-Media Thickness (CIMT) and Ankle-Brachial Pressure Index (ABI) are probable markers for early atherosclerosis and may be useful in coronary risk stratification.</p> <p>AIM: To compare and correlate the FMD, CIMT, ABI and Pulse Pressure (PP) in young male patients of Myocardial Infarction (MI) with age and sex matched healthy controls.</p> <p>MATERIALS AND METHODS: Eighty male patients of MI aged ≤ 45 years, who presented to the Cardiac Care Unit and Department of Medicine of Guru Teg Bahadur Hospital, Delhi, India, from November 2010 to April 2012 were recruited consecutively for this case control study and same number of age and sex matched healthy controls were also analyzed. Six weeks after MI, FMD of the brachial artery, intima media thickness of carotid artery, ABPI and PP were measured in the cases and compared with healthy controls.</p> <p>RESULTS: The FMD was lower among young patients of MI than controls ($p < 0.001$). CIMT was higher among cases than controls ($p = 0.001$). ABI was lower among cases than controls ($p < 0.001$). Compared to controls, PP was higher among cases ($p = 0.001$). In all subjects, a negative correlation between FMD and CIMT ($r = -0.220$, $p = 0.005$) and a positive correlation between FMD and ABPI ($r = 0.304$, $p < 0.001$) was found. A statistically significant negative correlation was found between endothelial dependent FMD and PP among cases and control groups ($r = -0.209$, $p = 0.007$).</p> <p>CONCLUSION: Biophysical parameters were deranged in young post MI patients. Majority of our young male patients fell in low risk Framingham risk score but still they manifested</p>			
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	with CAD. Despite six weeks of treatment among young male patients of MI, various biophysical parameters were still deranged. DOI: 10.7860/JCDR/2016/20872.8751			
90.	Gupta N(1), Gupta N(2), Chhabra P(3). Image Diagnosis: Dental and Skeletal Fluorosis. Perm J. 2016 Winter;20(1):e105-6. doi: 10.7812/TPP/15-048. Author information: (1)Student in the Department of Endodontics at PDM Dental College and Research Institute in Bahadurgarh, India. nishtha.gupta9009@gmail.com. (2)Fellow in the Clinical Immunology & Rheumatology Department at Christian Medical College in Vellore, India. nik.gupta4u@gmail.com. (3)Senior Resident in the Department of Gastroenterology at the Postgraduate Institute of Medical Education and Research in Chandigarh, India. puneet.pgi@gmail.com . DOI: 10.7812/TPP/15-048	INTL	JUL TO DEC	PMCID: PMC4732806 PMID:26824971
91.	Gupta PK(1), Krishna M(2), Chullikana A(3), Desai S(4), Murugesan R(5), DuttaS(6), Sarkar U(7), Raju R(8), Dhar A(9), Parakh R(10), Jeyaseelan L(11),Viswanathan P(3), Vellotare PK(3), Seetharam RN(3), Thej C(12), Rengasamy M(3),Balasubramanian S(3), Majumdar AS(3). Administration of Adult Human Bone Marrow-Derived, Cultured, Pooled, AllogeneicMesenchymal Stromal Cells in Critical Limb Ischemia Due to Buerger's Disease:Phase II Study Report Suggests Clinical Efficacy. Stem Cells Transl Med. 2016 Oct 5. pii: sctm.2016-0237. [Epub ahead of print] Author information: (1)Stempeutics Research, Bangalore, India pawan.gupta@stempeutics.com . (2)Department of Vascular Surgery, Sri Jayadeva Institute of Cardiovascular Sciences, Bangalore, India. (3)Stempeutics Research, Bangalore, India. (4)Department of Vascular Surgery, MS Ramaiah Medical College &Hospitals, Bangalore, India. (5)Department of Vascular Surgery, SRM Medical College, Chennai, India. (6)Department of Cardiovascular Surgery, Nightingale Hospital, Kolkata, India. (7)Department of Cardiovascular Surgery, Health Point Hospital, Kolkata, India.	INTL	JUL TO DEC	PMID:27708131

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	<p>(8)Department of Vascular Surgery, Sri Ramachandra Medical College, Chennai, India. (9)Department of Surgical Disciplines, All India Institute of Medical Sciences, New Delhi, India. (10)Division of Peripheral Vascular and Endovascular Sciences, Medanta-The Medicity, Gurgaon, Haryana, India. (11)Department of Biostatistics, Christian Medical College, Vellore, India. (12)Stempeutics Research, Bangalore, India Manipal University, Manipal, India. :</p> <p>Critical limb ischemia (CLI) due to Buerger's disease is a major unmet medical need with a high incidence of morbidity. This phase II, prospective, nonrandomized, open-label, multicentric, dose-ranging study was conducted to assess the efficacy and safety of i.m. injection of adult human bone marrow-derived, cultured, pooled, allogeneic mesenchymal stromal cells (BMMSC) in CLI due to Buerger's disease. Patients were allocated to three groups: 1 and 2 million cells/kg body weight (36 patients each) and standard of care (SOC) (18 patients). BMMSCs were administered as 40-60 injections in the calf muscle and locally, around the ulcer. Most patients were young (age range, 38-42 years) and ex-smokers, and all patients had at least one ulcer. Both the primary endpoints-reduction in rest pain (0.3 units per month [SE, 0.13]) and healing of ulcers (11% decrease in size per month [SE, 0.05])-were significantly better in the group receiving 2 million cells/kg body weight than in the SOC arm. Improvement in secondary endpoints, such as ankle brachial pressure index (0.03 [SE, 0.01] unit increase per month) and total walking distance (1.03 [SE, 0.02] times higher per month), were also significant in the group receiving 2 million cells/kg as compared with the SOC arm. Adverse events reported were remotely related or unrelated to BMMSCs. In conclusion, i.m. administration of BMMSC at a dose of 2 million cells/kg showed clinical benefit and may be the best regimen in patients with CLI due to Buerger's disease. However, further randomized controlled trials are required to confirm the most appropriate dose. SIGNIFICANCE: Critical limb ischemia (CLI) due to Buerger's disease presents a major unmet medical need. The limited therapeutic options lead to increased morbidity and mortality. This study showed that use of adult human bone marrow-derived, cultured, pooled, allogeneic mesenchymal stromal cells is safe and efficacious when the cells are injected intramuscularly at a dose of 2 million cells/kg body weight in patients with CLI. Rest pain and ulcer healing significantly improved in most patients. This regimen may be a novel therapeutic option for Buerger's disease. ©AlphaMed Press. DOI: 10.5966/sctm.2016-0237</p>			
92.	Gupta S(1), Gupta N(2).	INT	JUL TO DEC	PMID: 28080954

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	<p>Sjögren Syndrome and Pregnancy: A Literature Review.</p> <p>Perm J. 2016;21. doi: 10.7812/TPP/16-047. Epub 2016 Nov 9.</p> <p>Author information:</p> <p>(1)Medical Officer in the Department of Obstetrics and Gynecology at the Vardhman Mahavir Medical College and Safdarjung Hospital in Delhi, New Delhi, India. drsuruchi87@gmail.com. (2)Fellow in Clinical Immunology & Rheumatology at the Christian Medical College in Vellore, India. nik.gupta4u@gmail.com.</p> <p>OBJECTIVES: Autoimmune diseases do not impair fertility, and women with autoimmune diseases who become pregnant are likely to experience more complicated pregnancies than are women without the disease. Pregnancies complicated by these disorders have a high clinical impact on both the pregnancy and the disease. The effect of autoimmune disease on pregnancy differs according to the type of maternal disease, disease activity, severity of organ damage, antibody profile, and drug treatment. Sjögren syndrome is an autoimmune disease with a high prevalence of anti-SS-A (anti-Ro) and anti-SS-B (anti-La) antibodies. Anti-SS-A antibodies are associated with congenital heart block. Data on pregnancy outcomes in primary Sjögren syndrome are scarce. METHODS: We performed a review of the literature regarding pregnancy outcomes in women with Sjögren syndrome. RESULTS: Women with Sjögren syndrome are likely to experience more complications during pregnancy than women without an autoimmune disease. Studies show a high incidence of poor fetal outcomes for these patients. CONCLUSION: Women with Sjögren syndrome require prenatal counseling explaining the risks involved and the need to control the disease well before conception. High-risk pregnancies can be optimally managed by a multidisciplinary team. DOI: 10.7812/TPP/16-047</p>			PMCID: PMC5267941
93.	<p>Gururani K(1), Jose J(2), George PV(2).</p> <p>Testosterone as a marker of coronary artery disease severity in middle aged males.</p> <p>Indian Heart J. 2016 Dec;68 Suppl 3:S16-S20. doi: 10.1016/j.ihj.2016.07.002. Epub</p>	NAT	JUL TO DEC	PMID: 28038719 PMCID: PMC5198878 [Available on 2017-12-01]

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	<p>2016 Aug 8.</p> <p>Author information:</p> <p>(1)Department of Cardiology, Christian Medical College Hospital, Vellore, India. Electronic address: drgururanik@gmail.com. (2)Department of Cardiology, Christian Medical College Hospital, Vellore, India.</p> <p>Historically, higher levels of serum testosterone were presumed deleterious to the cardiovascular system. In the last two decades, studies have suggested that low testosterone levels are associated with increased prevalence of risk factors for cardiovascular disease (CVD), including dyslipidemia and diabetes. This is a cross sectional study. The aim of our study was to determine the relationship between serum testosterone levels and angiographic severity of coronary artery disease (CAD). Serum testosterone levels were also correlated with flow mediated dilation of brachial artery (BAFMD) - an indicator of endothelial function. Consecutive male patients, aged 40-60 years, admitted for coronary angiography (CAG) with symptoms suggestive of CAD, were included in the study. Out of the 92 patients included in the study, 32 patients had normal coronaries and 60 had CAD on coronary angiography. Severity of CAD was determined by Gensini coronary score. The group with CAD had significantly lower levels of total serum testosterone (363±147.1 vs 532.09±150.5ng/dl, p<0.001), free testosterone (7.1215±3.012 vs 10.4419±2.75ng/dl, p<0.001) and bioavailable testosterone (166.17±64.810 vs 247.94±62.504ng/dl, p<0.001) when compared to controls. Adjusting for the traditional risk factors for CAD, a multiple linear regression analysis showed that low testosterone was an independent predictor of severity of CAD (β=-0.007, p<0.001). This study also showed that levels of total, free and bioavailable testosterone correlated positively with BAFMD %. Copyright © 2016. Published by Elsevier B.V.</p> <p>DOI: 10.1016/j.ihj.2016.07.002</p>			
94.	Gururani K(1), Kumar P(2).	INTL	JUL TO DEC	PMID:27587750

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	<p>Unusual presentation of left atrial myxoma.</p> <p>BMJ Case Rep. 2016 Sep 1;2016. pii: bcr2016217089. doi: 10.1136/bcr-2016-217089.</p> <p>Author information: (1)Department of Cardiology, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (2)Department of Cardiology, Eternal Heart are Centre, Jaipur, Rajasthan, India. DOI: 10.1136/bcr-2016-217089</p>			
95.	<p>Haanshuus CG(1), Chandy S(2), Manoharan A(2), Vivek R(2), Mathai D(2), Xena D(2),Singh A(3), Langeland N(1,)(4), Blomberg B(1,)(4), Vasanthan G(2), Sitaram U(2),Appasamy J(5), Nesaraj J(6), Henry A(7), Patil S(8), Alvarez-Uria G(9), ArmstrongL(10), Mørch K(1).</p> <p>A High Malaria Prevalence Identified by PCR among Patients with AcuteUndifferentiated Fever in India.</p> <p>PLoS One. 2016 Jul 7;11(7):e0158816. doi: 10.1371/journal.pone.0158816.eCollection 2016.</p> <p>Author information: (1)National Centre for Tropical Infectious Diseases, Department of edicine, Haukeland University Hospital, Bergen, Norway. (2)Infectious Diseases Training and Research Center, Department of Medicine Unit-1 and Infectious Diseases, Christian edical College, Vellore, India. (3)Baptist Christian Hospital, Tezpur, Assam, India. 4)Department of Clinical Science, University of Bergen, Bergen, Norway. (5)Christian ellowship Hospital, Oddanchatram, Tamil Nadu, India. (6)Bethesda Hospital, Ambur, Tamil Nadu, India. (7)Christian Hospital, Mungeli, Chhattisgarh, India. (8)B.K.L. Walawalkar Hospital, Ratnagiri, Maharashtra, India. (9)Rural Development Trust Hospital, Anantapur, Andhra Pradesh, India. (10)Duncan Hospital, Raxaul, Bihar, India.</p> <p>BACKGROUND: Approximately one million malaria cases were reported in India in 2015, based on microscopy. This study aims to assess the malaria prevalence amonghospitalised fever patients in India identified by PCR, and to evaluate the performance of routine diagnostic methods. METHODS: During June 2011-December 2012, patients admitted with acute undifferentiated fever to seven secondary level community hospitals in Assam (Tezpur), Bihar (Raxaul), Chhattisgarh (Mungeli), Maharashtra (Ratnagiri), Andhra Pradesh (Anantapur) and Tamil Nadu (Oddanchatram and Ambur) were included. The malaria prevalence was assessed by polymerase chain reaction (PCR), routine microscopy, and a</p>	INTL	JUL TO DEC	PMCID: PMC4936667 PMID:27389396

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	<p>rapid diagnostic test (RDT) with PCR as a reference method. RESULTS: The malaria prevalence by PCR was 19% (268/1412) ranging from 6% (Oddanchatram, South India) to 35% (Ratnagiri, West India). Among malaria positive patients P. falciparum single infection was detected in 46%, while 38% had P. vivax, 11% mixed infections with P. falciparum and P. vivax, and 5% P. malariae. Compared to PCR, microscopy had sensitivity of 29% and specificity of 98%, while the RDT had sensitivity of 24% and specificity of 99%. CONCLUSIONS: High malaria prevalence was identified by PCR in this cohort. Routine diagnostic methods had low sensitivity compared to PCR. The results suggest that malaria is underdiagnosed in rural India. However, low parasitaemia controlled by immunity may constitute a proportion of PCR positive cases, which calls for awareness of the fact that other pathogens could be responsible for the febrile disease in submicroscopic malaria. DOI: 10.1371/journal.pone.0158816</p>			
96.	<p>Herle K(1), Jehangir S(1).</p> <p>Retained Wireless Capsule Endoscope in a Girl with suspected Crohn's Disease.</p> <p>APSP J Case Rep. 2016 Sep 1;7(4):27. doi: 10.21699/ajcr.v7i4.466.</p> <p>Author information: (1)Department of Pediatric Surgery, Christian Medical College, Vellore, Tamil Nadu, INDIA.</p> <p>Wireless capsule endoscopy (WCE) is one of the great milestones in the field of gastroenterology. It is versatile in image acquisition, painless and can reach parts of the small bowel not amenable to conventional endoscopy. The commonest complication with WCE is retention of the capsule. We report a case of retained capsule in a child who was being investigated for obscure gastrointestinal bleeding (OGIB). Operative intervention was required for its retrieval after two weeks of expectant management. DOI: 10.21699/ajcr.v7i4.466</p>	INTL	JUL TO DEC	<p>PMCID: PMC5027058</p> <p>PMID:27672577</p>
97.	<p>Hernandez AL(1), Karthik R, Sivasubramanian M, Raghavendran A, Gnanamony M, Lensing S, Lee JY, Kannangai R, Abraham P, Mathai D, Palefsky JM.</p> <p>Prevalence of Anal HPV Infection Among HIV-Positive Men Who Have Sex With Men in India.</p>	INTL	JUL TO DEC	<p>PMCID: PMC4939069</p> <p>PMID:26379067</p>

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	<p>J Acquir Immune Defic Syndr. 2016 Apr 1;71(4):437-43. doi:10.1097/QAI.0000000000000855.</p> <p>Author information: (1)JUL TO DECDepartment of Medicine, University of California, San Francisco, CA; †School of Public Health, Department of Epidemiology, University of California, Berkeley, CA; ‡Department of Medicine, Christian Medical College, Vellore, India; §The Humsafar Trust, Mumbai, India; Department of Clinical Virology, Christian Medical College, Vellore, India; ¶Department of Cancer Biology and Pharmacology, University of Illinois, Chicago, IL; #Department of Biostatistics, University of Arkansas for Medical Sciences, Little Rock, Arkansas; and JUL TO DECJUL TO DECApollo Institute of Medical Sciences and Research, Hyderabad, India. BACKGROUND: India has a large population of HIV-positive individuals, including men who have sex with men (MSM), and the incidence of human papillomavirus (HPV)-related cancers is high. In developed countries, HIV-positive MSM exhibit the highest prevalence of anal HPV infection and incidence of anal cancer. Little is known about anal HPV infection in HIV-positive Indian MSM. METHODS: We evaluated 300 HIV-positive MSM from 2 cities in India. Men were tested for anal HPV infection using L1-HPV DNA polymerase chain reaction with probes specific for 29 types and a mixture of 10 additional types. CD4 level and plasma HIV viral load were measured. Participants completed an interviewer-administered questionnaire including a sexual history. RESULTS: The prevalence of anal HPV was 95% (95% confidence interval: 91% to 97%). The 3 most common types were HPV 35 (20%), HPV 16 (13%), and HPV 6/11 (13%). History of taking antiretroviral medications decreased risk of anal HPV 16 infection [relative risk (RR): 0.6 (0.4-1.0)]. Having an increased number of vaginal sex partners lowered risk of any anal HPV infection. Ever having receptive sex increased risk of any anal HPV [RR: 1.2 (1.1-1.4)] and anal HPV 16 [RR: 6.5 (1.8-107)]. CONCLUSIONS: Almost all Indian HIV-positive MSM had anal HPV infection. The prevalence of HPV 16 was lower and the prevalence of other oncogenic HPV types was higher than in similar populations in North America and Europe. Vaccine-based prevention strategies for HPV infection in India should consider potential differences in HPV type distribution among HIV-infected MSM when designing interventions. DOI: 10.1097/QAI.0000000000000855</p>			
98.	<p>Inbaraj LR(1), Rose A(2), George K(2), Bose A(2).</p> <p>Incidence and Impact of Unintentional Childhood Injuries: A Community Based Studyin</p>	NAT	JUL TO DEC	PMID:27864749

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<p>Rural South India.</p> <p>Indian J Pediatr. 2016 Nov 19. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Community Health, Bangalore Baptist Hospital, Bangalore, Karnataka, 560024, India. leeberk2003@gmail.com. (2)Department of Community Health, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE: To estimate the incidence of unintentional childhood injuries and to assess the impact of injury during childhood.</p> <p>METHODS: This is a cross sectional study, conducted in 13 clusters of a rural block in Vellore. Children were screened by two-stage cluster sampling method by two weeks and three months recall method. The primary caregivers of injured children were administered a questionnaire to assess the impact of the injury.</p> <p>RESULTS: Childhood injury related morbidity was 292.5 per 1000 y. Children between 10 and 14 y (4.6%) and boys (4.5%) had a higher rate of injury. Fall (43.1 %) was the most common cause of injury followed by RTIs (Road Traffic Incidents- 27.6%). Work absenteeism for primary caregivers ranged from 1 to 60 (IQR 2-7) days. Sickness absenteeism ranged from 1 to 45 d with a mean of 7.64 (IQR 2-7) days. Half of the children missed school after an injury. The days spent with temporary disability ranged from 1 to 60 d with a mean of 11.79 (IQR 2-7) d and 7.73% had permanent disability.</p> <p>CONCLUSIONS: Unintentional childhood injury is a neglected public health problem which leads to sickness absenteeism and disability. Boys and older children are the most common victims of injury. There is a need for establishing state or nationwide injury registries to help understand accurate estimates of disability-adjusted life year (DALY) and loss of productivity.</p> <p>DOI: 10.1007/s12098-016-2260-6</p>			
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99.	<p>Iqbal F(1), Kujan O, Bowley DM, Keighley MR, Vaizey CJ.</p> <p>Quality of Life After Ostomy Surgery in Muslim Patients: A Systematic Review of the Literature and Suggestions for Clinical Practice.</p> <p>J Wound Ostomy Continence Nurs. 2016 Jul-Aug;43(4):385-91. doi:10.1097/WON.0000000000000235.</p> <p>Author information: (1)Fareed Iqbal, MBChB, BMedSc (Hons), MRCS (Eng), Sir Alan Parks Physiology Unit, St Marks Hospital, Harrow London, United Kingdom. Omar Kujan, PhD, DDS, MSc, Department of Oral Medicine and Diagnostic Sciences, College of Dentistry, Al-Farabi College, Riyadh, Saudi Arabia. Douglas M. Bowley, MBBS, FRCS, Department of Surgery, Heart of England NHS Foundation Trust, Birmingham, United Kingdom. Michael R. B. Keighley, MS, MBBS, FRCS, CMC Vellore, India; and Theology, Spirituality and Health, Department of Theology and Religion, University of Durham, Durham, United Kingdom. Carolynne J. Vaizey, MD, MBChB, FRCS, FCS (SA), Sir Alan Parks Physiology Unit, St Marks Hospital, Harrow, London, United Kingdom. PURPOSE: To determine factors that influence health-related quality of life (HRQOL) after ostomy surgery in Muslim patients. METHODS: A systematic literature review of published data was carried out using MeSH terms ("Muslim" OR "Islam") AND ("stoma" OR "ostomy" OR "colostomy" OR "ileostomy") AND "quality of life" AND "outcomes." RESULTS: Twelve studies enrolling 913 subjects were deemed suitable for inclusion in the review. HRQOL was found to be particularly impaired in Muslims; this impairment went beyond that experienced by non-Muslim patients. Factors associated with this difference included psychological factors, social isolation, underreporting of complications, and sexual dysfunction leading to breakdown of marital relations as well as diminished religious practices.</p> <p>CONCLUSION: Muslims requiring ostomies should receive preoperative counseling by surgeons and ostomy nurses. These discussions should also include faith leaders and/or hospital chaplains. Ongoing support after surgery can be extended into the community and encompass family doctors and faith leaders. Additional research exploring HRQOL after surgery in Muslims living in Western societies is indicated. DOI: 10.1097/WON.0000000000000235</p>	INTL	JUL TO DEC	PMID:27196687
100.	<p>Irodi A(1), Leena RV(1), Prabhu SM(2), Gibikote S(3).</p>	NAT	JUL TO DEC	PMID:26916888

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	<p>Role of Computed Tomography in Pediatric Chest Conditions.</p> <p>Indian J Pediatr. 2016 Jul;83(7):675-90. doi: 10.1007/s12098-015-1955-4. Epub2016 Feb 26.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. (2)Department of Radiology, SSM Superspeciality Hospital, Hassan, Karnataka, India. (3)Department of Radiology, Christian Medical College, Vellore, 632004, Tamil Nadu, India. gibikote@cmcvellore.ac.in.</p> <p>CT is the preferred cross-sectional imaging modality for detailed evaluation of anatomy and pathology of the lung and tracheobronchial tree, and plays a complimentary role in the evaluation of certain chest wall, mediastinal, and cardiac abnormalities. The article provides an overview of indications and different types of CT chest, findings in common clinical conditions, and briefly touches upon the role of each team member in optimizing and thus reducing radiation dose.</p> <p>DOI: 10.1007/s12098-015-1955-4</p>			
101.	<p>Isaac R(1).</p> <p>Early natural menopause - a marker of adverse life situations in women across the world: Not unique in Indian women.</p> <p>Indian J Med Res. 2016 Sep;144(3):317-318. doi: 10.4103/0971-5916.198680.</p> <p>Author information:</p> <p>(1)Department of RUHSA, Christian Medical College, Vellore 632 209, Tamil Nadu, India. DOI: 10.4103/0971-5916.198680</p>	NAT	JUL TO DEC	PMID: 28139529
102.	<p>Ishitha G(1), Manipadam MT(2), Backianathan S(3), Chacko RT(4), Abraham DT(5),Jacob PM(6).</p>	NAT	JUL TO DEC	PMCID: PMC5071942

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<p>Clinicopathological Study of Triple Negative Breast Cancers.</p> <p>J Clin Diagn Res. 2016 Sep;10(9):EC05-EC09. Epub 2016 Sep 1.</p> <p>Author information:</p> <p>(1)Assistant Professor, Department of Pathology, CMC , Vellore, Tamil Nadu, India . (2)Professor, Department of Pathology, CMC , Vellore, Tamil Nadu, India . (3)Professor and Head of Department, Department of Radiation Therapy, CMC , Vellore, Tamil Nadu, India . (4)Professor and Head of Department, Department of Medical Oncology, CMC , Vellore, Tamil Nadu, India . (5)Professor, Department of Endocrine Surgery, CMC , Vellore, Tamil Nadu, India . (6)Professor and Head, Department of Endocrine Surgery, CMC , Vellore, Tamil Nadu, India .</p> <p>INTRODUCTION: Triple Negative Breast Cancers (TNBC) are a subset of breast cancers which are composed of different molecular subtypes. The most common is the basal like subtype, which has an adverse prognosis and limited treatment options.</p> <p>AIM: This study was undertaken to assess the clinico-pathologic and immunohistochemical subtypes of triple negative breast cancers and assess how each of these subtypes correlate with clinical behaviour and survival outcomes.</p> <p>MATERIALS AND METHODS: Fifty-three (22.2%) of 238 cases of primary invasive breast carcinomas diagnosed from January 2010 to June 2011 were found to be negative for immunohistochemical markers- ER, PR and HER2. These fifty three cases were included in the study and were classified into four histological subtypes proposed by Ishikawa et al. Basal markers- CK5/6, EGFR and CK14 were done on these cases and they were further classified immunohistochemically into basal and non basal subtypes. The morphological features, disease free survival and overall survival were evaluated for both basal and non basal subtypes.</p> <p>RESULTS: Majority (96%) of TNBC cases were classified according to WHO as invasive ductal carcinoma (NOS). Type C Ishikawa histological subtype was found to be the commonest subtype in both basal and non-basal TNBC. Of 53 TNBC cases, basal immunohistochemical markers were performed on 47 cases only because of paucity of</p>			<p>PMID:27790442</p>
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	<p>tissue. Of these 47 cases, thirty-five (74.4%) were found to be of basal like subtype and all these cases were picked up by a combination of CK5/6 and EGFR.</p> <p>CONCLUSION: High grade morphological features, hormonal markers with additional use of basal markers can help identify the basal like subtype of TNBC, thereby predicting breast cancer survival. The combination of CK5/6 and EGFR identified all cases of basal subtype. EGFR in addition also has potential therapeutic implications. The morphological features and survival outcomes were not significantly different between basal and non-basal phenotypes.</p> <p>DOI: 10.7860/JCDR/2016/20475.8539</p>			
103.	<p>J. C.Park, N. M. Gandhi, M. A. Carducci, M. A. Eisenberger, A. S. Baras, G. J. Netto, J. J. Liu, C. G. Drake, M. P. Schoenberg, T. J. Bivalacqua and N. M. Hahn Birendra R(1), Kekre NS(1)</p> <p>A Retrospective Analysis of the Effect on Survival of Time from Diagnosis to Neoadjuvant Chemotherapy to Cystectomy for Muscle Invasive Bladder Cancer</p> <p>J Urol. 2016 Oct;196(4):1318-9. doi: 10.1016/j.juro.2016.05.096. Epub 2016 Jul 6.</p> <p>Author information: (1)Department of Urology, Christian Medical College and Hospital, Vellore, Tamilnadu, India DOI: 10.1016/j.juro.2016.05.096</p>	INTL	JUL TO DEC	PMID:27393900
104.	<p>Jacob J(1), Joseph TK, Srinivasan R, Kompithra RZ, Simon A, Kang G.</p> <p>Direct and Indirect Costs of Pediatric Gastroenteritis in Vellore, India.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):642-4.</p> <p>Author information:</p> <p>(1)Division of Gastrointestinal Sciences, and JUL TO DEC Department of Child Health; Christian Medical College, Vellore, Tamil Nadu, India. Correspondence to: Dr Gagandeep Kang, Division of Gastrointestinal Sciences, Christian Medical College, Vellore, TN 632 004, India. gkang@cmcvellore.ac.in.</p>	NAT	JUL TO DEC	PMID:27508545

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	<p>OBJECTIVE: To determine costs of pediatric gastroenteritis in out-patient and in-patient facilities.</p> <p>METHODS: Cross-sectional survey of children with acute gastroenteritis attending out-patient clinic (n=30) or admitted in the ward (n=30) for management in the Christian Medical College, Vellore, India from July-September 2014 to estimate direct (drugs, tests, consultation/hospitalization) and indirect (travel, food, lost wages) costs associated with the episode.</p> <p>RESULTS: Median direct and indirect costs were Rs 590 and Rs 190 for out-patient management and Rs 7258 and Rs. 610 for hospitalization, constituting 1.1% and 11% of median annual household income, respectively.</p> <p>CONCLUSIONS: Escalating healthcare costs need tracking for evaluation of interventions.</p>			
105.	<p>Jacob KS(1).</p> <p>Movement for Global Mental Health: The crusade and its critique.</p> <p>Natl Med J India. 2016 Sep-Oct;29(5):290-292.</p> <p>(1)Department of Psychiatry, Christian Medical College, Vellore 632004, Tamil Nadu, India.</p>	NAT	JUL TO DEC	PMID: 28098086
106.	<p>Jacob KS(1).</p> <p>Reducing Suicide Rates: Need for Public Health and Population Interventions.</p> <p>Indian J Psychol Med. 2016 Nov-Dec;38(6):510-513. doi: 10.4103/0253-7176.194915.</p> <p>Author information:</p> <p>(1)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Recent studies from India have challenged the fact that the majority of the people who</p>	NAT	JUL TO DEC	PMID: 28031584 PMCID: PMC5178032

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	<p>die by suicide have severe mental illness; they have demonstrated its frequent links to environmental stress, social, cultural, economic, and political correlates. Suicide, a complex phenomenon, is a final common pathway for a variety of causal etiologies. Nevertheless, psychiatry continues to argue for curative solutions based on the reductionistic biomedical model, rather than support public health measures to manage the larger sociocultural, economic, and political context. While psychiatry and curative medicine help many people in distress, specific mental health interventions are unlikely to impact secular trends in the rates of suicide. The reduction of population rates of suicide requires a range of public health measures.</p> <p>DOI: 10.4103/0253-7176.194915</p>			
107.	<p>Jacob M(1), Jacob KS(2).</p> <p>Medicine, medical writing, and India.</p> <p>Indian J Psychiatry. 2016 Jul-Sep;58(3):332-335. doi: 10.4103/0019-5545.191993.</p> <p>Author information:</p> <p>(1)Department of Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0019-5545.191993</p>	NAT	JUL TO DEC	<p>PMID: 28066014</p> <p>PMCID: PMC5100128</p>
108.	<p>Janardhanan J(1), Patole S(1), Varghese L(1), Rupa V(1), Tirkey AJ(1), VargheseGM(2). Elusive treatment for human rhinosporidiosis. Int J Infect Dis. 2016 Jul;48:3-4. doi: 10.1016/j.ijid.2016.04.013. Epub 2016 Apr21.</p> <p>Author information: (1)Christian Medical College, Vellore, Tamil Nadu, India. (2)Christian Medical College, Vellore, Tamil Nadu, India. Electronic</p>	INTL	JUL TO DEC	<p>PMID:27109109</p>

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	<p>address: georgemvarghese@hotmail.com.</p> <p>OBJECTIVES: The aim of this study was to clarify the contentious taxonomic classification of <i>Rhinosporidium seeberi</i>, the cause of human rhinosporidiosis, which may have treatment implications. METHODS: PCR was used to amplify the internal transcribed spacer (ITS)-2 region from the genomic DNA of the aetiological agent obtained from a sample of human rhinosporidiosis lesions. The amplicon was sequenced and the organism identified using the Basic Local Alignment Search Tools (BLAST).</p> <p>RESULTS: Phylogenetic analysis revealed that the aetiological agent clustered along with the <i>R. seeberi</i> isolated from humans and also with <i>Amphibiocystidium ranae</i> from frogs. This organism is a member of the order Dermocystida in the class Mesomycetozoa. A patient with disseminated rhinosporidiosis did not respond to conventional therapy with dapsons and surgical excision, and treatment with amphotericin B also proved futile. CONCLUSION: An effective treatment for <i>R. seeberi</i>-a eukaryote belonging to the class Mesomycetozoa-is still elusive. Copyright © 2016. Published by Elsevier Ltd.</p> <p>DOI: 10.1016/j.ijid.2016.04.013</p>			
109.	<p>Jayasree D(1), Shaji RV(1), George B(1), Mathews V(1), Srivastava A(1), EdisonES(1).</p> <p>Clinical, Hematological and Molecular Analysis of Homozygous Hb E (HBB:c.79G>A) in the Indian Population.</p> <p>Hemoglobin. 2016;40(1):16-9. doi: 10.3109/03630269.2015.1086880. Epub 2015 Nov11.</p> <p>Author information: (1)a Department of Haematology , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>Homozygous Hb E [β26(B8)Glu→Lys; HBB: c.79G>A] is a clinically mild disease with no significant symptoms. Very few studies are available on clinical variability in Hb E disorders. We report the profile of a series of homozygous Hb E patients in the Indian population. We analyzed various genetic factors that contribute to the heterogeneity in the phenotype of homozygous Hb E patients. Analysis of these parameters further enhances our understanding of the Hb E syndrome.DOI: 10.3109/03630269.2015.1086880</p>	INTL	JUL TO DEC	PMID:26554862

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110.	<p>Jeba J(1), Backianathan S(2), Ishitha G(3), Singh A(4).</p> <p>Oral and gastrointestinal symptomatic metastases as initial presentation of lungcancer.</p> <p>BMJ Case Rep. 2016 Nov 18;2016. pii: bcr2016217539. doi: 10.1136/bcr-2016-217539.</p> <p>Author information: (1)Palliative Care Unit, Christian Medical College Hospital, Vellore, India. (2)Department of Radiotherapy, Christian Medical College Hospital, Vellore, India. (3)Department of General Pathology, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (4)Department of Medical Oncology, Christian Medical College and Hospital, Vellore, India.</p> <p>Metastasis to the tongue, duodenum or pancreas from primary lung cancer is uncommon. Primary lung cancer presenting with symptoms related to metastases at these sites, at initial presentation is extremely rare. We report a 45-year-old man with disseminated lung malignancy who presented with dyspepsia, melena, symptoms due to anaemia and swelling in the tongue. Oral examination revealed a hard submucosal anterior tongue lesion. Biopsies from the tongue lesion and the duodenal ulcer seen on upper gastrointestinal endoscopy were suggestive of metastasis from lung primary. CT revealed lung primary with disseminated metastasis to lung, liver, adrenals, kidneys, head and body of pancreas, duodenum and intra-abdominal lymph nodes. The patient was treated with palliative chemotherapy. The unusual presentation and diagnostic details are discussed. 2016 BMJ Publishing Group Ltd. DOI: 10.1136/bcr-2016-217539</p>	INTL	JUL TO DEC	PMID:27864300
111.	<p>Jeyaseelan L(1), Yadav B(1), Silambarasan V(1), Vijayaselvi R(2), Jose R(3).</p> <p>Large for Gestational Age Births Among South Indian Women: Temporal Trend andRisk Factors from 1996 to 2010.</p> <p>J Obstet Gynaecol India. 2016 Oct;66(Suppl 1):42-50. doi:10.1007/s13224-015-0765-y. Epub 2015 Sep 8.</p> <p>Author information:</p> <p>(1)Department of Biostatistics, Christian Medical College, Vellore, 632002 India.</p>	NAT	JUL TO DEC	PMCID: PMC5016405 PMID:27651576

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	<p>(2)Obstetrics and Gynaecology Unit IV, Christian Medical College, Vellore, 632002 India. (3)Obstetrics and Gynaecology Unit IV, Christian Medical College, Vellore, 632002 India ; Department of Obstetrics and Gynecology Unit IV, Christian Medical College, Vellore, 632004 India.</p> <p>BACKGROUND/PURPOSE: Mean birth weight is a good health indicator for any population. In the recent past, there have been many reports in the West indicating that there has been an increase in the proportion of large for gestational age (LGA) babies. The objective is to describe the change in the incidence of LGA babies from 1996 to 2010 in South India and the maternal risk factors.</p> <p>METHODS: A rotational sampling scheme was used, i.e., the 12 months of the year were divided into 4 quarters and a month was from each quarter was selected rotationally. All deliveries for that month were considered. Only deliveries that occurred between 28 and 42 weeks of pregnancy were considered. The association between risk variables was studied using multivariable logistic regression.</p> <p>RESULTS: There were 35,718 deliveries that occurred during these 15-year-study period in the gestational age 28-42 weeks were registered through the outpatient clinics. The incidence of LGA was 9.4 % that has mostly remained at the same level. The incidence of LGA in mothers with gestational diabetes was 6.7, 3 and 17.6 % in overweight, obese and gestational I diabetes mothers. Overweight, obesity in pregnant women and cesarean section were significant risk factors.</p> <p>CONCLUSION: Unlike in Western countries, where the incidence of LGA babies has spiraled upward, has remained nearly at the same level over one and a half decades, in South India. The risk factors for giving birth to LGA babies in South India were similar to other studies.</p> <p>DOI: 10.1007/s13224-015-0765-y</p>			
<p>112.</p>	<p>Jiwanmall SA(1), Kattula D(1).</p> <p>Obsessive-Compulsive Disorder Presenting with Compulsions to Urinate Frequently.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4980909</p> <p>PMID:27570353</p>

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	<p>Indian J Psychol Med. 2016 Jul-Aug;38(4):364-5. doi: 10.4103/0253-7176.185953.</p> <p>Author information:</p> <p>(1)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Obsessive compulsive disorder (OCD) is a common psychiatric disorder which is easily recognized. However, sometimes patients of OCD present in such an atypical presentation of symptoms and a pathway to care involving multiple specialities. We report a case of a girl who had consulted several physicians and a urologist for frequent micturition, who was treated as a case of OCD after clarifying the compulsive nature of her symptom. There was significant improvement in her condition following 8 weeks of treatment with 200 mg of Sertraline and behavior therapy.</p> <p>DOI: 10.4103/0253-7176.185953</p>			
<p>113.</p>	<p>Jose J(1), Manik G(2), Abdel-Wahab M(3).</p> <p>Setting up a transcatheter aortic valve implantation program: Indian perspective.</p> <p>Indian Heart J. 2016 Sep - Oct;68(5):732-736. doi: 10.1016/j.ihj.2015.12.006.Epub 2016 Jan 11.</p> <p>Author information:</p> <p>(1)Herzzentrum, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel and Hamburg, Bad Segeberg, Germany; Christian Medical College Hospital, Vellore, India. Electronic address: drjohnjose@gmail.com. (2)Christian Medical College Hospital, Vellore, India. (3)Herzzentrum, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel and Hamburg, Bad Segeberg, Germany.</p> <p>Transcatheter aortic valve implantation (TAVI) has revolutionized the management of elderly patients with symptomatic severe aortic stenosis in the western world. It is a valuable alternative to surgical aortic valve replacement in patients, who are inoperable or at high surgical risk due to co-morbidities. The prevalence of aortic stenosis increases</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5079126</p> <p>PMID:27773417</p>

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	<p>sharply with age after the sixth decade and is expected to have a significant impact on the geriatric health care system of India, given the rapid increase in life expectancy in recent years. Although a decade has passed since the first TAVI implantation, it is yet to penetrate most of the developing countries in a major way. This short review focuses on fundamentals of initiating a TAVI program based on the experience of a high volume TAVI center with a successful program in Germany.</p> <p>Copyright © 2015 Cardiological Society of India. Published by Elsevier B.V. All rights reserved.</p> <p>DOI: 10.1016/j.ihj.2015.12.006</p>			
114.	<p>Joseph AA(1), Pulimood S(2), Manipadam MT(3), Viswabandya A(4), Sigamani E(3).</p> <p>Extramedullary plasmacytoma: an unusual neoplasm in a HIV-positive patient. Int J STD AIDS. 2016 Sep;27(10):909-11. doi: 10.1177/0956462415605244. Epub 2015Sep 22.</p> <p>Author information: (1)Department of Dermatology, Christian Medical College Hospital, Vellore, Tamil Nadu, India anjusushil2005@gmail.com. (2)Department of Dermatology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (3)Department of Pathology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (4)Department of Haematology, Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>There is a wide range of plasma cell abnormalities in people living with HIV (PLHIV). Extramedullary plasmacytomas are not common in HIV infection, unlike plasmablastic lymphomas. An HIV-positive 44-year-old man on antiretroviral therapy presented with a rapidly progressing swelling on the face. Imaging revealed underlying bone destruction. Histologically, there was a tumour composed of small to medium-sized plasmacytoid cells admixed with many mature plasma cells and plasmablasts. These were positive for CD138 and MUM 1. Extramedullary multiple myeloma was ruled out as CD56 and cyclin D-1 were negative. EBV was negative. As the tumour cells were mostly mature, plasmablastic lymphoma was also excluded. The presence of a monoclonal protein (1 g%), IgG kappa type, was detected. Neoplasia of plasma cells acquires special clinical characteristics in PLHIV. These patients are younger, with a greater tendency to develop solitary extramedullary plasmacytomas with atypical clinical evolution and greater aggressiveness of the neoplastic process. All of these features, along with a high proliferation index (MIB1</p>	INTL	JUL TO DEC	PMID:26400264

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	60%) was found in our patient. We report this case for its rarity, histopathological dilemma and its atypical features in HIV infection. © The Author(s) 2015. DOI: 10.1177/0956462415605244			
115.	<p>Joseph G(1), Varghese MJ(2), George OK(1).</p> <p>Transjugular balloon mitral valvotomy in a patient with severe kyphoscoliosis.</p> <p>Indian Heart J. 2016 Sep;68 Suppl 2:S11-S14. doi: 10.1016/j.ihj.2016.01.015. Epub2016 Jan 29.</p> <p>Author information:</p> <p>(1)Department of Cardiology, Christian Medical College, Vellore, India. (2)Department of Cardiology, Christian Medical College, Vellore, India. Electronic address: drmithunjv@gmail.com.</p> <p>Balloon mitral valvotomy (BMV) performed by the conventional transfemoral approach can be difficult or even impossible in the presence of structural impediments such as severe kyphoscoliosis, gross cardiac anatomic distortion and inferior vena caval anomalies. A 25-year-old woman with severe thoracolumbar kyphoscoliosis due to poliomyelitis presented with symptomatic rheumatic mitral valve stenosis. After the failure of transfemoral BMV, the procedure was attempted from the right jugular access, using a modified septal puncture technique. The left atrium was entered from the jugular access and the mitral valve was crossed and dilated successfully using over the wire balloon technique. Transjugular BMV is an effective alternative in patients with kyphoscoliotic spine that preclude transfemoral approach. The detailed technique used for the procedure, its advantages as well as the other percutaneous treatment options are also discussed.</p> <p>Copyright © 2016. Published by Elsevier B.V.</p> <p>DOI: 10.1016/j.ihj.2016.01.015</p>	NAT	JUL TO DEC	<p>PMCID: PMC5067793</p> <p>PMID:27751258</p>

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116.	<p>Joseph M(1), Shyamasunder AH(1), Gupta RD(1), Anand V(1), Thomas N(1).</p> <p>Demographic details, clinical features, and nutritional characteristics of young adults with Type 1 diabetes mellitus - A South Indian tertiary center experience.</p> <p>Indian J Endocrinol Metab. 2016 Nov-Dec;20(6):799-804.</p> <p>Author information:</p> <p>(1)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>CONTEXT: Type 1 diabetes mellitus (T1DM) accounts for 5-10% of all diagnosed diabetes and the highest incidence is found in India.</p> <p>AIMS: The main objectives were to study the demographic, clinical, and nutritional characteristics of young adults with T1DM and its effect glycosylated hemoglobin levels.</p> <p>SUBJECTS AND METHODS: This cross-sectional study was conducted among young adults with T1DM (18-45 years of age) in a tertiary hospital in South India. Data were obtained from updated medical records. The dietary data were assessed from food diaries and 24 h recall method. Anthropometry was determined.</p> <p>RESULTS: The analysis revealed that socio-economic variables did not affect the glycosylated hemoglobin levels. The mean glycosylated hemoglobin value was $8.81 \pm 2.38\%$. Nearly, half the patients were malnourished. The overall dietary intake was inadequate. The multivariate regression model, adjusted for confounding factors such as gender, age, and body mass index, revealed that only duration of diabetes and protein intake were significant predictors of glycosylated hemoglobin status ($P < 0.005$).</p> <p>CONCLUSION: Integrated care provided at subsidized cost has been pivotal in effective diabetes management. However, there is an urgent need to educate our patients on nutrition therapy. T1DM patients need specialized advice to ensure appropriately</p>	NAT	JUL TO DEC	PMID:27867883
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	balanced nutrition that has a significant impact on their long-term glycemc control. DOI: 10.4103/2230-8210.192895			
117.	<p>Kabeerdoss J(1), Sandhya P(2), Mandal SK(2), Gowri M(3), Danda D(2).</p> <p>High salivary soluble L-selectin and interleukin-7 levels in Asian Indian patients with primary Sjögren's syndrome.</p> <p>Clin Rheumatol. 2016 Dec;35(12):3063-3067. Epub 2016 Sep 12.</p> <p>Author information: (1)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. Jayakanthan@cmcvellore.ac.in. (2)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, Tamil Nadu, 632004, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>In present study, we aimed to study salivary soluble L-selectin (sL-selectin), interleukin-7 (IL-7), and lymphotoxin-α levels in primary Sjögren's syndrome (pSS) and their clinical as well as serological correlations. pSS patients fulfilling either the American European Consensus Group (AECG) and/or the American college of Rheumatology (ACR) criteria were recruited. Age- and sex-matched hospital staff were recruited as healthy controls. Unstimulated saliva was collected by the spitting method; sL-selectin, IL-7, and lymphotoxin-α were measured in the saliva using commercial ELISA kits. Forty-three patients with pSS and 31 healthy controls were included in the study. Increased levels of sL-selectin and IL-7 were found in the saliva of patients as compared to controls. Lymphotoxin-α was undetectable in the saliva of pSS patients and controls. Salivary sL-selectin positively correlated with rheumatoid factor ($r = 0.47$; $p < 0.003$). No other variable including ESSDAI was significantly associated with salivary sL-selectin and IL-7 levels. Indian patients with primary Sjögren's syndrome have higher salivary sL-selectin and IL-7 levels than healthy controls. DOI: 10.1007/s10067-016-3406-7</p>	INTL	JUL TO DEC	PMID:27620619
118.	<p>Kalampokas T(1), Kamath M(2), Boutas I(1), Kalampokas E(3).</p> <p>Ulipristal acetate for uterine fibroids: a systematic review and meta-analysis.</p>	INT	JUL TO DEC	PMID:26572056

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	<p>Gynecol Endocrinol. 2016;32(2):91-6. doi: 10.3109/09513590.2015.1106471. Epub2015 Nov 16.</p> <p>Author information:</p> <p>(1)a Second Department of Obstetrics and Gynecology, University of Athens, "Aretaieion" Hospital , Athens , Greece . (2)b Reproductive Medicine Unit, Christian Medical College , Vellore, Tamil Nadu , India , and. (3)c Gynaecological Oncology Department, University of Aberdeen , Aberdeen , UK.</p> <p>Ulipristal acetate (UA), a selective progesterone modulator, has been approved for short-term therapy for symptomatic fibroids. We decided to undertake a systematic review of the best available evidence and draw a more definitive conclusion regarding the efficacy of UA for the management of uterine fibroids. The outcomes included symptomatic relief, quality of life-related parameters, reduction in fibroid size, side effects and recurrence rate. We included four randomised controlled trials which consisted of three trials which compared UA with placebo, and one trial compared it with gonadotropin-releasing hormone analogues for symptomatic relief. The three trials comparing UA with placebo reported significant improvement in symptoms related to excessive uterine bleeding as evidenced by the attainment of amenorrhea or reduction in pictorial blood assessment chart. However, due to the heterogeneity of the available data, a meta-analysis was possible only for one the outcomes - attainment of amenorrhea which indicated improvement in symptoms [57.88 (19.81-169.16); p<0.00001]. The improved quality of life parameters and reduction in fibroid size was noted in the UA group. With regards to adverse events, even though the three included studies reported increased non-physiological endometrial-related changes following UA, these changes reverted back to normal within 6 months. Short-term use of UA seems to be an effective and safe method of treating uterine fibroids. DOI: 10.3109/09513590.2015.1106471</p>			
119.	<p>Kaliappan SP(1), Venugopal S(2), Giri S(3), Praharaj I(4), Karthikeyan AS(5), Babji S(6), John J(7), Muliyl J(8), Grassly N(9), Kang G(10).</p> <p>Factors determining anti-poliovirus type 3 antibodies among orally immunized Indian infants.</p> <p>Vaccine. 2016 Sep 22;34(41):4979-84. doi: 10.1016/j.vaccine.2016.08.032. Epub2016 Aug</p>	INTL	JUL TO DEC	<p>PMCID: PMC5038128</p> <p>PMID:27566901</p>

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24.	<p>Author information: (1)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: saravanakumar@cmcvellore.ac.in. (2)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: srinistat09@gmail.com. (3)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: sidharthgiri@cmcvellore.ac.in. (4)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: irapraharaj@cmcvellore.ac.in. (5)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: arun.karthikeyan@cmcvellore.ac.in. (6)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: sudhirbabji@cmcvellore.ac.in. (7)Department of Community Health, Christian Medical College, Vellore, India. Electronic address: jacob@cmcsph.org. (8)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: jpmuliyil@gmail.com. (9)Department of Infectious Disease Epidemiology, Imperial College London, United Kingdom. Electronic address: n.grassly@imperial.ac.uk. (10)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. Electronic address: gkang@cmcvellore.ac.in.</p> <p>BACKGROUND: Among the three poliovirus serotypes, the lowest responses after vaccination with trivalent oral polio vaccine (tOPV) are to serotype 3. Although improvements in routine immunisation and supplementary immunisation activities have greatly increased vaccine coverage, there are limited data on antibody prevalence in Indian infants. METHODS: Children aged 5-11months with a history of not having received inactivated polio vaccine were screened for serum antibodies to poliovirus serotype 3 (PV3) by a micro-neutralisation assay according to a modified World Health Organization (WHO) protocol. Limited demographic information was collected to assess risk-factors for a lack of protective antibodies. Student's t-test, logistic regression and multilevel logistic regression (MLR) model were used to estimate model parameters. RESULTS: Of 8454 children screened at a mean age of 8.3 (standard deviation [SD]-1.8) months, 88.1% (95% confidence interval (CI): 87.4-88.8) had protective antibodies to PV3. The number of tOPV doses received was the main determinant of seroprevalence; the maximum likelihood estimate yields a 37.7% (95% CI: 36.2-38.3) increase in seroprevalence per dose of tOPV.</p>			
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	In multivariable logistic regression analysis increasing age, male sex, and urban residence were also independently associated with seropositivity (Odds Ratios (OR): 1.17 (95% CI: 1.12-1.23) per month of age, 1.27 (1.11-1.46) and 1.24 (1.05-1.45) respectively). CONCLUSION: Seroprevalence of antibodies to PV3 is associated with age, gender and place of residence, in addition to the number of tOPV doses received. Ensuring high coverage and monitoring of response are essential as long as oral vaccines are used in polio eradication. Copyright © 2016 The Author(s). Published by Elsevier Ltd.. All rights reserved. DOI: 10.1016/j.vaccine.2016.08.032			
120.	<p>Kalyaniwala K(1), Abhilash K(2), Victor PJ(3).</p> <p>Cartap Hydrochloride Poisoning.</p> <p>J Assoc Physicians India. 2016 Aug;64(8):91-92.</p> <p>Author information:</p> <p>(1)Senior House Surgeon. (2)Associate Professor, Accident and Emergency Department. (3)Assoc. Prof. and Ag. Head, Medical Intensive Care Unit, Christian Medical College (CMC), Vellore, Tamil Nadu.</p> <p>Cartap hydrochloride is a moderately hazardous nereistoxin insecticide that is increasingly used for deliberate self-harm in India. It can cause neuromuscular weakness resulting in respiratory failure. We report a patient with 4% Cartap hydrochloride poisoning who required mechanical ventilation for 36-hours. He recovered without any neurological deficits. We also review literature on Cartap hydrochloride poisoning.</p> <p>© Journal of the Association of Physicians of India 2011.</p>	NAT	JUL TO DEC	PMID:27762121
121.	<p>Kamath MS(1), Pradhan S(1), Edison ES(2), Velayudhan SR(2), Antonisamy B(3),Karthikeyan M(1), Mangalaraj AM(1), Kunjummen A(1), George K(4).</p> <p>Chorionic villous sampling through transvaginal ultrasound approach: Aretrospective analysis of 138 cases.</p> <p>J Obstet Gynaecol Res. 2016 Oct;42(10):1229-1235. doi: 10.1111/jog.13070. pub2016 Jun</p>	INTL	JUL TO DEC	PMID:27352773

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	<p>29.</p> <p>Author information: (1)Reproductive Medicine Unit, Christian Medical College, Vellore, India. (2)Department of Haematology, Christian Medical College, Vellore, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India. (4)Reproductive medicine Unit, Bangalore Baptist Hospital, Bangalore, India. gkorula@gmail.com.</p> <p>AIM: The aim of this study was to evaluate the effectiveness and safety of a transvaginal approach for chorionic villous sampling (CVS). METHODS: We carried out a retrospective data analysis of all the transvaginal CVS procedures performed for the purpose of prenatal diagnosis in a university-level referral center between January 2000 and December 2014. Women underwent the prenatal testing between 10 and 17 weeks of gestation mainly for hematological disorders involving single gene defects. The main outcomes were successful sampling rate, maternal contamination rate, post-procedure complications rates, and immediate fetal loss rate (<14 days post-procedure). RESULTS: A total of 1138 transvaginal CVS were performed during the study period and were available for analysis. The sampling success rate after the first attempt was 98.5% (1121/1138) and the overall success rate was 99.6% (1133/1138). The maternal contamination rate was 0.4% (5/1138). While two patients had vaginal bleeding (0.2%), fresh retroplacental collection was noted in four patients (0.4%) post-procedure. None of the patients developed ascending uterine infection following CVS. The immediate fetal loss rate was 0.2% (2/1138).</p> <p>CONCLUSION: Transvaginal approach is associated with high sampling success, along with low rates of maternal contamination and post-procedure complications; hence, it can be offered as an effective alternative method of CVS. © 2016 Japan Society of Obstetrics and Gynecology. DOI: 10.1111/jog.13070</p>			
122.	<p>Kamath V(1), Gnanasekaran KK(2), Mammen J(3).</p> <p>MYH9-related disorder, a probable May-Hegglin anomaly case series: A tertiary care experience.</p> <p>Hematol Oncol Stem Cell Ther. 2016 Dec;9(4):137-140. doi:10.1016/j.hemonc.2016.08.002. Epub 2016 Sep 2.</p> <p>Author information: (1)Department of Transfusion Medicine and Immunohematology,</p>	INTL	JUL TO DEC	PMID:27614228

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	<p>Christian Medical College, Vellore, Tamil Nadu, India. Electronic address: indu_7911@yahoo.com (2)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Transfusion Medicine and Immunohematology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE/BACKGROUND: May-Hegglin anomaly (MHA) is a rare familial bleeding disorder characterized by a triad of thrombocytopenia, giant platelets, and Döhle-like inclusion bodies within the leukocytes. The clinical spectrum as well as the pathophysiology of this entity is not well defined. The objective of this work is to present a series of three cases of MHA diagnosed in our hospital, where the patients presented with variable bleeding manifestations, thrombocytopenia, and giant platelets. MATERIALS AND METHODS: We studied three cases of possible MHA. In addition to the clinical examination, complete hemogram, and peripheral blood smear examination, these patients were also subjected to coagulation studies. Although bleeding symptoms varied among these patients, platelet aggregation tests with various agonists showed a normal response. RESULTS: Consistent findings of this entity noted in our patients were mild-to-moderate thrombocytopenia, giant platelets, and Döhle-like inclusions within the leukocytes. CONCLUSION: A diagnosis of MHA could be made based on a thorough peripheral blood smear examination, which also helps to avoid a misdiagnosis of immune thrombocytopenia. Copyright © 2016 King Faisal Specialist Hospital & Research Centre. Published by Elsevier Ltd. All rights reserved. DOI: 10.1016/j.hemonc.2016.08.002</p>			
123.	<p>Kanagaraj G(1), Elango L(2). Hydrogeochemical processes and impact of tanning industries on groundwater quality in Ambur, Vellore district, Tamil Nadu, India.</p> <p>Environ Sci Pollut Res Int. 2016 Dec;23(23):24364-24383. Epub 2016 Sep 21.</p> <p>Author information: (1)Department of Geology, Anna University, Guindy, Chennai, 600 025, India. (2)Department of Geology, Anna University, Guindy, Chennai, 600 025, India. elango@annauniv.edu.</p> <p>The present study was carried out to determine the hydrogeochemical processes and the impact of tanning industries on groundwater in Ambur, Vellore district, Tamil Nadu, India. Thirty groundwater samples were collected during pre monsoon (July 2015) and post monsoon (January 2016) from the open and shallow wells around this region and were analyzed for major ions and chromium. The major ion concentration follows the order of</p>	INTL	JUL TO DEC	PMID:27655619

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	<p>Na(+) > Ca(2+) > Mg(2+) > K(+) (cations) and Cl(-) > HCO₃(-) > SO₄(2-) > NO₃(-) (anions) for both seasons. The high concentrations of Na(+), Cl(-), and Cr around the tannery regions indicate the impact of effluent discharged from tannery units. In general, the groundwater of this study area is of Na(+)-Cl(-) type, which is due to the mixing of tannery effluent and cation exchange process. Ionic ratio indicates that the silicate weathering influences the groundwater chemistry. The permissible limit of chromium in the groundwater exceeds in over 50 % of the sampling wells. The factor analysis reveals that the dominant source for ionic contents is due to tannery effluents and cation exchange processes. To overcome this situation, it is essential to improve the performance of the effluent treatment plants so as to remove the salinity of wastewater and to plan for rainfall recharge structures for improving the groundwater recharge. DOI: 10.1007/s11356-016-7639-4</p>			
<p>124.</p>	<p>Kang G(1), Thuppal SV, Srinivasan R, Sarkar R, Subashini B, Venugopal S, SindhuK, Anbu D, Parez N, Svensson L, Bose A.</p> <p>Racecadotril in the Management of Rotavirus and Non-rotavirus Diarrhea in Under-five Children: Two Randomized, Double-blind, Placebo-controlled Trials.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):595-600.</p> <p>Author information:</p> <p>(1)Departments of Gastrointestinal Sciences, Christian Medical College, Vellore, India; JUL TO DEC Service des Urgences Pédiatriques, Hôpital d'enfants Armand Trousseau, Assistance Publique-Hôpitaux de Paris, Paris, France; #Division of Molecular Virology, Department of Clinical and Experimental Medicine, Medical Faculty, Linköping University, Linköping, Sweden; and \$Community Health, Christian Medical College, Vellore, India. Correspondence to: Dr. Gagandeep Kang, Professor and Head, Division of Gastrointestinal Sciences, Christian Medical College, Vellore, India. gkang@cmcvellore.ac.in.</p> <p>OBJECTIVE: To study the effect of racecadotril on reduction in the duration of acute rotavirus and non-rotavirus diarrhea.</p> <p>DESIGN: Two randomized double-blind placebo-controlled trials.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27508536</p>

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	<p>SETTING: Community-based trial in an urban area in Vellore, hospital-based trial at a secondary hospital in Vellore.</p> <p>PARTICIPANTS: 199 and 130 3-59 month old children in the community- and hospital-based trials, respectively.</p> <p>METHODS: Racecadotril (1.5 mg/kg/dose, thrice a day for three days) or placebo were given to manage acute diarrhea in both trials.</p> <p>MAIN OUTCOME MEASURE: Median duration of diarrhea.</p> <p>RESULTS: Among 124 children completing the hospital trial, the median duration of diarrhea was 25 h in both arms (P=0.5); median total stool weight was 74 g/kg and 53.5 g/kg in racecadotril group and placebo group, respectively (P=0.4); and average fluid intake per day was 3.6 mL/kg/h and 3mL/kg/h in racecadotril and placebo arms, respectively (P=0.3). Among rotavirus-positive children, median duration of diarrhea was 26.9 h and 30.2 h in racecadotril and placebo arms, respectively (P=0.7). In the community, 196 completed the trial, the median duration of diarrhea was 2 days for both arms (P=0.8) and rotavirus positive children had similar outcomes with median diarrheal duration of 3 d in both arms (P=0.4).</p> <p>CONCLUSIONS: Treatment with racecadotril did not reduce diarrheal duration, stool volume or the requirement for fluid replacement in children with acute gastroenteritis, both with and without rotavirus infection.</p>			
<p>125.</p>	<p>Kang G(1), White AC Jr.</p> <p>We are (at risk with) what we eat.</p> <p>Curr Opin Infect Dis. 2016 Oct;29(5):476-7. doi: 10.1097/QCO.0000000000000307.</p> <p>Author information: (1)aDivision of Gastrointestinal Sciences, Christian Medical College, Vellore,India bInfectious Diseases Division, Department of Internal Medicine, University of Texas Medical Branch, Galveston, Texas, USA. DOI: 10.1097/QCO.0000000000000307</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27552659</p>

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126.	<p>Kang G(1).</p> <p>Rotavirus in India: Forty Years of Research.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):569-73.</p> <p>Author information:</p> <p>(1)Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India. gkang@cmcvellore.ac.in.</p> <p>Rotavirus was first identified as a human pathogen just over 40 years ago, and work on this pathogen in India started shortly thereafter. Subsequent studies have confirmed its pre-eminent role in gastroenteritis in children in India. Standardized surveillance has enabled the documentation of the high burden of disease, and has demonstrated that there is considerable geographic and temporal variation in strain circulation. Internationally licensed vaccines, vaccine candidates based on indigenous strains and out-licensed strains have been tested for safety, immunogenicity and efficacy; three vaccines are now licensed in India and are used in the private sector. Public sector vaccination has begun, and it will be path-breaking for Indian vaccinologists to measure impact of vaccine introduction in terms of safety and effectiveness. So far, India has kept pace with international epidemiologic and vaccine research on rotavirus, and these efforts should continue.</p>	NAT	JUL TO DEC	PMID:27508532
127.	<p>Karupiah Viswanathan AM(1), Irodi A(1), Keshava SN(2), Aneez J(3), Karthik G(3).</p> <p>Arteriolympatic Fistula: An Unusual Cause of Spontaneous Swelling in the LeftSupraclavicular Region. Cardiovasc Intervent Radiol. 2016 Sep;39(9):1347-51. doi:10.1007/s00270-016-1348-8. Epub 2016 May 16.</p> <p>Author information: (1)Department of Radiology, Christian Medical College Hospital, Vellore, India.(2)Department of Radiology, Christian Medical College Hospital, Vellore, India. aparna_shyam@yahoo.com. (3)Department of Medicine, Christian Medical College Hospital, Vellore, India.</p>	INTL	JUL TO DEC	PMID:27184364

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	<p>An abnormal fistulous communication between an artery and lymphatic system is a rare occurrence. We report a 38-year-old male presenting with sudden onset, spontaneous, pulsatile swelling in the left supraclavicular region following a recent cardiac catheterisation via right femoral arterial access. On evaluation, he was found to have a femoral arteriolymphatic fistula. He was managed conservatively with ultrasound-guided compression with complete resolution of symptoms at follow-up. This case describes a hitherto unknown complication of percutaneous vascular cannulation presenting in an unusual manner, diagnosed with Doppler Ultrasonography and CT angiography and managed effectively with a non-invasive therapeutic image-guided manoeuvre.</p> <p>DOI: 10.1007/s00270-016-1348-8</p>			
128.	<p>Kharkongor MA(1), Cherian KE(2), Kodiatte TA(3), Paul TV(2).</p> <p>Uncommon cause for anorexia and weight loss.</p> <p>BMJ Case Rep. 2016 Dec 16;2016. pii: bcr2016218675. doi: 10.1136/bcr-2016-218675.</p> <p>Author information: (1)Department of General Medicine, Christian Medical College, Vellore, TamilNadu, India. (2)Department of Endocrinology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.1136/bcr-2016-218675</p>	INTL	JUL TO DEC	PMID:27986696
129.	<p>Kodiatte TA(1), Burad D(2), Rymbai ML(3).</p> <p>Clinicopathological Features of Intraductal Papillary Mucinous Neoplasms of Pancreas in a Tertiary Care Center: A 14 Year Retrospective Study.</p> <p>J Clin Diagn Res. 2016 Aug;10(8):EC10-3. doi: 10.7860/JCDR/2016/20226.8296. Epub 2016 Aug 1.</p> <p>Author information:</p> <p>(1)Assistant Professor, Department of General Pathology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Associate Professor, Department of General Pathology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (3)Assistant</p>	NAT	JUL TO DEC	PMCID: PMC5028479 PMID:27656444

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	<p>Professor, Department of Hepatopancreatobiliary (HPB) Surgery, Christian Medical College Hospital , Vellore, Tamil Nadu, India .</p> <p>INTRODUCTION: Pancreatic surgeries are usually performed for inflammatory conditions and neoplasms. Intraductal Papillary Mucinous Neoplasm (IPMN) account for approximately 5-7% of all pancreatic neoplasms in western literature. To the best of our knowledge, there has been no published literature in Indian subcontinent on IPMN.</p> <p>AIM: To assess the spectrum of different pancreatic pathologies on pancreatic resection specimens. Also, to review and share the experience on the clinicopathological features of IPMNs in our institute.</p> <p>MATERIALS AND METHODS: This was a 14 year retrospective study of all cases where pancreatic surgeries were done for pancreatic pathology. The slides and blocks of diagnosed cases of IPMNs were retrieved from the department archives, reviewed and a detailed study on the histopathological features was done.</p> <p>RESULTS: Among the 377 pancreatic surgical specimens, pancreatitis was the most common diagnosis followed by exocrine neoplasms and endocrine neoplasms. IPMN constituted 3.2 % of all pancreatic neoplasms. Histologically, the most common type was the gastric foveolar type. Pancreatobiliary type was aggressive and associated with an invasive component and had evidence of metastasis on follow up.</p> <p>CONCLUSION: IPMNs are rare neoplasms of pancreas with a male predominance. They are usually indolent except for the pancreatobiliary type which may have an aggressive course, often associated with an invasive adenocarcinoma component. Diligent follow up is recommended.</p> <p>DOI: 10.7860/JCDR/2016/20226.8296</p>			
<p>130.</p>	<p>Kumar S(1).</p> <p>Open versus robotic prostatectomy.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5054652</p> <p>PMID:27843204</p>

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	<p>Indian J Urol. 2016 Oct-Dec;32(4):253-254.</p> <p>Author information:</p> <p>(1)Associate Editor, Indian Journal of Urology, Department of Urology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0970-1591.191233</p>			
131.	<p>Kumar S(1).</p> <p>Paraquat tongue.</p> <p>Indian J Gastroenterol. 2016 Jul;35(4):321. doi: 10.1007/s12664-016-0673-9. Epub2016 Jul 20.</p> <p>Author information:</p> <p>(1)Department of Pulmonary Medicine, Christian Medical College and Hospital, Vellore, 632 004, India. jupitersap@gmail.com.</p> <p>DOI: 10.1007/s12664-016-0673-9</p>	NAT	JUL TO DEC	PMID:27435617
132.	<p>Kumaran D(1), John S(2), Isiah R(2), Das S(2).</p> <p>Management of Locally Advanced Carcinoma Oesophagus withRadiation/Chemoradiation: Single Institute Experience.</p> <p>J Gastrointest Cancer. 2016 Sep;47(3):313-7. doi: 10.1007/s12029-016-9825-5.</p> <p>Author information: (1)Christian Medical College and Hospital, Vellore, Tamil Nadu, India. damodar.dr@gmail.com. (2)Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>PURPOSE: Oesophageal malignancy is the fourth commonest cancer which has a very poor outcome. In the management of oesophageal malignancy, radiation therapy is</p>	INTL	JUL TO DEC	PMID:27146042

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	<p>underutilized by many physicians due to feared complications though its role is well proven in literature. This study brings the role of radiation therapy in terms of loco-regional and distant relapse. This study characterizes demographic characteristics, treatment modality and the impact of these on recurrence-free survival of locally advanced carcinoma oesophagus. METHOD: In a retrospective analysis over a period of 24 months, 28 patients diagnosed to have locally advanced oesophageal malignancy were included. Neoadjuvant chemotherapy was carried out in 4 patients and concurrent chemoradiotherapy in 18 patients. Among the 28 patients, 7 patients who were operable and fit underwent surgery 6-8 weeks after completion of the planned neoadjuvant therapy. All patients received concurrent chemoradiation for a period of 5 weeks with platinum and/or taxane-based chemotherapy. RESULTS: With a median follow-up of 12 months, loco-regional recurrence and distant relapse were substantially less with 14 and 10 %, respectively. The Kaplan-Meier recurrence-free survival was 60 % at 24 months. All patients who had surgery as a part of the multimodality management were disease free at the last follow-up. CONCLUSION: In locally advanced oesophageal malignancy, radiation therapy plays an important role in downsizing the tumour for operability or can also be utilized as the sole modality of management. DOI: 10.1007/s12029-016-9825-5</p>			
<p>133.</p>	<p>Kurian JJ(1), Jehangir S(1), Varghese IT(1), Thomas RJ(1), Mathai J(1), Karls(1).</p> <p>Clinical profile and management options of children with congenital esophageal stenosis: A single center experience.</p> <p>J Indian Assoc Pediatr Surg. 2016 Jul-Sep;21(3):106-9. doi:10.4103/0971-9261.182581.</p> <p>Author information:</p> <p>(1)Department of Paediatric Surgery, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>AIM: The aim of the study is to review 7 patients with congenital esophageal stenosis treated in our institution from a diagnostic and therapeutic point of view.</p> <p>MATERIALS AND METHODS: This is a retrospective cohort study of 7 patients treated in Christian Medical College, Vellore from 2008 to 2014. The data were analyzed with</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4895732</p> <p>PMID:27365901</p>

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	<p>regards to age at onset of symptoms, investigative findings, age at definitive treatment, pathology, modalities of treatment, and outcomes.</p> <p>RESULTS: Symptoms started within the 1(st) year of life in all children with a median age of 4 months. The time of delay in diagnosis ranged from 8 months to 81 months with a mean period of 37 months. About 6 patients had a lower esophageal stenosis and 1 patient had a mid-esophageal stenosis. About 4 of the 7 children underwent endoscopic balloon dilatation from elsewhere, with 2 of the above 4 undergoing a myotomy for a wrongly diagnosed achalasia. The number of dilatations ranged from 2 to 7 with a mean of 4 dilatations. Resection of the stenotic segment with end to end anastomosis was employed in 6 of the 7 patients, and a transverse colon interpositioning was done in 1 patient. An antireflux procedure was performed in one patient. Histopathological examination of the resected specimen revealed tracheobronchial remnant in 3 patients, fibromuscular thickening in 3 patients, and membranous web in 1 patient. Postoperatively, 2 of the 7 patients had asymptomatic gastroesophageal reflux and 1 patient had postoperative stricture requiring one session of endoscopic balloon dilatation. The mean follow-up period was 42 months (range 18-72 months). At the time of the last follow-up, all 7 patients were able to eat solid food, and none of the children were found to have symptoms suggestive of obstruction or gastroesophageal reflux. There was a statistically significant increase in the weight for age after the operation.</p> <p>CONCLUSION: Congenital esophageal stenosis is rare and often confused with other causes of esophageal obstruction. Although endoscopic balloon dilatation offers an effective temporary relief, we feel that definitive surgery is curative. Long-term results following definitive surgery have been good, especially with respect to symptoms and weight gain.</p> <p>DOI: 10.4103/0971-9261.182581</p>			
<p>134.</p>	<p>Laishram S(1), Anandan S(1), Devi BY(1), Elakkiya M(1), Priyanka B(1), Bhuvaneshwari T(1), Peter JV(2), Subramani K(3), Balaji V(1).</p> <p>Determination of synergy between sulbactam, meropenem and colistin incarbapenem-resistant Klebsiella pneumoniae and Acinetobacter baumannii isolates and correlation with the molecular mechanism of resistance.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27461479</p>

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	<p>J Chemother. 2016 Aug;28(4):297-303. doi: 10.1080/1120009X.2016.1143261.</p> <p>Author information:(1)a Department of Microbiology , Christian Medical College , Vellore , Tamil Nadu , India. (2)b Medical Intensive Care Unit , Christian Medical College , Vellore , Tamil Nadu , India. (3)c Surgical Intensive Care Unit , Christian Medical College , , Vellore , Tamil Nadu , India.</p> <p>Treatment of infections with carbapenem-resistant Gram negative organism is a major challenge especially among intensive care patients. Combinations of sulbactam, meropenem and colistin was studied for its synergistic activity against 100 invasive isolates of carbapenem-resistant Klebsiella pneumoniae and Acinetobacter baumannii-calcoaceticus complex by checkerboard assay and time kill assay (TKA). In addition, presence of carbapenemase production was determined by multiplex PCR. Time kill assay detected more synergy than checkerboard assay. Good bactericidal activity of 70-100% was noted with the combinations tested. Among K. pneumoniae, isolates producing NDM carbapenemase alone showed significantly more synergy than isolates producing OXA-48-like carbapenemases. In treatment of infection with carbapenem-resistant organisms, the site of infection and the type of carbapenemase produced may help to determine the most effective combination of antimicrobials. DOI: 10.1080/1120009X.2016.1143261</p>			
135.	<p>Lee GO(1), Richard SA, Kang G, Houpt ER, Seidman JC, Pendergast LL, Bhutta ZA,Ahmed T, Mduma ER, Lima AA, Bessong P, Jennifer MS, Hossain MI, Chandyo RK,Nyathi E, Lima IF, Pascal J, Soofi S, Ladaporn B, Guerrant RL, Caulfield LE,Black RE, Kosek MN; MAL-ED Network Investigators.</p> <p>A Comparison of Diarrheal Severity Scores in the MAL-ED Multisite Community-Based Cohort Study.</p> <p>J Pediatr Gastroenterol Nutr. 2016 Nov;63(5):466-473.</p> <p>Author information (1)JUL TO DEC Johns Hopkins Bloomberg School of Public Health, Baltimore †Fogarty International Center, National Institutes of Health, Bethesda, MD ‡Christian Medical College, Vellore, India §University of Virginia, Charlottesville Temple University, Philadelphia, PA ¶Aga Khan University, Karachi, Pakistan #icddr,b (formerly International Centre for Diarrhoeal Disease Research, Bangladesh), Dhaka, Bangladesh JUL TO DEC JUL TO DEC Haydom Lutheran Hospital, Haydom, Manyara Region,</p>	INTL	JUL TO DEC	<p>PMCID: PMC5084640</p> <p>PMID:27347723</p>

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	<p>Tanzania††Federal University of Ceará, Fortaleza, Brazil ‡‡University of Venda, Thohoyandou, South Africa §§Centre for International Health, University of Bergen, Bergen, Norway Department of Child Health, Institute of Medicine, Tribhuvan University, Kathmandu, Nepal ¶¶Armed Forces Research Institute of Medical Sciences, Bangkok, Thailand.</p> <p>OBJECTIVES: There is a lack of consensus on how to measure diarrheal severity. Within the context of a multisite, prospective cohort study, we evaluated the performance of a modified Vesikari score (MAL-ED), 2 previously published scores (Clark and CODA [a diarrheal severity score (Community Diarrhea) published by Lee et al]), and a modified definition of moderate-to-severe diarrhea (MSD) based on dysentery and health care worker diagnosed dehydration. METHODS: Scores were built using maternally reported symptoms or fieldworker-reported clinical signs obtained during the first 7 days of a diarrheal episode. The association between these and the risk of hospitalization were tested using receiver operating characteristic analysis. Severity scores were also related to illness etiology, and the likelihood of the episode subsequently becoming prolonged or persistent. RESULTS: Of 10,159 episodes from 1681 children, 143 (4.0%) resulted in hospitalization. The area under the curve of each score as a predictor of hospitalization was 0.84 (95% confidence interval: 0.81, 0.87) (Clark), 0.85 (0.82, 0.88) (MAL-ED), and 0.87 (0.84, 0.89) (CODA). Severity was also associated with etiology and episode duration. Although families were more likely to seek care for severe diarrhea, approximately half of severe cases never reached the health system. CONCLUSIONS: Community-based diarrheal severity scores are predictive of relevant child health outcomes. Because they require no assumptions about health care access or utilization, they are useful in refining estimates of the burden of diarrheal disease, in estimating the effect of disease control interventions, and in triaging children for referral in low- and middle-income countries in which the rates of morbidity and mortality after diarrhea remain high. DOI: 10.1097/MPG.0000000000001286</p>			
136.	<p>Lizneva D(1), Kirubakaran R(2), Mykhalchenko K(3), Suturina L(4), Chernukha G(5),Diamond MP(6), Azziz R(7).</p> <p>Phenotypes and body mass in women with polycystic ovary syndrome identified in referral versus unselected populations: systematic review and meta-analysis.</p> <p>Fertil Steril. 2016 Nov;106(6):1510-1520.e2. doi:10.1016/j.fertnstert.2016.07.1121. Epub</p>	INTL	JUL TO DEC	PMID:27530062

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<p>2016 Aug 13.</p>	<p>Author information: (1)Department of Obstetrics and Gynecology, Medical College of Georgia, Augusta University, Augusta, Georgia; Medical Company IDK, Samara, Russian Federation; Department of Reproductive Health Protection, Scientific Center of Family Health and Human Reproduction, Irkutsk, Russian Federation. (2)Cochrane South Asia, BV Moses Center for Evidence-Informed Health Care and Health Policy, Christian Medical College, Vellore, India. (3)Department of Obstetrics and Gynecology, Maimonides Medical Center, Brooklyn, New York. (4)Department of Reproductive Health Protection, Scientific Center of Family Health and Human Reproduction, Irkutsk, Russian Federation. (5)Department of Gynecological Endocrinology, Scientific Center for Obstetrics, Gynecology and Perinatology, Moscow, Russian Federation. (6)Department of Obstetrics and Gynecology, Medical College of Georgia, Augusta University, Augusta, Georgia. (7)Department of Obstetrics and Gynecology, Medical College of Georgia, Augusta University, Augusta, Georgia; Department of Medicine, Medical College of Georgia, Augusta University, Augusta, Georgia. Electronic address: razziz@augusta.edu.</p> <p>OBJECTIVE: To compare the prevalence of polycystic ovary syndrome (PCOS) phenotypes and obesity among patients detected in referral versus unselected populations. DESIGN: Systematic review and meta-analysis. SETTING: Not applicable. PATIENT(S): Thirteen thousand seven hundred ninety-six reproductive-age patients with PCOS, as defined by the extended Rotterdam 2003 criteria. INTERVENTION(S): Review of PUBMED, EMBASE, and Cochrane Library, 2003-2016. Only observational studies were included. Data were extracted using a web-based, piloted form and combined for meta-analysis. MAIN OUTCOME MEASURE(S): PCOS phenotypes were classified as follows: phenotype A clinical and/or biochemical hyperandrogenism (HA) + oligo-/anovulation (OA) + polycystic ovarian morphology (PCOM); phenotype B, HA+OA; phenotype C, HA+PCOM; and phenotype D, OA+PCOM. RESULT(S): Forty-one eligible studies, reporting on 43 populations, were identified. Pooled estimates of detected PCOS phenotype prevalence were consequently documented in referral versus unselected populations, as [1] phenotype A, 50% (95% confidence interval [CI], 46%-54%) versus 19% (95% CI, 13%-27%); [2] phenotype B, 13% (95% CI, 11%-17%) versus 25% (95% CI, 15%-37%); [3] phenotype C, 14% (95% CI, 12%-16%) versus 34% (95% CI, 25-46%); and [4] phenotype D, 17% (95% CI, 13%-22%) versus 19% (95% CI, 14%-25%). Differences between referral and unselected populations were statistically significant for phenotypes A, B, and C. Referral PCOS subjects had a greater</p>			
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	<p>mean body mass index (BMI) than local controls, a difference that was not apparent in unselected PCOS. CONCLUSION(S): The prevalence of more complete phenotypes in PCOS and mean BMI were higher in subjects identified in referral versus unselected populations, suggesting the presence of significant referral bias. Copy right © 2016 American Society for Reproductive Medicine. Published by Elsevier Inc. All rights reserved. DOI: 10.1016/j.fertnstert.2016.07.1121</p>			
137.	<p>Lu J(1), Hou J(2), Liu KY(1), Parmar S(3), De La Fuente A(4), Andersson B(3), YanC(1), Zhou D(5), Tan D(6), Ritchie D(7), Wu D(8), Shpall E(3), Laport GG(9), LiJ(10), Hu J(11), Zhang LS(12), Wang M(3), Malhotra P(13), Jiang Q(1), Qin Y(1), Wong R(14), Champlin R(3), Issaragrisil S(15), Iyer S(16), Mathews V(17), WangY(1), Hu Y(18), Xiao Z(19), Shao Z(20), Rosengarten R(21),(22), Steuernagle J4th(22),(23), Xiao JH(1), Orłowski R(3), Chim CS(24).</p> <p>Asia-Pacific Hematology Consortium Report on approach to multiple myeloma. Surveyresults from the 6th International Hematologic Malignancies Conference: Bridgingthe Gap 2015, Beijing, China.</p> <p>Leuk Lymphoma. 2016 Jul;57(7):1534-8. doi: 10.3109/10428194.2015.1135434. Epub2016 Feb 17.</p> <p>Author information: (1)a Peking University People's Hospital, Peking University Institute of Hematology , Beijing , China ; (2)b Shanghai Changzheng Hospital , Shanghai , China ; (3)c Department of Stem Cell Transplantation and Cellular Therapy , The University of Texas, MD Anderson Cancer Center , Houston , TX , USA ; (4)d MD Anderson Cancer Center , Madrid , Spain ; (5)e Peking Union Medical College Hospital , Beijing , China ; (6)f Singapore General Hospital, Singapore , Singapore ; (7)g Royal Melbourne Hospital , Melbourne , Australia ; (8)h First Affiliated Hospital of Soochow University , Jiangsu , China , Jiangsu Institute of Hematology ; (9)i Stanford University , Palo Alto , CA , USA ; (10)j First Affiliated Hospital of Nanjing Medical University, Jiangsu Province Hospital , Nanjing , China ; (11)k Ruijin Hospital , Shanghai , China ; (12)l Gansu Provincial Key Laboratory of Hematology , Lanzhou , China ; (13)m Post Graduate Institute of Medical Education and Research , Chandigarh , India ; (14)n Prince of Wales Hospital, the Chinese University of Hong Kong , Hong Kong, China ; (15)o Faculty of Medicine Siriraj Hospital , Bangkok , Thailand ; (16)p Methodist Hospital , Houston , TX , USA ; (17)q Christian Medical College and Hospital , Vellore , India ; (18)r Wuhan Union Hospital , Wuhan , China ; (19)s Institute of Hematology and Hospital of Blood Diseases, Chinese Academy of Medical Sciences ,</p>	INTL	JUL TO DEC	PMID:26887657

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	<p>Tianjin , China ; (20)t General Hospital of Tianjin Medical University , Tianjin , China ; (21)u Baylor College of Medicine , Houston , TX , USA ; (22)v MDRing , Houston , TX , USA ; (23)w Johns Hopkins Medical Institute , Baltimore , MD , USA ; (24)x Queen Mary Hospital , Hong Kong. The Asia-Pacific Hematology Consortium (APHCON), in partnership with MDRingTM, a mobile global physician education network, has initiated a detailed longitudinal study of physician knowledge and practice preferences in the Asia-Pacific sphere. The first dataset comes from a series of surveys answered by delegates at the APHCON Bridging The Gap (BTG) conference in Beijing in January, 2015. In this report we present our findings regarding diagnosis and treatment of multiple myeloma (MM). We aim to create a conduit for physicians in this region to share their experiences with the rest of the world, to identify areas of consensus and best practices, and to highlight opportunities for improvement in communication, education and patient care. DOI: 10.3109/10428194.2015.1135434</p>			
<p>138.</p>	<p>Madan V(1), Shyamsunder P(1), Han L(1,)(2), Mayakonda A(1), Nagata Y(3),Sundaresan J(1), Kanojia D(1), Yoshida K(3), Ganesan S(4), Hattori N(1), FultonN(5), Tan KT(1), Alpermann T(6), Kuo MC(7), Rostami S(8), Matthews J(9), SanadaM(3), Liu LZ(1), Shiraishi Y(10), Miyano S(10), Chendamarai E(4), Hou HA(11),Malnassy G(5), Ma T(12), Garg M(1), Ding LW(1), Sun QY(1), Chien W(1), IkezoeT(13), Lill M(14), Biondi A(15), Larson RA(16), Powell BL(17), Lübbert M(12),Chng WJ(1,)(2,)(18), Tien HF(11), Heuser M(19), Ganser A(19), Koren-MichowitzM(20,)(21), Kornblau SM(9), Kantarjian HM(9), Nowak D(22), Hofmann WK(22), YangH(1), Stock W(5), Ghavamzadeh A(8), Alimoghaddam K(8), Haferlach T(6), OgawaS(3), Shih LY(7), Mathews V(4), Koeffler HP(1,)(14,)(18).</p> <p>Comprehensive mutational analysis of primary and relapse acute promyelocytic leukemia. Leukemia. 2016 Aug;30(8):1672-81. doi: 10.1038/leu.2016.69. Epub 2016 Apr 11.</p> <p>Author information: (1)Cancer Science Institute of Singapore, National University of Singapore,Singapore, Singapore. (2)Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore. (3)Department of Pathology and Tumor Biology, Graduate School of Medicine, Kyoto University, Kyoto, Japan. (4)Department of Haematology, Christian Medical College, Vellore, India. (5)Section of Hematology/Oncology, University of Chicago, Chicago, IL, USA. (6)Munich Leukemia Laboratory (MLL), Munich, Germany. (7)Division of Hematology-Oncology, Department of Internal Medicine, Chang Gung Memorial Hospital, Chang Gung University, Taoyuan,</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4972641 PMID:27063598</p>

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	<p>Taiwan. (8)Hematology-Oncology and Stem Cell Transplantation Research Center, Tehran University of Medical Sciences, Tehran, Iran. (9)Section of Molecular Hematology and Therapy, Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX, USA. (10)Laboratory of DNA Information Analysis, Human Genome Center, Institute of Medical Science, The University of Tokyo, Tokyo, Japan. (11)Department of Internal Medicine, National Taiwan University, Medical College and Hospital, Taipei, Taiwan. (12)Division of Hematology, Oncology and Stem Cell Transplantation, Department of Internal Medicine, University of Freiburg Medical Center, Freiburg, Germany. (13)Department of Hematology and Respiratory Medicine, Kochi Medical School, Kochi University, Nankoku, Kochi, Japan. (14)Cedars-Sinai Medical Center, Division of Hematology/Oncology, UCLA School of Medicine, Los Angeles, CA, USA. (15)Paediatric Haematology-Oncology Department and 'Tettamanti' Research Centre, Milano-Bicocca University, 'Fondazione MBBM', San Gerardo Hospital, Monza, Italy. (16)Department of Medicine, University of Chicago Comprehensive Cancer Center, Chicago, IL, USA. (17)Department of Internal Medicine, Section on Hematology and Oncology, Comprehensive Cancer Center of Wake Forest University, Winston-Salem, NC, USA. (18)Department of Hematology-Oncology, National University Cancer Institute of Singapore (NCIS), The National University Health System (NUHS), Singapore, Singapore. (19)Department of Hematology, Hemostasis, Oncology, and Stem Cell Transplantation, Hannover Medical School, Hannover, Germany. (20)Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. (21)Division of Hematology and Bone Marrow Transplantation, Sheba Medical Center, Tel Hashomer, Israel. (22)Department of Hematology and Oncology, University Hospital Mannheim, Medical Faculty Mannheim of the University of Heidelberg, Mannheim, Germany. Acute promyelocytic leukemia (APL) is a subtype of myeloid leukemia characterized by differentiation block at the promyelocyte stage. Besides the presence of chromosomal rearrangement t(15;17), leading to the formation of PML-RARA (promyelocytic leukemia-retinoic acid receptor alpha) fusion, other genetic alterations have also been implicated in APL. Here, we performed comprehensive mutational analysis of primary and relapse APL to identify somatic alterations, which cooperate with PML-RARA in the pathogenesis of APL. We explored the mutational landscape using whole-exome (n=12) and subsequent targeted sequencing of 398 genes in 153 primary and 69 relapse APL. Both primary and relapse APL harbored an average of eight non-silent somatic mutations per exome. We observed recurrent alterations of FLT3, WT1, NRAS and KRAS in the newly diagnosed APL, whereas mutations in other genes commonly mutated in myeloid leukemia were rarely detected. The</p>			
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	<p>molecular signature of APL relapse was characterized by emergence of frequent mutations in PML and RARA genes. Our sequencing data also demonstrates incidence of loss-of-function mutations in previously unidentified genes, ARID1B and ARID1A, both of which encode for key components of the SWI/SNF complex. We show that knockdown of ARID1B in APL cell line, NB4, results in large-scale activation of gene expression and reduced in vitro differentiation potential. DOI: 10.1038/leu.2016.69</p>			
139.	<p>Madhuri V(1), Santhanam M(2), Rajagopal K(2), Sugumar LK(2), Balaji V(2).</p> <p>WISP3 mutational analysis in Indian patients diagnosed with progressive pseudorheumatoid dysplasia and report of a novel mutation at p.Y198. Bone Joint Res. 2016 Jul;5(7):301-6. doi: 10.1302/2046-3758.57.2000520.</p> <p>Author information:(1)Paediatric Orthopaedics Unit, Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu, 632004, India and Adjunct Scientist, Centre for Stem Cell Research (a unit of inStem, Bengaluru), Christian Medical College, Vellore, Tamil Nadu, 632002, India madhuriwalter@cmcvellore.ac.in. (2)Paediatric Orthopaedics Unit, Department of Orthopaedics, Christian Medical College, Vellore, Tamil Nadu, 632004, India.</p> <p>OBJECTIVES: To determine the pattern of mutations of the WISP3 gene in clinically identified progressive pseudorheumatoid dysplasia (PPD) in an Indian population. PATIENTS AND METHODS: A total of 15 patients with clinical features of PPD were enrolled in this study. Genomic DNA was isolated and polymerase chain reaction performed to amplify the WISP3 gene. Screening for mutations was done by conformation-sensitive gel electrophoresis, beginning with the fifth exon and subsequently proceeding to the remaining exons. Sanger sequencing was performed for both forward and reverse strands to confirm the mutations. RESULTS: In all, two of the 15 patients had compound heterozygous mutations: one a nonsense mutation c.156C>A (p.C52JUL TO DEC) in exon 2, and the other a missense mutation c.677G>T (p.G226V) in exon 4. All others were homozygous, with three bearing a nonsense mutation c.156C>A (p.C52JUL TO DEC) in exon 2, three a missense mutation c.233G>A (p.C78Y) in exon 2, five a missense mutation c.1010G>A (p.C337Y) in exon 5, one a nonsense mutation c.348C>A (p.Y116JUL TO DEC) in exon 3, and one with a novel deletion mutation c.593_597delATAGA (p.Y198JUL TO DEC) in exon 4. CONCLUSION: We identified a novel mutation c.593_597delATAGA (p.Y198JUL TO DEC) in the fourth exon of the WISP3 gene.</p>	INTL	JUL TO DEC	<p>PMCID: PMC4957178</p> <p>PMID:27436824</p>

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	<p>We also confirmed c.1010G>A as one of the common mutations in an Indian population with progressive pseudorheumatoid dysplasia. Cite this article: V. Madhuri, M. Santhanam, K. Rajagopal, L. K. Sugumar, V. Balaji. WISP3 mutational analysis in Indian patients diagnosed with progressive pseudorheumatoid dysplasia and report of a novel mutation at p.Y198JUL TO DEC Bone Joint Res 2016;5:301-306. DOI: 10.1302/2046-3758.57.2000520. © 2016 Madhuri et al. DOI: 10.1302/2046-3758.57.2000520</p>			
140.	<p>Madhusudhan VL(1).</p> <p>Efficacy of 1% acetic acid in the treatment of chronic wounds infected with Pseudomonas aeruginosa: prospective randomised controlled clinical trial.</p> <p>Int Wound J. 2016 Dec;13(6):1129-1136. doi: 10.1111/iwj.12428. Epub 2015 Apr 8.</p> <p>Author information: (1)Department of Plastic Surgery, Christian Medical College, Vellore, India. Chronic wounds are those wounds that are persistent and do not respond to any sort of treatment. The concept of using topical antiseptics on open wounds is to prevent and treat infections. They also help to shorten the time taken to heal the wounds. The use of topical agents on wounds to prevent infection is a minimal ability to develop resistance to the microorganisms. Pseudomonas aeruginosa is a Gram-negative opportunistic pathogen with innate resistance to many antibiotics. In places that are economically backward, these problems get compounded by the inability of patients to afford newer expensive drugs. Topically applied dilute acetic acid, which is cheap and easily available, has been found to be effective in such chronic wounds. In the present study, an attempt has been made to use 1% acetic acid as the sole antimicrobial agent for the treatment of pseudomonal wound infections. A control limb was used in which the wounds were treated with normal saline. Our objective was to evaluate the efficacy of acetic acid in low concentration of 1% in chronic wounds infected with P. aeruginosa. This was a prospective study conducted over a period of 6 months. INCLUSION CRITERIA: All patients with chronic wounds infected with P. aeruginosa. EXCLUSION CRITERIA: Wounds due to massive burns, suspected malignancy, immunocompromised individuals and individuals with sepsis. A total of 32 patients enrolled in the study. Subjects were randomised equally to the 1% acetic acid group and saline dressing group. None of the patients received any systemic antibiotics during the study period and received twice daily dressings. The endpoint of the treatment was wounds free of P. aeruginosa. The duration of treatment required to eliminate the Pseudomonas from the wounds in the acetic acid group was on an average 7</p>	INTL	JUL TO DEC	PMID:25851059

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	<p>days less than that required by the saline group. P value was <0.001. In the 1% acetic acid group irrespective of the sensitivity of the organism to antibiotics, Pseudomonas organisms were eliminated within the same time period - 4.5 days. In the saline group, susceptible organisms were eliminated within 11.5 days and multidrug-resistant organisms were eliminated by 15.5 days. 1% acetic acid is a simple, safe and effective topical antiseptic that can be used in the elimination of P. aeruginosa from chronic infected wounds. © 2015 Medicalhelplines.com Inc and John Wiley & Sons Ltd. DOI: 10.1111/iwj.12428</p>			
141.	<p>Mahajan A(1), Sen I(1), Hazra D(1), Agarwal S(1).</p> <p>Management of Epithelioid Sarcoma of the Inguinal Region with Vascular Invasion.</p> <p>Indian J Surg. 2016 Aug;78(4):315-7. doi: 10.1007/s12262-015-1401-x. Epub 2015Nov 12.</p> <p>Author information:</p> <p>(1)Department of Vascular Surgery, CMC, Vellore, 632004 India.</p> <p>Epithelioid sarcoma (ES) is a rare clinically polymorphic tumor that mimics both benign and malignant conditions. It presents with dermal or subcutaneous nodules on the extremities in young adults. We present here a case of epithelioid sarcoma of the inguinal region infiltrating the femoral vessels. Biopsy is diagnostic and good histopathological evaluation is critical in management.</p> <p>DOI: 10.1007/s12262-015-1401-x</p>	NAT	JUL TO DEC	<p>PMCID: PMC4987559</p> <p>PMID:27574351</p>
142.	<p>Mahajan R(1), Aruldas BW(2), Sharma M(3), Badyal DK(4), Singh T(3).</p> <p>Professionalism and ethics: A proposed curriculum for undergraduates.</p> <p>Int J Appl Basic Med Res. 2016 Jul-Sep;6(3):157-63. doi:10.4103/2229-516X.186963.</p> <p>Author information: (1)Department of Pharmacology, Adesh Institute of Medical Sciences</p>	INTL	JUL TO DEC	<p>PMCID: PMC4979294</p> <p>PMID:27563578</p>

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	<p>and Research, Bathinda, Punjab, India. (2)Department of Pharmacology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Pediatrics, Christian Medical College, Ludhiana, Punjab, India. (4)Department of Pharmacology, Christian Medical College, Ludhiana, Punjab, India.</p> <p>Professionalism is the attributes, behaviors, commitments, values, and goals that characterize a profession. In medical professional, it encompasses strong societal role and involves emotional component too. On the other hand, ethics is the study of morality - careful and systematic analysis of moral decisions and behaviors and practicing those decisions. Medical ethics focuses primarily on issues arising out of the practice of medicine. It is generally believed that professionalism and ethics are caught by watching your teachers and seniors and not taught formally. Professionalism and ethics are reviously diffused passively to the students through "the hidden curriculum," leaving a lot to chance. However, over the time, it has been advocated that graduates need to be formally trained in the concepts of professionalism and ethics. In this paper, we propose a formal curriculum on professionalism and ethics, tailor-made for Indian medical graduates. DOI: 10.4103/2229-516X.186963</p>			
<p>143.</p>	<p>Malik S(1), Giri S(2), Madhu SV(2), Rathi V(3), Banerjee BD(4), Gupta N(5).</p> <p>Relationship of levels of Vitamin D with flow-mediated dilatation of brachialartery in patients of myocardial infarction and healthy control: A case-controlstudy.</p> <p>Indian J Endocrinol Metab. 2016 Sep-Oct;20(5):684-689.</p> <p>Author information:</p> <p>(1)Postgraduate Institute of Medical Education and Research, Chandigarh, India. (2)Department of Medicine, University College of Medical Sciences, New Delhi, India. (3)Department of Radio-diagnostic, University College of Medical Sciences, New Delhi, India. (4)Department of Biochemistry, University College of Medical Sciences, New Delhi, India. (5)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Cardiovascular diseases (CVD) remain the leading cause of death worldwide. Vitamin D deficiency has been linked to increased risk of adverse CV events.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5040051</p> <p>PMID:27730081</p>

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	<p>Vitamin D deficiency may be responsible for endothelial dysfunction which in turn affects the onset and progression of coronary artery disease and its risk factors, directly or indirectly through various mechanisms.</p> <p>MATERIALS AND METHODS: It was case-control study. A total of 50 cases of acute myocardial infarction (AMI) (aged 40-60 years), admitted to medicine emergency/CCU, were taken as per ACC/AHA 2007 guidelines. An equal number of age- and sex-matched controls were also taken. Risk factors of AMI, flow-mediated dilatation (FMD), and 25(OH)D levels were studied in all cases and controls. Correlation was also studied between FMD and 25(OH)D.</p> <p>RESULTS: The mean values of FMD were $18.86 \pm 5.39\%$ and $10.35 \pm 4.90\%$ in controls and cases, respectively ($P < 0.05$). The endothelial dilatation after glyceryl trinitrate (GTN) was also studied and was found to be $26.175 \pm 4.25\%$ and $18.80 \pm 5.72\%$ in controls and cases, respectively ($P < 0.05$). The mean levels of 25(OH)D in controls and cases were 25.45 ± 12.17 and 14.53 ± 8.28 ng/ml, respectively. In this study, 56% of subjects were Vitamin D deficient, 25% were Vitamin D insufficient, and only 19% had Vitamin D in normal range. A positive correlation coefficient was found between FMD and 25(OH) Vitamin D levels ($r = 0.841$, $P < 0.01$). In this study, a positive correlation coefficient was also found between endothelial dilatation after GTN and 25(OH)D levels ($r = 0.743$, $P < 0.01$).</p> <p>CONCLUSION: In this study, it was found that FMD was markedly impaired in patients of AMI when compared to controls. It was also found that majority of the study population was Vitamin D deficient; however, the deficiency was more severe in patients of AMI. We also found out that FMD was positively correlated ($r = 0.841$) to the deficiency state of Vitamin D in all the study subjects.</p> <p>DOI: 10.4103/2230-8210.190558</p>			
<p>144.</p>	<p>Manesh A(1), Balaji V(2), Kumar DR(3), Rupali P(4).</p> <p>A case of clinical and microbiological failure of azithromycin therapy in Salmonella enterica serotype Typhi despite low azithromycin MIC.</p> <p>Int J Infect Dis. 2016 Nov 25;54:62-63. doi: 10.1016/j.ijid.2016.11.409. [Epubahead of</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27894983</p>

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	<p>print]</p> <p>Author information: (1)Department of Infectious Diseases, Christian Medical College, Vellore, India. Electronic address: abimanesh@gmail.com. (2)Department of Clinical Microbiology, Christian Medical College, Vellore, India. Electronic address: vbalaji@cmcvellore.ac.in. (3)Department of Clinical Microbiology, Christian Medical College, Vellore, India. Electronic address: speed.naveen1@gmail.com. (4)Department of Infectious Diseases, Christian Medical College, Vellore, India. Electronic address: prisci@cmcvellore.ac.in.</p> <p>Typhoid fever remains a serious problem in many developing countries. Due to resistance to multiple first line drugs, azithromycin has evolved as an important drug in the treatment of typhoid. While therapy with azithromycin is highly effective, no clinically validated mean inhibitory concentration (MIC) break points or disc diffusion cutoff guidelines are available so far. We describe an Indian adult with clinical and microbiological failure to azithromycin despite low azithromycin MIC. Copyright © 2016. Published by Elsevier Ltd. DOI: 10.1016/j.ijid.2016.11.409</p>			
145.	<p>Manesh A(1), John AO(1), Mathew B(1), Varghese L(1), Rupa V(1), Zachariah A(1),Varghese GM(1).</p> <p>Posaconazole: an emerging therapeutic option for invasive rhino-orbito-cerebralmucormycosis.</p> <p>Mycoses. 2016 Jul 22. doi: 10.1111/myc.12529. [Epub ahead of print]</p> <p>Author information: (1)Christian Medical College, Vellore, India.</p> <p>Posaconazole has significant activity against the Mucormycetes. However, data are limited on the clinical efficacy of posaconazole for treating rhino-orbito-cerebral mucormycosis (ROCM). The aim of this study is to assess the efficacy and safety of posaconazole in patients with ROCM. We included 12 consecutive adult patients admitted with ROCM and treated with posaconazole between January 2010 and February 2015. The main outcome of the study was the overall success rate (i.e. either complete or partial response) at the end of treatment. We also assessed serum posaconazole concentrations in a subgroup of patients. Of the 12 patients who received posaconazole, eight patients (66.6%) had</p>	INTL	JUL TO DEC	PMID:27443253

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	complete resolution with median follow-up of 6.5 months (range 2-24 months). Two patients (16.6%) had significant reduction of disease and two (16.6%) had marked residual disease on follow-up. Uncontrolled diabetes was the predisposing factor in all except one patient. One patient developed diarrhoea on posaconazole, which settled without discontinuation of the drug. Posaconazole appears to be a safe and effective antifungal agent in diabetic patients with ROCM, especially in those who have toxicity with polyene therapy. © 2016 Blackwell Verlag GmbH. DOI: 10.1111/myc.12529			
146.	<p>Mani SS(1), Kodiatte T(2), Jagannati M(3).</p> <p>A rare presentation of plasmablastic lymphoma as cutaneous nodules in an immunocompromised patient.</p> <p>Int J STD AIDS. 2016 Oct 13. pii: 0956462416675037. [Epub ahead of print]</p> <p>Author information: (1)Department of General Medicine, Christian Medical College, Vellore, India selvinsr@gmail.com. (2)Department of General Pathology, Christian Medical College, Vellore, India. (3)Department of General Medicine, Christian Medical College, Vellore, India.</p> <p>Plasmablastic lymphoma is a rare entity accounting for around 2.7% of all AIDS-related lymphomas. The oral cavity and gastrointestinal tract are the most common sites involved. We report a case of a 34-year-old HIV-positive woman with a rare presentation of cutaneous nodules all over the body. Due to overwhelming tumour burden, she developed tumour lysis syndrome during her hospital stay and succumbed to the illness. © The Author(s) 2016. DOI: 10.1177/0956462416675037</p>	INTL	JUL TO DEC	PMID:27738277
147.	<p>Manik G(1), Jose J(2), Hygriv Rao B(3).</p> <p>Follicular thyroid carcinoma with tumour thrombus extending into superior vena cava and right atrium - A case report.</p> <p>Indian Heart J. 2016 Sep;68 Suppl 2:S146-S147. doi: 10.1016/j.ihj.2016.05.016. Epub 2016 Jun 11.</p>	NAT	JUL TO DEC	PMCID: PMC5067792 PMID:27751268

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	<p>Author information:</p> <p>(1)Krishna Institute of Medical Sciences, Hyderabad, India. Electronic address: geetesh.manik@gmail.com. (2)Christian Medical College, Vellore, India. (3)Division of Pacing & Electrophysiology, Krishna Institute of Medical Sciences, Hyderabad, India.</p> <p>Intra-cardiac extension of tumour thrombus of follicular carcinoma of thyroid is uncommon. We report a case of advanced thyroid carcinoma where tumour thrombus was well profiled with CT scan and transesophageal echo images and extension was noted from SVC into right atrium, with clinical features of superior vena cava syndrome. The clinical significance of the "ring sign" is discussed.</p> <p>Copyright © 2016 Cardiological Society of India. Published by Elsevier B.V. All rights reserved.</p> <p>DOI: 10.1016/j.ihj.2016.05.016</p>			
148.	<p>Manish P(1), Rathore S(2), Benjamin SJ(3), Abraham A(2), Jeyaseelan V(4), MathewsJE(5). A randomised controlled trial comparing 30 mL and 80 mL in Foley catheter for induction of labour after previous Caesarean section. Trop Doct. 2016 Oct;46(4):205-211. Epub 2016 Jan 15.</p> <p>Author information: (1)Registrar, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Assistant Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Associate Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Lecturer, Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (5)Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India og5@cmcvellore.ac.in.</p> <p>Inducing labour with a Foley balloon catheter rather than using oxytocin or prostaglandins is considered to be less risky if the uterus is scarred.(1) It is not known if more fluid in the balloon is more effective without being more dangerous. Volumes of 80 mL and 30 mL were compared in 154 eligible women. Mode of delivery, duration of labour and delivery</p>	INTL	JUL TO DEC	PMID:26774112

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	within 24 h were similar in both groups. However, the second group required oxytocin more frequently. Though more scar dehiscences occurred in the first group, the difference was not significant. © The Author(s) 2016. DOI: 10.1177/0049475515626031			
149.	<p>Manoharan A(1), Barla GS(2), Peter R(2), Sugumar M(2), Mathai D(3).</p> <p>Multidrug resistance mediated by co-carriage of extended-spectrum beta-lactamases, AmpC and New Delhi metallo-beta-lactamase-1 genes among carbapenem-resistant Enterobacteriaceae at five Indian medical centres.</p> <p>Indian J Med Microbiol. 2016 Jul-Sep;34(3):359-61. doi: 10.4103/0255-0857.188350.</p> <p>Author information:</p> <p>(1)Pushpagiri Research Center, Pushpagiri Institute of Medical Sciences and Research Center, Thiruvalla, Kerala, India. (2)Department of Medicine, Benjamin M Pulimood Laboratories for Infection, Immunity and Inflammation, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Medicine, Apollo Institute of Medical Sciences, Education and Research, Hyderabad, Telangana, India.</p> <p>In this study, we evaluated the coexistence of extended-spectrum beta-lactamases (ESBL), AmpC and New Delhi metallo-beta-lactamase-1 (NDM-1) genes among carbapenem-resistant Enterobacteriaceae (CRE) recovered prospectively from patients at multiple sites. The study included 285 CRE strains from 2782 Gram-negative Bacilli collected from multiple centres during 2007-2010, of which 87 were characterised. Standard and reference laboratory methods were used for resistance determination. Detection of blaNDM-1, blaAmpC, blaTEM, blaSHV and blaCTX-M was done by polymerase chain reaction. High levels of antimicrobial resistance observed among study isolates. Co-carriage of ESBLs, AmpC and NDM-1 was 26.3%. Nosocomial origin among the co-carriage isolates was 64.3%, with 9.2% associated mortality.</p> <p>DOI: 10.4103/0255-0857.188350</p>	NAT	JUL TO DEC	PMID:27514962
150.	<p>Manuel DA(1), Kumar P(2), Jose J(2).</p> <p>Incidentally detected large neonatal ductus arteriosus aneurysm. Asian Cardiovasc Thorac</p>	INTL	JUL TO DEC	PMID:25979874

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	Ann. 2016 Nov;24(9):900-901. Epub 2015 May 15. Author information: (1)Department of Cardiology, Christian Medical College, Vellore, Tamil Nadu, India devi_manny@redifmail.com. (2)Department of Cardiology, Christian Medical College, Vellore, Tamil Nadu, India.DOI: 10.1177/0218492315585046			
151.	<p>Mascarenhas M(1), Thomas S(2), Kamath MS(3), Ramalingam R(4), Kongari AM(5), Yuvarani S(6), Srivastava VM(7), George K(5).</p> <p>Prevalence of chromosomal abnormalities and Y chromosome microdeletion among men with severe semen abnormalities and its correlation with successful sperm retrieval. J Hum Reprod Sci. 2016 Jul-Sep;9(3):187-193.</p> <p>Author information:(1)Leeds Centre for Reproductive Medicine, Seacroft Hospital, Leeds, United Kingdom. (2)Reproductive Medicine Unit, Christian Medical College and Hospital, Vellore, India. (3)Reproductive Medicine Unit, Christian Medical College, Vellore, India. (4)Jeevan Mithra Fertility Centre, Chennai, Tamil Nadu, India. (5)Reproductive Medicine Unit, Bangalore Baptist Hospital, Bengaluru, Karnataka, India. (6)Cytogenetics Unit, Christian Medical College, Vellore, India. (7)Cytogenetics Unit, Christian Medical College and Hospital, Vellore, India.</p> <p>AIM: To estimate the prevalence of chromosomal abnormalities and Y chromosome microdeletion among men with azoospermia and severe oligozoospermia and its correlation with successful surgical sperm retrieval. SETTING AND DESIGN: A prospective study in a tertiary level infertility unit. MATERIALS AND METHODS: In a prospective observation study, men with azoospermia and severe oligozoospermia (concentration <5 million/ml) attending the infertility center underwent genetic screening. Peripheral blood karyotype was done by Giemsa banding. Y chromosome microdeletion study was performed by a multiplex polymerase chain reaction. RESULTS: The study group consisted of 220 men, 133 of whom had azoospermia and 87 had severe oligozoospermia. Overall, 21/220 (9.5%) men had chromosomal abnormalities and 13/220 (5.9%) men had Y chromosome microdeletions. Chromosomal abnormalities were seen in 14.3% (19/133) of azoospermic men and Y chromosome microdeletions in 8.3% (11/133). Of the 87 men with severe oligozoospermia, chromosomal abnormalities and Y chromosome microdeletions were each seen in 2.3% (2/87). Testicular sperm aspiration was done in 13</p>	INTL	JUL TO DEC	PMCID: PMC5070401 PMID:27803587

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	<p>men and was successful in only one, who had a deletion of azoospermia factor c.</p> <p>CONCLUSIONS: Our study found a fairly high prevalence of genetic abnormality in men with severe semen abnormalities and a correlation of genetic abnormalities with surgical sperm retrieval outcomes. These findings support the need for genetic screening of these men prior to embarking on surgical sperm retrieval and assisted reproductive technology intracytoplasmic sperm injection. DOI: 10.4103/0974-1208.192065</p>			
152.	<p>Mathew A(1), Srinivasan R, Venugopal S, Kang G.</p> <p>Direct Medical Costs in Children with Rotavirus and Non-rotavirus DiarrheaAdmitted to a Pediatric Intensive Care Unit and High Dependency Unit in Delhi.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):639-41.</p> <p>Author information:</p> <p>(1)Department of Pediatrics, St. Stephens Hospital, Delhi; and Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu; India. Correspondence to: Dr. Ann Mathew, Department of Pediatrics, St Stephens Hospital, Delhi, India. drannmathew@gmail.com.</p> <p>OBJECTIVE: To estimate direct medical costs of diarrheal hospitalization of children <5 years admitted in pediatric intensive care unit (PICU) or high dependency unit (HDU).</p> <p>METHODS: Analysis of medical records and hospital bills of 84 children during two time frames, 2005-08 and 2012-14.</p> <p>RESULTS: Direct medical costs in PICU increased from INR 17,941 to INR 50,663 per child for rotavirus diarrhea and INR 11,614 to INR 27,106 for non-rotavirus diarrhea, and in HDU from approximately INR 5,800 to INR 10,500 per child for all-cause diarrhea between the two time frames.</p> <p>CONCLUSIONS: Costs of PICU and HDU care are high and should be included in cost-effectiveness analysis of vaccination.</p>	NAT	JUL TO DEC	PMID:27508544

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153.	<p>Mathew MA(1), Venugopal S, Arora R, Kang G.</p> <p>Leveraging the National Rotavirus Surveillance Network for Monitoring Intussusception.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):635-8.</p> <p>Author information:</p> <p>(1)Department of Pediatrics, Malankara Orthodox Syrian Church Medical College Hospital, Kolenchery; JUL TO DEC Division of Gastrointestinal Sciences, Christian Medical College, Vellore; and #Epidemiology and Communicable Diseases Division, Indian Council of Medical Research, New Delhi: India. Correspondence to: Dr Gagandeep Kang, Division of Gastrointestinal Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE: To assess feasibility of monitoring intussusception by hospitals participating in the National Rotavirus Surveillance Network.</p> <p>METHODS: Questionnaire-based survey in 28 hospitals. One hospital with electronic records selected for detailed data analysis.</p> <p>RESULTS: There was 75% response to the questionnaire. Few network hospitals were suitable for monitoring intussusception in addition to ongoing activities, but there was at least one potential sentinel hospital in each region. The hospital selected for detailed data analysis of cases of intussusception reported an incidence rate of 112 per 100,000 child years in infants. Over 90% of intussusceptions were managed without surgery.</p> <p>CONCLUSIONS: Selection of sentinel hospitals for intussusception surveillance is feasible and necessary, but will require training, increased awareness and referral.</p>	NAT	JUL TO DEC	PMID:27508543
154.	<p>Mathew SK(1), Mathew BS, Neely MN, Naik GS, Prabha R, Jacob GG, K S, Fleming DH.</p> <p>A Nonparametric Pharmacokinetic Approach to Determine the Optimal Dosing Regimen for 30-Minute and 3-Hour Meropenem Infusions in Critically Ill Patients. Ther Drug Monit. 2016 Oct;38(5):593-9. doi: 10.1097/FTD.0000000000000323.</p>	INTL	JUL TO DEC	PMID:27454665

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<p>Author information: (1)JUL TO DEClinical Pharmacology Unit, Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, India; †Laboratory of Applied Pharmacokinetics and Bioinformatics (LAPKB), Children's Hospital of Los Angeles, Keck School of Medicine, University of Southern California, Los Angeles, California; ‡Biocon Research Limited, Bangalore, India; and §Surgical Intensive Care Unit, Division of Critical Care, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Pharmacokinetics of meropenem differ widely in the critically ill population. It is imperative to maintain meropenem concentrations above the inhibitory concentrations for most of the interdose interval. A population pharmacokinetic/pharmacodynamic model was developed to determine the probability of target attainment for 3-hour and 30-minute infusion regimens in this population. METHODS: This study was performed in an intensive care setting among adult patients who were initiated on meropenem at a dose of 1000 mg. Multiple blood specimens were collected at predetermined time points during the interdose period, and meropenem concentrations were measured using high performance liquid chromatography. Using Pmetrics, a pharmacokinetic/pharmacodynamic model was developed and validated. Monte Carlo simulation was performed, and probability of target attainment (100% T > minimum inhibitory concentration (MIC), with a probability >0.9) for doubling MICs was determined for different regimens of meropenem. RESULTS: A 2-compartment multiplicative gamma error model best described the population parameters from 34 patients. The pharmacokinetic parameters used in the final model were Ke (elimination rate constant from the central compartment), Vc (volume of distribution of central compartment), KCP and KPC (intercompartmental rate constants), and IC2 (the fitted amount of meropenem in the peripheral compartment). Inclusion of creatinine clearance (CLcreat) and body weight as covariates improved the model prediction ($Ke = Ke0 \times$ (Equation is included in full-text article.), $Vc = Vc0 \times Weight$). The Ke and Vc [geometric mean (range)] of the individuals were 0.54 (0.01-2.61)/h and 9.36 (4.35-21.62) L, respectively. The probability of attaining the target, T > MIC of 100%, was higher for 3-hour infusion regimens compared with 30-minute infusion regimens for all ranges of CLcreat. CONCLUSIONS: This study emphasizes that extended regimens of meropenem are preferable for treating infections caused by bacteria with higher MICs. The nonparametric analysis using body weight and CLcreat as covariate adequately predicted the pharmacokinetics of meropenem in critically ill patients with a wide range of renal function. DOI: 10.1097/FTD.0000000000000323</p>			
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155.	<p>Mathews DM(1), John R(2), Verghese V(3), Parmar H(4), Chaudhary N(2), MishraS(5), Mathew L(2).</p> <p>Histoplasma capsulatum Infection with Extensive Lytic Bone Lesions Mimicking LCH.</p> <p>J Trop Pediatr. 2016 Dec;62(6):496-499. Epub 2016 Jun 20.</p> <p>Author information: (1)Department of Pediatrics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India divyamathews82@gmail.co. (2)Department of Pediatrics Haematology-Oncology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Pediatrics Infectious Diseases, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (4)Department of Pathology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (5)Department of Pediatrics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. Multiple lytic bone lesions in a child can be a manifestation of various diseases like Langerhans cell histiocytosis, metastatic neuroblastoma, leukemia, hyperparathyroidism, multifocal osteomyelitis and histoplasmosis. Disseminated histoplasmosis caused by Histoplasma capsulatum var. duboisii is well known to present with multiple osteolytic lesions in immunocompromised adults and is mostly restricted to the African subcontinent. Histoplasmosis seen in American and Asian countries is caused by Histoplasma capsulatum var. capsulatum, which presents with pulmonary and systemic manifestations and rarely bone involvement. We report a case of histoplasmosis, caused by H. capsulatum var. capsulatum with extensive lytic bone lesions in a 13 year old immunocompetent boy who presented with prolonged fever, weight loss and multiple boggy swellings. He responded to amphotericin and is currently on Itraconazole. This case is unique for extensive osteolytic lesions with H. capsulatum var. capsulatum infection in an immunocompetent child. © The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com. DOI: 10.1093/tropej/fmw040</p>	INTL	JUL TO DEC	PMID:27329388
156.	<p>Mehan R(1), Rupa V(2), Lukka VK(1), Ahmed M(3), Moses V(3), Shyam Kumar NK(3).</p> <p>Association between vascular supply, stage and tumour size of juvenilenasopharyngeal angiofibroma.</p> <p>Eur Arch Otorhinolaryngol. 2016 Dec;273(12):4295-4303. Epub 2016 Jun 11.</p>	INTL	JUL TO DEC	PMID:27289235

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	<p>Author information: (1)Department of ENT, Christian Medical College, Vellore, 632004, India. (2)Department of ENT, Christian Medical College, Vellore, 632004, India. rupavedantam@cmcvellore.ac.in. (3)Department of Radiology, Christian Medical College, Vellore, India.</p> <p>Juvenile nasopharyngeal angiofibroma (JNA) is a highly vascular tumour seen in adolescent males. To study the vascular pattern of these tumours, we retrospectively reviewed the records of patients with JNA who underwent preoperative angiography. Most (82.2 %) of the 45 patients assessed were Radkowski stage III with a mean size of 5.29 cm. There was a significant association between tumour stage and size ($p = 0.029$). Ten different vessels were seen to supply these tumours. All tumours had primary supply from the distal third of the ipsilateral internal maxillary artery (IMA). Accessory vessel supply was chiefly from the Vidian branch of internal carotid artery (ICA) (55.6 %). Stage III tumours were supplied by a greater number of feeding vessels than earlier stage tumours ($p < 0.01$). Larger tumours were more likely to have ICA supply ($p = 0.04$). Bilateral supply was seen in 48.7 %. However, there was no predominance of bilateral over ipsilateral IMA supply even in advanced stage tumours. One patient in our series was found to have a caroticocavernous fistula. Residual or recurrent tumours were characterized by new vasculature (100 %) and greater accessory supply from the ipsilateral ICA (85.7 %). Our study highlights the fact that surgical planning cannot be dependent on staging alone and should include preoperative assessment of tumour vasculature by angiography. DOI: 10.1007/s00405-016-4136-9</p>			
157.	<p>Mehendale S(1), Venkatasubramanian S, Girish Kumar CP, Kang G, Gupte MD, Arora R.</p> <p>Expanded Indian National Rotavirus Surveillance Network in the Context of Rotavirus Vaccine Introduction.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):575-81.</p> <p>Author information:</p> <p>(1)National Institute of Epidemiology, Chennai; JUL TO DEC Christian Medical College, Vellore; and Indian Council of Medical Research, New Delhi; India. Correspondence to: Dr.</p>	NAT	JUL TO DEC	PMID:27508533

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	<p>Sanjay Mehendale, Director, National Institute of Epidemiology, Indian Council of Medical Research, II Main Road, TNHB, Ayapakkam, Chennai 600077, India. sanjaymehendale@icmr.org.in.</p> <p>OBJECTIVE: To extend a nation-wide rotavirus surveillance network in India, and to generate geographically representative data on rotaviral disease burden and prevalent strains.</p> <p>DESIGN: Hospital-based surveillance.</p> <p>SETTING: A comprehensive multicenter, multi-state hospital based surveillance network was established in a phased manner involving 28 hospital sites across 17 states and two union territories in India.</p> <p>PATIENTS: Cases of acute diarrhea among children below 5 years of age admitted in the participating hospitals.</p> <p>RESULTS: During the 28 month study period between September 2012 and December 2014, 11898 children were enrolled and stool samples from 10207 children admitted with acute diarrhea were tested; 39.6% were positive for rotavirus. Highest positivity was seen in Tanda (60.4%) and Bhubaneswar (60.4%) followed by Midnapore (59.5%). Rotavirus infection was seen more among children aged below 2 years with highest (46.7%) positivity in the age group of 12-23 months. Cooler months of September to February accounted for most of the rotavirus associated gastroenteritis, with highest prevalence seen during December to February (56.4%). 64% of rotaviru -infected children had severe to very severe disease. G1 P[8] was the predominant rotavirus strain (62.7%) during the surveillance period.</p> <p>CONCLUSION: The surveillance data highlights the high rotaviral disease burden in India. The network will continue to be a platform for monitoring the impact of the vaccine.</p>			
158.	<p>Miller E(1), John TJ(2,)(3).</p> <p>Sailing in Uncharted Waters: Carefully Navigating the Polio Endgame.</p>	INTL	JUL TO DEC	<p>PMCID: PMC5049750</p> <p>PMID:27701414</p>

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	<p>PLoS Med. 2016 Oct 4;13(10):e1002141. doi: 10.1371/journal.pmed.1002141.eCollection 2016.</p> <p>Author information: (1)Immunisation Hepatitis and Blood Safety Department, Public Health England, London, United Kingdom. (2)Child Health Foundation, New Delhi, India. (3)Department of Clinical Virology, Christian Medical College, Vellore, India.</p> <p>In a Perspective linked to the research article by Isobel Blake and colleagues, Elizabeth Miller and T. Jacob John discuss the path towards global polio eradication and the challenges, strategies, and necessary precautions around oral polio vaccine cessation. DOI: 10.1371/journal.pmed.1002141</p>			
159.	<p>Mishra AK(1), Chandiraseharan VK(1), Jose N(1), Sudarsanam TD(1).</p> <p>Chlorantraniliprole: An unusual insecticide poisoning in humans.</p> <p>Indian J Crit Care Med. 2016 Dec;20(12):742-744. doi: 10.4103/0972-5229.195718.</p> <p>Author information:</p> <p>(1)Department of General Medicine Unit II, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>A 26-year-old female presented with deliberate self-harm using chlorantraniliprole, an unknown substance in human toxicology. She developed symptomatic Mobitz Type I atrioventricular block during observation, for which a temporary pacemaker was inserted. She reverted to sinus rhythm after 48 h and was discharged. Although claimed to be nontoxic to humans, chlorantraniliprole, an insecticide, could cause conduction defects by activating ryanodine receptors. To the best of our knowledge, this is the first case of chlorantraniliprole poisoning reported in the medical literature.</p> <p>DOI: 10.4103/0972-5229.195718</p>	NAT	JUL TO DEC	<p>PMID: 28149035</p> <p>PMCID: PMC5225778</p>
160.	<p>Mishra AK(1), Devakiruba NS(2), Jasmine S(3), Sathyendra S(4), Zachariah A(5),Iyadurai R(6).</p>	INTL	JUL TO DEC	<p>PMID:27663491</p>

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	<p>Clinical spectrum of yellow phosphorous poisoning in a tertiary care centre in South India: a case series.</p> <p>Trop Doct. 2016 Sep 23. pii: 0049475516668986. [Epub ahead of print]</p> <p>Author information: (1)Assistant Professor, Internal Medicine Unit III, Christian Medical College and Hospital Vellore, Tamil Nadu, India ajaybalasore@gmail.com. (2)Assistant Professor, Internal Medicine Unit III, Christian Medical College and Hospital Vellore, Tamil Nadu, India. (3)Associate Professor, Internal Medicine Unit III, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (4)Professor, Internal Medicine Unit III, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (5)Head of the Department and Professor, Internal Medicine Unit I, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (6)Associate Professor, Internal Medicine Unit V, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. Rodenticides such as yellow phosphorus are highly toxic compounds which are commonly used for pest control. Reports of yellow phosphorus poisoning from tropical nations is scanty. In this retrospective study, we report the clinical features, mortality and predictors of mortality among nine patients at a tertiary care centre in south India. Yellow phosphorus consumption was common among a younger age group of patients. The mean duration of presentation after consumption was five days. The most common clinical manifestations seen were abdominal pain and vomiting followed by a depressed sensorium. Features of acute liver failure including coagulopathy were seen in all patients. Despite all patients receiving supportive therapy, a poor outcome or death resulted in the majority. Early referral to a tertiary care centre, meticulous monitoring and supportive measures are key elements of patient management as there are no specific antidotes available at present. Increase in public and physician awareness to the toxin and implementation of preventive policies is of utmost importance.</p> <p>© The Author(s) 2016. DOI: 10.1177/0049475516668986</p>			
161.	<p>Murhekar MV(1), Mittal M(2), Prakash JA(3), Pillai VM(4), Mittal M(5), GirishKumar CP(6), Shinde S(6), Ranjan P(6), Oak C(6), Gupta N(7), Mehendale S(8), Arora R(7), Gupte M(7).</p> <p>Acute encephalitis syndrome in Gorakhpur, Uttar Pradesh, India - Role of scrub typhus.</p>	INTL	JUL TO DEC	PMID:27592263

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	<p>J Infect. 2016 Dec;73(6):623-626. doi: 10.1016/j.jinf.2016.08.014. Epub 2016 Sep1.</p> <p>Author information:</p> <p>(1)Dept of Epidemiology, National Institute of Epidemiology, Indian Council of Medical Research, Chennai, Tamil Nadu, India. Electronic address: mmurhekar@gmail.com. (2)Dept of Pediatrics, Baba Raghav Das Medical College, Gorakhpur, Uttar Pradesh, India. (3)Dept of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Dept of Medicine, Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry, India. (5)Dept of Medicine, Baba Raghav Das Medical College, Gorakhpur, Uttar Pradesh, India. (6)Dept of Epidemiology, National Institute of Epidemiology, Indian Council of Medical Research, Chennai, Tamil Nadu, India. (7)Dept of Epidemiology and Communicable Diseases, Indian Council of Medical Research, New Delhi, India. (8)National Institute of Epidemiology, Indian Council of Medical Research, Chennai, Tamil Nadu, India.</p> <p>DOI: 10.1016/j.jinf.2016.08.014</p>			
162.	<p>Muthusamy K(1), Ekbote AV(2), Thomas MM(1), Aaron S(1), Mathew V(1), Patil AB(1),Sivadasan A(1), Prabhakar AT(1), Yoganathan S(1), Alexander M(1).</p> <p>Biotin thiamine responsive basal ganglia disease-A potentially treatable inbornerror of metabolism.</p> <p>Neurol India. 2016 Nov-Dec;64(6):1328-1331. doi: 10.4103/0028-3886.193797.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Medical Genetics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0028-3886.193797</p>	NAT	JUL TO DEC	PMID:27841215
163.	<p>Naik D(1), Shyamasunder AH(1), Mruthyunjaya MD(1), Gupta Patil R(1), Paul TV(1),Christina F(1), Inbakumari M(1), Jose R(2), Lionel J(2), Regi A(2), JeyaseelanPV(3),</p>	INTL	JUL TO DEC	PMID:27625296

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	<p>Thomas N(1).</p> <p>Masked hypoglycemia in pregnancy.</p> <p>J Diabetes. 2016 Sep 14. doi: 10.1111/1753-0407.12485. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, India. (2)Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, India. (3)Biostatistics, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Hypoglycemia is a major hindrance for optimal glycemic control in women with gestational diabetes mellitus (GDM) on insulin. In the present study, masked hypoglycemia (glucose <2.77mmol/L for ≥30 min) was estimated in pregnant women using a continuous glucose monitoring (CGM) system.</p> <p>METHODS: Twenty pregnant women with GDM on insulin (cases) and 10 age-matched euglycemic pregnant women (controls) between 24 and 36 weeks gestation were recruited. Both groups performed self-monitoring of blood glucose (SMBG) and underwent CGM for 72 h to assess masked hypoglycemia. Masked hypoglycemic episodes were further stratified into two groups based on interstitial glucose (2.28-2.77 and ≤2.22 mmol/L).</p> <p>RESULTS: Masked hypoglycemia was recorded in 35% (7/20) of cases and 40% (4/10) of controls using CGM, with an average of 1.28 and 1.25 episodes per subject, respectively. Time spent at glucose levels between 2.28 and 2.77 mmol/L did not differ between the two groups (mean 114 vs 90 min; P = 0.617), but cases spent a longer time with glucose ≤2.2 mmol/L. Babies born to women with GDM were significantly lighter than those born to controls (2860 vs 3290 g; P = 0.012). There was no significant difference in birth weight within the groups among babies born to women with or without hypoglycemia.</p> <p>CONCLUSION: Euglycemic pregnant women and those with GDM on insulin had masked hypoglycemia. Masked hypoglycemia was not associated with adverse maternal or fetal</p>			
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	<p>outcomes. Therefore, low glucose levels in the hypoglycemic range may represent a physiologic adaptation in pregnancy. This response is exaggerated in women with GDM on insulin.</p> <p>© 2016 Ruijin Hospital, Shanghai Jiaotong University School of Medicine and John Wiley & Sons Australia, Ltd.</p> <p>DOI: 10.1111/1753-0407.12485</p>			
<p>164.</p>	<p>Naik R(1), George G(2), Karupiah S(2), Philip MA(3).</p> <p>Hyperlactatemia in patients undergoing adult cardiac surgery undercardiopulmonary bypass: Causative factors and its effect on surgical outcome.</p> <p>Ann Card Anaesth. 2016 Oct-Dec;19(4):668-675. doi: 10.4103/0971-9784.191579.</p> <p>Author information:</p> <p>(1)Department of Cardiothoracic and Vascular Surgery, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Bengaluru, Karnataka, India. (2)Department of Anaesthesia, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Cardiothoracic Surgery, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVES OF THE STUDY: To identify the factors causing high lactate levels in patients undergoing cardiac surgery under cardiopulmonary bypass (CPB) and to assess the association between high blood lactate levels and postoperative morbidity and mortality.</p> <p>METHODS: A retrospective observational study including 370 patients who underwent cardiac surgeries under cardiopulmonary bypass. The patients were divided into 2 groups based on serum lactate levels; those with serum lactate levels greater than or equal to 4 mmol/L considered as hyperlactatemia and those with serum lactate levels less than 4 mmol/L. Blood lactate samples were collected intraoperatively and postoperatively in the ICU. Preoperative and intraoperative risk factors for hyperlactatemia were identified using</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5070327</p> <p>PMID:27716698</p>

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	<p>the highest intraoperative value of lactate. The postoperative morbidity and mortality associated with hyperlactatemia was studied using the overall (intraoperative and postoperative values) peak lactate levels. Preoperative clinical data, perioperative events and postoperative morbidity and mortality were recorded.</p> <p>RESULTS: Intraoperative peak blood lactate levels of 4.0 mmol/L or more were present in 158 patients (42.7%). Females had higher peak intra operative lactate levels (P = 0.011). There was significant correlation between CPB time (Pearson correlation coefficient $r = 0.024$; $P = 0.003$) and aortic cross clamp time ($r = 0.02$, $P = 0.007$) with peak intraoperative blood lactate levels. Patients with hyperlactatemia had significantly higher rate of postoperative morbidity like atrial fibrillation (19.9% vs. 5.3%; $P = 0.004$), prolonged requirement of inotropes (34% vs. 11.8%; $P = 0.001$), longer stay in the ICU ($P = 0.013$) and hospital ($P = 0.001$).</p> <p>CONCLUSIONS: Hyperlactatemia had significant association with post-operative morbidity. Detection of hyperlactatemia in the perioperative period should be considered as an indicator of inadequate tissue oxygen delivery and must be aggressively corrected.</p> <p>DOI: 10.4103/0971-9784.191579</p>			
165.	<p>Naina P(1), Syed KA(2), Koshy L(1), Mathews SS(3).</p> <p>Sublingual dermoid causing stertor in an infant.</p> <p>BMJ Case Rep. 2016 Sep 16;2016. pii: bcr2016217135. doi: 10.1136/bcr-2016-217135.</p> <p>Author information:</p> <p>(1)Department of ENT, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (2)Department of Otorhinolaryngology, Head & Neck Surgery, Christian Medical College and Hospital Vellore, Vellore, Tamil Nadu, India. (3)Department of ENT, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Sublingual dermoids are uncommon lesions in the floor of mouth. The most common age of presentation is early adulthood, but presentation in infancy has also been reported.</p>	INTL	JUL TO DEC	PMID:27637278

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	<p>This report highlights the clinical presentation and treatment challenges in infants. An 8-month-old infant presented with inability to close mouth, intermittent stertor and snoring. MRI suggested a sublingual dermoid which was confirmed on histopathology of the surgically enucleated specimen. Sublingual dermoids are uncommon lesions of the floor of mouth. The age of presentation of a sublingual dermoid depends on the initial size of the lesion. Large sublingual dermoids in neonates can present with respiratory embarrassment and need early surgical intervention. Surgical enucleation via an intraoral approach is the treatment of choice with external approach reserved for very large cysts below the mylohyoid. Large sublingual cysts can present with anaesthetic challenges and may need fibreoptic intubation.</p> <p>2016 BMJ Publishing Group Ltd.</p> <p>DOI: 10.1136/bcr-2016-217135</p>			
<p>166.</p>	<p>Nair S(1), Nair BR(1), Vidyasagar A(1), Joseph M(1).</p> <p>Importance of fibrinogen in dilutional coagulopathy after neurosurgical procedures: A descriptive study.</p> <p>Indian J Anaesth. 2016 Aug;60(8):542-5. doi: 10.4103/0019-5049.187778.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND AIMS: The routine management of coagulopathy during surgery involves assessing haemoglobin, prothrombin time (PT), activated partial thromboplastin time (aPTT) and platelets. Correction of these parameters involves administration of blood, fresh frozen plasma and platelet concentrates. The study was aimed at identifying the most common coagulation abnormality during neurosurgical procedures and the treatment of dilutional coagulopathy with blood components.</p> <p>METHODS: During 2 years period, all adult patients undergoing neurosurgical procedures</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4989803</p> <p>PMID:27601735</p>

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	<p>who were transfused two or more units of red cells were prospectively evaluated for the presence of a coagulopathy. PT, aPTT, platelet count and fibrinogen levels were estimated before starting a component therapy.</p> <p>RESULTS: After assessing PT, aPTT, platelet count and fibrinogen levels following two or more blood transfusions, thirty patients were found to have at least one abnormal parameter that required administration of a blood product. The most common abnormality was a low fibrinogen level, seen in 26 patients; this was the only abnormality in three patients. No patient was found to have an abnormal PT or aPTT without either the fibrinogen concentration or platelet count or both being low.</p> <p>CONCLUSION: Low fibrinogen concentration was the most common coagulation abnormality found after blood transfusions for neurosurgical procedures.</p> <p>DOI: 10.4103/0019-5049.187778</p>			
167.	<p>Nandi A(1), Barter DM, Prinja S, John TJ.</p> <p>The Estimated Health and Economic Benefits of Three Decades of Polio Elimination Efforts in India.</p> <p>Indian Pediatr. 2016 Aug 7;53 Suppl 1:S7-S13.</p> <p>Author information:</p> <p>(1)Center for Disease Dynamics, Economics and Policy, Washington, USA; JUL TO DECSchool of Public Health, Chandigarh, India; and #Retired Professor of Clinical Virology, Christian Medical College, Vellore, TN, India. Correspondence to: Dr Arindam Nandi, The Center for Disease Dynamics, Economics and Policy, Washington, USA. nandi@cddep.org.</p> <p>OBJECTIVE: In March 2014, India, the country with historically the highest burden of polio, was declared polio free, with no reported cases since January 2011. We estimate the health and economic benefits of polio elimination in India with the oral polio vaccine (OPV) during 1982-2012.</p>	NAT	JUL TO DEC	PMID:27771633

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	<p>METHODS: Based on a pre-vaccine incidence rate, we estimate the counterfactual burden of polio in the hypothetical absence of the national polio elimination program in India. We attribute differences in outcomes between the actual (adjusted for under-reporting) and hypothetical counterfactual scenarios in our model to the national polio program. We measure health benefits as averted polio incidence, deaths, and disability adjusted life years (DALYs). We consider two methods to measure economic benefits: the value of statistical life approach, and equating one DALY to the Gross National Income (GNI) per capita.</p> <p>RESULTS: We estimate that the National Program against Polio averted 3.94 million (95% confidence interval [CI]: 3.89-3.99 million) paralytic polio cases, 393,918 polio deaths (95% CI: 388,897- 398,939), and 1.48 billion DALYs (95% CI: 1.46-1.50 billion). We also estimate that the program contributed to a \$1.71 trillion (INR 76.91 trillion) gain (95% CI: \$1.69-\$1.73 trillion [INR 75.93-77.89 trillion]) in economic productivity between 1982 and 2012 in our base case analysis. Using the GNI and DALY method, the economic gain from the program is estimated to be \$1.11 trillion (INR 50.13 trillion) (95% CI: \$1.10-\$1.13 trillion [INR 49.50-50.76 trillion]) over the same period.</p> <p>CONCLUSION: India accrued large health and economic benefits from investing in polio elimination efforts. Other programs to control/eliminate more vaccine-preventable diseases are likely to contribute to large health and economic benefits in India.</p>			
<p>168.</p>	<p>National Rotavirus Surveillance Network, Kumar CP(1), Venkatasubramanian S, KangG, Arora R, Mehendale S.</p> <p>Profile and Trends of Rotavirus Gastroenteritis in Under 5 children in India,2012 - 2014, Preliminary Report of the Indian National Rotavirus SurveillanceNetwork.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):619-22.</p> <p>Author information:</p> <p>(1)National Institute of Epidemiology, Chennai; JUL TO DECChristian Medical College and Hospital, Vellore; and #Indian Council of Medical Research, New Delhi; India Correspondence to: Dr CP Girish Kumar, National Institute of pidemiology, II Main Road,</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27508539</p>

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	<p>TNHB, Ayapakkam, Chennai 600 077, India. girishkumar@nie.gov.in.</p> <p>OBJECTIVE: To estimate the burden of rotavirus-associated gastroenteritis in India.</p> <p>METHODS: Hospital based surveillance network was established, with clinical evaluation and laboratory testing for rotavirus among children aged below 5 years hospitalized with acute gastroenteritis.</p> <p>RESULTS: Between September 2012 and December 2014, stool samples from 10207 children were tested and rotavirus was detected in 39.6% of cases. Infections were more commonly seen among younger children (<2 years). Detection rates were higher during cooler months of September February. Among rotavirus infected children, 64.0% had severe or very severe disease. G1P[8] was the predominant rotavirus genotype (62.7%) observed during the surveillance period.</p> <p>CONCLUSIONS: Surveillance data highlights the high rotavirus disease burden and emphasizes the need for close monitoring to reduce morbidity and mortality associated with rotavirus gastroenteritis in India.</p>			
<p>169.</p>	<p>Ninan MM(1), George TK(2), Balaji V(1), Ramya I(2).</p> <p>Extended spectrum β-lactamase producing <i>Shigella flexneri</i> serotype-2 causing bacteremia in a patient with uncontrolled diabetes mellitus.</p> <p>Indian J Pathol Microbiol. 2016 Jul-Sep;59(3):420-1. doi:10.4103/0377-4929.188120.</p> <p>Author information:</p> <p>(1)Department of Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Medicine, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>We report a case of <i>Shigella flexneri</i> serotype-2 causing bacteremia in an elderly gentleman with uncontrolled diabetes mellitus, who had no other apparent risk factors. Antibiotic susceptibility testing revealed that the organism was a multidrug resistant extended spectrum beta-lactamase producing strain, which was confirmed by molecular</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27510696</p>

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	<p>characterization. This rare case alerts both the clinician and microbiologist to a previously unaddressed risk factor of Shigella spp. causing bacteremia, as well as emerging resistant strains that are on the rise in immunocompromised patients.</p> <p>DOI: 10.4103/0377-4929.188120</p>			
170.	<p>Nirmal B(1).</p> <p>Finger-shaped Red Light Emitting Diode to Ascertain the Depth of Periungual Wart.</p> <p>J Cutan Aesthet Surg. 2016 Jul-Sep;9(3):201-203.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Christian Medical College, Vellore, India.</p> <p>Management of periungual wart is a great challenge, especially when there is subungual extension. The major cause of recurrence of wart is improper clinical assessment of its extent and not directing therapy against the entire wart. This difficulty of ascertaining its extent could be overcome with this finger-shaped red light emitting diode device. Red light in the device penetrates the thick palmar skin and dark constitutive skin colour due to its longer wavelength.</p> <p>DOI: 10.4103/0974-2077.191655</p>	NAT	JUL TO DEC	<p>PMCID: PMC5064687</p> <p>PMID:27761093</p>
171.	<p>Nirmal B(1).</p> <p>Use of Dermatoscope to Monitor the Repigmentation of Various Vitiligo Surgical Procedures.</p> <p>J Cutan Aesthet Surg. 2016 Oct-Dec;9(4):286-287. doi: 10.4103/0974-2077.197090.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Venereology and Leprosy, Christian Medical College, Vellore, Tamil Nadu, India. DOI: 10.4103/0974-2077.197090</p>	NAT	JUL TO DEC	<p>PMID: 28163468</p>

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172.	<p>Oommen AM(1), Abraham VJ(1), George K(1), Jose VJ(2).</p> <p>Prevalence of risk factors for non-communicable diseases in rural & urban Tamil Nadu.</p> <p>Indian J Med Res. 2016 Sep;144(3):460-471. doi: 10.4103/0971-5916.198668.</p> <p>Author information:</p> <p>(1)Department of Community Health, Christian Medical College, Vellore, India.</p> <p>(2)Department of Cardiology, Christian Medical College, Vellore, India.</p> <p>BACKGROUND & OBJECTIVES: Surveillance of risk factors is important to plan suitable control measures for non-communicable diseases (NCDs). The objective of this study was to assess the behavioural, physical and biochemical risk factors for NCDs in Vellore Corporation and Kaniyambadi, a rural block in Vellore district, Tamil Nadu, India. METHODS: This cross-sectional study was carried out among 6196 adults aged 30-64 yr, with 3799 participants from rural and 2397 from urban areas. The World Health Organization-STEPS method was used to record behavioural risk factors, anthropometry, blood pressure, fasting blood glucose and lipid profile. Multiple logistic regression was used to assess associations between risk factors. RESULTS: The proportion of tobacco users (current smoking or daily use of smokeless tobacco) was 23 per cent in the rural sample and 18 per cent in the urban, with rates of smoking being similar. Ever consumption of alcohol was 62 per cent among rural men and 42 per cent among urban men. Low physical activity was seen among 63 per cent of the urban and 43 per cent of the rural sample. Consumption of fruits and vegetables was equally poor in both. In the urban sample, 54 per cent were overweight, 29 per cent had hypertension and 24 per cent diabetes as compared to 31, 17 and 11 per cent, respectively, in the rural sample. Physical inactivity was associated with hypertension, body mass index (BMI) ≥ 25 kg/m², central obesity and dyslipidaemia after adjusting for other factors. Increasing age, male</p>	NAT	JUL TO DEC	PMID: 28139545
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	<p>sex, BMI ≥ 25 kg/m² and central obesity were independently associated with both hypertension and diabetes. INTERPRETATION & CONCLUSIONS: Diabetes, hypertension, dyslipidaemia, physical inactivity and overweight were higher in the urban area as compared to the rural area which had higher rates of smokeless tobacco use and alcohol consumption. Smoking and inadequate consumption of fruits and vegetables were equally prevalent in both the urban and rural samples. There is an urgent need to address behavioural risk factors such as smoking, alcohol consumption, physical inactivity and inadequate intake of fruits and vegetables through primary prevention.</p> <p>DOI: 10.4103/0971-5916.198668</p>			
<p>173.</p>	<p>Oommen AM(1), Abraham VJ(2), George K(2), Jose VJ(2).</p> <p>Prevalence of coronary heart disease in rural and urban Vellore: A repeatcross-sectional survey.</p> <p>Indian Heart J. 2016 Jul-Aug;68(4):473-9. doi: 10.1016/j.ihj.2015.11.015. Epub2016 Jan 11.</p> <p>Author information:</p> <p>(1)Associate Professor, Department of Community Health, Christian Medical College, Vellore, Tamil Nadu 632002, India. Electronic address: anuoommen@cmcvellore.ac.in. (2)Department of Community Health, Christian Medical College, Vellore, Tamil Nadu 632002, India.</p> <p>BACKGROUND: With the increase of cardiovascular risk factors in India, the prevalence of coronary heart disease (CHD) is also expected to rise. A cross-sectional study in 2010-2012 assessed the prevalence and risk factors for CHD in urban and rural Vellore, Tamil Nadu. The secondary objectives were to compare the current prevalence with the prevalence of CHD in the same areas in 1991-1994.</p> <p>METHODS: A cross-sectional survey was carried out among adults aged 30-64 years to determine the prevalence of CHD (previously diagnosed disease, symptoms detected using Rose angina questionnaire, or ischemic changes on electrocardiography). The study used the WHO STEPS method in addition to the Rose angina questionnaire and resting</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4990735</p> <p>PMID:27543468</p>

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	<p>electrocardiography and was conducted in nine clusters of a rural block in Vellore district and 48 wards of Vellore town. The results were compared with a similar study in the same area in 1991-1994.</p> <p>RESULTS: The prevalence of CHD was 3.4% (95% CI: 1.6-5.2%) among rural men, 7.4% (95% CI: 4.7-10.1%) among rural women, 7.3% (95% CI: 5.7-8.9%) among urban men, and 13.4% (95% CI: 11.2-15.6%) among urban women in 2010-2012. The age-adjusted prevalence in rural women tripled and in urban women doubled, with only a slight increase among males, between 1991-1994 and 2010-2012.</p> <p>CONCLUSIONS: The large increase in prevalence of CHD, among both pre- and post-menopausal females, suggests the need for further confirmatory studies and interventions for prevention in both rural and urban areas.</p> <p>Copyright © 2015 Cardiological Society of India. Published by Elsevier B.V. All rights reserved.</p> <p>DOI: 10.1016/j.ihj.2015.11.015</p>			
<p>174.</p>	<p>Padaki PA(1), Sachithanandham J(1), Isaac R(2), Ramalingam VV(1), Abraham OC(3),Pulimood SA(4), Kannangai R(1).</p> <p>The performance of reverse transcriptase assay for the estimation of the plasmaviral load in HIV-1 and HIV-2 infections.</p> <p>Infect Dis (Lond). 2016;48(6):467-71. doi: 10.3109/23744235.2015.1122832. Epub2015 Dec 11.</p> <p>Author information: (1)a Departments of Clinical Virology ; (2)b Rural Unit for Health and Social Affairs (RUHSA) ; (3)c Internal Medicine ; (4)d Dermatology and Venereology , Christian Medical College , Vellore , India.</p> <p>Viral load testing for human immunodeficiency virus 1 (HIV-1) in resource-poor settings continues to be a challenge. Although antiretroviral therapy (ART) is being made available in developing countries, monitoring of viral load is not being done on a regular basis. The purpose of this study was to assess the utility of Cavid version 3.0, which measures the</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:26654354</p>

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	<p>plasma reverse transcriptase (RT) activity and compare its performance with molecular HIV viral load assays. In all, 125 HIV-1 and 13 HIV-2 positive samples were analyzed. The overall sensitivity of the assay was 86.8% and 94.1% for viral load >1000 copies/ml measured by Qiagen Artus HIV-1 RG RT PCR and Abbott RealTime HIV-1 PCR assays, respectively. Compared with the routine molecular viral load assays, CaviDi version 3.0 is inexpensive, user-friendly, the expenditure on infrastructure is minimal, and it can be used for monitoring of both HIV types.</p> <p>DOI: 10.3109/23744235.2015.1122832</p>			
<p>175.</p>	<p>Pallapati SC(1), Thomas BP(2), Anderson GA(1).</p> <p>En bloc Excision and Matched Metatarsal Transfer for Expansive Benign Osteolytic Lesions of the Metacarpal.</p> <p>J Hand Surg Am. 2016 Nov;41(11):e417-e423. doi: 10.1016/j.jhssa.2016.08.004. Epub 2016 Sep 7.</p> <p>Author information:</p> <p>(1)Paul Brand Centre for Hand Surgery, Christian Medical College & Hospital, Vellore, Tamil Nadu, India. (2)Paul Brand Centre for Hand Surgery, Christian Medical College & Hospital, Vellore, Tamil Nadu, India. Electronic address: binu@cmcvellore.ac.in.</p> <p>PURPOSE: Benign aggressive expansile osteolytic lesions such as giant cell tumors and aneurysmal bone cysts involving the metacarpal head pose problems in management. Unacceptably high rates of recurrence are reported after curettage and bone grafting. An en bloc excision of such tumors ideally requires osteoarticular replacement of the excised metacarpal heads to retain mobility and function. We used nonvascularized metatarsal head and shaft harvested from the foot to replace the metacarpal defect after en bloc resection to retain movement and function of metacarpophalangeal (MCP) joint. The purpose of this study was to evaluate results of patients who underwent this procedure.</p> <p>METHOD: Nine patients treated with metatarsal transfer for osteoarticular reconstruction</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27614921</p>

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	<p>after en bloc excision of benign aggressive osteolytic metacarpal head tumors were reviewed retrospectively. The postoperative evaluation included examination of radiographs, joint mobility, and patient rated return of function using the Michigan Hand Questionnaire.</p> <p>RESULTS: Of 9 patients, 4 had aneurysmal bone cyst, 4 had giant cell tumor, and 1 an atypical cartilaginous lesion. Patients were aged between 14 and 45 years at the time of surgery. After an average of 44 months of follow-up (minimum follow-up of 24 months; range, 24-104 months), all patients had good postoperative function, satisfactory results, and no recurrence of tumor. The mean active range of motion at the reconstructed MCP joint was 75° (range, 0° to 90°). The Michigan Hand Questionnaire score averaged 80 (range, 69-92). No patient complained of donor site morbidity. One patient underwent MCP joint fusion after a pin tract infection.</p> <p>CONCLUSIONS: Use of a matched metatarsal graft for osteoarticular reconstruction after en bloc excision of benign aggressive tumors involving the metacarpal head is a potential treatment option. In this limited series, consistent results with respect to functional range of motion at MCP joint, and without recurrence of tumor or notable donor site morbidity were obtained.</p> <p>TYPE OF STUDY/LEVEL OF EVIDENCE: Therapeutic IV.</p> <p>Copyright © 2016 American Society for Surgery of the Hand. Published by Elsevier Inc. All rights reserved.</p> <p>DOI: 10.1016/j.jhsa.2016.08.004</p>			
<p>176.</p>	<p>Pandian GR(1), Thampi SM(2), Chakraborty N(1), Kattula D(1), Kundavaram PP(1).</p> <p>Profile and outcome of sudden cardiac arrests in the emergency department of a tertiary care hospital in South India.</p> <p>J Emerg Trauma Shock. 2016 Oct-Dec;9(4):139-145.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5113080</p> <p>PMID:27904259</p>

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<p>Author information:</p> <p>(1)Department of Emergency Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Anaesthesiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Sudden cardiac arrest (SCA) requiring cardiopulmonary resuscitation (CPR) is one of the common emergencies encountered in the emergency department (ED) of any hospital. Although several studies have reported the predictors of CPR outcome in general, there are limited data from the EDs in India.</p> <p>MATERIALS AND METHODS: This retrospective study included all patients above 18 years with SCA who were resuscitated in the ED of a tertiary care hospital with an annual census of 60,000 patients between August 2014 and July 2015. A modified Utstein template was used for data collection. Factors relating to a sustained return of spontaneous circulation and mortality were analyzed using descriptive analytic statistics and logistic regressions.</p> <p>RESULTS: The study cohort contained 254 patients, with a male predominance (64.6%). Median age was 55 (interquartile range: 42-64) years. Majority were in-hospital cardiac arrests (73.6%). Only 7.4% (5/67) of the out-of-hospital cardiac arrests received bystander resuscitation before ED arrival. The initial documented rhythm was pulseless electrical activity (PEA)/asystole in the majority (76%) of cases while shockable rhythms pulseless ventricular tachycardia/ventricular fibrillation were noted in only 8% (21/254) of cases. Overall ED-SCA survival to hospital admission was 29.5% and survival to discharge was 9.9%. Multivariate logistic regression analysis showed age ≥ 65 years (odds ratio [OR]: 12.33; 95% confidence interval [CI]: 1.38-109.59; P = 0.02) and total duration of CPR >10 min (OR: 5.42; 95% CI: 1.15-25.5; P = 0.03) to be independent predictors of mortality.</p> <p>CONCLUSION: SCA in the ED is being increasingly seen in younger age groups. Despite advances in resuscitation medicine, survival rates of both in-hospital and out-of-hospital SCA remain poor. There exists a great need for improving prehospital care as well as control of risk factors to decrease the incidence and improve the outcome of SCA.</p> <p>DOI: 10.4103/0974-2700.193348</p>			
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177.	<p>Pandian RM(1), John NT(1), Eapen A(2), Antonisamy B(3), Devasia A(1), Kekre N(1).</p> <p>Does MRI help in the pre - operative evaluation of pelvic fracture urethral distraction defect? - A pilot study.</p> <p>Int Braz J Urol. 2016 Nov 2;42. doi: 10.1590/S1677-5538.IBJU.2016.0252. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Urology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College and Hospital, Tamil Nadu, India.</p> <p>OBJECTIVES: To study the usefulness of MRI in preoperative evaluation of PFUDD. Can MRI provide additional information on urethral distraction defect (UDD) and cause of erectile dysfunction (ED)?</p> <p>MATERIALS AND METHODS: In this prospective study, consecutive male patients presenting with PFUDD were included from Feb 2011 till Dec 2012. Those with traumatic spinal cord injury and pre-existing ED were excluded. Patients were assessed using IIEF questionnaire, retrograde urethrogram and micturating cystourethrogram (RGU+MCU) and MRI pelvis. Primary end point was erectile function and secondary end point was surgical outcome.</p> <p>RESULTS: Twenty patients were included in this study. Fourteen patients (70%) were ≤40 years; fifteen patients (75%) had ED, seven patients (35%) had severe ED. MRI findings associated with ED were longer median UDD (23mm vs. 15mm, p=0.07), cavernosal injury (100%, p=0.53), rectal injury (100%, p=0.53), retropubic scarring (60%, p=0.62) and prostatic displacement (60%, p=0.99). Twelve patients (60%) had a good surgical outcome, five (25%) had an acceptable outcome, three (15%) had a poor outcome. Poor surgical outcome was associated with rectal injury (66.7%, p=0.08), cavernosal injury (25%, p=0.19), retropubic scarring (18.1%, p=0.99) and prostatic displacement (16.7%, p=0.99). Five patients with normal erections had good surgical outcome. Three patients with ED</p>	INTL	JUL TO DEC	PMID:27819749
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	<p>had poor outcome (20%, p=0.20).</p> <p>CONCLUSIONS: MRI did not offer significant advantage over MCU in the subgroup of men with normal erections. Cavernosal injury noted on MRI strongly correlated with ED. Role of MRI may be limited to the subgroup with ED or an inconclusive MCU.</p> <p>Copyright® by the International Brazilian Journal of Urology.</p>			
178.	<p>Paramanandam M(1), O'Byrne M(2), Ghosh B(3), Mammen JJ(4), Manipadam MT(5),Thamburaj R(1), Pakrashi V(2).</p> <p>Automated Segmentation of Nuclei in Breast Cancer Histopathology Images.</p> <p>PLoS One. 2016 Sep 20;11(9):e0162053. doi: 10.1371/journal.pone.0162053.eCollection 2016.</p> <p>Author information:</p> <p>(1)Department of Mathematics, Madras Christian College, Chennai, India. (2)School of Mechanical and Materials Engineering, University College Dublin, Ireland. (3)Department of Civil, Structural and Environmental Engineering, Trinity College Dublin, Ireland. (4)Department of Transfusion Medicine & Immunohematology, Christian Medical College, Vellore, India. (5)Department of Pathology, Christian Medical College, Vellore, India.</p> <p>The process of Nuclei detection in high-grade breast cancer images is quite challenging in the case of image processing techniques due to certain heterogeneous characteristics of cancer nuclei such as enlarged and irregularly shaped nuclei, highly coarse chromatin marginalized to the nuclei periphery and visible nucleoli. Recent reviews state that existing techniques show appreciable segmentation accuracy on breast histopathology images whose nuclei are dispersed and regular in texture and shape; however, typical cancer nuclei are often clustered and have irregular texture and shape properties. This paper proposes a novel segmentation algorithm for detecting individual nuclei from Hematoxylin and Eosin (H&E) stained breast histopathology images. This detection</p>	INTL	JUL TO DEC	<p>PMCID: PMC5029866</p> <p>PMID:27649496</p>

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	<p>framework estimates a nuclei saliency map using tensor voting followed by boundary extraction of the nuclei on the saliency map using a Loopy Back Propagation (LBP) algorithm on a Markov Random Field (MRF). The method was tested on both whole-slide images and frames of breast cancer histopathology images. Experimental results demonstrate high segmentation performance with efficient precision, recall and dice-coefficient rates, upon testing high-grade breast cancer images containing several thousand nuclei. In addition to the optimal performance on the highly complex images presented in this paper, this method also gave appreciable results in comparison with two recently published methods-Wienert et al. (2012) and Veta et al. (2013), which were tested using their own datasets.</p> <p>DOI: 10.1371/journal.pone.0162053</p>			
<p>179.</p>	<p>Parameswaran A(1), Krishnamoorthy VP(1), Oommen AT(1), Jasper A(2), Korula RJ(1), Nair SC(3), Poonnoose PM(1).</p> <p>Is pre-operative assessment of coagulation profile with Thrombelastography (TEG) useful in predicting venous thromboembolism (VTE) following orthopaedic surgery?</p> <p>J Clin Orthop Trauma. 2016 Oct-Dec;7(Suppl 2):225-229. doi: 10.1016/j.jcot.2016.08.003. Epub 2016 Aug 24.</p> <p>Author information:</p> <p>(1)Department of Orthopaedics-Unit II, Christian Medical College, Vellore 632004, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College, Vellore 632004, Tamil Nadu, India. (3)Department of Transfusion Medicine and Immunohaematology, Christian Medical College, Vellore 632004, Tamil Nadu, India.</p> <p>INTRODUCTION: Epidemiologic data on the incidence of venous thromboembolism (VTE) in Indian population vary widely. Most studies show that the incidence of VTE is lower in Asian patients than in Western population. Screening tools to identify high-risk patients should enable us to reduce this complication. METHODS: The incidence of VTE in 101 patients who underwent knee or hip arthroplasty, or surgery for hip fractures, without chemoprophylaxis for deep vein thrombosis (DVT) was documented. Diagnosis of DVT was made with Duplex ultrasonography. We also assessed the usefulness of pre-operative</p>	<p>INT</p>	<p>JUL TO DEC</p>	<p>PMID: 28053389 PMCID: PMC5197038</p>

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	<p>assessment of the hypercoagulable status of the patient in predicting the occurrence of VTE, using the Thrombelastography (TEG) test. RESULTS: The incidence of DVT in the study population was 7%. Six of the 7 patients who developed DVT had surgery for hip fractures, while one had knee replacement. The thrombus was above the knee joint level in 6 of the 7 patients. Pre-operative TEG was positive in only one of the 7 patients, but was positive in 37 of the remaining 94 patients. CONCLUSION: Incidence of DVT in the study population is sufficiently high to recommend some form of prophylaxis to prevent VTE following hip and knee surgery. Pre-operative assessment of the patients' coagulation status with Thrombelastography does not predict the risk of VTE. The use of other lab parameters that could help in selective chemoprophylaxis needs to be explored.</p> <p>DOI: 10.1016/j.jcot.2016.08.003</p>			
<p>180.</p>	<p>Paul A(1), Babji S, Sarkar R, Lazarus RP, Kang G.</p> <p>Rotavirus specific Salivary and Fecal IgA in Indian Children and Adults.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):601-6.</p> <p>Author information:</p> <p>(1)Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College, Vellore TN, India. Correspondence to: Dr Gagandeep Kang, The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College, Vellore Tamil Nadu 632 004, India. gkang@cmcvellore.ac.in.</p> <p>OBJECTIVE: To compare serum, salivary and fecal IgA responses in infants and adults following rotavirus vaccination.</p> <p>STUDY DESIGN: Laboratory testing of samples from clinical trials.</p> <p>SETTING: Medical College Hospital.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27508537</p>

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	<p>PARTICIPANTS: 13 healthy adult volunteers not given vaccine, 20 healthy adult volunteers given one dose of bovine rotavirus tetravalent vaccine (Shantha Biotechnics), and 88 infants given 3 or 5 doses of Rotarix.</p> <p>OUTCOME MEASURES: Serum, salivary and fecal IgA at one or more time points.</p> <p>METHODS: IgA antibodies were estimated in serum, saliva and fecal samples by enzyme-linked immunosorbent assay, and normalized to total IgA in saliva.</p> <p>RESULTS: In naturally infected adult volunteers, comparing serum and salivary IgA showed significant positive correlation ($r=0.759$; $P=0.003$). Of 20 vaccinated adults, complete samples showing change were available for 10; among them there was a significant positive correlation ($P<0.05$) between pre-vaccination serum and pre-vaccination salivary IgA but not between post-vaccination serum and post-vaccination salivary IgA. Of 88 infants given 3 or 5 doses of vaccine, 13 had more than 4-fold IgA response in serum, saliva and fecal samples, 6 had a 2-4 fold increases in all specimens. There was weak correlation between seroconversion rates measured by serum and salivary antibody responses. Salivary and stool assays were able to detect seroconversion in a few children in whom there was no detectable response in serum.</p> <p>CONCLUSIONS: Evaluation of multiple samples is useful for intensive experimental study designs and may help improve our understanding of the induction and dynamics of immune responses to rotavirus vaccination.</p>			
<p>181.</p>	<p>Paul P(1), Kuriakose T(1), John J(2), Raju R(1), George K(2), Amritanand A(1),Doss PA(1), Muliylil J(2).</p> <p>Prevalence and Visual Outcomes of Cataract Surgery in Rural South India: A Cross-Sectional Study.</p> <p>Ophthalmic Epidemiol. 2016 Oct;23(5):309-15. doi: 10.1080/09286586.2016.1212991.Epub 2016 Aug 23.</p> <p>Author information:</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27552313</p>

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	<p>(1)a Department of Ophthalmology , Christian Medical College , Vellore , India. (2)b Department of Community Health , Christian Medical College , Vellore , India.</p> <p>PURPOSE: To determine the prevalence of cataract surgery and postoperative vision-related outcomes, especially with respect to sex, socioeconomic status (SES) and site of first contact with eye care, in a rural area of South India. METHODS: In a population-based cross-sectional survey of 5530 individuals aged 50 years or older from 10 villages selected by cluster sampling, individuals who had undergone cataract surgery in one or both eyes were identified. Consenting participants were administered a questionnaire, underwent vision assessment and ophthalmic examination. Outcomes were classified as good if visual acuity of the operated eye was 6/18 or better, fair if worse than 6/18 but better than or equal to 6/60, and poor if worse than 6/60.</p> <p>RESULTS: Prevalence of cataract surgery in this age group (771 persons) was 13.9% (95% confidence interval, CI, 13.0-14.9%). In the 1112 eyes of 749 persons studied, at presentation, 53.1% (95% CI 50.1-56.1%) of operated eyes had good, 38.1% (95% CI 35.2-41.0%) had fair, and 8.8% (95% CI 7.1-10.5%) had poor outcomes. With pinhole, 75.2% (95% CI 72.6-77.8%) had good, 17.2% (95% CI 14.9-19.5%) had fair, and 7.4% (95% CI 5.8-9.0%) had poor outcomes. In 76.3% of eyes with fair and poor presenting outcomes we detected an avoidable cause for the suboptimal visual acuity. Place of surgery and duration since surgery of 3 years or more were risk factors for blindness, while SES, sex and site of first eye care contact were not.</p> <p>CONCLUSION: The high prevalence of avoidable causes of visual impairment in this rural setting indicates the scope for preventive strategies.</p> <p>DOI: 10.1080/09286586.2016.1212991</p>			
182.	<p>Paul SS(1), Ramamurthy PH(1), Kumar R(1), Ashirvatham M(1), John KR(2), IsaacR(1).</p> <p>Seniors' Recreation Centers in Rural India: Need of the Hour.</p>	NAT	JUL TO DEC	<p>PMCID: PMC4919936</p> <p>PMID:27385876</p>

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	<p>Indian J Community Med. 2016 Jul-Sep;41(3):219-22. doi: 10.4103/0970-0218.183585.</p> <p>Author information:</p> <p>(1)Department of Rural Unit for Health and Social Affairs (RUHSA), Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Community Medicine, SRM Medical College Hospital and Research Centre, SRM University, Kancheepuram, Tamil Nadu, India.</p> <p>AIM: To empower and bring the underprivileged senior citizens in the rural areas to the mainstream of life through setting up of model "senior citizens' recreation centers" that can be replicated in the other parts of the country.</p> <p>MATERIALS AND METHODS: Six senior citizens' recreation centers are run in six villages under a community health program of a leading Medical College in South India, which were started by looking into their perceived needs and in a location where organized self-help women groups (SHGs) showed willingness to take the role of caretakers. Together there are 140 members in 6 centers and the most deserving members were identified using a participatory rural appraisal (PRA) method. These centers are open for 5 days a week and the main attraction of the center has been provision of one good, wholesome, noon-meal a day, apart from several recreational activities. The members were also assessed for chronic energy deficiency (CED) and quality of life at the beginning of enrolment using body mass index (BMI) and WHO-BREF scale.</p> <p>RESULTS: The attendance to these centers was nearly 90% of the enrolled beneficiaries. A statistically significant improvement was noticed in quality of life in the physical, psychological, social, and environmental domain (P < 0.05). There was also a significant increase in the average BMI after 1 year of the intervention (P < 0.05).</p> <p>CONCLUSION: Care of underprivileged senior citizens is a growing need in the rural areas and the "Recreation centers" proved to be a beneficial model that can be easily replicated.</p> <p>DOI: 10.4103/0970-0218.183585</p>			
183.	Peedicayil J(1).	INTL	JUL TO DEC	PMID:27856950

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	<p>The role of epigenetics in social psychiatry.</p> <p>Int J Soc Psychiatry. 2016 Nov 16. pii: 0020764016677556. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Pharmacology and Clinical Pharmacology, Christian Medical College Vellore, Vellore, India jpeedi@cmcvellore.ac.in.</p> <p>BACKGROUND: Epigenetics refers to the study of heritable changes in gene expression not involving changes in DNA sequence and is presently an active area of research in biology and medicine. There is increasing evidence that epigenetics is involved in the pathogenesis of psychiatric disorders.</p> <p>AIMS AND METHODS: Several studies conducted to date have suggested that psychosocial factors act by modifying epigenetic mechanisms of gene expression in the brain in the pathogenesis of psychiatric disorders. Such studies have been conducted both on brain tissues and also using peripheral tissues as substitutes for brain tissues. This article reviews such studies.</p> <p>RESULTS AND CONCLUSION: Epigenetic mechanisms of gene expression in the brain appear to link one individual with another in the context of social psychiatry. Epigenetics appears to be of major importance to the field of social psychiatry.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/0020764016677556</p>			
184.	<p>Petnikota H(1), Madhuri V(1), Gangadharan S(1), Agarwal I(2), Antonisamy B(3).</p> <p>Retrospective cohort study comparing the efficacy of prednisolone and deflazacortin children with muscular dystrophy: A 6 years' experience in a South Indianteaching</p>	NAT	JUL TO DEC	<p>PMCID: PMC5017179</p> <p>PMID:27746500</p>

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	<p>hospital.</p> <p>Indian J Orthop. 2016 Sep;50(5):551-557.</p> <p>Author information:</p> <p>(1)Department of Paediatric Orthopaedics, CMC, Vellore, Tamil Nadu, India. (2)Department of Child Health, CMC, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, CMC, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Muscular dystrophies are inherited myogenic disorders characterized by progressive muscle wasting and weakness of variable distribution and severity. They are a heterogeneous group characterized by variable degree of skeletal and cardiac muscle involvement. The most common and the most severe form of muscular dystrophy is DMD. Currently, there is no curative treatment for muscular dystrophies. Several drugs have been studied to retard the progression of the muscle weakness. There is much controversy about steroid usage in muscular dystrophy with respect to regimen, adverse effects, and whether long term benefits outweigh side effects. This study is to assess steroid efficacy in children with muscular dystrophy.</p> <p>MATERIALS AND METHODS: All children with diagnosed muscular dystrophy by muscle biopsy, immunohistochemistry and/or genetic test were enrolled in the study. They were started on either prednisolone (0.75 mg/kg/day) or deflazacort 0.9 mg/kg/day based on affordability. All were followed up every 6 months with clinical assessment, quality of life questionnaire and clinical and laboratory assessment of side effects. Outcome measures of children on deflazacort and prednisolone at 1 year followup were summarized as numbers and percentages and were compared using Fisher's exact test.</p> <p>RESULTS: Twenty two children with muscular dystrophy were included (prednisolone group: 10 and deflazacort group: 12). The mean age was 7.7 years at an average followup of 26.4 months. Twenty children were diagnosed to have Duchenne's; one had Becker's muscular dystrophy while one had sarcoglycanopathy by Type 2C. All children from prednisolone group maintained their ambulatory status at 2 and 4 years followups while three on deflazacort lost their ability to walk at an average age of 11.3 years. All activities of daily living were found to be better in prednisolone group. Muscle function and time</p>			
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	<p>taken to walk improved in prednisolone group. Weight gain in children on prednisolone was three times more.</p> <p>CONCLUSIONS: Prednisolone is more beneficial than deflazacort at doses of 0.75 mg/kg/day and 0.9 mg/kg/day, respectively, however it is associated with adverse effects.</p> <p>DOI: 10.4103/0019-5413.189609</p>			
185.	<p>Philip C(1), George B(1), Korula A(1), Srivastava A(1), Balasubramanian P(1), Mathews V(2).</p> <p>Treatment rates of paediatric acute myeloid leukaemia: a view from three tertiary centres in India - response to Gupta et al.</p> <p>Br J Haematol. 2016 Oct;175(2):347-349. doi: 10.1111/bjh.13857. Epub 2015 Dec 2.</p> <p>Author information:</p> <p>(1)Department of Haematology, Christian Medical College, Vellore, India. (2)Department of Haematology, Christian Medical College, Vellore, India. vikram@cmcvellore.ac.in.</p> <p>DOI: 10.1111/bjh.13857</p>	INTL	JUL TO DEC	PMID:26627639
186.	<p>Philip SS(1), Mani SE(2), Dutton GN(3).</p> <p>Pediatric Balint's Syndrome Variant: A Possible Diagnosis in Children.</p> <p>Case Rep Ophthalmol Med. 2016;2016:3806056. Epub 2016 Nov 8.</p> <p>Author information:</p> <p>(1)Department of Ophthalmology, The Cerebral Visual Impairment Clinic, Christian Medical College and Hospital, Vellore, Tamil Nadu 632001, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Vision Sciences, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, UK.</p>	INTL	JUL TO DEC	PMCID: PMC5118514 PMID:27895948

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	<p>Balint's syndrome is well described in adults, but not in children. It is caused by bilateral posterior parietal lobe damage and comprises a triad of simultanagnosia (inability to simultaneously see more than a small number of items), optic ataxia (impaired visual guidance of movement of the limbs and body), and apraxia of gaze (inability to volitionally direct gaze despite the requisite motor substrate) often associated with homonymous lower visual field loss. We, here, describe five children (four males, one female; mean age 7.4 years, [range 4-11 years]; birth weight \leq 2.5 kg; four were born \leq 36 weeks of gestational age and one at 40 weeks) who presented to the Cerebral Visual Impairment Clinic at a tertiary care center in South India with clinical features remarkably consistent with the above description. In all children neuroimaging showed bilateral parietooccipital gliosis with regional white matter volume loss and focal callosal thinning, consistent with perinatal hypoxic ischemic encephalopathy and possible neonatal hypoglycemia.</p> <p>DOI: 10.1155/2016/3806056</p>			
<p>187.</p>	<p>PonMalar J(1), Benjamin SJ(1), Abraham A(1), Rathore S(1), Jeyaseelan V(2),Mathews JE(3).</p> <p>Randomized double-blind placebo controlled study of preinduction cervical primingwith 25 μg of misoprostol in the outpatient setting to prevent formal inductionof labour.</p> <p>Arch Gynecol Obstet. 2016 Aug 26. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Obstetrics and Gynaecology Unit V, Christian Medical College, Ida Scudder Road, Vellore, 632 004, India. (2)Department of Biostatistics, Christian Medical College, Ida Scudder Road, Vellore, 632 004, India. (3)Department of Obstetrics and Gynaecology Unit V, Christian Medical College, Ida Scudder Road, Vellore, 632 004, India. coronistrial@yahoo.co.in.</p> <p>OBJECTIVE: To compare the efficacy of preinduction outpatient use of a single dose of 25 μg vaginal misoprostol between 38(1/2) and 40 weeks with that of placebo, to</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27566696</p>

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	<p>decrease the interval from intervention to delivery after stretch and sweep in low-risk gravid women with Bishop's score <4.</p> <p>METHOD: Sixty three women received 25 µg vaginal misoprostol and 63 women received placebo after stretch and sweep.</p> <p>RESULTS: The duration from intervention to delivery was 3.35 (1.12-9.46) days in the misoprostol group and 5.42 (2.39-10.11) days in the placebo group which was statistically significant (p = 0.029). Spontaneous labor was seen in 39 women (61.9 %) in the misoprostol group and 35 women (55.6 %) in the placebo group (p = 0.531). Eight women in the misoprostol group and 18 in the placebo group had Lower Segment Caesarean Section (LSCS) and this difference was also statistically significant (p = 0.027). There were no major maternal and neonatal complications in both groups.</p> <p>CONCLUSION: Preinduction use of 25 µg vaginal misoprostol after stretch and sweep in the outpatient setting decreased the intervention to delivery interval when compared to placebo.</p> <p>DOI: 10.1007/s00404-016-4173-z</p>			
<p>188.</p>	<p>Poonnoose PM(1), Hilliard P(2), Doria AS(3), Keshava SN(4), Gibikote S(4),Kavitha ML(5), Feldman BM(6), Blanchette V(7), Srivastava A(5).</p> <p>Correlating clinical and radiological assessment of joints in haemophilia:results of a cross sectional study.</p> <p>Haemophilia. 2016 Nov;22(6):925-933. doi: 10.1111/hae.13023. Epub 2016 Jul 7.</p> <p>Author information:</p> <p>(1)Department of Orthopaedics, Christian Medical College, Vellore, India. (2)Department of Rehabilitation, The Hospital for Sick Children, Toronto, ON, Canada. (3)Department of Diagnostic Imaging, The Hospital for Sick Children, Toronto, ON, Canada. (4)Department of Radiology Christian Medical College, Vellore, India. (5)Department of Haematology, Christian Medical College, Vellore, India. (6)Division of Rheumatology, Departments of</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27385495</p>

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<p>Paediatrics, The Hospital for Sick Children, Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada. (7)Division of Haematology/Oncology, Department of Paediatrics, The Hospital for Sick Children, University of Toronto, Toronto, ON, Canada.</p> <p>OBJECTIVES: This study was undertaken to determine the correlation between the radiological changes in haemophilic arthropathy [X-ray, Ultrasound (US) and MRI] and clinical assessment as determined by the Hemophilia Joint Health Score (HJHS); and to document the US and MRI changes in joints that appear normal on plain X-ray and clinical evaluation.</p> <p>MATERIALS AND METHODS: Of 55 study joints (22 knees and 33 ankles) in 51 patients with haemophilia/von Willebrand disease, with a median age of 15 years (range: 5-17) were assessed using X-rays (Pettersson score) and clinical examination (HJHS) at two centres (Toronto, Canada; Vellore, India). MRI and ultrasonographic scoring was done through a consensus assessment by imagers at both centres using the IPSPG MRI and US scores.</p> <p>RESULTS: The HJHS had a good correlation with the Pettersson score ($r_s = 0.66$). Though the HJHS had moderate correlation with the osteochondral component of the MRI and US scores (r_s 0.51, 0.45 respectively), its correlation with the soft tissue component was poor (r_s 0.19; 0.26 respectively). Of the 18 joints with a Pettersson score of zero, 88.9% had changes that were detected clinically by the HJHS. Osteochondral abnormalities were identified in 38.9% of these joints by the MRI, while US images of the same joints were deemed abnormal in 83.3% by the current criteria. US identified haemosiderin and other soft tissue changes in all of the joints, while the same changes were noted in 94.4% of these joints on MRI. There were four joints with a HJHS of zero, all of which had soft tissue changes on MRI (score 1-7) and US (score 2-7). Osteochondral changes were detected in three of these joints by US and in 2 by MRI. There were four joints with an MRI score of 0-1 that had significant US scores (3-5) and HJHS scores (0-6).</p> <p>CONCLUSION: US and MRI are able to identify pathological changes in joints with normal X-ray imaging and clinical examination. However, further studies are required to be able to differentiate early abnormalities from normal. Clinical (HJHS) and radiological assessment (US/MRI) provide complimentary information and should be considered</p>			
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	<p>conjointly in the assessment of early joint arthropathy.</p> <p>© 2016 John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/hae.13023</p>			
189.	<p>Prabha R(1), Mathew BS(1), Jeyaseelan V(2), Kumar TS(3), Agarwal I(3), FlemingDH(1).</p> <p>Development and validation of limited sampling strategy equation formycophenolate mofetil in children with systemic lupus erythematosus.</p> <p>Indian J Nephrol. 2016 Nov-Dec;26(6):408-412.</p> <p>Author information:</p> <p>(1)Department of Pharmacology, Clinical Pharmacology Unit, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Child Health, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>The aim of this study was to establish a limited sample strategy (LSS) to predict the mycophenolic acid (MPA) area under the curve (AUC)(0-12) in children with systemic lupus erythematosus (SLE). Three months after initiation of mycophenolate mofetil (MMF) 26 children with SLE presented for therapeutic drug monitoring of MPA. On the day of the test, 10 specimens were collected, analyzed, and MPA AUC(0-12) was calculated. Using step-wise regression analysis, LSS equations were developed. Using bootstrap validation, the predictive performance was calculated. The measured mean (standard deviation) for the trough concentration and AUC(0-12) were 2.55 (1.57) µg/ml and 62.6 (21.67) mg.h/L, respectively. The range of trough concentrations and AUC(0-12) were 0.7-5.54 µg/ml and 22.1-104.8 mg.h/L, respectively. The interindividual variability (%CV) for dose normalized AUC(0-12) and dose normalized Ctrough was 46.5% and 61.1%, respectively. The correlation between the concentrations at the different time points and MPA AUC(0-12) ranged from 0.05 (1.5 h) to 0.56 (4 h). Two LSS equations that included 4 or 5 time points up to 3 h were developed and validated. The 4 point LSS had a correlation (R(2)) of 0.88 and the 5 point LSS an R(2) of 0.87. With respect to the 4 point and 5 point MPA LSS</p>	NAT	JUL TO DEC	<p>PMCID: PMC5131378</p> <p>PMID:27942171</p>

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	<p>AUC(0-12), the bias was 1.92% and 1.96%, respectively, and the imprecision was 11.24% and 11.28%, respectively. A 4 point LSS which concludes within 3 h after the administration of the MMF dose was developed and validated, to determine the MPA AUC(0-12) in children with SLE.</p> <p>DOI: 10.4103/0971-4065.174242</p>			
<p>190.</p>	<p>Prabhu VV(1), Sathyamurthy D(1), Ramasamy A(1), Das S(2), Anuradha M(1),Pachiappan S(1).</p> <p>Evaluation of protective effects of diosmin (a citrus flavonoid) inchemical-induced urolithiasis in experimental rats.</p> <p>Pharm Biol. 2016 Sep;54(9):1513-21. doi: 10.3109/13880209.2015.1107105. Epub 2016Jan 22.</p> <p>Author information:</p> <p>(1)a Department of Pharmacology , Swamy Vivekanandha College of Pharmacy , Namakkal , Tamil Nadu , India ; (2)b Department of Pharmacology , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>Context There have not been any conclusive studies of the effects of diosmin, a modified flavanone glycoside obtained from Teucrium gnaphalodes L'Her (Lamiaceae), on urolithiasis. Objective To evaluate anti-urolithiatic effects of diosmin in ammonium chloride and ethylene glycol-induced renal stone in experimental animals. Materials and methods Thirty Sprague-Dawley were divided into five groups (n=6) receiving the following treatments, respectively, p.o. for 15 consecutive days: distilled water, 0.75% v/v ethylene glycol+2% w/v ammonium chloride, 0.75% v/v ethylene glycol+2% w/v ammonium chloride + cystone® 750 mg/kg, 0.75% v/v ethylene glycol + 2% w/v ammonium chloride + diosmin 10 mg/kg or 0.75% v/v ethylene glycol+2% w/v ammonium chloride + diosmin 20 mg/kg. Different biomarkers of urolithiasis in urine and serum were evaluated and histopathological examination of kidney was done. Results Animals treated with diosmin (both 10 and 20 mg/kg) had significantly (p<0.005) decreased in kidney weight, urinary pH, total urinary protein, urinary calcium, phosphorus, serum potassium, sodium, magnesium, creatinine, uric acid and blood urea nitrogen levels and significantly</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:26799954</p>

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	<p>(p<0.005) increased in urinary volume, urinary magnesium, potassium, sodium, creatinine, uric acid and serum calcium levels in comparison to animals treated with ethylene glycol and ammonium chloride. However, results were better with diosmin 20 mg/kg in comparison to the control group. Conclusion Diosmin (10 and 20 mg/kg) has very good anti-urolithiatic activity similar to the standard drug cystone®.</p> <p>DOI: 10.3109/13880209.2015.1107105</p>			
191.	<p>Pragasam AK(1), Sahni RD(2), Anandan S(2), Sharma A(3), Gopi R(1), HadibashaN(1), Gunasekaran P(1), Veeraraghavan B(4).</p> <p>A Pilot Study on Carbapenemase Detection: Do We See the Same Level of Agreement as with the CLSI Observations.</p> <p>J Clin Diagn Res. 2016 Jul;10(7):DC09-13. doi: 10.7860/JCDR/2016/16417.8152. Epub 2016 Jul 1.</p> <p>Author information:</p> <p>(1)Research Associate, Department of Clinical Microbiology, Christian Medical College , Vellore, India . (2)Professor, Department of Clinical Microbiology, Christian Medical College , Vellore, India . (3)Registrar, Department of Clinical Microbiology, Christian Medical College , Vellore, India . (4)Professor & Head, Department of Clinical Microbiology, Christian Medical College , Vellore, India .</p> <p>INTRODUCTION: Rapid identification of carbapenemase producing organisms is of great importance for timely detection, treatment and implementation of control measures to prevent the spread. The Modified Hodge Test (MHT) and Carba NP test is recommended by CLSI for the detection of carbapenemases in Enterobacteriaceae. However, MHT may give false positive results or fail to detect metallo β-lactamases (MBLs). In the US, MHT is the most widely used test for detection of carbapenemases and has been found to have a sensitivity and specificity of >90% for bla KPC producers. However, in India, the prevalence of bla NDM is higher than bla KPC producers.</p>	NAT	JUL TO DEC	<p>PMCID: PMC5020186</p> <p>PMID:27630840</p>

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	<p>AIM: To evaluate the usefulness of CarbaNP in an Indian setting.</p> <p>MATERIALS AND METHODS: A total of 260 isolates of carbapenem resistant E.coli (n=57), Klebsiella spp. (n=85), Pseudomonas aeruginosa (n=60), and Acinetobacter baumannii (58) isolated from clinical specimens between 2012-2014 at the Christian Medical College, Vellore were included in the study. All the carbapenem resistant isolates were subjected to CarbaNP, MHT and multiplex PCR for detection of carbapenemase genes.</p> <p>RESULTS: CarbaNP was found to be positive in 88% (n=50/57), 81% (n=69/51), 38% (n=23/60) and 81% (n=47/58) for E.coli, Klebsiella spp., P. aeruginosa, and A. baumannii respectively. While in MHT it showed, 89% (n=51/57) and 81 % (n=69/85) for E.coli and Klebsiella spp. respectively. In P.aeruginosa, synergy testing of imipenem plus cloxacillin showed that, 65% of CarbaNP negatives were ampC producers. Overall, the sensitivity and specificity of CarbaNP was found to be 94% and 100 for bla NDM; 77% and 100 % for bla OXA-48 like producers and 81% and 100% for CarbAcinetoNP respectively.</p> <p>CONCLUSION: This observation was more than what was reported in CLSI guidelines. Therefore, it is advisable to evaluate an assay for better laboratory diagnosis at respective regions.</p> <p>DOI: 10.7860/JCDR/2016/16417.8152</p>			
192.	<p>Pragasam AK(1), Vijayakumar S(1), Bakthavatchalam YD(1), Kapil A(2), Das BK(2),Ray P(3), Gautam V(3), Sistla S(4), Parija SC(4), Walia K(5), Ohri VC(5), AnandanS(1), Veeraraghavan B(1).</p> <p>Molecular characterisation of antimicrobial resistance in Pseudomonas aeruginosaand Acinetobacter baumannii during 2014 and 2015 collected across India.</p> <p>Indian J Med Microbiol. 2016 Oct-Dec;34(4):433-441. doi:10.4103/0255-0857.195376.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Microbiology, All Institute of Medical Sciences, New Delhi, India.</p>	NAT	JUL TO DEC	PMID:27934820

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(3)Department of Medical Microbiology, Post Graduate Institute of Medical Education and Research, Chandigarh, India. (4)Department of Microbiology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India. (5)Division of Epidemiology and Communicable Diseases, n Council for Medical Research, New Delhi, India.

BACKGROUND: Surveillance of antimicrobial resistance (AMR) is of great importance. *Pseudomonas aeruginosa* and *Acinetobacter baumannii* are important pathogens and emergence of resistance in these have increased the morbidity and mortality rates. This surveillance study was initiated by the Government of India - Indian Council of Medical Research. The aim of this study is to determine the antimicrobial susceptibility profile and to characterise the enzyme mediated antimicrobial resistance such as extended spectrum beta-lactamases (ESBLs) and carbapenemases among multidrug-resistant (MDR) *P. aeruginosa* and *A. baumannii*.

MATERIALS AND METHODS: A multi-centric study was conducted from January 2014 to December 2015 with a total number of 240 MDR *P. aeruginosa* and 312 MDR *A. baumannii* isolated from blood, cerebrospinal fluid, respiratory, pus, urine and intra-abdominal infections. Kirby-Bauer disc diffusion was done to determine the antimicrobial susceptibility profile. Further, MDR isolates were characterised by multiplex polymerase chain reaction to determine the resistance genes for ESBLs and carbapenemases.

RESULTS: Among the ESBLs, bla_{VEB} (23%), bla_{TEM} (5%) and bla_{SHV} (0.4%) in *P. aeruginosa* and bla_{PER} (54%), bla_{TEM} (16%) and bla_{SHV} (1%) in *A. baumannii* were the most prevalent. Likewise, bla_{VIM} (37%), bla_{NDM} (14%), bla_{GES} (8%) and bla_{IMP} (2%) in *P. aeruginosa* and bla_{OXA-23like} (98%), bla_{OXA-58like} (2%), bla_{NDM} (22%) and bla_{VIM} (3%) in *A. baumannii* were found to be the most prevalent carbapenemases. bla_{OXA-51like} gene, intrinsic to *A. baumannii* was present in all the isolates tested.

CONCLUSION: The data shown highlight the wide difference in the molecular mechanisms of AMR profile between *P. aeruginosa* and *A. baumannii*. In *P. aeruginosa*, plasmid-mediated mechanisms are much lesser than the chromosomal mediated mechanisms. In *A. baumannii*, class D oxacillinases are more common than other mechanisms. Continuous surveillance to monitor the trends in AMR among MDR pathogens is important for implementation of infection control and to guide appropriate empirical antimicrobial

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	therapy. DOI: 10.4103/0255-0857.195376			
193.	<p>Prasanna KS(1), Goel A(1), Amirtharaj GJ(2), Ramachandran A(2), BalasubramanianKA(2), Mackie I(3), Zachariah U(1), Sajith KG(1), Elias E(1),(4), Eapen CE(5).</p> <p>Plasma von Willebrand factor levels predict in-hospital survival in patients with acute-on-chronic liver failure.</p> <p>Indian J Gastroenterol. 2016 Nov;35(6):432-440. Epub 2016 Nov 8.</p> <p>Author information:</p> <p>(1)Department of Hepatology, Christian Medical College, Vellore, 632 004, India. (2)Wellcome Biochemistry, Christian Medical College, Vellore, 632 004, India. (3)Haemostasis Research Unit, Haematology Department, University College London, London, UK. (4)Liver Unit, University Hospital Birmingham, Birmingham, UK. (5)Department of Hepatology, Christian Medical College, Vellore, 632 004, India. eapen@cmcvellore.ac.in.</p> <p>BACKGROUND AND AIMS: Circulating levels of von Willebrand factor (vWF) predict mortality in patients with cirrhosis. We hypothesized that systemic inflammation in acute-on-chronic liver failure (ACLF) will stimulate endothelium, increase vWF levels, and promote platelet microthrombi causing organ failure.</p> <p>METHODS: In this prospective study, we correlated plasma vWF levels with organ failure, liver disease severity, sepsis, and systemic inflammatory response syndrome (SIRS) and also analyzed if vWF levels predicted in-hospital composite poor outcome (i.e. death/discharged in terminal condition/liver transplantation) in consecutive ACLF patients.</p> <p>RESULTS: Twenty-one of the 50 ACLF patients studied had composite poor outcome. ACLF patients had markedly elevated vWF antigen and activity (sevenfold and fivefold median increase, respectively) on days 1 and 3. Median ratio of vWF to a disintegrin and</p>	NAT	JUL TO DEC	PMID:27822882

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	<p>metalloprotease with thrombospondin type 1 motif, member 13 (ADAMTS13) activity on day 1 was significantly higher in ACLF patients (11.2) compared to 20 compensated cirrhosis patients (3.3) and healthy volunteers (0.9). On day 1, area under ROC curve (AUROC) to predict composite poor outcome of hospital stay for ACLF patients for vWF antigen, vWF activity, and model for end-stage liver disease (MELD) score were 0.63, 0.68, and 0.74, respectively. vWF activity correlated better with liver disease severity (MELD score, ACLF grade) and organ failure (Sequential Organ Failure Assessment [SOFA] score) than vWF antigen; in contrast, neither vWF antigen nor activity correlated with platelet count, sepsis, or SIRS.</p> <p>CONCLUSIONS: vWF levels are markedly elevated, correlate with organ failure, and predict in-hospital survival in ACLF patients. This data provides a mechanistic basis for postulating that vWF-reducing treatments such as plasma exchange may benefit ACLF patients.</p> <p>DOI: 10.1007/s12664-016-0708-2</p>			
194.	<p>Putta T(1), Gibikote S(1), Madhuri V(2), Walter N(3).</p> <p>Accuracy of Various MRI Sequences in Determining the Tumour Margin in Musculoskeletal Tumours.</p> <p>Pol J Radiol. 2016 Nov 16;81:540-548. doi: 10.12659/PJR.898108. eCollection 2016.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Paediatric Orthopaedics, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Pathology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: It is imperative that bone tumour margin and extent of tumour involvement are accurately assessed pre-operatively in order for the surgeon to attain a safe surgical margin. In this study, we comprehensively assessed each of the findings that influence surgical planning, on various MRI sequences and compared them with the gold standard - pathology. MATERIAL/METHODS: In this prospective study including 21 patients with extremity bone tumours, margins as seen on various MRI sequences (T1, T2, STIR,</p>	INT	JUL TO DEC	PMID: 28058070 PMCID: PMC5181551

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	<p>DWI, post-gadolinium T1 FS) were measured and biopsies were obtained from each of these sites during the surgical resection. The resected tumour specimen and individual biopsy samples were studied to assess the true tumour margin. Margins on each of the MRI sequences were then compared with the gold standard - pathology. In addition to the intramedullary tumour margin, we also assessed the extent of soft tissue component, neurovascular bundle involvement, epiphyseal and joint involvement, and the presence or absence of skip lesions. RESULTS: T1-weighted imaging was the best sequence to measure tumour margin without resulting in clinically significant underestimation or overestimation of the tumour extent (mean difference of 0.8 mm; 95% confidence interval between -0.9 mm to 2.5 mm; inter-class correlation coefficient of 0.998). STIR and T1 FS post-gadolinium imaging grossly overestimated tumour extent by an average of 16.7 mm and 16.8 mm, respectively (P values <0.05). Post-gadolinium imaging was better to assess joint involvement while T1 and STIR were the best to assess epiphyseal involvement. CONCLUSIONS: T1-weighted imaging was the best sequence to assess longitudinal intramedullary tumour extent. We suggest that osteotomy plane 1.5 cm beyond the T1 tumour margin is safe and also limits unwarranted surgical bone loss. However, this needs to be prospectively proven with a larger sample size.</p> <p>DOI: 10.12659/PJR.898108</p>			
<p>195.</p>	<p>Putta T(1), Irodi A(1), Thangakunam B(2), Oliver A(2), Gunasingam R(3).</p> <p>Young patient with generalized lymphangiomatosis: Differentiating the differential.</p> <p>Indian J Radiol Imaging. 2016 Jul-Sep;26(3):411-415.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pulmonary Medicine, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Radiotherapy, Christian Medical College, Vellore, Tamil Nadu, India.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5036344</p> <p>PMID:27857472</p>

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	<p>We present the case of a 19-year-old man who was extensively evaluated in multiple centres for long-standing cough, dyspnea, and hemoptysis without a definitive diagnosis. His chest radiograph at presentation showed mediastinal widening, bilateral pleural effusions, and Kerley B lines. Computed tomography of the thorax showed a confluent, fluid-density mediastinal lesion enveloping the mediastinal viscera without any mass effect. There were bilateral pleural effusions, prominent peribronchovascular interstitial thickening, interlobular septal thickening and lobular areas of ground glass density with relative sparing of apices. There were a few dilated retroperitoneal lymphatics and well-defined lytic lesions in the bones. In this case report, we aim to systematically discuss the relevant differentials and arrive at a diagnosis. We also briefly discuss the treatment options and prognosis along with our patient's course in the hospital and final outcome.</p> <p>DOI: 10.4103/0971-3026.190416</p>			
<p>196.</p>	<p>Qureshi IN(1), David D(2), Thangaraj KR(3), Kurien RT(1), Chowdhury SD(1), Goela(1), Dutta AK(1), Simon EG(1), Ramachandran A(3), Balasubramanian KA(3), JosephAJ(1).</p> <p>Plasma hydrogen sulphide does not predict severity of acute pancreatitis in humans.</p> <p>Indian J Gastroenterol. 2016 Nov;35(6):478-481. Epub 2016 Oct 29.</p> <p>Author information:</p> <p>(1)Department of Gastroenterology, Division of Gastrointestinal Sciences, Christian Medical College Hospital, Vellore, 632 004, India. (2)Department of Gastroenterology, Division of Gastrointestinal Sciences, Christian Medical College Hospital, Vellore, 632 004, India. deepudavid@gmail.com. (3)Wellcome Research Laboratory, Division of Gastrointestinal Sciences, Christian Medical College Hospital, Vellore, 632 004, India.</p> <p>The primary aim of this study was to assess the usefulness of plasma hydrogen sulphide (H₂S) level at admission as a predictor of severity of acute pancreatitis. The secondary aims were to examine whether the level of H₂S after 48 h correlated with severity and whether level of H₂S correlated with pulmonary, renal or infectious complications. Plasma hydrogen sulphide was measured within 24 h of admission and 48 h later, in patients with acute pancreatitis. Patients were classified as having mild or severe pancreatitis, and H₂S levels in the two groups were compared. A total of 55 patients had H₂S estimation carried</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27796938</p>

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	<p>out within 24 h of admission. H2S levels were similar in patients with mild (mean 31.8 ± 18.8, range 7.1 to $81.4 \mu\text{mol/L}$) and severe pancreatitis (mean 28.2 ± 21.6, range 6.1 to $74.4 \mu\text{mol/L}$; $p = 0.339$). There was no difference found between the groups after 48 h (mild $n = 28$, mean $26.8 \pm 19.4 \mu\text{mol/L}$, and severe $n = 20$, mean $34.6 \pm 21.0 \mu\text{mol/L}$; $p = 0.127$). There was also no difference in the levels between patients with or without lung injury, kidney injury or sepsis. Performing H2S estimation to predict severity in acute pancreatitis is not beneficial.</p> <p>DOI: 10.1007/s12664-016-0703-7</p>			
<p>197.</p>	<p>Rajadoss MP(1), Berry CJ(1), Rebekah GJ(2), Moses V(3), Keshava SN(3), JacobKS(4), Kumar S(1), Kekre N(1), Devasia A(1).</p> <p>Predictors of renal recovery in renal failure secondary to bilateral obstructive urolithiasis.</p> <p>Arab J Urol. 2016 Sep 23;14(4):269-274. eCollection 2016.</p> <p>Author information:</p> <p>(1)Department of Urology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Biostatistics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (4)Department of Psychiatry, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVES: To identify factors predicting renal recovery in patients presenting with renal failure secondary to bilateral obstructing urolithiasis.</p> <p>PATIENTS AND METHODS: Data from electronic records of consecutive adult patients presenting with bilateral obstructing urolithiasis between January 2007 and April 2011 were retrieved. Ultrasonography of the abdomen, and kidney, ureter, bladder (KUB study) X-ray or abdominal non-contrast computed tomography confirmed the diagnosis. Interventional radiologists placed bilateral nephrostomies. Definitive intervention was planned after reaching nadir creatinine. Renal recovery was defined as nadir creatinine of</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5122748</p> <p>PMID:27900216</p>

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	<p>≤2 mg/dL.</p> <p>RESULTS: In all, 53 patients were assessed, 50 (94.3%) were male, and 18 (33.9%) were aged ≤40 years. Renal recovery was achieved in 20 patients (37.7%). A symptom duration of ≤25 days (P < 0.01), absence of hypertension (P = 0.018), maximum renal parenchymal thickness of >16.5 mm (P = 0.001), and haemoglobin >9.85 g/dL (P < 0.01) were significant on unadjusted analysis. Symptom duration of ≤25 days alone remained significant after adjusted analysis. Symptom duration of ≤25 days (hazard ratio (HR) 13.83, 95% confidence interval (CI) 4.52-42.26; P < 0.01), parenchymal thickness of ≥16.5 mm (HR 5.91, 95% CI 1.94-17.99; P = 0.002), and absence of hypertension (HR 9.99, CI 95% 1.32-75.37; P = 0.026) were significantly related to time to nadir creatinine. Symptom duration of ≤25 days (HR 17.44, 95% CI 2.48-122.79; P = 0.004) alone remained significant after adjusted analysis. A symptom duration of ≤25 days (P = 0.007) was 22-times more likely to indicate renal recovery.</p> <p>CONCLUSIONS: Shorter symptom duration (≤25 days) is predictive of renal recovery in renal failure secondary to bilateral obstructive urolithiasis.</p> <p>DOI: 10.1016/j.aju.2016.08.001</p>			
<p>198.</p>	<p>Rajan RJ(1), Mohanraj P(2), Rose W(3).</p> <p>Subcutaneous Basidiobolomycosis Resembling Fournier's Gangrene.</p> <p>J Trop Pediatr. 2016 Oct 29. pii: fmw075. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Pediatrics, Christian Medical College, Vellore 632004, India. (2)Department of Microbiology, Christian Medical College, Vellore 632004, India. (3)Department of Pediatrics, Christian Medical College, Vellore 632004, India winsleyrose@cmcvellore.ac.in.</p> <p>Basidiobolomycosis is an uncommon cutaneous zygomycete infection typically seen in immunocompetent individuals. Diagnosis can be made by biopsy and fungal culture of the</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27794531</p>

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	<p>lesion. Treatment with Potassium iodide and co-trimoxazole is simple and effective. Early and accurate diagnosis of basidiobolomycosis is essential to avoid dissemination and mortality. We present a case with basidiobolomycosis resembling Fournier's gangrene.</p> <p>© The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com.</p> <p>DOI: 10.1093/tropej/fmw075</p>			
<p>199.</p>	<p>Rajan SJ(1), Jacob TM(2), Sathyendra S(1).</p> <p>Vertical integration of basic science in final year of medical education.</p> <p>Int J Appl Basic Med Res. 2016 Jul-Sep;6(3):182-5. doi: 10.4103/2229-516X.186958.</p> <p>Author information:</p> <p>(1)Department of Medicine Unit 3, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Anatomy, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Development of health professionals with ability to integrate, synthesize, and apply knowledge gained through medical college is greatly hampered by the system of delivery that is compartmentalized and piecemeal. There is a need to integrate basic sciences with clinical teaching to enable application in clinical care.</p> <p>AIM: To study the benefit and acceptance of vertical integration of basic science in final year MBBS undergraduate curriculum.</p> <p>MATERIALS AND METHODS: After Institutional Ethics Clearance, neuroanatomy refresher classes with clinical application to neurological diseases were held as part of the final year posting in two medical units. Feedback was collected. Pre- and post-tests which tested application and synthesis were conducted. Summative assessment was compared with the control group of students who had standard teaching in other two medical units. In-depth interview was conducted on 2 willing participants and 2 teachers who did neurology</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC4979300</p> <p>PMID:27563584</p>

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	<p>bedside teaching.</p> <p>RESULTS: Majority (>80%) found the classes useful and interesting. There was statistically significant improvement in the post-test scores. There was a statistically significant difference between the intervention and control groups' scores during summative assessment (76.2 vs. 61.8 P < 0.01). Students felt that it reinforced, motivated self-directed learning, enabled correlations, improved understanding, put things in perspective, gave confidence, aided application, and enabled them to follow discussions during clinical teaching.</p> <p>CONCLUSION: Vertical integration of basic science in final year was beneficial and resulted in knowledge gain and improved summative scores. The classes were found to be useful, interesting and thought to help in clinical care and application by majority of students.</p> <p>DOI: 10.4103/2229-516X.186958</p>			
200.	<p>Rajan SJ(1), Sathyendra S(1), Mathuram AJ(2).</p> <p>Scrub typhus in pregnancy: Maternal and fetal outcomes.</p> <p>Obstet Med. 2016 Dec;9(4):164-166. Epub 2016 May 5.</p> <p>Author information:</p> <p>(1)Department of Medicine Unit 3, Christian Medical College, Vellore, India. (2)Department of Medicine Unit 1, Christian Medical College, Vellore, India.</p> <p>Scrub typhus is an important unrecognized cause for undifferentiated acute febrile illness in India associated with poor fetal outcomes. Maternal and fetal outcomes among pregnant patients with scrub typhus presenting to a tertiary care university teaching hospital from January 2010 to July 2012 were studied. Scrub typhus was diagnosed by clinical criteria along with scrub ELISA positivity or an eschar. In total, 33 of 738 patients (4.5%) who were diagnosed with scrub typhus were pregnant; 57.6% were in the third</p>	INTL	JUL TO DEC	<p>PMCID: PMC5089339</p> <p>PMID:27829876</p>

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	<p>trimester, 27.3% in the second, and only 15.2% in the first trimester; 69.7% required admission to intensive care. Mortality was low (3%, n = 1) compared to 12.2% mortality reported previously. All patients were treated with Azithromycin. Poor fetal outcome was observed in 51.5% of these pregnancies with fetal loss occurring in 42.4% and preterm childbirth in 9.1%. Scrub typhus complicating pregnancy is associated with a poor fetal outcome despite treatment with Azithromycin. A majority require intensive care treatment for survival.</p> <p>DOI: 10.1177/1753495X16638952</p>			
201.	<p>Rajendra A(1), Sabnis K(2), Jeyaseelan V(3), Rupali P(2).</p> <p>Paradoxical reaction (PR) in tuberculous lymphadenitis among HIV-negative patients: retrospective cohort study.</p> <p>Postgrad Med J. 2016 Sep 16. pii: postgradmedj-2016-134326. doi:10.1136/postgradmedj-2016-134326. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of General Medicine, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Infectious Diseases, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1136/postgradmedj-2016-134326</p>	NAT	JUL TO DEC	PMID:27638382
202.	<p>Rajkumar P(1), Mathew BS(2), Das S(3), Isaiah R(3), John S(4), Prabha R(5), Fleming DH(6).</p> <p>Cisplatin Concentrations in Long and Short Duration Infusion: Implications for the Optimal Time of Radiation Delivery.</p> <p>J Clin Diagn Res. 2016 Jul;10(7):XC01-XC04. doi: 10.7860/JCDR/2016/18181.8126. Epub 2016 Jul 1.</p>	NAT	JUL TO DEC	PMCID: PMC5020194 PMID:27630935

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	completion of the infusion irrespective of the duration of infusion. DOI: 10.7860/JCDR/2016/18181.8126			
203.	<p>Rajshekhar V(1), Moorthy RK(2), Jeyaseelan V(3), John S(4), Rangad F(4),Viswanathan PN(4), Ravindran P(4), Singh R(4).</p> <p>Results of a Conservative Dose Plan Linear Accelerator-Based StereotacticRadiosurgery for Pediatric Intracranial Arteriovenous Malformations.</p> <p>World Neurosurg. 2016 Nov;95:425-433. doi: 10.1016/j.wneu.2016.06.007. Epub 2016Jun 11.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore 632004, Tamilnadu, India. Electronic address: rajshekhar@cmcvellore.ac.in. (2)Department of Neurological Sciences, Christian Medical College, Vellore 632004, Tamilnadu, India. (3)Department of Biostatistics, Christian Medical College, Vellore 632004, Tamilnadu, India. (4)Department of Radiotherapy, Christian Medical College, Vellore 632004, Tamilnadu, India.</p> <p>OBJECTIVE: To evaluate the obliteration rate and clinical outcome following linear accelerator (LINAC)-based stereotactic radiosurgery (SRS) for intracranial arteriovenous malformation (AVM) in pediatric patients (age ≤18 years).</p> <p>METHODS: Factors associated with the obliteration rate and neurologic complications were studied retrospectively in pediatric patients who underwent LINAC-based SRS for AVM between June 1995 and May 2014.</p> <p>RESULTS: The study cohort comprised 36 males and 33 females, with a median age at the time of SRS of 14 years (range, 7-18 years). The mean AVM volume was 8.5 ± 8.7 cc (range, 0.6-41.8 cc). The median marginal dose of radiation delivered was 15 Gy (range, 9-20 Gy). Magnetic resonance imaging (MRI) demonstrated complete obliteration of the AVM in 44 of the 69 patients (63.8%), at a mean follow up of 27.5 months (range, 12-90</p>	INTL	JUL TO DEC	PMID:27302562

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	<p>months). On subgroup analysis, 41 of the 53 AVMs of ≤ 14 cc in volume (77.3%) were obliterated. AVMs with a modified AVM radiosurgery score < 1 had significantly shorter obliteration times from the time of SRS ($P = .006$). On multivariate analysis, the mean marginal dose of radiation delivered to the AVM was the sole significant predictor of obliteration (odds ratio, 1.6; 95% confidence interval, 1 to 2.4).</p> <p>CONCLUSIONS: A modest median marginal dose of 15 Gy (16 Gy in the obliterated AVM group vs. 12 Gy in the nonobliterated group) resulted in an obliteration rate of 66.7% after LINAC-based SRS for intracranial AVM, with low rate.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved.</p> <p>DOI: 10.1016/j.wneu.2016.06.007</p>			
204.	<p>Rajshekhar V(1).</p> <p>Highest cited papers in Neurology India.</p> <p>Neurol India. 2016 Nov-Dec;64(6):1400. doi: 10.4103/0028-3886.193838.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College Hospital, Vellore, India.</p> <p>DOI: 10.4103/0028-3886.193838</p>	NAT	JUL TO DEC	PMID:27841252
205.	<p>Rajshekhar V(1).</p> <p>Author's reply.</p> <p>Neurol India. 2016 Jul-Aug;64(4):839-40. doi: 10.4103/0028-3886.185376.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College Hospital, Vellore - 632</p>	NAT	JUL TO DEC	PMID:27381155

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	004, Tamil Nadu, India. DOI: 10.4103/0028-3886.185376			
206.	<p>Rajshekhar V(1).</p> <p>Neurocysticercosis: Diagnostic problems & current therapeutic strategies.</p> <p>Indian J Med Res. 2016 Sep;144(3):319-326. doi: 10.4103/0971-5916.198686.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College & Hospital, Vellore, India.</p> <p>Neurocysticercosis (NCC) is the most common single cause of seizures/epilepsy in India and several other endemic countries throughout the world. It is also the most common parasitic disease of the brain caused by the cestode <i>Taenia solium</i> or pork tapeworm. The diagnosis of NCC and the tapeworm carrier (taeniasis) can be relatively inaccessible and expensive for most of the patients. In spite of the introduction of several new immunological tests, neuroimaging remains the main diagnostic test for NCC. The treatment of NCC is also mired in controversy although, there is emerging evidence that albendazole (a cysticidal drug) may be beneficial for patients by reducing the number of seizures and hastening the resolution of live cysts. Currently, there are several diagnostic and management issues which remain unresolved. This review will highlight some of these issues.</p> <p>DOI: 10.4103/0971-5916.198686</p>	NAT	JUL TO DEC	PMID: 28139530
207.	<p>Ram M(1), Ramakant P(1), Parmar H(2), George B(3), Paul MJ(1).</p> <p>Primary Breast T Cell Lymphoma Involving Nipple-Areolar Complex in a Young Patient.</p> <p>Indian J Surg. 2016 Dec;78(6):499-501. doi: 10.1007/s12262-016-1442-9. Epub 2016 Jan 25.</p>	NAT	JUL TO DEC	PMID: 28100950 PMCID: PMC5218938 [Available on 2017-12-01]

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	<p>Author information:</p> <p>(1)Endocrine and Breast Surgery Department, Christian Medical College, Vellore, India. (2)Pathology Department, Christian Medical College, Vellore, India. (3)Hematology Department, Christian Medical College, Vellore, India.</p> <p>We present a rare case of recurrent primary breast lymphoma involving the nipple-areolar complex and review literature on primary breast lymphoma, its clinical presentation and management. It is diagnosed by histopathology. It needs multimodality management protocols. DOI: 10.1007/s12262-016-1442-9</p>			
<p>208.</p>	<p>Ramachandran K(1), Mani SK(2), Gopal GK(3), Rangasami S(4).</p> <p>Prevalence of Bone Mineral Density Abnormalities and Factors Affecting BoneDensity in Patients with Chronic Obstructive Pulmonary Disease in a Tertiary CareHospital in Southern India.</p> <p>J Clin Diagn Res. 2016 Sep;10(9):OC32-OC34. Epub 2016 Sep 1.</p> <p>Author information:</p> <p>(1)Assistant Professor, Department of Respiratory Medicine, Meenakshi Medical College Hospital and Research Institute , Kanchipuram, Tamil Nadu, India . (2)Senior Resident, Department of Respiratory Medicine, Saveetha Medical College , Chennai, Tamil Nadu, India . (3)Professor, Department of Geriatrics, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (4)Professor, Department of Respiratory Medicine, Meenakshi Medical College Hospital and Research Institute , Kanchipuram, Tamil Nadu, India.</p> <p>INTRODUCTION: Chronic Obstructive Pulmonary Disease (COPD) is a disease of wasting with airflow limitation, associated with a variety of systemic manifestations such as reduced Bone Mineral Density (BMD). There is a paucity of Indian studies on the effects of COPD on BMD.</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5071990</p> <p>PMID:27790490</p>

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	<p>AIM: This study was conducted to estimate the prevalence of osteopenia and osteoporosis in COPD patients and the correlation between bone density and severity of COPD classified according to GOLD Global initiative for chronic Obstructive Lung Disease guidelines (GOLD).</p> <p>MATERIALS AND METHODS: A prospective study of 60 patients diagnosed to have COPD, was conducted in the outpatient department of Respiratory Medicine, at a tertiary care hospital in Southern India, between September 2012 and September 2013. BMD was measured using ultrasound bone densitometer (ACHILLES GE HEALTH CARE). Patients with a T-score between -1 and -2.5 were considered to be osteopenic while patients with a T score less than -2.5 were considered to be osteoporotic (WHO criteria).</p> <p>RESULTS: Overall, 40 (67%) patients had an abnormal bone mineral density. A total of 21 (35%) patients were osteoporotic while 19 (33%) were osteopenic. BMD levels correlated with severity of obstruction ($p < 0.001$), smoking status ($p = 0.02$), age ($p = 0.05$) and number of pack years ($p = 0.001$).</p> <p>CONCLUSION: Patients with COPD are at an increased risk for lower BMD and osteoporotic fractures and the risk appears to increase with disease severity. Further studies are required to assess whether routine BMD measurements in COPD patients is beneficial to diagnose osteoporosis and reduce morbidity.</p> <p>DOI: 10.7860/JCDR/2016/22464.8551</p>			
209.	<p>Ramachandran K(1), Thankagunam B(2), Karuppusami R(3), Christopher DJ(4).</p> <p>Physician Related Delays in the Diagnosis of Lung Cancer in India.</p> <p>J Clin Diagn Res. 2016 Nov;10(11):OC05-OC08. doi: 10.7860/JCDR/2016/22737.8823. Epub 2016 Nov 1.</p> <p>Author information:</p> <p>(1)Assistant Professor, Department of Respiratory Medicine, Meenakshi Medical College Hospital and Research Institute , Enathur, Kanchipuram, Tamil Nadu, India . (2)Professor,</p>	NAT	JUL TO DEC	PMID: 28050418 PMCID: PMC5198371

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	<p>Department of Pulmonary Medicine, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (3)Senior Demonstrator, Department of Biostatistics, Christian Medical College and Hospital , Vellore, Tamil Nadu, India . (4)Professor and Head, Department of Pulmonary Medicine, Christian Medical College and Hospital , Vellore, Tamil Nadu, India .</p> <p>INTRODUCTION: Lung cancer is associated with a poor prognosis, if detected late in the disease course. Delay in seeking health care, wrong diagnosis and delay in specialist referral can contribute to delay in diagnosis. AIM: This study was done to assess physician related delays in the diagnosis of lung cancer and the treatments given before presenting to our center. MATERIALS AND METHODS: A total of 96 consecutive patients diagnosed with lung cancer were enrolled in this study. Details of previous physician consultations, their specialization, diagnoses made and treatments given were obtained from records available with the patients. RESULTS: Patients, on an average consulted two physicians before presenting to our center. Less than half of the physicians (45%) suspected lung cancer during their evaluation. Around 18% of physicians made an incorrect diagnosis of tuberculosis, out of whom, 88.6% had prescribed anti-tuberculous therapy. Only 27% of physicians referred the patients to higher medical centres for evaluation. Pulmonology Specialists (PS) were the most likely to diagnose lung cancer ($p < 0.0001$). General Medicine Specialists (GMS) were the most likely to misdiagnose cancer as tuberculosis, followed by General Practitioners (GP) when compared to PS (p-value =0.0422). CONCLUSION: Our study demonstrates that, many physicians have a low index of suspicion to diagnose lung malignancy and most commonly misdiagnose it as tuberculosis. It is likely that most patients failed to seek the services of PS directly or through referral either due to a shortage of PS or due to other reasons.</p> <p>DOI: 10.7860/JCDR/2016/22737.8823</p>			
<p>210.</p>	<p>Ramakrishna K(1), Premkumar K(2), Kabeerdoss J(2), John KR(3).</p> <p>Impaired toll like receptor 9 response in pulmonary tuberculosis.</p> <p>Cytokine. 2016 Oct 18;90:38-43. doi: 10.1016/j.cyto.2016.10.006. [Epub ahead ofprint]</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27768958</p>

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<p>Author information:</p> <p>(1)Wellcome Trust Research Laboratory, Christian Medical College, Vellore 632004, India. Electronic address: kartik_ramakrishna@hotmail.com. (2)Wellcome Trust Research Laboratory, Christian Medical College, Vellore 632004, India. (3)Department of Community Health, Christian Medical College, Vellore 632004, India.</p> <p>BACKGROUND & AIM: Innate immune responses are important in susceptibility to pulmonary tuberculosis (TB). In order to test the hypothesis that Toll-like receptor (TLR) 2 function would be abnormal in patients with active pulmonary TB we compared the cytokine responses of peripheral blood mononuclear cells (PBMC) to innate immune ligands in a case-control study.</p> <p>METHODS: PBMC from 19 untreated pulmonary TB patients, 17 healthy controls, and 11 treated pulmonary TB patients, were cultured for 24h with TLR 2 ligand (PAM-CSK) and other TLR ligands (muramyl dipeptide, flagellin, lipopolysaccharide (LPS), CpG oligodeoxynucleotide (CpG-ODN)). Interleukin-8 (IL-8) was estimated in the supernatant by ELISA. Messenger RNA expression for inflammatory cytokines was quantitated using real time PCR.</p> <p>RESULTS: The important findings were (1) reduced PBMC secretion of IL-8 in response to all ligands in active TB; (2) normal to increased PBMC secretion of IL-8 in response to all ligands except CpG ODN (TLR 9 ligand) in TB patients who had recovered; (3) absence of difference in mRNA expression for a consortium of inflammatory pathway genes between healthy controls, active pulmonary tuberculosis and treated pulmonary tuberculosis patients.</p> <p>CONCLUSION: There was a generalized post-translational suppression of the IL-8 response to innate immune ligands in active TB. There appears to be a defect of TLR 9 signaling in patients with tuberculosis, the nature of which needs to be further explored.</p> <p>Copyright © 2016 Elsevier Ltd. All rights reserved.</p> <p>DOI: 10.1016/j.cyto.2016.10.006</p>			
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211.	<p>Ramamoorthy H(1), Abraham P(2), Isaac B(3), Selvakumar D(1).</p> <p>Role for NF-κB inflammatory signalling pathway in tenofovir disoproxil fumarate(TDF) induced renal damage in rats.</p> <p>Food Chem Toxicol. 2016 Nov 27;99:103-118. doi: 10.1016/j.fct.2016.11.029. [Epubahead of print]</p> <p>Author information:</p> <p>(1)Department of Biochemistry, Christian Medical College, Bagayam, Vellore 632002, Tamil Nadu, India. (2)Department of Biochemistry, Christian Medical College, Bagayam, Vellore 632002, Tamil Nadu, India. Electronic address: premilaabraham@cmcvellore.ac.in. (3)Department of Anatomy, Christian Medical College, Bagayam, Vellore 632002, Tamil Nadu, India.</p> <p>Nephrotoxicity due to tenofovir treatment of HIV patients has been reported. However, the mechanism of tenofovir nephrotoxicity is not clear. NFκB is an important proinflammatory transcription factor that plays a pivotal role in oxidative stress-induced inflammation. We hypothesized that NFκB proinflammatory signalling pathway may play a role in tenofovir induced renal damage. Renal damage was induced in adult male Wistar rats by the oral administration of 600 mg/kg body wt. daily for 5 consecutive weeks. Kidneys were removed and used for histological and biochemical analysis. The protein and mRNA expressions of NFκB and its target genes namely iNOS, COX-2 and TNFα, and its inhibitor IκB-alpha were analysed by immunohistochemical methods, western blot and quantitative RT PCR. NFκBp65 activity was determined by ELISA. The protein and mRNA expressions of NFκB p65, iNOS, COX-2 and TNFα were increased in the kidneys of TDF treated rats. The activity of NFκBp65 was increased by 28 fold in the nuclear fractions of the TDF treated rat kidneys. Pretreatment with melatonin, a NFκB inhibitor attenuated TDF induced renal damage. It is concluded that the activation of NFκB and its downstream proinflammatory target genes iNOS, COX-2, and TNF-α may contribute to the pathophysiology of TDF induced renal damage.</p> <p>Copyright © 2016 Elsevier Ltd. All rights reserved.</p>	INTL	JUL TO DEC	PMID:27899301
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	DOI: 10.1016/j.fct.2016.11.029			
212.	<p>Ramassamy S(1), Gibikote S(2), George RE(1).</p> <p>Anonychia with absent phalanges and brachydactyly: A report of two unrelatedcases.</p> <p>Indian J Dermatol Venereol Leprol. 2016 Nov-Dec;82(6):693-695. doi:10.4103/0378-6323.184198.</p> <p>Author information:</p> <p>(1)Department of Dermatology, Venereology and Leprosy, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Radiology, Venereology and Leprosy, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0378-6323.184198</p>	NAT	JUL TO DEC	PMID:27320764
213.	<p>Ramprasad C(1), Zachariah R(2), Steinhoff M(3), Simon A(2).</p> <p>Parental attitudes towards influenza vaccination for children in South India.</p> <p>World J Pediatr. 2016 Aug 31. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)University of Miami Miller School of Medicine, Miami, Florida, USA. chethanramprasad@gmail.com. (2)Christian Medical College, Vellore, Tamil Nadu, India. (3)Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA.</p> <p>BACKGROUND: The rate of influenza vaccination is low for children in India. The purpose of this study is to assess parental attitudes towards influenza vaccination in South India.</p> <p>METHODS: Participants were parents who brought their children to the Well Baby Clinic of Christian Medical College Hospital, Vellore, India for routine immunization. Participants answered questions by written survey while waiting for their children's vaccination.</p>	INTL	JUL TO DEC	PMID:27577192

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	<p>RESULTS: A total of 456 surveys were completed (403 parents did not opt for trivalent influenza vaccination and 53 opted for influenza vaccination). The majority (53.60%) of those parents who did not accept influenza vaccination identified the lack of a doctor's recommendation as the main reason. When asked separately, many non-acceptors (44.91%) indicated that they did not believe or were not sure that the influenza vaccine was effective. Nearly all non-acceptors (92.56%) stated that they would opt for influenza vaccination if a doctor recommended it.</p> <p>CONCLUSIONS: The most common reason that parents not opting for influenza vaccination for their children was the lack of recommendation by a doctor. The results of this study suggest that recommendation by a doctor is a more important factor than belief in efficacy, cost, or convenience in parental decision-making regarding childhood influenza vaccination in India, unlike the United States where parents are less likely to follow recommendations.</p> <p>DOI: 10.1007/s12519-016-0053-7</p>			
<p>214.</p>	<p>Ranganath P(1,)(2), Matta D(2), Bhavani GS(3), Wangnekar S(2), Jain JM(2), VermaIC(4), Kabra M(5), Puri RD(4), Danda S(6), Gupta N(5), Girisha KM(3), SankarVH(7), Patil SJ(8), Ramadevi AR(9), Bhat M(10), Gowrishankar K(11), Mandal K(12), Aggarwal S(1,)(2), Tamhankar PM(13), Tilak P(14), Phadke SR(12), Dalal A(15).</p> <p>Spectrum of SMPD1 mutations in Asian-Indian patients with acid sphingomyelinase(ASM)-deficient Niemann-Pick disease.</p> <p>Am J Med Genet A. 2016 Oct;170(10):2719-30. doi: 10.1002/ajmg.a.37817. Epub 2016Jun 24.</p> <p>Author information:</p> <p>(1)Department of Medical Genetics, Nizam's Institute of Medical Genetics, Hyderabad, Telangana, India. (2)Diagnostics Division, Centre for DNA Fingerprinting and Diagnostics, Hyderabad, Telangana, India. (3)Department of Medical Genetics, Kasturba Medical College, Manipal University, Manipal, Karnataka, India. (4)Center of Medical Genetics, Sir GangaRam Hospital, New Delhi, India. (5)Genetics Unit, Department of Pediatrics, All India Institute of Medical Sciences, New Delhi, India. (6)Department of Clinical Genetics,</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27338287</p>

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	<p>Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (7)Genetic Clinic, Department of Pediatrics, SAT Hospital, Government Medical College, Thiruvananthapuram, Kerala, India. (8)Clinical Genetics Unit, Mazumdar Shaw Medical Center, Bengaluru, Karnataka, India. (9)Division of Genetics, Rainbow Children's Hospital, Hyderabad, Telangana, India. (10)Centre for Human Genetics, Bengaluru, Karnataka, India. (11)Department of Medical Genetics, CHILDS Trust Medical Research Foundation, Kanchi Kamakoti CHILDS Trust Hospital, Chennai, Tamil Nadu, India. (12)Department of Medical Genetics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India. (13)Genetic Research Centre, National Institute for Research in Reproductive Health, Mumbai, Maharashtra, India. (14)Division of Human Genetics, St. John's Medical College, Bengaluru, Karnataka, India. (15)Diagnostics Division, Centre for DNA Fingerprinting and Diagnostics, Hyderabad, Telangana, India. ashwindalal@gmail.com.</p> <p>Acid sphingomyelinase (ASM)-deficient Niemann-Pick disease is an autosomal recessive lysosomal storage disorder caused by biallelic mutations in the SMPD1 gene. To date, around 185 mutations have been reported in patients with ASM-deficient NPD worldwide, but the mutation spectrum of this disease in India has not yet been reported. The aim of this study was to ascertain the mutation profile in Indian patients with ASM-deficient NPD. We sequenced SMPD1 in 60 unrelated families affected with ASM-deficient NPD. A total of 45 distinct pathogenic sequence variants were found, of which 14 were known and 31 were novel. The variants included 30 missense, 4 nonsense, and 9 frameshift (7 single base deletions and 2 single base insertions) mutations, 1 indel, and 1 intronic duplication. The pathogenicity of the novel mutations was inferred with the help of the mutation prediction software MutationTaster, SIFT, Polyphen-2, PROVEAN, and HANSA. The effects of the identified sequence variants on the protein structure were studied using the structure modeled with the help of the SWISS-MODEL workspace program. The p. (Arg542JUL TO DEC) (c.1624C>T) mutation was the most commonly identified mutation, found in 22% (26 out of 120) of the alleles tested, but haplotype analysis for this mutation did not identify a founder effect for the Indian population. To the best of our knowledge, this is the largest study on mutation analysis of patients with ASM-deficient Niemann-Pick disease reported in literature and also the first study on the SMPD1 gene mutation spectrum in India. © 2016 Wiley Periodicals, Inc.</p>			
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215.	<p>Ranjan P(1), Fletcher GJ(1), Radhakrishnan M(1), Sivakumar J(1), Premkumar PS(2),Goel A(3), Zachariah UG(3), Abraham P(1).</p> <p>Association of interleukin-28B rs12979860 and rs8099917 polymorphisms with sustained viral response in hepatitis C virus genotype 1 and 3 infected patients from the Indian subcontinent.</p> <p>Indian J Med Microbiol. 2016 Jul-Sep;34(3):335-41. doi: 10.4103/0255-0857.188329.</p> <p>Author information:</p> <p>(1)Department of Clinical Virology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Hepatology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Polymorphisms of the IL28B gene (rs12979860 and rs8099917) have been shown to impact treatment responses in hepatitis C virus (HCV) infected patients. The association of these polymorphisms with sustained viral response (SVR) has been studied in HCV genotype 3 infected patients in India, but not in genotype 1.</p> <p>OBJECTIVES: This study aimed to determine the association of IL28B gene polymorphisms and other host and viral factors with treatment response in patients with HCV genotype 1 and 3 infection.</p> <p>MATERIALS AND METHODS: DNA from 42 HCV-infected patients on antiviral therapy was analysed for the IL28B polymorphisms using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP). Bidirectional sequencing was performed on a subset of samples for verification of PCR-RFLP results. Information on age, weight, height, diabetic status, pre-treatment viral load and alanine aminotransferase (ALT) levels was obtained from clinical records. The IL28B genotypes and the other factors were analysed</p>	NAT	JUL TO DEC	PMID:27514956

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	<p>for their association with SVR.</p> <p>RESULTS: The frequency distribution of rs12979860 CC/CT/TT genotypes was found to be 66.7%, 26.2% and 7.1%, respectively. For rs8099917 genotype, the TT/GT/GG distribution was 73.8%, 21.4% and 4.8%, respectively. SVR was seen in 61.9% of cases (55.6% in genotype 1 and 62.5% in genotype 3). CC genotype at rs12979860 and TT genotype at rs8099917 were significantly higher in responders (P = 0.013 and 0.042, respectively). Lower baseline ALT and rapid viral response were also found to be associated with SVR. On logistic regression analysis, CC genotype at rs12979860 emerged as the most powerful predictor of treatment response.</p> <p>CONCLUSION: IL28B polymorphisms are strong predictors of SVR in patients from the Indian subcontinent infected with HCV genotype 3 and genotype 1.</p> <p>DOI: 10.4103/0255-0857.188329</p>			
216.	<p>Raveendran S(1), Naik D(2), Raj Pallapati SC(1), Prakash JJ(3), Thomas BP(1),Thomas N(2).</p> <p>The clinical and microbiological profile of the diabetic hand: A retrospectivestudy from South India.</p> <p>Indian J Endocrinol Metab. 2016 Sep-Oct;20(5):619-624.</p> <p>Author information:</p> <p>(1)Dr. Paul Brand Centre for Hand Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Microbiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND: Pyogenic Infections of the hand in diabetes are largely a tropical entity and published material in the area are rather meagre.</p> <p>PATIENTS AND METHODS: This is a retrospective study on the pattern of hand infections and involves the microbiological profile of 39 cases of diabetes hand-related infections</p>	NAT	JUL TO DEC	<p>PMCID: PMC5040040</p> <p>PMID:27730070</p>

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	<p>admitted to the hospital between the years 2004 and 2010.</p> <p>RESULTS: This study included 39 patients, among whom 23 (59%) had necrotizing fasciitis (NF), and 16 (9-abscess and 7-tenosynovitis) had nonnecrotizing infection. Among 25 culture positive patients, polymicrobial infections were isolated in 13 (52%) patients, a single organism was isolated in 9 (36%) and 3 (12%) had sterile cultures. Out of the 41 different bacterial isolates, 51.12% were Gram-negative and 48.78% were Gram-positive. Patients with NF had a higher mean glycated hemoglobin (10.83 ± 2.59 vs. $8.64 \pm 1.8\%$, $P = 0.020$), when compared to the nonnecrotizing group. Patients with NF also had more polymicrobial infections ($P = 0.017$), and a longer duration of hospitalization when compared to patients without NF (21.8 ± 9.96 vs. 12.7 ± 14.5 days, $P = 0.021$). Seven (17.94%) patients required amputation of the affected digits of which six (15.38%) had NF.</p> <p>CONCLUSION: Patients with poor glycemic control, polymicrobial infection, delay in presentation, and a prior surgical intervention at another medical center was associated with more severe necrotizing infections. The duration of hospitalization and amputation rates was greater among patients with NF.</p> <p>DOI: 10.4103/2230-8210.190539</p>			
217.	<p>Ravindran P(1), WuiAnn W(2), Lim Y(2).</p> <p>SU-F-T-526: A Comparative Study On Gating Efficiency of Varian RPM Device and Calypso System.</p> <p>Med Phys. 2016 Jun;43(6):3584. doi: 10.1118/1.4956711.</p> <p>Author information:</p> <p>(1)Christian Medical College Hospital, Vellore. (2)The Brunei Cancer Center, Brunei.</p> <p>PURPOSE: In general, the linear accelerator is gated using respiratory signal obtained by way of external sensors to account for the breathing motion during radiotherapy. One of the commonly used gating devices is the Varian RPM device. Calypso system that uses</p>	INT	JUL TO DEC	PMID: 28047630

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	<p>electromagnetic tracking of implanted or surface transponders could also be used for gating. The aim of this study is to compare the gating efficiency of RPM device and the calypso system by phantom studies. METHODS: An ArcCheck insert was used as the phantom with a Gafchromic film placed in its holder. The ArcCheck insert was placed on a Motion Sim platform and moved in the longitudinal direction simulating a respiratory motion with a period of 5 seconds and amplitude of ± 6mm. The Gafchromic film was exposed to a 2×2cm(2) field, i) with the phantom static, ii) phantom moving but ungated iii) gated with gating window of 2mm and 3mm. This was repeated with Calypso system using surface transponders with the same gating window. The Gafchromic films were read with an EPSON 11000 flatbed scanner and analysed with 'Medphysto' software. RESULTS: The full width at half maximum (FWHM) as measured with film at the level of the film holder was 1.65cm when the phantom was static. FWHM measured with phantom moving and without gating was 1.16 cm and penumbra was 7 mm (80-20%) on both sides. When the beam was gated with 2 mm gating window the FWHM was 1.8 cm with RPM device and 1.9 cm with Calypso. Similarly, when the beam was gated with 3 mm window, the FWHM was 1.9cm with RPM device and 2cm with Calypso. CONCLUSION: This work suggests that the gating efficiency of RPM device is better than that of the Calypso with surface transponder, with reference to the latency in gating. © 2016 American Association of Physicists in Medicine.DOI: 10.1118/1.4956711</p>			
<p>218.</p>	<p>Ravindran PB(1,)(2,)(3).</p> <p>A study of Winston-Lutz test on two different electronic portal imaging devices and with low energy imaging.</p> <p>Australas Phys Eng Sci Med. 2016 Sep;39(3):677-85. doi:10.1007/s13246-016-0463-9. Epub 2016 Jul 19.</p> <p>Author information:</p> <p>(1)Department of Radiation Oncology, The Brunei Cancer Center, Bandar Seri Begawan, Brunei Darussalam. bpaulravindran@gmail.com. (2)Faculty of Science, University of Brunei Darussalam, Bandar Seri Begawan, Brunei Darussalam. bpaulravindran@gmail.com.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27435984</p>

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	<p>(3)Christian Medical College, Vellore, India. bpaulravindran@gmail.com.</p> <p>Stereotactic radiosurgery requires sub-millimetre accuracy in patient positioning and target localization. Therefore, verification of the linear accelerator (linac) isocentre and the laser alignment to the isocentre is performed in some clinics prior to the treatment using the Winston-Lutz (W-L) test with films and more recently with images obtained using the electronic portal imaging devices (EPID). The W-L test is performed by acquiring EPID images of a radio-opaque ball of 6 mm diameter (the W-L phantom) placed at the isocentre of the linac at various gantry and table angles, with a predefined small square or circular radiation beam. In this study, the W-L test was performed on two linacs having EPIDs of different size and resolution, viz, a TrueBeam™ linac with aS1000 EPID of size 40 × 30 cm(2) with 1024 × 768 pixel resolution and an EDGE™ linac having an EPID of size 43 × 43 cm(2) with pixel resolution of 1280 × 1280. In order to determine the displacement of the radio-opaque ball centre from the radiation beam centre of the W-L test, an in-house MATLAB™ image processing code was developed using morphological operations. The displacement in radiation beam centre at each gantry and couch position was obtained by determining the distance between the radiation field centre and the radio-opaque ball centre for every image. Since the MATLAB code was based on image processing that was dependent on the image contrast and resolution, the W-L test was also compared for images obtained with different beam energies. The W-L tests were performed for 6 and 8 MV beams on the TrueBeam™ linac and for 2.5 and 6 MV beams on the EDGE™ linac with a higher resolution EPID. It was observed that the images obtained with the EPID of higher resolution resulted in same accuracy in the determination of the displacement between the centres of the radio-opaque ball and the radiation beam, and significant difference was not observed with images acquired with different energies. It is concluded that the software based on morphological operations provided an accurate estimation of the displacement of the ball centre from the radiation beam center.</p> <p>DOI: 10.1007/s13246-016-0463-9</p>			
219.	<p>Revanappa KK(1), Moorthy RK(1), Alexander M(1), Rajshekhar V(1).</p> <p>Recovery of sympathetic skin response after central corpectomy in patients with moderate</p>	INTL	JUL TO DEC	PMID:27416074

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<p>and severe cervical spondylotic myelopathy.</p> <p>Br J Neurosurg. 2016 Jul 14:1-6. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)a Department of Neurological Sciences , Christian Medical College , Vellore , India.</p> <p>BACKGROUND: There are sparse data on the recovery of sympathetic skin response (SSR) following decompressive surgery in patients with cervical spondylotic myelopathy (CSM). We designed a study to assess SSR in patients with moderate and severe (Nurick grades 3, 4 and 5) CSM, and its recovery following central corpectomy (CC).</p> <p>METHOD: We conducted a prospective study on 19 patients with moderate and severe CSM who underwent CC from June 2008 to December 2010. Autonomic dysfunction was defined as the presence of 'bladder dysfunction' or 'orthostatic hypotension'. All patients underwent SSR test preoperatively and at follow-up. Functional evaluation was done using Nurick grade and modified Japanese Orthopedic Association (mJOA) score preoperatively and at follow-up.</p> <p>FINDINGS: In the preoperative assessment, 14 of 19 (73.7%) patients had bladder dysfunction and orthostatic hypotension. SSR was absent in 13 (68.4%) patients preoperatively. At a mean follow-up of 14.5 months after CC, SSR was present in 12 of the 14 patients available for follow-up. SSR returned postoperatively in 9 of the 11 patients in whom it was absent preoperatively. Recovery of SSR postoperatively had significant correlation with improvement in Nurick grade (p=0.02), improvement in lower limb component of mJOA score (p=0.001) and Nurick grade recovery rate (p = 0.008).</p> <p>CONCLUSIONS: Dysfunction of the autonomic pathways as determined by the SSR is seen in nearly 70% of patients with moderate and severe CSM but did not correlate with other autonomic functions, suggesting possibly different pathways for different autonomic functions. Following uninstrumented CC, SSR returned in almost 80% of patients in whom</p>			
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	<p>it was absent preoperatively and this correlated significantly with improvement in functional grade. Decompressive surgery can reverse autonomic dysfunction in most of these patients.</p> <p>DOI: 10.1080/02688697.2016.1206178</p>			
<p>220.</p>	<p>Riddell A(1), Chuansumrit A(2), El-Ekiaby M(3), Nair SC(4).</p> <p>Diagnostic laboratory for bleeding disorders ensures efficient management of haemorrhagic disorders.</p> <p>Haemophilia. 2016 Jul;22 Suppl 5:90-5. doi: 10.1111/hae.12988.</p> <p>Author information:</p> <p>(1)KD Haemophilia Centre and Thrombosis Unit, Royal Free Hospital, London, UK. (2)Department of Pediatrics, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand. (3)Shabrawishi Blood Bank, Shabrawishi Hospital, Cairo, Egypt. (4)Department of Transfusion Medicine and Immunohaematology, Christian Medical College, Vellore, India.</p> <p>Haemorrhagic disorders like Postpartum haemorrhage and Dengue haemorrhagic fever are life threatening and requires an active and efficient transfusion service that could provide the most appropriate blood product which could be effective in managing them. This would essentially require prompt identification of the coagulopathy so that the best available product can be given to the bleeding patient to correct the identified haemostatic defect which will help control the bleeding. This would only be possible if the transfusion service has a laboratory to correctly detect the haemostatic defect and that too with an accuracy and precision which is ensured by a good laboratory quality assurance practices. These same processes are necessary for the transfusion services to ensure the quality of the blood products manufactured by them and that it contains adequate amounts of haemostasis factors which will be good to be effective in the management of haemorrhagic disorders. These issues are discussed in detail individually in the management of postpartum haemorrhage and Dengue haemorrhagic fever including when these can help in the use of rFVIIa in Dengue haemorrhagic fever. The requirements to ensure good-quality blood products are made available for the</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27405683</p>

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	<p>management of these disorders and the same have also been described.</p> <p>© 2016 John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/hae.12988</p>			
221.	<p>Rodger A(1), Sen I(1), Nidugala Keshava S(2), Agarwal S(1).</p> <p>Diagnosis of a varicose aneurysm is rare but not obsolete.</p> <p>J Vasc Surg Venous Lymphat Disord. 2016 Oct;4(4):482. doi:10.1016/j.jvsv.2015.10.050.</p> <p>Author information:</p> <p>(1)Department of Vascular Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1016/j.jvsv.2015.10.050</p>	INTL	JUL TO DEC	PMID:27639004
222.	<p>Rogawski ET(1), Westreich DJ, Kang G, Ward HD, Cole SR.</p> <p>Brief Report: Estimating Differences and Ratios in Median Times to Event.</p> <p>Epidemiology. 2016 Nov;27(6):848-51. doi: 10.1097/EDE.0000000000000539.</p> <p>Author information:</p> <p>(1)From the aDepartment of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, NC; bDivision of Gastrointestinal Sciences, Christian Medical College, Vellore, India; and cDivision of Geographic Medicine and Infectious Diseases, Tufts Medical Center, Boston, MA.</p> <p>Time differences and time ratios are often more interpretable estimates of effect than hazard ratios for time-to-event data, especially for common outcomes. We developed a SAS macro for estimating time differences and time ratios between baseline-fixed binary exposure groups based on inverse probability-weighted Kaplan-Meier curves. The macro</p>	INTL	JUL TO DEC	PMCID: PMC5039102 PMID:27465526

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	<p>uses pooled logistic regression to calculate inverse probability of censoring and exposure weights, draws Kaplan-Meier curves based on the weighted data, and estimates the time difference and time ratio at a user-defined survival proportion. The macro also calculates the risk difference and risk ratio at a user-specified time. Confidence intervals are constructed by bootstrap. We provide an example assessing the effect of exclusive breastfeeding during diarrhea on the incidence of subsequent diarrhea in children followed from birth to 3 years in Vellore, India. The SAS macro provided here should facilitate the wider reporting of time differences and time ratios.</p> <p>DOI: 10.1097/EDE.0000000000000539</p>			
<p>223.</p>	<p>Rose W(1), Rajan RJ(2), Punnen A(2), Ghosh U(2).</p> <p>Distribution of Eschar in Pediatric Scrub Typhus.</p> <p>J Trop Pediatr. 2016 Oct;62(5):415-20. doi: 10.1093/tropej/fmw027. Epub 2016 Apr27.</p> <p>Author information:</p> <p>(1)Department of Pediatrics, Christian Medical College, Vellore 632004, India winsleyrose@cmcvellore.ac.in. (2)Department of Pediatrics, Christian Medical College, Vellore 632004, India.</p> <p>BACKGROUND: Identifying an eschar in scrub typhus is useful for initiation of prompt and appropriate antibiotic therapy.</p> <p>METHODS: The distribution of eschars in all children <15 years of age admitted with confirmed scrub typhus over a 5 year period is described.</p> <p>RESULTS: Of 431 children admitted with scrub typhus, eschars were present in 176 (40.8%) children with the following distribution: head, face and neck, 33 (19.1%); axillae, 37 (21%); chest and abdomen, 21 (11.9%); genitalia, inguinal region and buttocks, 58 (33%); back, 8 (4.5%); upper extremities, 13 (7.4%); and lower extremities, 5 (2.8%). The commonest sites of eschars were scrotum (27 of 106; 25.5%) and axillae (15 of 106; 14.2%) in males and axillae (22 of 70; 31.4%) and groin (16 of 70; 22.9%) in females.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27122479</p>

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	<p>Eschars were seen within skin folds in 100 of 176 (56.8%) children.</p> <p>CONCLUSION: Children should be carefully examined for the presence of eschar especially in the skin folds of the genitalia, axillae and groin to make an early diagnosis of scrub typhus.</p> <p>© The Author [2016]. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com.</p> <p>DOI: 10.1093/tropej/fmw027</p>			
<p>224.</p>	<p>Ross B(1), Kumar M, Srinivasan H, Ekbote AV.</p> <p>Isoleucine Deficiency in a Neonate Treated for Maple Syrup Urine Disease Masquerading as Acrodermatitis Enteropathica.</p> <p>Indian Pediatr. 2016 Aug 8;53(8):738-40.</p> <p>Author information:</p> <p>(1)Departments of Neonatology, JUL TO DECPediatrics and #Clinical Genetics Unit, Christian Medical College, Vellore, Tamilnadu, India. Correspondence to: Dr Benjamin Ross, Department of Neonatology, Christian Medical College, Vellore 632 004, Tamilnadu, India. benjaminross@cmcvellore.ac.in.</p> <p>BACKGROUND: Special diet with restricted branched-chain-amino-acids used for treating maple syrup urine disease can lead to specific amino acid deficiencies.</p> <p>CASE CHARACTERISTICS: We report a neonate who developed skin lesions due to isoleucine deficiency while using specialised formula.</p> <p>INTERVENTION/OUTCOME: Feeds were supplemented with expressed breast milk. This caused biochemical and clinical improvement with resolution of skin lesions.</p> <p>MESSAGE: Breast milk is a valuable and necessary adjunct to specialized formula in maple</p>	<p>NAT</p>	<p>JUL TO DEC</p>	<p>PMID:27567652</p>

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	syrup urine disease to prevent specific amino acid deficiency in the neonatal period.			
225.	<p>Rupa V(1), Isaac R(2), Rebekah G(3), Manoharan A(4).</p> <p>Association of Streptococcus pneumoniae nasopharyngeal colonization and other risk factors with acute otitis media in an unvaccinated Indian birth cohort.</p> <p>Epidemiol Infect. 2016 Jul;144(10):2191-9. doi: 10.1017/S0950268816000248. Epub 2016 Mar 2.</p> <p>Author information:</p> <p>(1)Department of ENT,Christian Medical College,Vellore,India. (2)Rural Unit for Health and Social Affairs,Christian Medical College,Vellore,India. (3)Department of Biostatistics,Christian Medical College,Vellore,India. (4)Department of Medicine (Infectious Diseases Unit),Christian Medical College,Vellore,India.</p> <p>In order to study the epidemiology of acute otitis media (AOM) and Streptococcus pneumoniae nasopharyngeal colonization in the first 2 years of life, we followed up an unvaccinated birth cohort monthly and at visits when sick, with otoscopy to detect AOM and performed nasopharyngeal swabbing to detect S. pneumoniae. Serotyping of positive cultures was also performed. Of 210 babies who were enrolled at birth, 61 (29.05%) experienced 128 episodes of AOM [relative risk 2.63, 95% confidence interval (CI) 1.21-5.75] with maximum incidence in the second half of the first year of life. Episodes ranged from 1 to 7 (mean 2.1 episodes). Most (86.9%) babies with AOM had a positive culture swab giving an odds ratio (OR) of 1.93 (95% CI 1.03-3.62, P = 0.041) for this association. Other risk factors identified for AOM were winter season (OR 3.46, 95% CI 1.56-7.30, P = 0.001), upper respiratory infection (OR 2.43, 95% CI 1.43-4.51, P = 0.005); residents of small households were less likely to develop AOM (OR 0.32, 95% CI 0.17-0.57, P < 0.01). Common S. pneumoniae serotypes isolated during episodes were 19, 6, 15, 35, 7, 23, 9 and 10 which indicated a theoretical coverage for pneumococcal vaccines PCV10 and PCV13 constituent serotypes of 62.8%. We conclude that AOM in Indian infants is often associated with S. pneumoniae colonization of the nasopharynx as well as other risk factors.</p> <p>DOI: 10.1017/S0950268816000248</p>	INTL	JUL TO DEC	PMID:26931207

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226.	<p>Sabapathy V(1), Kumar S(1).</p> <p>hiPSC-derived iMSCs: NextGen MSCs as an advanced therapeutically active cellresource for regenerative medicine.</p> <p>J Cell Mol Med. 2016 Aug;20(8):1571-88. doi: 10.1111/jcmm.12839. Epub 2016 Apr21.</p> <p>Author information:</p> <p>(1)Center for Stem Cell Research, A Unit of inStem Bengaluru, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Mesenchymal stem cells (MSCs) are being assessed for ameliorating the severity of graft-versus-host disease, autoimmune conditions, musculoskeletal injuries and cardiovascular diseases. While most of these clinical therapeutic applications require substantial cell quantities, the number of MSCs that can be obtained initially from a single donor remains limited. The utility of MSCs derived from human-induced pluripotent stem cells (hiPSCs) has been shown in recent pre-clinical studies. Since adult MSCs have limited capability regarding proliferation, the quantum of bioactive factor secretion and immunomodulation ability may be constrained. Hence, the alternate source of MSCs is being considered to replace the commonly used adult tissue-derived MSCs. The MSCs have been obtained from various adult and foetal tissues. The hiPSC-derived MSCs (iMSCs) are transpiring as an attractive source of MSCs because during reprogramming process, cells undergo rejuvenation, exhibiting better cellular vitality such as survival, proliferation and differentiations potentials. The autologous iMSCs could be considered as an inexhaustible source of MSCs that could be used to meet the unmet clinical needs. Human-induced PSC-derived MSCs are reported to be superior when compared to the adult MSCs regarding cell proliferation, immunomodulation, cytokines profiles, microenvironment modulating exosomes and bioactive paracrine factors secretion. Strategies such as derivation and propagation of iMSCs in chemically defined culture conditions and use of footprint-free safer reprogramming strategies have contributed towards the development of clinically relevant cell types. In this review, the role of iPSC-derived mesenchymal stromal cells (iMSCs) as an alternate source of therapeutically active MSCs has been described. Additionally, we also describe the role of iMSCs in regenerative medical applications, the necessary strategies, and the regulatory policies that have to be enforced to render iMSC's</p>	INTL	JUL TO DEC	<p>PMCID: PMC4956943</p> <p>PMID:27097531</p>
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	<p>effectiveness in translational medicine.</p> <p>© 2016 The Authors. Journal of Cellular and Molecular Medicine published by John Wiley & Sons Ltd and Foundation for Cellular and Molecular Medicine.</p> <p>DOI: 10.1111/jcmm.12839</p>			
<p>227.</p>	<p>Saha A(1), Shanthi F X M(1), Winston A B(1), Das S(2), Kumar A(1), Michael JS(1),Balamugesh T(1).</p> <p>Prevalence of Hepatotoxicity From Antituberculosis Therapy: A Five-Year Experience From South India.</p> <p>J Prim Care Community Health. 2016 Jul;7(3):171-4. doi: 10.1177/2150131916642431.Epub 2016 Apr 7.</p> <p>Author information:</p> <p>(1)Christian Medical College, Vellore, Tamil Nadu, India. (2)Christian Medical College, Vellore, Tamil Nadu, India saibaldas123@gmail.com.</p> <p>BACKGROUND: Antituberculosis (ATT) drug-induced liver injury (DILI) is a common and serious adverse effect of tuberculosis (TB) treatment. This retrospective study was carried out to study the prevalence of DILI among patients who had received anti-TB medications and to study some of the known risk factors responsible for causing DILI.</p> <p>MATERIALS AND METHODS: This longitudinal descriptive study was performed to evaluate cases of DILI with predefined criteria. Patients of all ages, diagnosed and treated for smear positive pulmonary TB from January 1, 2008 to December 31, 2012 and those who came for regular follow-up were included in the study. Multiple logistic regression analysis was performed to determine the association of different risk factors and DILI. The confounders considered were age, sex, weight, body mass index, doses of drugs (fixed or per kg), ATT regimens (daily or intermittent), and treatment categories.</p> <p>RESULTS: Of the 253 patients analyzed, 24 (9.48%) developed DILI. Associations of</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27056794</p>

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	<p>different risk factors were insignificant; including chronic alcohol consumption, hepatitis B infection, hepatitis C infection, HIV infection, and existing chronic TB.</p> <p>CONCLUSION: DILI was not significantly associated with known risk factors in our settings.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/2150131916642431</p>			
228.	<p>Sahni RD(1), Amalanathan R(1), Devanga Ragupathi NK(1), Mathai J(2),Veeraraghavan B(1), Biswas I(3).</p> <p>Complete Genome Sequence of <i>Serratia marcescens</i> U36365, a Green Pigment-Producing Strain Isolated from a Patient with Urinary Tract Infection.</p> <p>Genome Announc. 2016 Aug 11;4(4). pii: e00837-16. doi: 10.1128/genomeA.00837-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Pediatric Surgery, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India Department of Microbiology, Molecular Genetics and Immunology, University of Kansas Medical Center, Kansas City, Kansas, USA ibiswas@kumc.edu.</p> <p><i>Serratia marcescens</i> is an emerging nosocomial pathogen associated with urinary and respiratory tract infections. In this study, we determined the genome of a green pigment-producing clinical strain, U36365, isolated from a hospital in Southern India. De novo assembly of PacBio long-read sequencing indicates that the U36365 genome consists of a chromosome of 5.12 Mbps and no plasmids.</p> <p>Copyright © 2016 Sahni et al.</p> <p>DOI: 10.1128/genomeA.00837-16</p>	INTL	JUL TO DEC	<p>PMCID: PMC4982302</p> <p>PMID:27516523</p>

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229.	<p>Sajan JE(1), John JA(1), Grace P(1), Sabu SS(1), Tharion G(1).</p> <p>Wii-based interactive video games as a supplement to conventional therapy for rehabilitation of children with cerebral palsy: A pilot, randomized controlled trial.</p> <p>Dev Neurorehabil. 2016 Nov 15:1-7. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)a Department of Physical Medicine and Rehabilitation , Christian Medical College , Vellore , India.</p> <p>OBJECTIVE: To assess the effect of interactive video gaming (IVG) with Nintendo Wii (Wii) supplemented to conventional therapy in rehabilitation of children with cerebral palsy (CP).</p> <p>DESIGN: Randomized, controlled, assessor-blinded study.</p> <p>PARTICIPANTS: Children with CP; 10 children each in the control and intervention groups.</p> <p>INTERVENTION: IVG using Wii, given as a supplement to conventional therapy, for 45 min per day, 6 days a week for 3 weeks. The children in the control group received conventional therapy alone.</p> <p>OUTCOME MEASURES: Posture control and balance, upper limb function, visual-perceptual skills, and functional mobility.</p> <p>RESULTS: Significant improvement in upper limb functions was seen in the intervention group but not in the control group. Improvements in balance, visual perception, and functional mobility were not significantly different between control and intervention groups.</p> <p>CONCLUSIONS: Wii-based IVG may be offered as an effective supplement to conventional</p>	INTL	JUL TO DEC	PMID:27846366
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	therapy in the rehabilitation of children with CP. DOI: 10.1080/17518423.2016.1252970			
230.	<p>Saluja T(1), Dhingra MS(2), Sharma SD(3), Gupta M(4), Kundu R(5), Kar S(6), DuttaAK(7), Silveira MD(8), Singh JV(9), Kamath VG(10), Chaudhary A(11), Rao V(12), Ravi MD(13), Murthy K(14), Arumugam R(15), Moureau A(16), Prasad R(1), PatnaikBN(1).</p> <p>Association of rotavirus strains and severity of gastroenteritis in Indian children.</p> <p>Hum Vaccin Immunother. 2016 Sep 29:1-6. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)a Shantha Biotechnics Pvt. Ltd. , Hyderabad , India. (2)b Sanofi Pasteur , Swiftwater , PA , USA. (3)c SMS Medical College , Jaipur , India. (4)d Postgraduate Institute of Medical Education and Research , Chandigarh , India. (5)e Institute of Child Health , Kolkata , India. (6)f Kalinga Institute of Medical Sciences , Bhubaneswar , India. (7)g School of Medical Sciences and Research, Sharda University , Noida , India. (8)h Govt. Medical College , Goa , India. (9)i CSM Medical University , Lucknow , India. (10)j Kasturba Medical College , Manipal , India. (11)k Dayanand Medical College , Ludhiana , India. (12)l Gandhi Medical College , Hyderabad , India. (13)m JSS Medical College and Hospital , Mysore , India. (14)n Kempegowda Institute of Medical Sciences , Bangalore , India. (15)o Christian Medical College , Vellore , India. (16)p Sanofi Pasteur , Lyon , France.</p> <p>Rotavirus is the leading cause of severe and dehydrating diarrhea in children aged under 5 years. We undertook this hospital-based surveillance study to examine the possible relationship between the severity of diarrhea and the various G-group rotaviruses circulating in India. Stool samples (n = 2,051) were systematically collected from 4,711 children aged <5 years admitted with severe acute gastroenteritis to 12 medical school centers from April 2011 to July 2012. Rotavirus testing was undertaken using a commercially available enzyme immunoassay kit for the rotavirus VP6 antigen (Premier Rotaclone Qualitative ELISA). Rotavirus positive samples were genotyped for VP7 and VP4 antigens by reverse-transcription polymerase chain reaction at a central laboratory. Of the stool samples tested for rotavirus antigen, 541 (26.4%) were positive for VP6 antigen . Single serotype infections from 377 stool samples were compared in terms of</p>	INTL	JUL TO DEC	PMID:27686522

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	<p>gastroenteritis severity. Among those with G1 rotavirus infection, very severe diarrhea (Vesikari score ≥ 16) was reported in 59 (33.9%) children, severe diarrhea (Vesikari score 11-15) in 104 (59.8%), moderate (Vesikari score 6-10) and mild diarrhea (Vesikari score 0-5) in 11 (6.3%). Among those with G2 infection, very severe diarrhea was reported in 26 (27.4%) children, severe diarrhea in 46 (48.4%), and moderate and mild diarrhea in 23 (24.2 %). Among those with G9 infection, very severe diarrhea was reported in 47 (54.5%) children, severe diarrhea in 29 (33.6%), and moderate and mild diarrhea in 10 (11.9%). Among those with G12 infection, very severe diarrhea was reported in 9 (40.9%) children and severe diarrhea in 13 (59.1%). The results of this study indicate some association between rotavirus serotypes and severity of gastroenteritis.</p> <p>DOI: 10.1080/21645515.2016.1238994</p>			
<p>231.</p>	<p>Samuel R(1), Russell PS(2), Paraseth TK(2), Ernest S(2), Jacob KS(2).</p> <p>Development and validation of the Vellore Occupational Therapy Evaluation Scaletto assess functioning in people with mental illness.</p> <p>Int J Soc Psychiatry. 2016 Aug 26. pii: 0020764016664754. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Psychiatry, Christian Medical College, Vellore, India reemasamuel@cmcvellore.ac.in. (2)Department of Psychiatry, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: Available occupational therapy assessment scales focus on specific areas of functioning. There is a need for comprehensive evaluation of diverse aspects of functioning in people with mental illness.</p> <p>AIM: To develop a comprehensive assessment scale to evaluate diverse aspects of functioning among people with mental illness and to assess its validity and reliability.</p> <p>METHODS: Available instruments, which evaluate diverse aspects of functioning in people with mental illness, were retrieved. Relevant items, which evaluate specific functions,</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27565950</p>

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	<p>were selected by a committee of mental health experts and combined to form a comprehensive instrument. Face and content validity and feasibility were assessed and the new instrument was piloted among 60 patients with mental illness. The final version of the instrument was employed in 151 consecutive clients, between 18 and 60 years of age, who were also assessed using Global Assessment of Functioning (GAF), Occupational Therapy Task Observation Scale (OTTOS), Social Functioning Questionnaire (SFQ), Rosenberg Self Esteem Scale (RSES) and Pai and Kapur Family Burden Interview Schedule (FBIS) by two therapists. The inter-rater reliability and test-retest reliability of the new instrument (Vellore Occupational Therapy Evaluation Scale (VOTES)) were also evaluated.</p> <p>RESULTS: The new scale had good internal consistency (Cronbach's alpha = .817), inter-rater reliability .928 (.877-.958) and test-retest reliability .928 (.868-.961). The correlation between the general behaviour domain (Pearson's Correlation Coefficient [PCC] = -.763, p = .000), task behaviour (PCC = -.829, p = .000), social skills (PCC = -.351, p = .000), intrapersonal skills (PCC = -.208, p = .010), instrumental activities of daily living (IADL) (PCC = -.329, p = .038) and leisure activities (PCC = -.433, p = .005) scores of VOTES with the corresponding domains in the scales used for comparison was statistically significant. The correlation between the total score of VOTES and the total scores of OTTOS, SFQ and RSES was also statistically significant suggesting convergent validity. The correlation between the total score of VOTES with the total score of FBI is not statistically significant, implying good divergent validity.</p> <p>CONCLUSION: VOTES seems to be a promising tool to assess overall functioning of people with mental illness.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/0020764016664754</p>			
232.	<p>Samuel VJ(1), Gibikote S(2), Kirupakaran H(3).</p> <p>The routine pre-employment screening chest radiograph: Should it be routine?</p>	NAT	JUL TO DEC	<p>PMCID: PMC5036342</p> <p>PMID:27857470</p>

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	<p>Indian J Radiol Imaging. 2016 Jul-Sep;26(3):402-404.</p> <p>Author information:</p> <p>(1)Radiologist, Christian Fellowship Hospital, Oddanchatram, Tamil Nadu, India. (2)Department of Radiology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Staff Health, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND OBJECTIVE: A routine chest radiograph is mandatory in many institutions as a part of pre-employment screening. The usefulness of this has been studied over the years keeping in mind the added time, cost, and radiation concerns. Studies conducted outside India have shown different results, some for and some against it. To our knowledge, there is no published data from India on this issue.</p> <p>MATERIALS AND METHODS: A retrospective review of the reports of 4113 pre-employment chest radiographs done between 2007 and 2009 was conducted.</p> <p>RESULTS: Out of 4113 radiographs, 24 (0.58%) candidates required further evaluation based on findings from the screening chest radiograph. Out of these, 7 (0.17%) candidates required appropriate further treatment.</p> <p>INTERPRETATION AND CONCLUSIONS: The percentage of significant abnormalities detected which needed further medical intervention was small (0.17%). Although the individual radiation exposure is very small, the large numbers done nation-wide would significantly add to the community radiation, with added significant cost and time implications. We believe that pre-employment chest radiographs should be restricted to candidates in whom there is relevant history and/or clinical findings suggestive of cardiopulmonary disease.</p> <p>DOI: 10.4103/0971-3026.190409</p>			
233.	<p>Sandhya P(1), Christudoss P(2), Kabeerdoss J(1), Mandal SK(1), Aithala R(1), Mahasampath G(3), Job V(2), Danda D(1).</p> <p>Diagnostic accuracy of salivary and serum-free light chain assays in primary Sjögren's</p>	INT	JUL TO DEC	PMID: 28036132

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	<p>syndrome: a pilot study.</p> <p>Int J Rheum Dis. 2016 Dec 30. doi: 10.1111/1756-185X.12965. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Clinical Immunology & Rheumatology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (2)Department of Clinical Biochemistry, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Biostatistics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE: To estimate levels of salivary and serum free light chains (FLCs) and explore its utility as a biomarker in primary Sjögren's syndrome (pSS). METHODS: Patients with pSS classified by American European Consensus group 2002 or American College of Rheumatology 2012 criteria between January 2015 and August 2015 were included. Healthy staff and non-first degree relatives of patients constituted controls. Serum and salivary FLCs were measured by immunoturbidometry using FREELITE™ Human Kappa(κ) and Lambda(λ) Free Kit (Binding site, Birmingham, UK), on a Roche Modular P800. FLCs were compared between cases and controls using the Mann-Whitney U-test. The receiver operator characteristic curve was constructed to analyze the discriminating ability of salivary and serum kappa and lambda FLCs. RESULTS: Salivary and serum FLCs were assayed in 15 patients and 13 patients, respectively, and in 15 controls. Median age of cases and controls was 34 years. Salivary kappa and lambda FLCs were higher in pSS as compared to controls ($P < 0.05$ and $P < 0.001$, respectively). Serum kappa and lambda FLCs were also higher in pSS (both $P < 0.05$). Salivary lambda levels were higher in pSS with ocular signs; serum kappa and lambda levels were higher in those with ocular symptoms. A cut off of ≥ 1.1 mg/L for salivary lambda FLC had a sensitivity and specificity of 73.3% and 93.3%, respectively, for the diagnosis of pSS. Serum kappa FLC ≥ 30 mg/L had a sensitivity and specificity of 92.3% and 73.3%, respectively. CONCLUSION: Serum and salivary FLCs and in particular the latter, are potential biomarkers in pSS. Larger studies are required for validating the findings. © 2016 Asia Pacific League of Associations for Rheumatology and John Wiley & Sons Australia, Ltd.</p> <p>DOI: 10.1111/1756-185X.12965</p>			
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234.	<p>Sarkar R(1), Gladstone BP, Warier JP, Sharma SL, Raman U, Muliylil J, Kang G.</p> <p>Rotavirus and other Diarrheal Disease in a Birth Cohort from Southern IndianCommunity.</p> <p>Indian Pediatr. 2016 Jul 8;53(7):583-8.</p> <p>Author information:</p> <p>(1)Division of Gastrointestinal Sciences, and JUL TO DECCommunity Health Department, Christian Medical College, Vellore, Tamil Nadu, India. Correspondence to: Dr Gagandeep Kang, Division of Gastrointestinal Sciences, Christian Medical College, Vellore 632 004, Tamil Nadu, India. gkang@cmcvellore.ac.in.</p> <p>OBJECTIVE: To describe the incidence, severity and etiology of diarrheal disease in infants and young children residing in an urban slum community in Southern India.</p> <p>SETTING: Three contiguous urban slums in Vellore, Tamil Nadu.</p> <p>PARTICIPANTS: 452 children participating in a birth cohort study on diarrheal disease; 373 completed three years of follow-up.</p> <p>OUTCOME MEASURES: Diarrheal incidence (obtained by twice-weekly home visits) and severity (assessed by the Vesikari scoring system), and etiological agents associated with diarrhea (through examination of stool specimens by bacteriologic culture, rotavirus enzyme immunoassay, PCR for norovirus and microscopy for parasites).</p> <p>RESULTS: A total of 1856 diarrheal episodes were reported in 373 children. The overall incidence rate of diarrhea was 1.66 episodes per child year for three years, with 2.76 episodes per child year in infancy. The incidence peaked during the months of July and August. Severe diarrhea formed 8% of the total episodes. Rotavirus was the most common pathogen detected, being identified in 18% of episodes. Good hygiene status resulted in 33% protection against moderate-to-severe diarrhea.</p>	NAT	JUL TO DEC	PMID:27508534
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	CONCLUSIONS: This study highlights the burden of diarrheal disease and the important etiological agents of childhood diarrhea in Southern India. Promotion of hygienic behavior through health education may help reduce diarrheal incidence in this and similar communities.			
235.	<p>Sathyakumar S(1), Cherian KE(1), Jebasingh F(1), Hepzhibah J(2), Kapoor N(1),Paul TV(1).</p> <p>Visual Vignette.</p> <p>Endocr Pract. 2016 Sep 15. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)1Department of Endocrinology, Diabetes & Metabolism. (2)2 Department of Nuclear Medicine, Christian Medical College, Vellore, India.</p> <p>DOI: 10.4158/EP161307.VV</p>	INTL	JUL TO DEC	PMID:27631840
236.	<p>Sathyanarayana Rao TS(1), Rao GP(2), Raju MS(3), Saha G(4), Jagiwala M(5), Jacob KS(6).</p> <p>Gay rights, psychiatric fraternity, and India.</p> <p>Indian J Psychiatry. 2016 Jul-Sep;58(3):241-243. doi: 10.4103/0019-5545.192006.</p> <p>Author information:</p> <p>(1)Department of Psychiatry, JSS Medical College, JSS University, Mysore, Karnataka, India. (2)Division of Schizophrenia and Psychopharmacology, Asha Hospital Banjara Hills, Hyderabad, Telangana, India. 3)Hon. Adjunct Professor, IRSHA, Pune - 411043 and Hon. Consultant, Shanti Nursing Home, Aurangabad, Maharashtra, India. (4)Clinic Brain, 19/C, Pioneer Park, P. O Barasat North 24 Parganas, Kolkata, West Bengal, India. (5)Neuro Psychiatrist, Brain Psycho Clinic and De-Addiction Centre, Chowk Bazar, Surat, Gujarat, India. (6)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.4103/0019-5545.192006</p>	NAT	JUL TO DEC	PMCID: PMC5100112 PMID: 28065998

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237.	<p>Sato T(1,)(2), Jose J(1,)(3), El-Mawardy M(1), Sulimov DS(1), Tölg R(1), RichardtG(1), Abdel-Wahab M(4).</p> <p>Predictors of acute scaffold recoil after implantation of the everolimus-elutingbioresorbable scaffold: an optical coherence tomography assessment in nativecoronary arteries.</p> <p>Int J Cardiovasc Imaging. 2016 Oct 19. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Heart Center, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel, Lübeck and Hamburg, Am Kurpark 1, 23795, Bad Segeberg, Germany. (2)Cardiology, Tachikawa General Hospital, Nagaoaka, Japan. (3)Christian Medical College Hospital, Vellore, India. (4)Heart Center, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel, Lübeck and Hamburg, Am Kurpark 1, 23795, Bad Segeberg, Germany. mohamed.abdel-wahab@segebergerkliniken.de.</p> <p>This study investigated the predictors of acute recoil after implantation of everolimus-eluting BRS based on optical coherence tomography (OCT). Thirty-nine patients (56 scaffolds) were enrolled. Acute absolute recoil by quantitative coronary angiography was defined as the difference between the mean diameter of the last inflated balloon (X) and the mean lumen diameter of BRS immediately after balloon deflation (Y). Acute percent recoil was defined as $(X - Y) \times 100/X$. Plaque eccentricity (PE) and plaque composition (PC) were assessed by OCT. PC was classified into two different types: calcific (score = 1), fibrous and lipid (score = 0). Based on the mean acute scaffold recoil value of the present study, scaffolds were divided into two groups: the low acute recoil group (LAR, n = 34) and the high acute recoil group (HAR, n=22). Acute percent and absolute recoil were $6.4 \pm 3.0\%$ and 0.19 ± 0.11 mm. PE, PC score and scaffold/artery ratio were significantly higher in HAR than in LAR. In multivariate logistic regression analysis, PE > 1.49, PC score (score 1) and scaffold/artery ratio >1.07 were significant positive predictors for the occurrence of acute scaffold recoil (OR 10.7, 95 % CI 2.2-51.4, p < 0.01; OR 5.6, 95 % CI 1.9-22.0, p=0.04; OR 12.4, 95 % CI 2.6-65.4, p<0.01, respectively). Acute recoil of BRS is</p>	INTL	JUL TO DEC	PMID:27761749
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	influenced by BRS sizing as well as OCT-derived plaque characteristics. DOI: 10.1007/s10554-016-0997-7			
238.	<p>Sato T(1,)(2), Jose J(1,)(3), El-Mawardy M(1), Sulimov DS(1), Tölg R(1), RichardtG(1), Abdel-Wahab M(4).</p> <p>Neointimal response to everolimus-eluting bioresorbable scaffolds implanted at bifurcating coronary segments: insights from optical coherence tomography.</p> <p>Int J Cardiovasc Imaging. 2016 Oct 18. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Heart Center, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel, Lübeck and Hamburg, Am Kurpark 1, 23795, Bad Segeberg, Germany. (2)Department of Cardiology, Tachikawa General Hospital, Nagaoka, Japan. (3)Department of Cardiology, Christian Medical College Hospital, Vellore, India. (4)Heart Center, Segeberger Kliniken GmbH, Academic Teaching Hospital of the Universities of Kiel, Lübeck and Hamburg, Am Kurpark 1, 23795, Bad Segeberg, Germany. mohamed.abdel-wahab@segebergerkliniken.de.</p> <p>Heterogeneity of neointimal thickness is observed after drug-eluting stents implantation in bifurcation lesions (BL). We evaluated the vascular response of everolimus-eluting bioresorbable scaffold (BRS) struts deployed at BL using optical coherence tomography (OCT). 50 patients (64 scaffolds) underwent follow-up OCT after BRS implantation. Cross-sectional areas of each BL with a side branch more than 1.5 mm were analyzed using OCT every 200 µm. All images were divided into three regions according to shear stress: the 1/2 circumference of the vessel opposite to the ostium (OO), the vessel wall adjacent to the ostium (AO) and the side-branch ostium (SO). The %uncovered strut and the averaged neointimal thickness (NIT) were calculated. Overall, there were significant differences in both NIT and %uncovered strut among the three regions (OO, 119.2 ± 68.5 µm vs. AO, 94.2 ± 35.7 µm vs. SO, 80.5 ± 41.4 µm, p=0.03; OO, 0.4% vs. AO, 1.4% vs. SO, 4.8%, p=0.02). Scaffolds were divided into two groups: a large-ratio side-branch group (LRSB; n=32) and a small-ratio side-branch group (SRSB; n=32), based on the median value of the ratio of the diameter of side branch ostium (Ds) to that of the main branch (Dm). In</p>	INTL	JUL TO DEC	PMID:27757563

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	<p>the LRSB alone, there were significant differences in both NIT and %uncovered strut among the three regions (OO, 128.0±61.1 µm vs. AO, 97.3±34.3 µm vs. SO, 75.9±39.4 µm, p<0.01; OO, 0.3 % vs. AO, 2.3 % vs. SO, 8.7 %, p<0.01). After BRS implantation in BL, neointimal response was pronounced at the vessel wall opposite to the side branch ostium, especially in those with large side branches.</p> <p>DOI: 10.1007/s10554-016-0993-y</p>			
239.	<p>Satyanandan C(1), Singh G, Shankar A.</p> <p>Lockit Plus Catheter Securement Device for Lumbar Subarachnoid Drains.</p> <p>J Neurosurg Anesthesiol. 2016 Jul;28(3):277. doi: 10.1097/ANA.0000000000000237.</p> <p>Author information:</p> <p>(1)Department of Anaesthesiology, CMC Vellore, Vellore, Tamil Nadu, India.</p> <p>DOI: 10.1097/ANA.0000000000000237</p>	INTL	JUL TO DEC	PMID:26447498
240.	<p>Sebastian P(1), Balakrishnan R(1), Yadav B(2), John S(1).</p> <p>Outcome of radiotherapy for pituitary adenomas.</p> <p>Rep Pract Oncol Radiother. 2016 Sep-Oct;21(5):466-72. doi:10.1016/j.rpor.2016.06.002. Epub 2016 Jul 15.</p> <p>Author information:</p> <p>(1)Department of Radiation Oncology, Christian Medical College, Vellore, India. (2)Department of Biostatistics, Christian Medical College, Vellore, India.</p> <p>AIM: The aim of this study was to analyze the outcome and toxicities and its correlation to patient related and treatment related factors.</p> <p>BACKGROUND: Pituitary adenomas are treated by radiation therapy (RT) as one of the</p>	INTL	JUL TO DEC	PMCID: PMC4950161 PMID:27489518

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	<p>modalities along with surgery and medical therapy. RT to pituitary adenomas is a challenge due to adjacent dose limiting structures such as optic apparatus and hypothalamus.</p> <p>MATERIALS AND METHODS: Between January 2004 and December 2010, 94 patients treated for pituitary adenoma with RT who had hospital records of a minimum follow-up of 1 year were included in the analysis. Tests of correlation were done with regards to treatment factors.</p> <p>RESULTS: Male preponderance was noted in our patient population. Nonfunctioning and functioning tumors were equal in number in this series. Hypopituitarism was associated in 58.5% of patients prior to RT. Radiological tumor progression was seen in one patient (1/94) who had a nonfunctioning tumor. Among functioning tumors, biochemical remission was seen in 93.6% of patients at a median follow-up of 6 years.</p> <p>CONCLUSIONS: Visual complication was seen in 5.3% of patients and worsening or new onset hypopituitarism was seen in 6.4%. Conventional 3-field technique was associated with significantly more visual complication compared to Stereotactic Radiation Therapy (SRT) technique. Doses ≤ 50.4 Gy showed a trend of reduced rate of visual and endocrine complications with no compromise in efficacy.</p> <p>DOI: 10.1016/j.rpor.2016.06.002</p>			
<p>241.</p>	<p>Sen I(1), Stephen E(2), Agarwal S(2), Rebekah G(3), Nair SC(4).</p> <p>Analytical performance of a point-of-care device in monitoring patients on oral anticoagulation with vitamin K antagonists.</p> <p>Phlebology. 2016 Oct;31(9):660-7. doi: 10.1177/0268355515608569. Epub 2015 Sep 27.</p> <p>Author information:</p> <p>(1)Department of Vascular Surgery, Christian Medical College, Vellore, India dr.indranisen@gmail.com. (2)Department of Vascular Surgery, Christian Medical College, Vellore, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:26415605</p>

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<p>(4)Transfusion Medicine and Immunohaematology, Christian Medical College, Vellore, India.</p> <p>BACKGROUND: [Please check the following sentence for clarity: "Point-of-care devices measuring international normalized ratio have clinical appeal, reports of 'off-label' in-hospital/primary care use report improved time to intervention/dose adjustment."]Point-of-care devices measuring international normalized ratio have clinical appeal, reports of 'off-label' in-hospital/primary care use report improved time to intervention/dose adjustment. We evaluated the accuracy and precision of a device for such multiple patient use compared to a reference laboratory.</p> <p>METHODS: The point-of-care international normalized ratio result of patients on oral anticoagulation at the Vascular Surgery clinic was compared to the reference to check for statistical and clinical correlation. This was a prospective case-control study design with sample size calculated for sensitivity of 87.5%, precision 5% and desired confidence level 95%.</p> <p>RESULTS: There were 168 patients tested; 55% were male, the mean age was 45.4. Sixty per cent were in the target international normalized ratio range. Tests were done for statistical and clinical correlation. The international normalized ratio range using the point-of-care device was 0.8-7.5 (reference lab 0.8-10), mean international normalized ratio was 2.22 ± 1.6 (point-of-care device) compared to 2.46 ± 1.3 (reference lab). The mean absolute difference was 0.79 ± 0.92 and the mean relative difference was $8.1\% \pm 1.03$. Data was analysed using a Bland-Altman plot yielding a mean of 0.738 (standard deviation 0.92). Concordance between the tests was 75% with $r^2 = 0.52$ on linear regression. Using an error grid plot, excellent clinical correlation was seen in 63.8%. In 5.4% major corrective action was needed but potentially missed if relying on the point-of-care device.</p> <p>CONCLUSION: The accuracy and precision of this point-of-care device is moderate. It may have potential utility only where access to a reference lab is difficult.</p> <p>© The Author(s) 2015.</p> <p>DOI: 10.1177/0268355515608569</p>			
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242.	<p>Sen S(1), Thomas A(2), Das S(1), Dey JK(1), Peedicayil A(2), Thomas V(2), Peedicayil J(1).</p> <p>Inhibition by tadalafil of contractility of isolated nonpregnant human myometrium.</p> <p>J Pharmacol Pharmacother. 2016 Oct-Dec;7(4):177-181. doi: 10.4103/0976-500X.195902.</p> <p>Author information:</p> <p>(1)Department of Pharmacology and Clinical Pharmacology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Division of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>OBJECTIVE: To investigate the inhibitory effect of tadalafil on the contractility of isolated nonpregnant human myometrium. MATERIALS AND METHODS: The ability of tadalafil (25, 40, and 63 μM) to inhibit 55 mM KCl-induced contractility of isolated nonpregnant human myometrium was studied. The ability of the ATP-sensitive potassium channel blocker glibenclamide (10 μM) and the calcium-sensitive potassium channel (BKCa) blocker iberiotoxin (100 nM) to reverse the inhibitory effect of 40 μM tadalafil on 55 mM KCl-induced myometrial contractility was also studied. RESULTS: Tadalafil produced a concentration-dependent inhibition of myometrial contractility that was statistically significant at 40 and 63 μM concentrations of tadalafil. The inhibition by tadalafil of myometrial contractility was statistically significantly reversed by the concurrent administration of glibenclamide and iberiotoxin. CONCLUSIONS: These results suggest that tadalafil inhibits human myometrial contractility by opening ATP-sensitive potassium channels and BKCa channels. The opening of these channels could have been due to the action of raised intracellular levels of cGMP due to inhibition of PDE-5 by tadalafil. The results suggest that tadalafil could be investigated for use in clinical conditions requiring relaxation of the myometrium. DOI: 10.4103/0976-500X.195902</p>	INT	JUL TO DEC	PMID: 28163539
243.	<p>Shalimar(1), Saraswat V(2), Singh SP(3), Duseja A(4), Shukla A(5), Eapen CE(6),Kumar D(7), Pandey G(2), Venkataraman J(8), Puri P(9), Narayanswami K(7), DhimanRK(4), Thareja S(7), Nijhawan S(10), Bhatia S(5), Zachariah U(6), Sonika U(1),Varghese T(11), Acharya SK(12).</p> <p>Acute-on-chronic liver failure in India: The Indian National Association forStudy of the</p>	INTL	JUL TO DEC	PMID:26989861

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<p>Liver consortium experience.</p> <p>J Gastroenterol Hepatol. 2016 Oct;31(10):1742-1749. doi: 10.1111/jgh.13340.</p> <p>Author information:</p> <p>(1)Department of Gastroenterology, All India Institute of Medical Sciences, New Delhi, India. (2)Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India. (3)S.C.B Medical College, Cuttack, India. (4)Postgraduate Institute of Medical Education and Research, Chandigarh, India. (5)Seth GS Medical College and KEM Hospital, Mumbai, India. (6)Christian Medical College, Vellore, India. (7)Army Hospital Research and Referral, New Delhi, India. (8)Global hospital, Chennai, India. (9)Madras Medical College, Chennai, India. (10)SMS Medical College, Jaipur, India. (11)Medical College Hospital, Calicut, India. (12)Department of Gastroenterology, All India Institute of Medical Sciences, New Delhi, India. subratacharya2004@yahoo.com.</p> <p>BACKGROUND AND AIM: The aim of this study was to analyze etiologies and frequency of hepatic and extrahepatic organ failures (OFs) and outcome of acute-on-chronic liver failure (ACLF) at 10 tertiary centers in India.</p> <p>METHODS: In this retrospective study (2011-2014), patients satisfying Asian Pacific Association for the Study of the Liver definition of ACLF were included. Etiology of acute precipitating insult and chronic liver disease and outcomes were assessed. Occurrence and severity of OF were assessed by chronic liver failure-sequential organ failure assessment score.</p> <p>RESULTS: The mean (\pmSD) age of 1049 consecutive ACLF patients was 44.7 ± 12.2 years; Eighty-two percent were men. Etiology of acute precipitants included alcohol 35.7%, hepatitis viruses (hepatitis A, hepatitis B, and hepatitis E) 21.4%, sepsis 16.6%, variceal bleeding 8.4%, drugs 5.7%, and cryptogenic 9.9%. Among causes of chronic liver disease, alcohol was commonest 56.7%, followed by cryptogenic and hepatitis viruses. Predictors of survival were analyzed for a subset of 381 ACLF patients; OF's liver, renal, coagulation, cerebral, respiratory, and failure were seen in 68%, 32%, 31.5%, 22.6%, 14.5%, and 15%.</p>			
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	<p>respectively. Fifty-seven patients had no OF, whereas 1, 2, 3, 4, and 5 OFs were recorded in 126, 86, 72, 28, and 12 patients, respectively. The mortality increased progressively with increasing number of OFs (12.3% with no OF, 83.3% with five OFs). During a median hospital stay of 8 days, 42.6% (447/1049) of patients died. On multivariate analysis by Cox proportional hazard model, elevated serum creatinine (hazard ratio [HR] 1.176), advanced hepatic encephalopathy (HR 2.698), and requirement of ventilator support (HR 2.484) were independent predictors of mortality.</p> <p>CONCLUSIONS: Alcohol was the commonest etiology of ACLF. Within a mean hospital stay of 8 days, 42% patients died. OFs independently predicted survival.</p> <p>© 2016 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd.</p> <p>DOI: 10.1111/jgh.13340</p>			
244.	<p>Shankar C(1), Nabarro LE(1), Anandan S(1), Veeraraghavan B(1).</p> <p>Minocycline and Tigecycline: What Is Their Role in the Treatment of Carbapenem-Resistant Gram-Negative Organisms?</p> <p>Microb Drug Resist. 2016 Aug 26. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College and Hospital , Vellore, South India .</p> <p>Carbapenem-resistant organisms are increasingly common worldwide, particularly in India and are associated with high mortality rates especially in patients with severe infection such as bacteremia. Existing drugs such as carbapenems and polymyxins have a number of disadvantages, but remain the mainstay of treatment. The tetracycline class of antibiotics was first produced in the 1940s. Minocycline, tetracycline derivative, although licensed for treatment of wide range of infections, has not been considered for treatment of multidrug-resistant organisms until recently and needs further in vivo studies. Tigecycline,</p>	INTL	JUL TO DEC	PMID:27564414

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	<p>a derivative of minocycline, although with certain disadvantages, has been frequently used in the treatment of carbapenem-resistant organisms. In this article, we review the properties of minocycline and tigecycline, the common mechanisms of resistance, and assess their role in the management of carbapenem-resistant organisms.</p> <p>DOI: 10.1089/mdr.2016.0043</p>			
245.	<p>Shankar C(1), Santhanam S(2), Kumar M(2), Gupta V(2), Devanga Ragupathi NK(1), Veeraraghavan B(3).</p> <p>Draft Genome Sequence of an Extended-Spectrum-β-Lactamase-Positive Hypervirulent <i>Klebsiella pneumoniae</i> Strain with Novel Sequence Type 2318 Isolated from a Neonate.</p> <p>Genome Announc. 2016 Nov 10;4(6). pii: e01273-16. doi: 10.1128/genomeA.01273-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neonatology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India vbalaji@cmcvellore.ac.in.</p> <p>Antimicrobial resistance among hypervirulent <i>Klebsiella pneumoniae</i> is increasingly reported. Here, we report the draft genome sequence of a hypervirulent <i>K. pneumoniae</i> strain isolated from a neonate with sepsis belonging to novel sequence type 2318 (ST2318).</p> <p>Copyright © 2016 Shankar et al.</p> <p>DOI: 10.1128/genomeA.01273-16</p>	INTL	JUL TO DEC	<p>PMCID: PMC5105110</p> <p>PMID:27834717</p>
246.	<p>Sharma P(1), Dahiya S(1), Balaji V(2), Kanga A(3), Panda P(4), Das R(5), DhanrajuA(6), Mendiratta DK(7), Sood S(1), Das BK(1), Kapil A(1).</p> <p>Typhoidal <i>Salmonellae</i>: Use of Multi-Locus Sequence Typing to Determine</p>	INTL	JUL TO DEC	<p>PMCID: PMC5019401</p> <p>PMID:27618626</p>

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	<p>PopulationStructure.</p> <p>PLoS One. 2016 Sep 12;11(9):e0162530. doi: 10.1371/journal.pone.0162530.eCollection 2016.</p> <p>Author information:</p> <p>(1)All India Institute of Medical Sciences, New Delhi, India. (2)Christian Medical College, Vellore, India. (3)Indira Gandhi Medical College, Shimla, India. (4)Maharaja Krishna Chandra Gajapati Medical College, Orissa, India. (5)North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong, India. (6)Sri Ramachandra Medical College and Research Institute, Chennai, India. (7)Mahatma Gandhi Institute of Medical Sciences, Wardha, India.</p> <p>Enteric fever is an invasive infection predominantly caused by Salmonella enterica serovars Typhi and Paratyphi A. The pathogens have evolved from other nontyphoidal salmonellaeto become invasive and host restricted. Emergence of antimicrobial resistance in typhoidal salmonellae in some countries is a major therapeutic concern as the travelers returning from endemic countries carry resistant strains to non endemic areas. In order to understand the epidemiology and to design disease control strategies molecular typing of the pathogen is very important. We performed Multilocus Sequence Typing (MLST) of 251 S. Typhi and 18 S. Paratyphi strains isolated from enteric fever patients from seven centers across India during 2010-2013to determine the population structure and prevalence of MLST sequence types in India. MLST analysis revealed the presence of five sequence types (STs) of typhoidal salmonellae in India namely ST1, ST2 and ST3 for S. Typhi and ST85 and ST129 for S. Paratyphi A.S. Typhi strains showed monophyletic lineage and clustered in to 3 Sequence Types-ST1, ST2 and ST3 and S. Paratyphi A isolates segregated in two sequence types ST85 and ST129 respectively. No association was found between antimicrobial susceptibility and sequence types. This study found ST1 as the most prevalent sequence type of S. Typhi in India followed by ST2, which is in concordance with previous studies and MLST database. In addition a rare sequence type ST3 has been found which is reported for the first time from the Indian subcontinent. Amongst S. Paratyphi A, the most common sequence type is ST129 as also reported from other parts of world. This distribution and prevalence suggest the common spread of the sequence types across the</p>			
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	globe and these findings can help in understanding the disease distribution. DOI: 10.1371/journal.pone.0162530			
247.	Shetty S(1), Kapoor N(1), Bondu JD(2), Thomas N(1), Paul TV(1). Bone turnover markers: Emerging tool in the management of osteoporosis. Indian J Endocrinol Metab. 2016 Nov-Dec;20(6):846-852. Author information: (1)Department of Endocrinology, Diabetes and Metabolism, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Clinical Biochemistry, Christian Medical College, Vellore, Tamil Nadu, India. Bone is a dynamic tissue which undergoes constant remodeling throughout the life span. Bone turnover is balanced with coupling of bone formation and resorption at various rates leading to continuous remodeling of bone. A study of bone turnover markers (BTMs) provides an insight of the dynamics of bone turnover in many metabolic bone disorders. An increase in bone turnover seen with aging and pathological states such as osteoporosis leads to deterioration of bone microarchitecture and thus contributes to an increase in the risk of fracture independent of low bone mineral density (BMD). These microarchitectural alterations affecting the bone quality can be assessed by BTMs and thus may serve as a complementary tool to BMD in the assessment of fracture risk. A systematic search of literature regarding BTMs was carried out using the PubMed database for the purpose of this review. Various reliable, rapid, and cost-effective automated assays of BTMs with good sensitivity are available for the management of osteoporosis. However, BTMs are subjected to various preanalytical and analytical variations necessitating strict sample collection and assays methods along with utilizing ethnicity-based reference standards for different populations. Estimation of fracture risk and monitoring the adherence and response to therapy, which is a challenge in a chronic, asymptomatic disease such as osteoporosis, are the most important applications of measuring BTMs. This review describes the physiology of bone remodeling, various conventional and novel BTMs, and BTM assays and their role in the assessment of fracture	NAT	JUL TO DEC	PMID:27867890

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	<p>risk and monitoring response to treatment with antiresorptive or anabolic agents.</p> <p>DOI: 10.4103/2230-8210.192914</p>			
248.	<p>Shetty S(1), Kapoor N(1), Dian Bondu J(2), Antonisamy B(3), Thomas N(1), PaulTV(4).</p> <p>Bone turnover markers and bone mineral density in healthy mother-daughter pairs from South India.</p> <p>Clin Endocrinol (Oxf). 2016 Nov;85(5):725-732. doi: 10.1111/cen.13173. Epub 2016 Sep 5.</p> <p>Author information:</p> <p>(1)Department of Endocrinology, Diabetes & Metabolism, Christian Medical College, Vellore, India. (2)Department of Clinical Biochemistry, Christian Medical College, Vellore, India. (3)Department of Biostatistics, Christian Medical College, Vellore, India. (4)Department of Endocrinology, Diabetes & Metabolism, Christian Medical College, Vellore, India. thomasvpaul@yahoo.com.</p> <p>Bone turnover markers (BTMs) provide important insights into the dynamics of bone remodelling and are subjected to preanalytical and ethnic variations in addition to influence of genetic and environmental factors.</p> <p>AIM/OBJECTIVES: To derive ethnicity specific reference range for BTMs and to study their correlation with Bone Mineral Density (BMD) in a cohort of healthy postmenopausal women and their premenopausal daughters and to look at the impact of maternal bone mineral status on daughters bone health.</p> <p>MATERIAL AND METHODS: This community based cross sectional study included 300 subjects (150 mother-daughter pairs). Demographic details were collected. Fasting blood and a second void morning urine samples were obtained for measurement of BTMs (sCTX, sPTNP1, sOC and urine DPD respectively) and bone mineral parameters. BMD was measured by DXA scan.</p> <p>RESULTS: Osteoporosis was seen in 44.7% of the postmenopausal women. Ethnicity</p>	INTL	JUL TO DEC	PMID:27497063

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	<p>specific reference ranges of BTMs were derived for the study population. Significant inverse correlation was found between all BTMs (except urine DPD) and BMD($P < 0.05$). Daughters of mothers with osteoporosis at spine and femoral neck had lower BMD, compared to daughters of mothers without osteoporosis($P = 0.03$ & 0.05).</p> <p>CONCLUSION: Apart from deriving the ethnicity specific reference range for BTMs and finding a significant inverse correlation between BTM and BMD, this study found significantly lower BMD in daughters of mothers with osteoporosis at spine and femoral neck implicating the probable interplay of genetic, epigenetic and similar environmental factors.</p> <p>© 2016 John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/cen.13173</p>			
249.	<p>Simon EG(1),(2), Samuel S(2), Ghosh S(3), Moran GW(2).</p> <p>Ustekinumab: a novel therapeutic option in Crohn's disease.</p> <p>Expert Opin Biol Ther. 2016 Aug;16(8):1065-74. doi:10.1080/14712598.2016.1205582.</p> <p>Author information:</p> <p>(1)a Department of Gastroenterology , Christian Medical College , Vellore , India. (2)b NIHR Nottingham Digestive Diseases Biomedical Research Unit , Nottingham University Hospitals NHS Trust and University of Nottingham , Nottingham , UK. (3)c Department of Medicine and IBD Clinic , University of Calgary , Calgary , Canada.</p> <p>INTRODUCTION: Although anti-tumour necrosis factor (TNF) agents have caused a paradigm shift in the management of moderate-to-severe Crohn's, they are sometimes associated with diminished or absent response in a considerable proportion of patients. Hence agents targeting pathways other than TNF are needed. Ustekinumab is a monoclonal antibody directed against the p40 subunit of IL-12 and 23.</p> <p>AREAS COVERED: This manuscript summarises the available evidence on the efficacy and</p>	INTL	JUL TO DEC	PMID:27341173

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	<p>safety of Ustekinumab in Crohn's disease through data available from randomised controlled trials and compassionate use programs across the world.</p> <p>EXPERT OPINION: Current literature strongly supports the fact that ustekinumab is clinically efficacious and reasonably safe for induction and maintenance of remission in moderate-to-severe Crohn's disease.</p> <p>DOI: 10.1080/14712598.2016.1205582</p>			
250.	<p>Singh G(1), Mariappan R, Gautham AK.</p> <p>Buttressing the Pediatric Endotracheal Tube in Neonates: A Simple but Useful Technique.</p> <p>J Neurosurg Anesthesiol. 2016 Nov 30. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Department of Anesthesia, Christian Medical College, Vellore, TN, India.</p> <p>DOI: 10.1097/ANA.0000000000000396</p>	INTL	JUL TO DEC	PMID:27906764
251.	<p>Singh M(1), Ponniah M(2), Jacob KS(3).</p> <p>A nested case-control study to determine the incidence and factors associated with unanticipated admissions following day care surgery.</p> <p>Indian J Anaesth. 2016 Nov;60(11):833-837.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Neurosciences Critical Care Unit, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Anaesthesia, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Psychiatry, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>BACKGROUND AND AIMS: Day care surgery offers respite from hospitalisation for specific</p>	NAT	JUL TO DEC	PMCID: PMC5125187 PMID:27942057

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	<p>surgical procedures and has many advantages. However, occasionally patients who undergo such surgery require hospitalisation for unanticipated complications. We aimed to determine their incidence and to identify factors associated with unanticipated admissions in a tertiary care hospital in South India.</p> <p>METHODS: During the 3-month study, 63 cases requiring admission and 126 randomly selected controls were taken from the 776 procedures that were performed were compared. The variables studied were patients' demographic characteristics, pre-operative medical illness, personal habits, American Society of Anesthesiologists status, the diagnosis and surgical procedures, time since last meal, duration of anaesthesia and surgery, experience of the surgeon and anaesthetist, and intraoperative management (techniques, drugs, monitoring, etc.). Univariate and bivariate statistics were used to determine factors associated with unanticipated admissions.</p> <p>RESULTS: The incidence of unanticipated admissions following day care surgery was 8.11%. The reasons for admission were anaesthetic (33.33%), surgical (15.87%), medical (6.34%) and social (44.44%). The factors significantly associated with unanticipated admissions included duration of anaesthesia more than 50 min (odds ratio [OR]: 3.179; 95% confidence interval [CI]: 1.503-6.722), and starting the last case after 3 pm (OR: 10.095; 95% CI: 2.418-42.148).</p> <p>CONCLUSION: Unanticipated admissions following day care surgery occur mainly due to anaesthetic, surgical, medical and social reasons.</p> <p>DOI: 10.4103/0019-5049.193676</p>			
252.	<p>Singh O(1), Muthukrishna Pandian R(2), Sudhakar Kekre N(2).</p> <p>Alkaptonuric Ochronosis.</p> <p>Urology. 2016 Nov 2. pii: S0090-4295(16)30654-9. doi:10.1016/j.urology.2016.09.035. [Epub ahead of print]</p> <p>Author information:</p>	INTL	JUL TO DEC	PMID:27816602

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	<p>(1)Department of Urology, Christian Medical College and Hospital, Vellore, Tamilnadu 632004, India. Electronic address: dronkarsingh@gmail.com. (2)Department of Urology, Christian Medical College and Hospital, Vellore, Tamilnadu 632004, India.</p> <p>Alkaptonuria is a rare autosomal recessive disorder of tyrosine metabolism. Deficiency of homogentisate 1,2 dioxygenase results in accumulation of oxidized homogentisic acid in the connective tissues of the skin, eyes and ears, musculoskeletal system, and cardiac valves, and in urolithiasis. Excretion of excessive homogentisic acid in urine causes dark-colored urine on exposure to air. We present a case of alkaptonuria with multiple system involvement, who presented with lower urinary tract symptoms secondary to vesical and prostatic calculi.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved.</p> <p>DOI: 10.1016/j.urology.2016.09.03</p>			
<p>253.</p>	<p>Sivakumar R(1), Balakrishnan V(1), Gowri P(2), Visalakshi J(3).</p> <p>Leptospiral Uveitis: Usefulness of Clinical Signs as Diagnostic Predictors.</p> <p>Ocul Immunol Inflamm. 2016 Sep 6:1-8. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)a Aravind Eye Hospital , Biostatistics , Madurai , India. (2)b Aravind Medical Research Foundation , Madurai , India. (3)c Christian Medical College and Hospital Vellore , Department of Biostatistics , Vellore , India.</p> <p>PURPOSE: To analyze the diagnostic predictive ability of clinical variables.</p> <p>METHODS: Demographic and clinical variables of 172 serologically proven leptospiral uveitis patients were compared with 200 controls of non-leptospiral uveitis. Multiple logistic regression analysis identified diagnostic predictors. A receiver operating characteristic curve tested the performance of the model.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27598430</p>

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	<p>RESULTS: Of all variables, male gender, farming as an occupation, and clinical features such as non-granulomatous panuveitis, hypopyon, and vitreous infiltration in the absence of retinochoroiditis constituted the predictive parameters, with the sensitivity and specificity of 86% and 90.7%, respectively.</p> <p>CONCLUSIONS: Multiple logistic analysis detected clinically diagnostic predictors that can assist primary care ophthalmologists. Clinical diagnosis can further be confirmed by serology at tertiary care centers.</p> <p>DOI: 10.1080/09273948.2016.1217341</p>			
<p>254.</p>	<p>Sonambekar A(1), Gupta N(2), Swadi A(3), Tomar LR(4).</p> <p>Carpal Tunnel Syndrome in Sarcoidosis: A Case Report of a Rare NeurologicManifestation.</p> <p>Perm J. 2016 Fall;20(4). doi: 10.7812/TPP/15-168. Epub 2016 Sep 13.</p> <p>Author information:</p> <p>(1)Physician at the University College of Medical Sciences and at Guru Teg Bahadur Hospital in Dilshad Garden, Delhi, India. ajinkya.sonambekar@gmail.com. (2)Fellow in Clinical Immunology & Rheumatology at the Christian Medical College in Vellore, India. nik.gupta4u@gmail.com. (3)Radiologist at Byramjee Jeejeebhoy Government Medical College in Pune, India. akanksha.swadi@gmail.com. (4)Resident in the Neurology Department at the Govind Ballabh Pant Institute of Post Graduate Medical Education and Research in Delhi, India. drlaxmikantucms@yahoo.com.</p> <p>INTRODUCTION: Sarcoidosis is a multisystemic inflammatory disease with myriad clinical manifestations. Neurologic involvement in sarcoidosis is uncommon. Peripheral neuropathic presentations include mononeuropathy, mononeuritis multiplex, and generalized sensory, motor, autonomic, and sensorimotor polyneuropathies.</p> <p>CASE PRESENTATION: We report a case of carpal tunnel syndrome caused by sarcoidosis in a 30-year-old woman. Other causes of carpal tunnel syndrome were ruled out. The patient responded well to the standard line of corticosteroid treatment and wrist</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5101080</p> <p>PMID:27643973</p>

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	<p>splinting.</p> <p>DISCUSSION: Carpal tunnel syndrome caused by sarcoidosis is a rare presentation. The mechanism of neurologic involvement in sarcoidosis is not clear.</p> <p>DOI: 10.7812/TPP/15-168</p>			
255.	<p>Srinivas MN(1), Amogh VN(2), Gautam MS(3), Prathyusha IS(4), Vikram NR(1), RetnamMK(1), Balakrishna BV(1), Kudva N(1).</p> <p>A Prospective Study to Evaluate the Reliability of Thyroid Imaging Reporting and Data System in Differentiation between Benign and Malignant Thyroid Lesions.</p> <p>J Clin Imaging Sci. 2016 Feb 26;6:5. doi: 10.4103/2156-7514.177551. eCollection2016.</p> <p>Author information:</p> <p>(1)Department of Radiodiagnosis, MV Jayaram Medical College and Research Hospital, Hoskote, Bengaluru, Karnataka, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Community Medicine, Bangalore Medical College, Bengaluru, Karnataka, India. (4)Department of Community Medicine, Rangaraya Medical College, Kakinada, Andhra Pradesh, India.</p> <p>OBJECTIVES: To evaluate diagnostic reliability of the daily use of thyroid imaging reporting and data system (TIRADS) classification proposed by Kwak et al., in differentiating between a benign and a malignant thyroid lesion, to calculate inter-observer variability in the interpretation of each of the TIRADS ultrasound features and to evaluate role of TIRADS system in reducing unnecessary biopsies of benign lesions.</p> <p>MATERIALS AND METHODS: Three hundred and sixty-five patients with clinically suspected thyroid lesions during the period from November 1, 2011, to August 31, 2015, were prospectively scanned on gray-scale and Doppler imaging by six radiologists separately. We used GE VOLUSON 730 PRO machine (GE healthcare, Milwaukee, USA) equipped with a 7.5-12 MHz high-frequency linear array transducer with color and power Doppler capability. We evaluated five sonological features: Internal composition,</p>	INTL	JUL TO DEC	<p>PMCID: PMC4785791</p> <p>PMID:27014501</p>

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echogenicity, margins, presence and type of calcification, and shape of the lesion. Based on the TIRADS proposed by Kwak et al., we determined categories of the thyroid lesions. The diagnostic performance of TIRADS classification system was evaluated by comparison with the fine-needle aspiration cytology (FNAC) reports which were subsequently obtained after taking informed consent from the patients. All follicular neoplasms on FNAC were further followed up with excision biopsy and histology. The cytopathological report was used as the standard final diagnosis for comparison. The P value and odds ratio were determined to quantify how strongly the presence or absence of a particular ultrasound feature was associated with benignity or malignancy in the study population. The risk of malignancy was stratified for each TIRADS category-based on the total number of benign and malignant lesions in that category. Cervical lymph nodes were also evaluated for their size, loss of the central, echogenic hilum, presence of irregular and indistinct margin, microcalcification, and necrotic changes. Cohen's Kappa coefficient was determined separately for each of the five TIRADS malignant features to study the inter-observer agreement. Furthermore, the percentage of benign cases that were accurately determined by TIRADS which could have avoided unnecessary FNAC was determined.

RESULTS: The risk of malignancy in TIRADS categories 1 and 2 was found to be 0%, 0.64% in category 3, 4.76% in category 4A, 66.67% in category 4B, 83.33% in category 4C, and 100% in category 5. Out of the five suspicious sonological features, irregular margins showed the highest positive predictive value (95.45%) for malignancy followed by taller than wide shape (92.86%), microcalcifications (66.67%), marked hypoechogenicity (54.55%), and solid composition (48.15%). The specificity of three sonological features (completely cystic structure, hyperechogenicity, and macrocalcification) in classifying a nodule as benign was 100%. Loss of central echogenic hilum, presence of an irregular and indistinct margin, microcalcification and necrosis were found to have sensitivity of 100%, 63.63%, 27.27%, and 9.09%, respectively and specificity of 95.7%, 98.5%, 100%, and 100%, respectively for cervical lymph node to be malignant. The Kappa value for taller than wide shape, microcalcification, marked hypoechogenicity, solid composition, and irregular margins was 1.0 (95% confidence interval [CI]: 1-1), 1.0 (95% CI: 1-1), 0.90 (95% CI: 0.82-1), 0.88 (95% CI: 0.77-0.92), and 0.82 (95% CI: 0.64-1), respectively. The estimated decrease in unnecessary FNACs was found to be 43.83-86.30%.

CONCLUSIONS: TIRADS proposed by Kwak et al., combined with evaluation for sonological features of malignant lymph nodes is a valuable, safe, widely available, and easily

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	<p>reproducible imaging tool to stratify the risk of a thyroid lesion and helps in precluding unnecessary FNACs in a significant number of patients. TIRADS features convincingly show comparable results in the interpretation of TIRADS features more so, in the hands of radiologists experienced in thyroid imaging.</p> <p>DOI: 10.4103/2156-7514.177551</p>			
256.	<p>Srinivasan C(1), Kurian GP(1), Mariappan R(1).</p> <p>A case of bronchiectasis needing lung isolation for cerebello pontine angle tumorexcision: Anesthetic challenges.</p> <p>Saudi J Anaesth. 2016 Jul-Sep;10(3):359-61. doi: 10.4103/1658-354X.174923.</p> <p>Author information:</p> <p>(1)Department of Anesthesia, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>The main goals of neuroanesthesia are the maintenance of adequate cerebral perfusion pressure, avoidance of hypercarbia, hypoxemia, and to provide better brain relaxation. Providing anesthesia for a patient with bronchiectasis needing lung isolation for craniotomy can be challenging. A 56-year-old male patient, case of right lung bronchiectasis with a right cerebello pontine angle tumor underwent excision in the left lateral position. Since he had severe bronchiectasis of the right lung, we had isolated the right lung using right-sided double lumen tube to avoid spillage. Intraoperative split lung test was performed to assess the right lung contribution on carbon dioxide (CO₂) elimination and found that there was a significant contribution from the right lung. Hence, both lungs were ventilated to control CO₂. The importance of lung isolation to prevent spillage and avoidance of one lung ventilation to control the arterial CO₂ are highlighted in this case report. By providing a balanced anesthetic keeping both, the neurosurgical and thoracic concerns are important for better postoperative outcome.</p> <p>DOI: 10.4103/1658-354X.174923</p>	INTL	JUL TO DEC	<p>PMCID: PMC4916829</p> <p>PMID:27375400</p>
257.	<p>Srivastava A(1), Shaji RV(2).</p>		JUL TO DEC	<p>PMID: 27909215</p>

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	<p>Cure for thalassemia major: from allogeneic hematopoietic stem cell transplantation to gene therapy.</p> <p>Haematologica. 2016 Dec 1. pii: haematol.2015.141200. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Centre for Stem Cell Research and Department of Haematology, Christian Medical College, Vellore aloks@cmcvellore.ac.in. (2)Centre for Stem Cell Research and Department of Haematology, Christian Medical College, Vellore.</p> <p>Allogeneic hematopoietic stem cell transplantation has been established for several decades as a gene replacement therapy for patients with thalassemia major and now offers very high rates of cure to those who are able to access this therapy. Outcomes have improved tremendously over the last decade even in high-risk patients. The limited data available suggests that the long-term outcome is also excellent with >90% survival but for best results, hematopoietic stem cell transplantation should be offered early before any end organ damage occurs. However, access to this therapy is limited by lack of suitable donors in more than half the patients. Inadequate hematopoietic stem cell transplantation services and the cost of therapy are other reasons for the same, particularly in those parts of the world which have a high prevalence of this condition. As a result <10% of eligible patients are actually able to avail this therapy. Other options for curative therapies are therefore needed. Recently, gene correction in autologous hematopoietic stem cells has been successfully established using lentiviral vectors, and several clinical trials have been initiated. A gene editing approach to correct the β globin mutation or disrupt BCL11A to increase fetal hemoglobin production has also been reported and is expected to be introduced in clinical trials soon. Curative possibilities for the major hemoglobin disorders are expanding. Providing access to these therapies around the world would be the challenge. Copyright © 2016, Ferrata Storti Foundation. DOI: 10.3324/haematol.2015.141200</p>			
258.	Srivastava A(1), van den Berg HM(2).	INTL	JUL TO DEC	PMID:27562189

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	<p>Standardizing patient outcomes measurement to improve haemophilia care.</p> <p>Haemophilia. 2016 Sep;22(5):651-3. doi: 10.1111/hae.13072. Epub 2016 Aug 26.</p> <p>Author information:</p> <p>(1)Department of Haematology, Christian Medical College, Vellore, India. aloks@cmcvellore.ac.in. (2)Julius Centre for Health Sciences and Primary Care, Utrecht, The Netherlands.</p> <p>DOI: 10.1111/hae.13072</p>			
259.	<p>Sudhakar SV(1), Muthusamy K(2), Mani S(3), Gibikote S(3), Shroff M(4).</p> <p>Imaging in Pediatric Demyelinating and Inflammatory Diseases of Brain- Part 2.</p> <p>Indian J Pediatr. 2016 Sep;83(9):965-82. doi: 10.1007/s12098-016-2052-z. Epub2016 Apr 30.</p> <p>Author information:</p> <p>(1)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. sniya.sudhakar@gmail.com. (2)Department of Neurology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. (4)Department of Pediatric Neuroimaging, Hospital for Sick Children, Toronto, Canada.</p> <p>Imaging plays an important role in diagnosis, management, prognostication and follow up of pediatric demyelinating and inflammatory diseases of brain and forms an integral part of the diagnostic criteria. This article reviews the spectrum of aquaporinopathies with an in-depth discussion on present criteria and differentiation from other demyelinating diseases with clinical vignettes for illustration; the latter part of article deals with the spectrum of CNS vasculitis.</p>	NAT	JUL TO DEC	PMID:27130513

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	DOI: 10.1007/s12098-016-2052-z			
260.	<p>Sudhakar SV(1), Muthusamy K(2), Mani S(3), Gibikote S(3), Shroff M(4).</p> <p>Imaging in Pediatric Demyelinating and Inflammatory Diseases of the Brain- Part1.</p> <p>Indian J Pediatr. 2016 Sep;83(9):952-64. doi: 10.1007/s12098-015-1916-y. Epub2015 Dec 4.</p> <p>Author information:</p> <p>(1)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. sniya.sudhakar@gmail.com. (2)Department of Neurology, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. (3)Department of Radiodiagnosis, Christian Medical College and Hospital, Vellore, Tamil Nadu, 632004, India. (4)Department of Pediatric Neuroimaging, Hospital for Sick Children, Toronto, Canada.</p> <p>Imaging plays an important role in the diagnosis, management, prognostication and follow up of pediatric demyelinating and inflammatory diseases of the brain and forms an integral part of the diagnostic criteria. Conventional and advanced MR imaging is the first and only reliable imaging modality. This article reviews the typical and atypical imaging features of common and some uncommon demyelinating and inflammatory diseases with emphasis on the criteria for categorization. Imaging protocols and the role of advanced imaging techniques are also covered appropriately.</p> <p>DOI: 10.1007/s12098-015-1916-y</p>	NAT	JUL TO DEC	PMID:26634264
261.	<p>Sukumaran D(1), Cherian AG(1), Das S(2), Winston A B(1), Kumar A(1), Shanthi FxM(1).</p> <p>Drug Prescribing Pattern During Intranatal Period in a Secondary Care Hospital inSouth India: A Retrospective Study.</p> <p>J Prim Care Community Health. 2016 Apr;7(2):113-7. doi: 10.1177/2150131915627768.Epub 2016 Jan 29.</p>	INTL	JUL TO DEC	PMID:26825325

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	<p>Author information:</p> <p>(1)Christian Medical College, Vellore, India. (2)Christian Medical College, Vellore, India saibaldas123@gmail.com.</p> <p>BACKGROUND: During delivery, drugs being prescribed cause concerns due to their harmful effects on lactation as well as potential adverse reactions on the mother. This retrospective study was performed to evaluate the drug prescribing pattern during normal delivery in a secondary care hospital in India.</p> <p>MATERIALS AND METHODS: This cross-sectional retrospective study included 3 months of patient's medical records.</p> <p>RESULTS: A total of 2222 drugs, comprising 51 different types of drugs were prescribed to 313 mothers undergoing normal delivery. Most of these drugs are safe in lactation. Ten types of drugs would have been better avoided, but they possibly did not cause harm because of their limited short-term use only during the intranatal period.</p> <p>CONCLUSION: This study reflects a good, safe, and rational medication practice during normal delivery for various common ailments in a secondary care hospital and can be cited as an example for similar settings.</p> <p>© The Author(s) 2016.</p> <p>DOI: 10.1177/2150131915627768</p>			
262.	<p>Sundararaj MS(1), Singh G, Prabhu K.</p> <p>Supplementary Motor Area (SMA) Syndrome: An Enigma to Anesthesiologists!</p> <p>J Neurosurg Anesthesiol. 2016 Oct;28(4):438-9. doi: 10.1097/ANA.000000000000243.</p> <p>Author information:</p> <p>(1)Department of Anaesthesiology, Christian Medical College and Hospital, Vellore, Tamil</p>	INTL	JUL TO DEC	PMID:26524420

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	Nadu, India. DOI: 10.1097/ANA.0000000000000243			
263.	<p>Sunkara SK(1), Antonisamy B(2), Selliah HY(2), Kamath MS(2).</p> <p>Pre-term birth and low birth weight following preimplantation genetic diagnosis:analysis of 88 010 singleton live births following PGD and IVF cycles.</p> <p>Hum Reprod. 2016 Dec 15. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Queen's Hospital, Barking Havering Redbridge University Hospitals NHS Trust, Essex, UK sksunkara@hotmail.com Sesh.sunkara1@nhs.net. (2)Christian Medical College Hospital, Vellore, Tamil Nadu, India.</p> <p>STUDY QUESTION: Is PGD associated with the risk of adverse perinatal outcomes such as pre-term birth (PTB) and low birth weight (LBW)? SUMMARY ANSWER: There was no increase in the risk of adverse perinatal outcomes of PTB, and LBW following PGD compared with autologous IVF.</p> <p>WHAT IS KNOWN ALREADY: Pregnancies resulting from ART are associated with a higher risk of pregnancy complications compared with spontaneously conceived pregnancies. The possible reason of adverse obstetric outcomes following ART has been attributed to the underlying infertility itself and embryo specific epigenetic modifications due to the IVF techniques. It is of interest whether interventions such as embryo biopsy as performed in PGD affect perinatal outcomes.</p> <p>STUDY DESIGN, SIZE, DURATION: Anonymous data were obtained from the Human Fertilization and Embryology Authority (HFEA), the statutory regulator of ART in the UK. The HFEA has collected data prospectively on all ART performed in the UK since 1991. Data from 1996 to 2011 involving a total of 88 010 singleton live births were analysed including 87 571 following autologous stimulated IVF ± ICSI and 439 following PGD cycles.</p>	INTL	JUL TO DEC	PMID:27979918

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	<p>PARTICIPANTS/MATERIALS, SETTING, METHODS: Data on all women undergoing either a stimulated fresh IVF ± ICSI treatment cycle or a PGD cycle during the period from 1996 to 2011 were analysed to compare perinatal outcomes of PTB and LBW among singleton live births. Logistic regression analysis was performed adjusting for female age category, year of treatment, previous IVF cycles, infertility diagnosis, number of oocytes retrieved, whether IVF or ICSI was used and day of embryo transfer.</p> <p>MAIN RESULTS AND THE ROLE OF CHANCE: There was no increase in the risk of PTB and LBW following PGD versus autologous stimulated IVF ± ICSI treatment, unadjusted odds of PTB (odds ratio (OR) 0.68, 95% CI: 0.46-0.99) and LBW (OR 0.56, 95% CI: 0.37-0.85). After adjusting for the potential confounders, there was again no increase in the risk of the adverse perinatal outcomes following PGD: PTB (adjusted odds ratio (aOR) 0.66, 95% CI: 0.45-0.98) and LBW (aOR 0.58, 95% CI: 0.38-0.88).</p> <p>LIMITATIONS, REASONS FOR CAUTION: Although the analysis was adjusted for a number of important confounders, the data set had no information on confounders such as smoking, body mass index and the medical history of women during pregnancy to allow adjustment. There was no information on the stage of embryo at biopsy, whether blastomere or trophectoderm biopsy. WIDER IMPLICATIONS FOR THE FINDINGS: The demonstration that PGD is not associated with higher risk of PTB and LBW provides reassurance towards its current expanding application.</p> <p>STUDY FUNDING/COMPETING INTERESTS: No funding was obtained. There are no competing interests to declare.</p> <p>© The Author 2016. Published by Oxford University Press on behalf of the European Society of Human Reproduction and Embryology. All rights reserved. For Permissions, please email: journals.permissions@oup.com.</p> <p>DOI: 10.1093/humrep/dew317</p>			
<p>264.</p>	<p>Syed KA(1), Raja K(2), Kolethekkat AA(3), Varghese AM(2), Al Abri R(3), KurienM(2).</p> <p>Congenital midnasal stenosis - A novel technique for management.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27368456</p>

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	<p>Int J Pediatr Otorhinolaryngol. 2016 Aug;87:117-20. doi:10.1016/j.ijporl.2016.06.014. Epub 2016 Jun 7.</p> <p>Author information:</p> <p>(1)Christian Medical College, Vellore, India. Electronic address: skamrann@gmail.com. (2)Christian Medical College, Vellore, India. (3)Sultan Qaboos University Hospital, Muscat, Oman.</p> <p>Neonates are obligate nasal breathers and nasal obstruction in a neonate is an emergency. Here we report two cases of congenital mid-nasal stenosis, discuss its presentation and diagnosis with description of a novel method of management.</p> <p>Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.</p> <p>DOI: 10.1016/j.ijporl.2016.06.014</p>			
265.	<p>Takeuchi M(1), Dahabreh IJ(2), Nihashi T(3), Iwata M(4), Varghese GM(5), TerasawaT(1).</p> <p>Nuclear Imaging for Classic Fever of Unknown Origin: Meta-Analysis.</p> <p>J Nucl Med. 2016 Dec;57(12):1913-1919. Epub 2016 Jun 23.</p> <p>Author information:</p> <p>(1)Department of Emergency and General Internal Medicine, Fujita Health University School of Medicine, Toyoake, Japan terasawa@fujita-hu.ac.jp motoki-t@fujita-hu.ac.jp. (2)Center for Evidence-based Medicine, Brown University, Providence, Rhode Island. (3)Department of Radiology, Nagoya University Graduate School of Medicine, Nagoya, Japan; and. (4)Department of Emergency and General Internal Medicine, Fujita Health University School of Medicine, Toyoake, Japan. (5)Department of Infectious Diseases, Christian Medical College, Vellore, India.</p>	INTL	JUL TO DEC	PMID:27339873

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	<p>Several studies have assessed nuclear imaging tests for localizing the source of fever in patients with classic fever of unknown origin (FUO); however, the role of these tests in clinical practice remains unclear. We systematically reviewed the test performance, diagnostic yield, and management decision impact of nuclear imaging tests in patients with classic FUO. METHODS: We searched PubMed, Scopus, and other databases through October 31, 2015, to identify studies reporting on the diagnostic accuracy or impact on diagnosis and management decisions of (18)F-FDG PET alone or integrated with CT ((18)F-FDG PET/CT), gallium scintigraphy, or leukocyte scintigraphy. Two reviewers extracted data. We quantitatively synthesized test performance and diagnostic yield and descriptively analyzed evidence about the impact on management decisions.</p> <p>RESULTS: We included 42 studies with 2,058 patients. Studies were heterogeneous and had methodologic limitations. Diagnostic yield was higher in studies with higher prevalence of neoplasms and infections. Nonneoplastic causes, such as adult-onset Still's disease and polymyalgia rheumatica, were less successfully localized. Indirect evidence suggested that (18)F-FDG PET/CT had the best test performance and diagnostic yield among the 4 imaging tests; summary sensitivity was 0.86 (95% confidence interval [CI], 0.81-0.90), specificity 0.52 (95% CI, 0.36-0.67), and diagnostic yield 0.58 (95% CI, 0.51-0.64). Evidence on direct comparisons of alternative imaging modalities or on the impact of tests on management decisions was limited.</p> <p>CONCLUSION: Nuclear imaging tests, particularly (18)F-FDG PET/CT, can be useful in identifying the source of fever in patients with classic FUO. The contribution of nuclear imaging may be limited in clinical settings in which infective and neoplastic causes are less common. Studies using standardized diagnostic algorithms are needed to determine the optimal timing for testing and to assess the impact of tests on management decisions and patient-relevant outcomes.</p> <p>© 2016 by the Society of Nuclear Medicine and Molecular Imaging, Inc.</p> <p>DOI: 10.2967/jnumed.116.174391</p>			
266.	<p>Telugu RB(1), Chowhan AK(2), Rukmangadha N(2), Patnayak R(2), Phaneendra BV(2), Prasad BC(3), Reddy MK(2).</p> <p>Human epidermal growth factor receptor 2/neu protein expression in meningiomas: An</p>	NAT	JUL TO DEC	<p>PMCID: PMC5006463</p> <p>PMID: 27695231</p>

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<p>immunohistochemical study.</p> <p>J Neurosci Rural Pract. 2016 Oct-Dec;7(4):526-531.</p> <p>Author information:</p> <p>(1)Department of Pathology, Christian Medical College Hospital, Vellore, Tamil Nadu, India. (2)Department of Pathology, Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh, India. (3)Department of Neurosurgery, Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh, India.</p> <p>BACKGROUND: Meningiomas are common slow-growing primary central nervous system tumors that arise from the meningotheial cells of the arachnoid and spinal cord. Human epidermal growth factor receptor 2 (HER2) or HER2/neu (also known as c-erbB2) is a 185-kD transmembrane glycoprotein with tyrosine kinase activity expressed in meningiomas and various other tumors. It can be used in targeted therapy for HER2/neu positive meningiomas.</p> <p>AIM: To correlate the expression of HER2/neu protein in meningiomas with gender, location, histological subtypes, and grade.</p> <p>MATERIALS AND METHODS: It was 3½ years prospective (March 2010-October 2011) and retrospective (May 2008-February 2010) study of histopathologically diagnosed intracranial and intraspinal meningiomas. Clinical details of all the cases were noted from the computerized hospital information system. Immunohistochemistry for HER2/neu protein was performed along with scoring. Statistical analysis was done using Chi-square test to look for any association of HER2/neu with gender, location, grade, and various histological subtypes of meningiomas at 5% level of significance.</p> <p>RESULTS: A total of 100 cases of meningiomas were found during the study period. Of which, 80 were Grade I, 18 were Grade II, and 2 were Grade III meningiomas as per the World Health Organization 2007 criteria. The female-male ratio was 1.9:1 and the mean age was 47.8 years. HER2/neu protein was expressed in 75% of Grade I and 72.2% of Grade II and none of Grade III meningiomas. About 72.7% brain invasive meningiomas</p>			
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	<p>showed HER2/neu immunopositivity.</p> <p>CONCLUSION: HER2/neu protein was expressed in 73% of meningiomas. Statistically significant difference of HER2/neu expression was not seen between females and males of Grade I and Grade II/III meningiomas, intracranial and spinal tumors, Grade I and Grade II/III cases, and various histological subtypes of meningiomas.</p> <p>DOI: 10.4103/0976-3147.188640</p>			
267.	<p>Tergestina M(1), Rebekah G(2), Job V(3), Simon A(4), Thomas N(1).</p> <p>A randomized double-blind controlled trial comparing two regimens of vitamin D supplementation in preterm neonates.</p> <p>J Perinatol. 2016 Sep;36(9):763-7. doi: 10.1038/jp.2016.70. Epub 2016 May 5.</p> <p>Author information:</p> <p>(1)Department of Neonatology, Christian Medical College, Vellore, India. (2)Department of Biostatistics, Christian Medical College, Vellore, India. (3)Department of Biochemistry, Christian Medical College, Vellore, India. (4)Department of Child Health, Christian Medical College, Vellore, India.</p> <p>OBJECTIVE: To compare the efficacy of 400 vs 1000 IU oral vitamin D supplementation in preterm neonates of 27 to 34 weeks gestation.</p> <p>METHODS: This double-blind randomized controlled trial allocated preterm babies to receive either 400 or 1000 IU of vitamin D3 (n=60 in each group). Primary outcome was prevalence of vitamin D insufficiency (serum vitamin D levels<20 ng ml(-1)) at 40 weeks of corrected gestational age (CGA).</p> <p>RESULTS: At term CGA vitamin D insufficiency was significantly lower in the 1000 IU group than in the 400 IU group (2% vs 64.6%, P≤0.001). Although elevated vitamin D levels were seen in 9.8% of babies on 1000 IU per day, this was not associated with clinical or</p>	INTL	JUL TO DEC	PMID:27149055

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	<p>biochemical evidence of toxicity.</p> <p>CONCLUSION: Supplementing preterm babies with 1000 IU of vitamin D3 daily decreases the prevalence of vitamin D insufficiency at term CGA. Excess levels of vitamin D may occur at this dose in some babies.</p> <p>DOI: 10.1038/jp.2016.70</p>			
268.	<p>Thangakunam B(1), Isaac BT(1), Christopher DJ(1), Burad D(2).</p> <p>Idiopathic pleuroparenchymal fibroelastosis - A rare idiopathic interstitial pneumonia.</p> <p>Respir Med Case Rep. 2015 Nov 22;17:8-11. doi: 10.1016/j.rmcr.2015.11.004.eCollection 2016.</p> <p>Author information:</p> <p>(1)Department of Pulmonary Medicine, Christian Medical College, Vellore, India. (2)Department of General Pathology, Christian Medical College, Vellore, India.</p> <p>Idiopathic pleuroparenchymal fibroelastosis is a rare idiopathic interstitial pneumonia. It was first described in 2004 and subsequently included in the ATS/ERS classification of idiopathic interstitial pneumonia in 2013. There have been few cases reported so far. The diagnostic criteria is still emerging and its etiology is being questioned. We report a case of pleuroparenchymal fibroelastosis probably idiopathic, the first of its kind to be reported from India, and a brief review of the literature.</p> <p>DOI: 10.1016/j.rmcr.2015.11.004</p>	INTL	JUL TO DEC	<p>PMCID: PMC4821335</p> <p>PMID:27141432</p>
269.	<p>Thangaraj KR(1), Priyadarshini SJ, Qureshi IN, Joseph AJ, Balasubramanian KA, Ramachandran A.</p> <p>Plasma Citrulline, Glycans, and Hydrogen Sulfide in Patients With Acute Pancreatitis: Possible Markers of Intestinal Damage.</p>	INTL	JUL TO DEC	<p>PMID:27295536</p>

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	<p>Pancreas. 2016 Jul;45(6):e27-9. doi: 10.1097/MPA.0000000000000593.</p> <p>Author information:</p> <p>(1)Division of Gastrointestinal Sciences The Wellcome Trust Research Laboratory Christian Medical College Vellore, India Division of Gastrointestinal Sciences Department of Gastroenterology Christian Medical College Vellore, India Division of Gastrointestinal Sciences The Wellcome Trust Research Laboratory Christian Medical College Vellore, India anup@cmcvellore.ac.in wellcome@cmcvellore.ac.in.</p> <p>DOI: 10.1097/MPA.0000000000000593</p>			
270.	<p>Tharmalingam J(1), Prabhakar AT(2), Gangadaran P(2), Dorny P(3),(4), Vercruyssel(3), Geldhof P(3), Rajshekhar V(2), Alexander M(2), Oommen A(2).</p> <p>Host Th1/Th2 immune response to Taenia solium cyst antigens in relation to cystburden of neurocysticercosis.</p> <p>Parasite Immunol. 2016 Oct;38(10):628-34. doi: 10.1111/pim.12351.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. jayaraman.ntr@gmail.com, jayaraman.ntr@rs.tus.ac.jp. (2)Department of Neurological Sciences, Christian Medical College, Vellore, Tamil Nadu, India. (3)Laboratory of Parasitology, Faculty of Veterinary Medicine, Ghent University, Ghent, Belgium. (4)Department of Biomedical Sciences, Institute of Tropical Medicine, Antwerp, Belgium.</p> <p>Neurocysticercosis (NCC), Taenia solium larval infection of the brain, is an important cause of acquired seizures in endemic countries, which relate to number, location and degenerating cysts in the brain. Multicyst infections are common in endemic countries although single-cyst infection prevails in India. Single-cyst infections in an endemic country suggest a role for host immunity limiting the infection. This study examined ex vivo CD4(+) T cells and in vitro Th1 and Th2 cytokine responses to T. solium cyst antigens of peripheral blood mononuclear cells of healthy subjects from endemic and nonendemic</p>	INTL	JUL TO DEC	PMID:27493081

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	<p>regions and of single- and multicyst-infected patients for association with cyst burden of NCC. T. solium cyst antigens elicited a Th1 cytokine response in healthy subjects of T. solium-endemic and T. solium-non-endemic regions and those with single-cyst infections and a Th2 cytokine response from subjects with multicyst neurocysticercosis. Multicyst neurocysticercosis subjects also exhibited low levels of effector memory CD4(+) T cells. Th1 cytokine response of T. solium exposure and low infectious loads may aid in limiting cyst number. Th2 cytokines and low effector T cells may enable multiple-cyst infections to establish and persist.</p> <p>© 2016 John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/pim.12351</p>			
271.	<p>Thomas N(1), Bygbjerg IB(2).</p> <p>Does being born low birth weight affect the ability to exercise?</p> <p>Indian J Endocrinol Metab. 2016 Nov-Dec;20(6):741-743.</p> <p>Author information:</p> <p>(1)Department of Endocrinology, Diabetes and Metabolism, Unit-1, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of International Health, University of Copenhagen, Copenhagen, Denmark.</p> <p>DOI: 10.4103/2230-8210.192920</p>	NAT	JUL TO DEC	PMID:27867871
272.	<p>Thomas R(1), Chacko AG(2).</p> <p>Principles in Skull Base Reconstruction following Expanded Endoscopic Approaches.</p> <p>J Neurol Surg B Skull Base. 2016 Aug;77(4):358-63. doi: 10.1055/s-0036-1579543.Epub 2016 Feb 26.</p> <p>Author information:</p>	INTL	JUL TO DEC	PMCID: PMC4949070 PMID:27441162

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	<p>(1)Department of ENT, Christian Medical College, Vellore, India. (2)Department of Neurosurgery, Christian Medical College, Vellore, India.</p> <p>OBJECTIVES: This study aims to describe the types of anterior skull base defects following expanded endoscopic approaches (EEA) and to outline the techniques involved in the repair of these defects.</p> <p>DESIGN: We retrospectively analyzed 63 cases of endoscopic skull base reconstruction (ESBR) following tumor excision, done from September 2011 to January 2015. These tumors consisted of 14 pituitary adenomas, 20 craniopharyngiomas, and 29 other miscellaneous tumors. The classification of skull base defects by Tabae et al and the classification of cerebrospinal fluid (CSF) leaks by Esposito et al were considered during the ESBR. Recurrence of CSF leak was considered as failure of reconstruction.</p> <p>RESULTS: The 63 skull base defects included in this study occurred following EEA for tumor excision. Failure of reconstruction occurred in 6 six patients. All were successfully repaired, however, three patients in this series died due to tumor-related complications.</p> <p>CONCLUSION: The adherence to the general principles of reconstruction, appreciating the subtle differences in the nature of the various defects and the ability to adopt different strategies are the prerequisites for the successful closure of skull base defects.</p> <p>DOI: 10.1055/s-0036-1579543</p>			
<p>273.</p>	<p>Thomas R(1), Girishan S(2), Chacko AG(2).</p> <p>Endoscopic Transmaxillary Transposition of Temporalis Flap for RecurrentCerebrospinal Fluid Leak Closure.</p> <p>J Neurol Surg B Skull Base. 2016 Dec;77(6):445-448. Epub 2016 Mar 31.</p> <p>Author information:</p> <p>(1)Department of Otorhinolaryngology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Neurosurgery, Christian Medical College, Vellore, Tamil Nadu,</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5112164</p> <p>PMID:27857869</p>

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	<p>India.</p> <p>To describe the technique of endoscopic transmaxillary temporalis Objective muscle flap transposition for the repair of a persistent postoperative sphenoidal The repair of a recurrent cerebrospinal fluid cerebrospinal fluid leak. Design leak for a patient who had undergone endoscopic transsphenoidal excision of an invasive silent corticotroph Hardy C and Knosp Grade IV pituitary adenoma was undertaken. The patient had completed postoperative radiotherapy for the residual tumor and presented with cerebrospinal fluid leak, 1 year later. The initial two attempts to repair the cerebrospinal fluid leak with free grafts failed. Therefore, an endoscopic transmaxillary transposition of the temporalis muscle The endoscopic flap was attempted to stop the cerebrospinal fluid leak. Results transmaxillary transposition of the vascularized temporalis muscle flap onto the cerebrospinal fluid leak repair site resulted in successful closure of the Endoscopic transmaxillary transposition of cerebrospinal fluid leak. Conclusion the temporalis flap resulted in closure of recurrent cerebrospinal fluid leak in a patient with recurrent pituitary adenoma, who had undergone previous surgery and radiotherapy. This technique has advantages over the endoscopic transpterygoid transposition of the same flap and could be used as a complementary technique in selected patients.</p>			
274.	<p>Turel MK(1), Rajshekhar V(1).</p> <p>Letter to editor: Wrong level surgery for intradural thoracic spinal tumour.</p> <p>Br J Neurosurg. 2016 Aug;30(4):468-9. doi: 10.1080/02688697.2016.1199791. Epub2016 Jun 22.</p> <p>Author information:</p> <p>(1)a Department of Neurological Sciences , Christian Medical College , Vellore , Tamil Nadu , India.</p> <p>DOI: 10.1080/02688697.2016.1199791</p>	INTL	JUL TO DEC	PMID:27331423
275.	<p>Uttarilli A(1,)(2), Ranganath P(1,)(3), Matta D(1), Md Nurul Jain J(1), PrasadK(1), Babu AS(1), Girisha KM(4), Verma IC(5), Phadke SR(6), Mandal K(6), PuriRD(5), Aggarwal S(1,)(3), Danda S(7), Sankar VH(8), Kapoor S(9), Bhat M(10),Gowrishankar K(11), Hasan AQ(12),</p>	INTL	JUL TO DEC	PMID:27146977

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<p>Nair M(13), Nampoothiri S(14), Dalal A(1).</p> <p>Identification and characterization of 20 novel pathogenic variants in 60 unrelated Indian patients with mucopolysaccharidoses type I and type II.</p> <p>Clin Genet. 2016 Dec;90(6):496-508. doi: 10.1111/cge.12795. Epub 2016 May 26.</p> <p>Author information:</p> <p>(1)Diagnostics Division, Centre for DNA Fingerprinting and Diagnostics, Hyderabad, India. (2)Graduate Studies, Manipal University, Manipal, India. (3)Department of Medical Genetics, Nizam's Institute of Medical Sciences, Hyderabad, India. (4)Department of Medical Genetics, Kasturba Medical College, Manipal, India. (5)Center of Medical Genetics, Sir Ganga Ram Hospital, New Delhi, India. (6)Department of Medical Genetics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India. (7)Department of Clinical Genetics, Christian Medical College and Hospital, Vellore, India. (8)Genetics Clinic, Department of Pediatrics, SAT Hospital, Government Medical College, Trivandrum, India. (9)Department of Pediatrics, Maulana Azad Medical College, New Delhi, India. (10)Centre for Human Genetics, Bengaluru, India. (11)Kanchi Kamakoti CHILDS Trust Hospital, Chennai, India. (12)Department of Genetics, Kamineni Hospital, Hyderabad, India. (13)Additional Professor in Pediatrics, Government Medical College, Manjeri, India. (14)Department of Pediatric Genetics, Amrita Institute of Medical Sciences, Kochi, India.</p> <p>Mucopolysaccharidoses (MPS), a subgroup of lysosomal storage disorders, are caused due to deficiency of specific lysosomal enzyme involved in catabolism of glycosaminoglycans. To date more than 200 pathogenic variants in the alpha-l-iduronidase (IDUA) for MPS I and ~500 pathogenic variants in the iduronate-2-sulphatase (IDS) for MPS II have been reported worldwide. The mutation spectrum of MPS type I and MPS type II disorders in Indian population is not characterized yet. In this study, we carried out clinical, biochemical, molecular and in silico analyses to establish the mutation spectrum of MPS I and MPS II in the Indian population. We conducted molecular analysis for 60 MPS-affected patients [MPS I (n = 30) (Hurler syndrome = 17, Hurler-Scheie syndrome = 13), and MPS II (n = 30) (severe = 18, attenuated = 12)] and identified a total of 44 [MPS I (n = 22) and MPS II (n = 22)] different pathogenic variants comprising missense, nonsense, frameshift, gross deletions and splice site variants. A total of 20 [MPS I (n = 14), and MPS II (n = 6)] novel</p>			
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	<p>pathogenic sequence variants were identified in our patient cohort. We found that 32% of pathogenic variants detected in IDUA were recurrent and 25% in MPS II. This is the first study revealing the mutation spectrum of MPS I and MPS II patients in the Indian population.</p> <p>© 2016 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.</p> <p>DOI: 10.1111/cge.12795</p>			
<p>276.</p>	<p>Varatharajan S(1), Panetta JC(2), Abraham A(1), Karathedath S(1), Mohanan E(1),Lakshmi KM(1), Arthur N(1), Srivastava VM(3), Nemani S(1), George B(1),Srivastava A(1), Mathews V(1), Balasubramanian P(4).</p> <p>Population pharmacokinetics of Daunorubicin in adult patients with acute myeloidleukemia.</p> <p>Cancer Chemother Pharmacol. 2016 Nov;78(5):1051-1058. Epub 2016 Oct 13.</p> <p>Author information:</p> <p>(1)Department of Haematology, Christian Medical College, Vellore, Tamilnadu, 632004, India. (2)Department of Pharmaceutical Sciences, St Jude Children's Research Hospital, Memphis, TN, USA. (3)Cytogenetics Unit, Christian Medical College, Vellore, Tamilnadu, 632004, India. (4)Department of Haematology, Christian Medical College, Vellore, Tamilnadu, 632004, India. bpoonkuzhali@cmcvellore.ac.in.</p> <p>PURPOSE: Chemotherapy drug resistance and relapse of the disease have been the major factors limiting the success of acute myeloid leukemia (AML) therapy. Several factors, including the pharmacokinetics (PK) of Cytarabine (Ara-C) and Daunorubicin (Dnr), could contribute to difference in treatment outcome in AML.</p> <p>METHODS: In the present study, we evaluated the plasma PK of Dnr, the influence of genetic polymorphisms of genes involved in transport and metabolism of Dnr on the PK, and also the influence of these factors on clinical outcome. Plasma levels of Dnr and its major metabolite, Daunorubicinol (DOL), were available in 70 adult de novo AML patients.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27738808</p>

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	<p>PK parameters (Area under curve (AUC) and clearance (CL)) of Dnr and DOL were calculated using nonlinear mixed-effects modeling analysis performed with Monolix. Genetic variants in ABCB1, ABCG2, CBR1, and CBR3 genes as well as RNA expression of CBR1, ABCB1, and ABCG2 were compared with Dnr PK parameters.</p> <p>RESULTS: The AUC and CL of Dnr and DOL showed wide inter-individual variation. Patients with an exon1 variant of rs25678 in CBR1 had significantly higher plasma Dnr AUC [p = 0.05] compared to patients with wild type. Patients who achieved complete remission (CR) had significantly lower plasma Dnr AUC, Cmax, and higher CL compared to patients who did not achieve CR.</p> <p>CONCLUSION: Further validation of these findings in a larger cohort of AML patients is warranted before establishing a therapeutic window for plasma Dnr levels and targeted dose adjustment.</p> <p>DOI: 10.1007/s00280-016-3166-8</p>			
277.	<p>Varghese GM(1), Raj D(1), Francis MR(2), Sarkar R(2), Trowbridge P(3), MuliylilJ(4).</p> <p>Epidemiology & risk factors of scrub typhus in south India.</p> <p>Indian J Med Res. 2016 Jul;144(1):76-81. doi: 10.4103/0971-5916.193292.</p> <p>Author information:</p> <p>(1)Department of Medicine 1 & Infectious Diseases, Christian Medical College & Hospital, Vellore, India. (2)Department of Gastrointestinal Sciences, Christian Medical College & Hospital, Vellore, India. (3)Department of Geographic Medicine & Infectious Diseases, Tufts Medical Center, Boston, USA. (4)Department of Community Health, Christian Medical College & Hospital, Vellore, India.</p> <p>BACKGROUND & OBJECTIVES: Scrub typhus is a major public health threat in South and Southeastern Asian countries including India. Understanding local patterns of disease and factors that place individuals at risk is pivotal to future preventive measures against scrub typhus. The primary aim of this study was to identify specific epidemiological and</p>	NAT	JUL TO DEC	<p>PMCID: PMC5116902</p> <p>PMID:27834329</p>

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	<p>geographical factors associated with an increased risk of developing scrub typhus in this region.</p> <p>METHODS: We mapped 709 patients from Tamil Nadu, Andhra Pradesh and Telangana who were admitted to the Christian Medical College (CMC) Hospital, Vellore, Tamil Nadu, India, for the period 2006-2011, assessed seasonality using monthly counts of scrub typhus cases, and conducted a case-control study among a subset of patients residing in Vellore.</p> <p>RESULTS: The geographic distribution of cases at CMC Hospital clusters around the Tamil Nadu-Andhra Pradesh border. However, distinct hotspots clearly exist distal to this area, near Madurai and the coast in Tamil Nadu, and in the Northeast of Andhra Pradesh. Seasonally, the highest numbers of cases were observed in the cooler months of the year, i.e. September to January. In the case-control analysis, cases were more likely to be agricultural laborers (OR 1.79, 95% CI 1.01 - 3.15), not wear a shirt at home (OR 4.23, 95% CI 1.12 - 16.3), live in houses adjacent to bushes or shrubs (OR 1.95, 95% CI 1.08 - 3.53), and live in a single room home (OR 1.75, 95% CI 1.02 - 3.01). On binary logistic regression, the first three of these variables were statistically significant.</p> <p>INTERPRETATION & CONCLUSIONS: With the growing number of cases detected in India, scrub typhus is fast emerging as a public health threat and further research to protect the population from this deadly infection is essential. Health education campaigns focusing on the agricultural workers of Southern India, especially during the cooler months of the year, can serve as an important public health measure to control infection.</p> <p>DOI: 10.4103/0971-5916.193292</p>			
<p>278.</p>	<p>Varghese V(1), Ramu P(2), Krishnan V(3), Saravana Kumar G(4).</p> <p>Pull out strength calculator for pedicle screws using a surrogate ensemble approach.</p> <p>Comput Methods Programs Biomed. 2016 Dec;137:11-22. doi: 10.1016/j.cmpb.2016.08.023. Epub 2016 Sep 6.</p>	<p>INT</p>	<p>JUL TO DEC</p>	<p>PMID: 28110717</p>

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	<p>Author information:</p> <p>(1)Department of Biotechnology, Indian Institute of Technology Madras, Chennai, Tamil Nadu, India. (2)Department of Engineering Design, Indian Institute of Technology Madras, Chennai, Tamil Nadu, India. (3)Spinal Disorder Surgery Unit, Department of Orthopedics, Christian Medical College, Vellore, Tamil Nadu, India. (4)Department of Engineering Design, Indian Institute of Technology Madras, Chennai, Tamil Nadu, India. Electronic address: gsaravana@iitm.ac.in.</p> <p>BACKGROUND AND OBJECTIVE: Pedicle screw instrumentation is widely used in the treatment of spinal disorders and deformities. Currently, the surgeon decides the holding power of instrumentation based on the perioperative feeling which is subjective in nature. The objective of the paper is to develop a surrogate model which will predict the pullout strength of pedicle screw based on density, insertion angle, insertion depth and reinsertion. METHODS: A Taguchi's orthogonal array was used to design an experiment to find the factors effecting pullout strength of pedicle screw. The pullout studies were carried using polyaxial pedicle screw on rigid polyurethane foam block according to American society for testing of materials (ASTM F543). Analysis of variance (ANOVA) and Tukey's honestly significant difference multiple comparison tests were done to find factor effect. Based on the experimental results, surrogate models based on Krigging, polynomial response surface and radial basis function were developed for predicting the pullout strength for different combination of factors. An ensemble of these surrogates based on weighted average surrogate model was also evaluated for prediction. RESULTS: Density, insertion depth, insertion angle and reinsertion have a significant effect ($p < 0.05$) on pullout strength of pedicle screw. Weighted average surrogate performed the best in predicting the pull out strength amongst the surrogate models considered in this study and acted as insurance against bad prediction. CONCLUSIONS: A predictive model for pullout strength of pedicle screw was developed using experimental values and surrogate models. This can be used in pre-surgical planning and decision support system for spine surgeon. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved. DOI: 10.1016/j.cmpb.2016.08.023</p>			
279.	Varghese V(1), Saravana Kumar G(2), Krishnan V(3).	INTL	JUL TO DEC	PMID:27939099

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	<p>Effect of various factors on pull out strength of pedicle screw in normal and osteoporotic cancellous bone models.</p> <p>Med Eng Phys. 2016 Dec 8. pii: S1350-4533(16)30293-4. doi:10.1016/j.medengphy.2016.11.012. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)Biomedical Devices and Technology, Department of Biotechnology, IIT Madras, Chennai 600036, India. Electronic address: vicky.varghese@gmail.com. (2)Department of Engineering Design, IIT Madras, Chennai 600036, India. Electronic address: gсарavana@iitm.ac.in. (3)Spinal Disorder Surgery Unit, Department of orthopedics, Christian Medical College, Vellore 632004, Tamil Nadu, India. Electronic address: venkateshortho1@cmcvellore.ac.in.</p> <p>Pedicle screws are widely used for the treatment of spinal instability by spine fusion. Screw loosening is a major problem of spine fusion, contributing to delayed patient recovery. The present study aimed to understand the factor and interaction effects of density, insertion depth and insertion angle on pedicle screw pull out strength and insertion torque. A pull out study was carried out on rigid polyurethane foam blocks representing osteoporotic to normal bone densities according to the ASTM-1839 standard. It was found that density contributes most to pullout strength and insertion torque. The interaction effect is significant ($p < 0.05$) and contributes 8% to pull out strength. Axial pullout strength was 34% lower than angled pull out strength in the osteoporotic bone model. Insertion angle had no significant effect ($p > 0.05$) on insertion torque. Pullout strength and insertion torque had no significant correlation ($p > 0.05$) in the case of the extremely osteoporotic bone model.</p> <p>Copyright © 2016 IPeM. Published by Elsevier Ltd. All rights reserved.</p> <p>DOI: 10.1016/j.medengphy.2016.11.012</p>			
280.	Veeraraghavan B(1), Anandan S(1), Ragupathi NK(1), Vijayakumar S(1), SethuvelDP(1), Biswas I(2).	INTL	JUL TO DEC	PMCID: PMC4982300

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	<p>Draft Genome Sequence of Colistin-Resistant <i>Acinetobacter baumannii</i> Strain VB22595 Isolated from a Central Line-Associated Bloodstream Infection.</p> <p>Genome Announc. 2016 Aug 11;4(4). pii: e00835-16. doi: 10.1128/genomeA.00835-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India Department of Microbiology, Molecular Genetics and Immunology, University of Kansas Medical Center, Kansas City, Kansas, USA ibiswas@kumc.edu.</p> <p><i>Acinetobacter baumannii</i> is an important emerging pathogen that causes health care-associated infections. In this study, we determined the genome of a multidrug-resistant clinical strain, VB22595, isolated from a hospital in Southern India. The draft genome indicates that strain VB22595 encodes a genome of ~3.92 Mb in size and does not contain plasmid derived MCR-1 for colistin resistance.</p> <p>Copyright © 2016 Veeraraghavan et al.</p> <p>DOI: 10.1128/genomeA.00835-16</p>			<p>PMID:27516521</p>
<p>281.</p>	<p>Veeraraghavan B(1), Anandan S(2), Rajamani Sekar SK(2), Gopi R(2), DevangaRagupathi NK(2), Ramesh S(2), Verghese VP(3), Korulla S(3), Mathai S(3), Sangal(4), Joshi S(4).</p> <p>First Report on the Draft Genome Sequences of <i>Corynebacterium diphtheriae</i> isolates from India.</p> <p>Genome Announc. 2016 Nov 23;4(6). pii: e01316-16. doi: 10.1128/genomeA.01316-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India vbalaji@cmcvellore.ac.in. (2)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Department of Child Health, Christian Medical</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5122685</p> <p>PMID:27881543</p>

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	<p>College, Vellore, Tamil Nadu, India. (4)World Health Organisation, Country office, New Delhi, India.</p> <p>We report here the draft genome sequences of five Corynebacterium diphtheria isolates of Indian origin. The C. diphtheriae isolates TH1141, TH510, TH1526, TH1337, and TH2031 belong to sequence type ST-50, ST-295, ST-377, ST-405, and ST-405, with an average genome size of 2.5 Mbp.</p> <p>Copyright © 2016 Veeraraghavan et al.</p> <p>DOI: 10.1128/genomeA.01316-16</p>			
282.	<p>Veeraraghavan B(1), Anandan S(2), Sethuvel DP(3), Ragupathi NK(4).</p> <p>Pefloxacin as a Surrogate Marker for Fluoroquinolone Susceptibility for Salmonella typhi: Problems and Prospects.</p> <p>J Clin Diagn Res. 2016 Aug;10(8):DL01-2. doi: 10.7860/JCDR/2016/17022.8306. Epub 2016 Aug 1.</p> <p>Author information:</p> <p>(1)Professor and Head, Department of Clinical Microbiology, Christian Medical College , Vellore, Tamil Nadu, India . (2)Associate Professor, Department of Clinical Microbiology, Christian Medical College , Vellore, Tamil Nadu, India . (3)Research Associate, Department of Clinical Microbiology, Christian Medical College , Vellore, Tamil Nadu, India . (4)Senior Research Officer, Department of Clinical Microbiology, Christian Medical College , Vellore, Tamil Nadu, India .</p> <p>DOI: 10.7860/JCDR/2016/17022.8306</p>	NAT	JUL TO DEC	<p>PMCID: PMC5028453</p> <p>PMID:27656439</p>
283.	<p>Veeraraghavan B(1), Jayaraman R(2), John J(2), Varghese R(2), Neeravi A(2),Verghese VP(3), Thomas K(4).</p> <p>Customized sequential multiplex PCR for accurate and early determination of invasive</p>	INTL	JUL TO DEC	<p>PMID:27623479</p>

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	<p>pneumococcal serotypes found in India.</p> <p>J Microbiol Methods. 2016 Nov;130:133-135. doi: 10.1016/j.mimet.2016.09.007. Epub2016 Sep 10.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College and Hospital, Vellore, India. Electronic address: vbalaji@cmcvellore.ac.in. (2)Department of Clinical Microbiology, Christian Medical College and Hospital, Vellore, India. (3)Department of Child Health, Christian Medical College and Hospital, Vellore, India. (4)Department of General Medicine, Christian Medical College and Hospital, Vellore, India.</p> <p>For accurate and earlier detection of invasive pneumococcal serogroup/serotypes from India, we have rearranged the African sequence of multiplex PCR provided by the Centers for Disease Control and Prevention, USA. This modified approach can successfully be adapted for earlier serotype detection of 95% of the pneumococcal strains prevalent in India.</p> <p>Copyright © 2016 Elsevier B.V. All rights reserved.</p> <p>DOI: 10.1016/j.mimet.2016.09.007</p>			
284.	<p>Veeraraghavan B(1), Neeravi AR(2), Devanga Ragupathi NK(2), Inbanathan FY(2),Pragasam AK(2), Verghese VP(3).</p> <p>Whole-Genome Shotgun Sequencing of the First Observation of Neisseriameningitidis Sequence Type 6928 in India.</p> <p>Genome Announc. 2016 Nov 3;4(6). pii: e01232-16. doi: 10.1128/genomeA.01232-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India vbalaji@cmcvellore.ac.in. (2)Department of Clinical Microbiology, Christian Medical</p>	INTL	JUL TO DEC	<p>PMCID: PMC5095480</p> <p>PMID:27811110</p>

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	<p>College, Vellore, Tamil Nadu, India. (3)Department of Child Health, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>Neisseria meningitidis is one of the leading global causes of bacterial meningitis. Here, we discuss the draft genome sequences of two N. meningitidis strains, isolated from bloodstream infections in two pediatric patients at a tertiary care hospital in South India. The sequence data indicate that strains VB13856 and VB15548 encode genomes of ~2.09 Mb in size with no plasmids.</p> <p>Copyright © 2016 Veeraraghavan et al.</p> <p>DOI: 10.1128/genomeA.01232-16</p>			
<p>285.</p>	<p>Veeraraghavan B(1), Perumalla SK(2), Devanga Ragupathi NK(2), Pragasam AK(2), Muthuirulandi Sethuvel DP(2), Inian S(2), Inbanathan FY(2).</p> <p>Coexistence of Fosfomycin and Colistin Resistance in Klebsiella pneumoniae: Whole-Genome Shotgun Sequencing.</p> <p>Genome Announc. 2016 Nov 23;4(6). pii: e01303-16. doi: 10.1128/genomeA.01303-16.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, India vbalaji@cmcvellore.ac.in. (2)Department of Clinical Microbiology, Christian Medical College, Vellore, India.</p> <p>Resistance to colistin is a major threat that limits therapeutic choices for treating carbapenem-resistant Klebsiella pneumoniae infections. Herein, we report the draft genome sequences of two colistin-resistant K. pneumoniae isolates (BA41763 and B6753). The sequence data indicate that BA41763 and B6753 contain genomes of ~5.9 and 5.7 Mb in size with several plasmids.</p> <p>Copyright © 2016 Veeraraghavan et al.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMCID: PMC5122681</p> <p>PMID:27881539</p>

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	DOI: 10.1128/genomeA.01303-16			
286.	<p>Veeraraghavan B(1), Shankar C(1), Vijayakumar S(1).</p> <p>Can minocycline be a carbapenem sparing antibiotic? Current evidence.</p> <p>Indian J Med Microbiol. 2016 Oct-Dec;34(4):513-515. doi:10.4103/0255-0857.195380.</p> <p>Author information:</p> <p>(1)Department of Clinical Microbiology, Christian Medical College, Vellore, Tamil Nadu, India.</p> <p>With the increasing incidence of multidrug-resistant organisms, there is a need for newer antibiotics. However, due to the lack of new antimicrobial agents, it is necessary to re-evaluate the older agents like minocycline which is a second-line antimicrobial agent. In this study, minocycline susceptibility testing was performed for 693 Escherichia coli, 316 Klebsiella spp. and 89 Acinetobacter spp. Among extended spectrum beta-lactamase producing E. coli and Klebsiella spp. percentage susceptibility to minocycline were 76 and 85, respectively. Among the carbapenem resistant E. coli, Klebsiella spp. And Acinetobacter spp. minocycline susceptibility were 52%, 55% and 42%, respectively. Based on the susceptibility profile, minocycline can be considered for treatment of infections by multidrug-resistant organisms.</p> <p>DOI: 10.4103/0255-0857.195380</p>	NAT	JUL TO DEC	PMID:27934833
287.	<p>Velayutham P(1), Rajshekhar V(1), Chacko AG(1), Krothapalli Babu S(2).</p> <p>Influence of Tumor Location and Other Variables on Predictive Value of Intraoperative myogenic Motor-Evoked Potentials in Spinal Cord Tumor Surgery.</p> <p>World Neurosurg. 2016 Aug;92:264-72. doi: 10.1016/j.wneu.2016.04.117. Epub 2016 May 6.</p>	INTL	JUL TO DEC	PMID:27157282

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	<p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)Department of Neurological Sciences, Christian Medical College, Vellore, India. Electronic address: srinivas@cmcvellore.ac.in.</p> <p>OBJECTIVE: To study the influence of tumor location (cervical vs. thoracic; extramedullary vs. intramedullary) on predictive value of intraoperative myogenic motor-evoked potentials (iMEP) changes in patients undergoing surgery for spinal cord tumors.</p> <p>METHODS: Three hundred patients retrospective data (91 intramedullary) and 209 (intradural extramedullary) with successful iMEP recordings were analyzed. Responses to transcranial electrical stimulation were recorded from the lower limb muscles. Preoperative clinical variables, iMEPs changes, and postoperative neurologic deficits were noted. Associations between categorical variables and outcome were analyzed with the Fisher exact test.</p> <p>RESULTS: Of the 300 patients 28 (9.3%) had significant intraoperative worsening of iMEPs. New postoperative deficits occurred in 23 of these 28 patients. False-positive decreases in iMEPs were observed in 5 patients. There was a significant association between changes in iMEP and postoperative new motor deficits ($P \leq 0.0001$). Multivariate analysis showed that patients with changes in iMEP undergoing surgery for thoracic segment tumors, with longer duration of symptoms (>12 months) and older age (≥ 21.5 years) were more likely to suffer postoperative neurological decline (odds ratio 4.1, $P \leq 0.001$ and odds ratio 5.4 $P \leq 0.0001$, respectively). The sensitivity of iMEPs was 100% and specificity 98.2%. The positive and negative predictive values were 82% and 100%; however, the sensitivity and specificity is similar in thoracic intramedullary (TIM) ($n = 53$) and cervical intramedullary tumors ($n = 38$) (both were 100% and 97%). The positive predictive value was significantly greater for TIM tumors (93% vs. 50%). CONCLUSIONS: A strong association was observed between worsening of iMEPs and postoperative new neurological deficits in patients with TIM tumor.</p> <p>Copyright © 2016 Elsevier Inc. All rights reserved.</p> <p>DOI: 10.1016/j.wneu.2016.04.117</p>			
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288.	<p>Vinotha T(1), Anitha T(1), Ajit S(1), Rachel C(1), Abraham P(1).</p> <p>The Role of Completion Surgery in Ovarian Cancer.</p> <p>J Obstet Gynaecol India. 2016 Oct;66(Suppl 1):435-40. doi:10.1007/s13224-015-0796-4. Epub 2015 Nov 4.</p> <p>Author information:</p> <p>(1)Department of Gynaec Oncology, Christian Medical College and Hospital, Vellore, Tamil Nadu 632004 India.</p> <p>INTRODUCTION: Patients referred with inadequately staged ovarian malignancies present a clinical dilemma. We report our experience with completion surgery in ovarian cancer.</p> <p>AIMS AND OBJECTIVES: To determine the benefits and risks of completion surgery in women with ovarian cancer who presented after having had inadequate primary surgery.</p> <p>METHODS: A retrospective case series of 30 women with ovarian cancer and one with fallopian tube cancer who had inadequate primary surgery underwent completion surgery at gynaecologic oncology unit in a tertiary level hospital in Tamil Nadu, India. Electronic medical records of patients with ovarian cancer who underwent completion surgery between January 2011 and September 2014 for ovarian were reviewed. Forty-five patients with initial inadequate surgery were identified of whom 31 underwent completion surgery; the remaining 14 did not return to our hospital.</p> <p>RESULTS: Thirty-one women with a mean age of 37 years (17-53) and median parity of 2 (0-4) with inadequately staged ovarian malignancy underwent completion surgery. Complex ovarian mass was the most common indication for initial surgery (94 %). The tumours were epithelial in 27 (87 %), germ cell in 3 (10 %) and sex cord stromal in 1 (3 %). In view of extensive disease at presentation, 19 % (6/31) were referred for neoadjuvant chemotherapy and underwent interval debulking. With regard to surgical complexity, 52 % (16/31), 38 % (12/31) and 10 % (3/31) underwent simple, intermediate and complex surgeries, respectively. Optimal cytoreduction (R0 and R1) was performed in 25 patients</p>	NAT	JUL TO DEC	<p>PMCID: PMC5016422</p> <p>PMID:27651643</p>
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	<p>(81 %). Twelve (39 %) had upstaging of disease. Six patients required no further adjuvant treatment following surgical restaging. Complications included bladder injury (1), iliac vessel injury (1) and surgical site infections (2). During the study period of 45 months, 7 patients (23 %) presented with disease recurrence. There were 2 recorded deaths.</p> <p>CONCLUSIONS: In inadequately staged ovarian malignancies, completion surgery should be considered based on the patients' performance status and disease assessment. Considering the low specificity of imaging and Ca 125, completion surgery provides information to plan adjuvant therapy, besides allowing optimal cytoreduction but delays initiation of adjuvant therapy.</p> <p>DOI: 10.1007/s13224-015-0796-4</p>			
289.	<p>Viswanath V(1), Danda D(2).</p> <p>Inflammation, metabolism and adipokines: toward a unified theory.</p> <p>Int J Rheum Dis. 2016 Jul;19(7):633-6. doi: 10.1111/1756-185X.12958.</p> <p>Author information:</p> <p>(1)Institute For Rheumatology and Immunology Sciences, Kerala, India. vishadv@gmail.com. (2)Department of Clinical Immunology and Rheumatology, Christian Medical College, Vellore, India.</p> <p>DOI: 10.1111/1756-185X.12958</p>	INTL	JUL TO DEC	PMID:27538673
290.	<p>Vyas R(1), Faith M(1), Selvakumar D(1), Pulimood A(1), Lee M(2).</p> <p>Project-based faculty development for e-learning.</p> <p>Clin Teach. 2016 Dec;13(6):405-410. doi: 10.1111/tct.12486. Epub 2016 Jan 18.</p> <p>Author information:</p> <p>(1)Medical Education Unit, Christian Medical College, Vellore, Tamil Nadu, India. (2)Tufts</p>	INTL	JUL TO DEC	PMID:26777995

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	<p>University School of Medicine, Tufts Medical Center, Boston, Massachusetts, USA.</p> <p>BACKGROUND: The Christian Medical College, Vellore, in collaboration with Tufts University, Boston, conducted an advanced workshop in e-learning for medical faculty members in India. CONTEXT: E-learning can enhance educational reforms for today's computer-literate generation, and keep faculty members up to speed in a rapidly changing world. The purpose of this paper is to report on the design and evaluation of a project-based faculty member development programme focused on developing faculty members as educators and as peer trainers who can use e-learning for educational reforms. INNOVATION: During a 2-day workshop, 29 participants in groups of two or three developed 13 e-learning projects for implementation in their institutions. Evaluation of the workshop was through written feedback from the participants at the end of the workshop and by telephone interview with one participant from each project group at the end of one year. Content analysis of qualitative data was performed. The participants reported that they were motivated to implement e-learning projects and recognised the need for and usefulness of e-learning. The majority of projects (10 out of 13) that were implemented 'to some extent' or 'to a great extent' faced challenges with a lack of resources and administrative support, but faculty members were able to overcome them. E-learning can enhance educational reforms for today's computer-literate generation IMPLICATIONS: Designing feasible e-learning projects in small groups and obtaining hands-on experience with e-learning tools enhance the effectiveness of subsequent implementation. To successfully incorporate e-learning when designing educational reforms, faculty member training, continuing support and infrastructure facilities are essential. © 2016 John Wiley & Sons Ltd. DOI: 10.1111/tct.12486</p>			
<p>291.</p>	<p>Winston A B(1), Das Adhikari D(2), Das S(1), Vazhudhi K(1), Kumar A(1), ShanthiM(1), Agarwal I(3).</p> <p>Drug poisoning in the community among children: a nine years' experience from a tertiary care center in south India.</p> <p>Hosp Pract (1995). 2016 Dec 16. [Epub ahead of print]</p> <p>Author information:</p> <p>(1)a Paediatric Emergency, Department of Paediatrics , Christian Medical College, Vellore.</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:27985284</p>

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	<p>(2)b Department of Pharmacology and Clinical Pharmacology , Christian Medical College , Vellore. (3)c Child Health 2, Department of Paediatrics , Christian Medical College , Vellore.</p> <p>OBJECTIVES: This study was performed to determine the incidence, demographic distribution, types and outcomes across various drug poisonings among children from south India. METHODS: This retrospective study included children less than 16 years who presented to the Pediatric Emergency Department with drug poisoning from the 1(st) of October 2004 to the 30th of September 2013. RESULTS: Out of the total 997 poisoning cases, 366 (36.71%) were contributed by drugs; mainly antiepileptics, central nervous system depressants, psychotropics, analgesic-antipyretics and natural drugs. Males and children of < 5 years were mostly affected. Although many children developed complications and required intensive care unit admissions, the total mortality rate was less than 1%. The incidence of drug poisoning showed a decreasing trend over the last 4 years. CONCLUSION: This study for the first time gives an elaborative insight into pediatric drug poisoning over a nine-year period from a Pediatric Emergency Department tertiary care center in south India. DOI: 10.1080/21548331.2017.1273734</p>			
292.	<p>Yadav VK(1), Chavan R(2), Shetty A(2), Kulkarni K(3), Chugh A(4).</p> <p>Lipomatous meningioma: a rare subtype of the meningioma.</p> <p>Acta Neurol Belg. 2016 Dec;116(4):639-641. Epub 2016 Feb 1.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamilnadu, India. vkyadav77@yahoo.co.in. (2)Department of Radiology, B J Medical College, Pune, Maharashtra, India. (3)Department of Pathology, B J Medical College, Pune, Maharashtra, India. (4)Department of Neurosurgery, B J Medical College, Pune, Maharashtra, India.</p> <p>DOI: 10.1007/s13760-016-0610-9</p>	INTL	JUL TO DEC	PMID:26830646
293.	<p>Yadav VK(1), Sudhakar SV(2), Panwar J(2).</p>	INTL	JUL TO DEC	PMID:26525195

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	<p>Pathognomonic MRI and MR spectroscopy findings in cerebral hydatid cyst.</p> <p>Acta Neurol Belg. 2016 Sep;116(3):353-5. doi: 10.1007/s13760-015-0561-6. Epub2015 Nov 2.</p> <p>Author information:</p> <p>(1)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamilnadu, India. vkyadav77@yahoo.co.in. (2)Department of Radiology, Christian Medical College and Hospital, Vellore, Tamilnadu, India.</p> <p>DOI: 10.1007/s13760-015-0561-6</p>			
<p>294.</p>	<p>Yenuberi H(1), Abraham A(2), Sebastian A(2), Benjamin SJ(3), Jeyaseelan V(4),Mathews JE(5).</p> <p>A randomised double-blind placebo-controlled trial comparing stepwise oral misoprostol with vaginal misoprostol for induction of labour.</p> <p>Trop Doct. 2016 Oct;46(4):198-205. Epub 2016 Jan 19.</p> <p>Author information:</p> <p>(1)Registrar, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (2)Assistant Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (3)Associate Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India. (4)Lecturer, Department of Biostatistics, Christian Medical College, Vellore, Tamil Nadu, India. (5)Professor, Department of Obstetrics and Gynaecology, Christian Medical College, Vellore, Tamil Nadu, India coronistrial@yahoo.co.in.</p> <p>A comparison of induction of labour (IOL) using three doses of 25 µg vaginal misoprostol inserted at intervals of 4 h or more with a stepwise oral regime starting with 50 µg followed by two doses of 100 µg was studied in a double-blind placebo-controlled trial in a tertiary centre in South India. Primary outcome was vaginal delivery in 24 h. Significantly</p>	<p>INTL</p>	<p>JUL TO DEC</p>	<p>PMID:26787644</p>

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	<p>more women in the first group required oxytocin augmentation and a third dose of the drug than women in the second group. Uterine tachysystole and other maternal and neonatal complications were similar. Thus it is concluded that women induced with oral, as compared to vaginal misoprostol are more likely to labour without oxytocin. © The Author(s) 2016. DOI: 10.1177/0049475515624856</p>			
295.	<p>Yoganathan S(1), Sudhakar SV(2), Thomas M(3), Dutta AK(4), Danda S(4).</p> <p>"Eye of tiger sign" mimic in an adolescent boy with mitochondrial membraneprotein associated neurodegeneration (MPAN).</p> <p>Brain Dev. 2016 May;38(5):516-9. doi: 10.1016/j.braindev.2015.10.017. Epub 2015 Nov 18.</p> <p>Author information:</p> <p>(1)Department of Neurological Sciences, Christian Medical College, Vellore, India. (2)Department of Radiodiagnosis, Christian Medical College, Vellore, India. (3)Department of Neurological Sciences, Christian Medical College, Vellore, India. Electronic address: maya@cmcvellore.ac.in. (4)Department of Medical Genetics, Christian Medical College, Vellore, India.</p> <p>Neurodegeneration with brain iron accumulation (NBIA) refers to an inheritedheterogeneous group of disorders pathologically characterized by focal brain irondeposition. Clinical phenotype, imaging findings and genotype are variable amongthe different types of this disorder. In this case report, we describe theimaging finding of an adolescent boy with mitochondrial membrane proteinassociated neurodegeneration (MPAN), a subentity of NBIA. Magnetic resonanceimaging of brain revealed hypointensity of globi pallidi with medial medullarylamina appearing as a hyperintense streak in T2 weighted images. Mild cerebellaratrophy in T2 weighted images and blooming of substantia nigra and globi pallid in susceptibility weighted images were also observed. Imaging findings inpatients with MPAN mimics the eye of tiger appearance in patients withpantothenate kinase associated neurodegeneration. Classical phenotype and eye oftiger sign mimic in imaging of patients with NBIA should raise the suspect forMPAN. Genetic studies helps in the confirmation of diagnosis of thisneurodegenerative disorder. Copyright © 2015 The Japanese Society of Child Neurology. Published by</p>	INTL	JUL TO DEC	PMID:26602591

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MONTH & YEAR	INTERNATIONAL	NATIONAL	TOTAL
JANUARY - JUNE 2016	149	97	246
JULY – DECEMBER 2016	198	97	295
TOTAL =	347	194	541

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